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Hiring

EHR Consultant Vetting Guide

How to verify credentials, evaluate expertise, and avoid unqualified consultants

- CPHIMS, CAHIMS, Epic, and Cerner certifications explained
- Step-by-step credential verification process
- 10 red flags that indicate an unqualified consultant
- Sample vetting questionnaire you can send to providers

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Practice managers, hospital CIOs, clinic owners planning EHR implementation or migration

Understanding EHR Consultant Certifications

The Healthcare Information and Management Systems Society (HIMSS) administers the industry's most recognized certifications. Understanding the certification hierarchy — plus vendor-specific credentials — helps you match the right consultant to your project.

Certification Hierarchy

Level	Certification	Requirements	What It Proves
Entry	CAHIMS (Certified Associate in Healthcare Information and Management Systems)	115-question exam, <5 years HIT experience	Baseline knowledge of health IT systems and management
Advanced	CPHIMS (Certified Professional in Healthcare Information and Management Systems)	Exam + 5+ years HIT experience or graduate degree + 3 years	Advanced management and leadership in health IT
Executive	CPHIMS-CA (Certified Professional — Canada)	CPHIMS equivalent for Canadian market	Canadian health IT leadership credential
Fellow	FHIMSS (Fellow of HIMSS)	Nomination + demonstrated industry leadership	Highest HIMSS distinction — peer-recognized thought leader

Vendor-Specific Certifications

Certification	Issuing Body	Requirements	Market Value
Epic Certified	Epic Systems	Employer sponsorship + on-site training at Epic HQ (Verona, WI) + proficiency exam	Premium credential; required to access Epic build environment
Oracle Health (Cerner) Certified	Oracle Health	Vendor training + certification exam per module	Required for Cerner implementation projects
athenahealth Certified	athenahealth	Partner program training + exam	Valuable for athenaClinicals/ athenaCollector builds

Certification	Issuing Body	Requirements	Market Value
CHTS (Certified Health Technology Specialist)	AHIMA	100-question exam + work experience	Broad HIT competency credential

Full Certification Comparison

Attribute	CAHIMS	CPHIMS	Epic Certified	CHTS
Full Name	Certified Associate in HIM Systems	Certified Professional in HIM Systems	Epic Certification (module-specific)	Certified Health Technology Specialist
Issuing Body	HIMSS	HIMSS	Epic Systems	AHIMA
Experience Required	<5 years recommended	5+ years HIT (or grad degree + 3 years)	Employer sponsorship required	2+ years HIT
Exam Format	115 questions, 2 hours	Advanced exam, emphasis on leadership	Module-specific proficiency	100 questions
Exam Cost	~$300 (HIMSS member) / ~$375 (non-member)	~$375 (HIMSS member) / ~$450 (non-member)	Employer-funded (typically $10,000-$20,000 total)	~$299
Renewal	Every 3 years (45 CE credits)	Every 3 years (45 CE credits)	Ongoing per Epic version updates	Every 2 years (20 CE credits)
Market Recognition	Entry-level hiring baseline	Gold standard for HIT management	Required for Epic projects	Broad but less specialized
Salary Impact	$70,000–$100,000/yr range	$115,000–$195,000/yr range	+25-50% premium over non-certified	$65,000–$95,000/yr range

CPHIMS is the gold standard.

If a consultant doesn't hold at least CPHIMS (or equivalent vendor certification for your specific EHR platform), they haven't demonstrated advanced competency through a standardized exam. For enterprise implementations, look for CPHIMS + platform-specific certification.

Vendor Certification Deep Dive

Two-column layout

Epic Certification — What You Need to Know

- Epic does NOT allow self-study certification — consultants must be sponsored by an employer or consulting firm
- Training occurs on-site at Epic's Verona, WI campus (1-6 weeks depending on module)
- Certifications are module-specific: EpicCare Ambulatory, EpicCare Inpatient, Cadence/Prelude, MyChart, Beaker, Radiant, etc.
- A consultant certified in EpicCare Ambulatory is NOT certified in Cadence — verify the specific module
- Epic certification is required to access Epic's build tools — uncertified consultants cannot configure Epic

Oracle Health (Cerner) Certification

- Module-based: PowerChart, Revenue Cycle, SurgiNet, FirstNet, etc.
- Less restrictive access model than Epic — but certified consultants are significantly more efficient
- Oracle's cloud migration (Millennium to Oracle Health) is creating demand for dual-certified consultants

> A consultant who claims "Epic experience" without holding current Epic certification for the specific module you need is a red flag. Epic's certification program exists precisely because uncertified individuals cannot safely configure the system.

How to Verify Credentials

Step-by-step verification process

Ask the consultant for their HIMSS certification number (CAHIMS or CPHIMS) and current membership status.

Verify through HIMSS Certification Directory (himss.org/certification). Search by name to confirm active status and certification level.

For Epic-certified consultants, request their Epic UserWeb profile or certification letter. You can also contact your Epic Technical Services representative to verify a consultant's certification status.

For Oracle Health (Cerner) consultants, request their Oracle Health training transcript showing completed certification modules.

> Epic certification status can lapse if a consultant hasn't worked on a current Epic version. Always verify certification currency — a consultant certified on Epic 2019 may not be current on Epic 2024+ features and workflows.

Check for project management credentials. For large implementations, look for PMP (Project Management Professional) or PgMP alongside HIT certifications.

Verify references from completed projects of similar scope and EHR platform. A consultant certified in athenahealth who has never managed a hospital-scale Epic implementation is not the right fit for your Epic project.

10 Red Flags of an Unqualified EHR Consultant

1. **No platform-specific certification.**
   Claims "EHR experience" but cannot produce Epic, Cerner, or relevant vendor certification for the platform you're implementing. Generic IT experience does not equal EHR implementation competency.

2. **No healthcare domain knowledge.**
   Understands databases and software but not clinical workflows, regulatory requirements (HIPAA, MIPS, Meaningful Use), or care delivery processes. Migration teams lacking healthcare domain knowledge make critical errors.

3. **Quotes data migration as a flat fee without auditing your data.**
   83% of data migration projects exceed budgets. Any consultant who quotes migration without first assessing your legacy data, volume, and format complexity is guessing.

4. **Cannot explain their implementation methodology.**
   A competent consultant has a defined, phase-based approach (discovery, design, build, test, train, go-live, optimize). Vague plans signal vague execution.

5. **No references from comparable projects.**
   A consultant who has only done 3-provider practice implementations is not qualified for a 50-provider hospital system project — and vice versa. Demand references from projects matching your size and complexity.

6. **Vendor bias without transparency.**
   If the consultant receives referral fees, reseller commissions, or preferred partner revenue from an EHR vendor, and doesn't disclose it, their vendor recommendation is compromised.

7. **Underestimates training needs.**
   If the proposal allocates <10% of total budget to training, the consultant is setting you up for low adoption. Industry benchmark: 15-25% of total project cost should go to training.

8. **No post-go-live support plan.**
   Go-live is not the finish line — it's the starting line. A consultant with no stabilization plan for the first 30-90 days post-launch is planning for failure.

9 **Dismisses change management.**

Technical configuration is 40% of a successful implementation. The other 60% is change management — workflow redesign, staff buy-in, and adoption support. Consultants who focus only on the technical build deliver systems nobody uses.

10 **Cannot provide a detailed SOW with milestones.**

If the engagement proposal is a vague time-and-materials estimate without defined deliverables, acceptance criteria, and milestone payments, you have no basis for accountability.

When Certification Matters (Decision Matrix)

Two-column layout

REQUIRE CERTIFIED (CPHIMS + platform cert) WHEN

- Enterprise EHR implementation (50+ users)
- Platform migration (switching from one EHR to another)
- Epic or Oracle Health builds (certification is functionally required)
- Projects involving data migration of >5 years of clinical history
- Regulatory-sensitive implementations (behavioral health, pediatrics)
- Multi-site or multi-state deployments
- Integration with complex interfaces (lab, pharmacy, imaging, billing)

CERTIFICATION LESS CRITICAL WHEN

- Small practice implementing a cloud-native EHR (athenahealth, Kareo)
- Post-go-live training refreshers
- Simple workflow optimization (no build changes)
- Vendor-managed implementation with consulting support
- Even here: verify HIPAA compliance knowledge and reference-check recent projects

Cost comparison

Factor	Certified (CPHIMS + Platform)	Uncertified / General IT
Hourly rate	$150–$350/hr	$75–$150/hr
Data migration success rate	Higher (domain expertise)	High risk of failure
Regulatory compliance	Built into methodology	Bolt-on or overlooked
Vendor access	Full build environment access	Limited or no access (Epic)
Post-go-live optimization	Workflow + technical	Technical only
Professional oversight	HIMSS CE requirements, ethics	None

Sample Vetting Questionnaire

EHR Consultant Vetting Questionnaire — Send This Before Hiring

Copy and send these questions to any EHR consultant or firm you're considering. Their answers will tell you everything you need to know.

1. Credentials & Certification

- What HIMSS certifications do you currently hold (CAHIMS, CPHIMS, FHIMSS)?
- What is your HIMSS certification number?
- Are you certified on our specific EHR platform? Which modules?
- When did you last complete your continuing education requirements?
- Do you hold PMP or other project management certifications?

2. Experience & Track Record

- How many EHR implementations/migrations have you completed in the past 5 years?
- What is the largest implementation you've led (number of providers, users, sites)?
- Have you completed a project of similar scope, size, and EHR platform to ours?
- Can you describe a project that went wrong and how you resolved it?
- What is your implementation methodology (phases, milestones, governance)?

3. Data Migration Approach

- How do you assess data migration complexity and risk before quoting?
- What is your process for data cleansing, mapping, and validation?
- How do you handle proprietary legacy system data formats?
- What is your typical data migration success rate (records validated post-migration)?
- Do you include a pre-migration data audit in your SOW?

4. Training & Change Management

- What percentage of total project budget do you recommend for training?
- Do you offer "train the trainer" programs?
- How do you measure and report on user adoption post-go-live?
- What is your change management approach for clinical workflow redesign?

5. Pricing & Accountability

- Do you offer fixed-fee milestones or time-and-materials only?
- What is your not-to-exceed policy for change orders?
- What is included in post-go-live support, and for how long?
- Do you receive referral fees, commissions, or partner revenue from EHR vendors? If so, from which ones?
- Do you carry professional liability (E&O) insurance? What are your policy limits?

6. References

- Can you provide 3 references from projects of similar scope and platform?
- Can you share a redacted project plan or SOW from a comparable engagement?

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