Certified Health IT Transparency and Disclosure Information



I. Disclaimer

This Modular EHR is 2014 Edition compliant to the criteria listed below and has been certified by an ONC Accredited Certifying Body in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services.

II. Certified EHR Vendor & Product Information

Vendor/Developer Name:	athenahealth, Inc.
Certified EHR Name:	athenaClinicals
Practice Type:	Inpatient
Previous Certified Version Numbers (CHPL Certification ID):	15.11 (Cert ID: 150143R00)15.12 (Cert ID: 150143R01)16.1 (Cert ID: 150143R02)16.2 (Cert ID: 150143R03)16.3 (Cert ID: 150143R04)16.4 (Cert ID: 150143R05,160023R00)16.5 (Cert ID: 160023R01)16.6 (Cert ID: 160023R02)16.7 (Cert ID: 160023R03)16.8 (Cert ID: 160023R04)16.9 (Cert ID: 160023R05)16.10 (Cert ID: 160023R06)16.11 (Cert ID: 160023R07)16.12 (Cert ID: 160023R08)17.3 (Cert ID: 160023R01)17.7 (Cert ID: 160023R10)17.11 (Cert ID: 160023R11)18.3 (Cert ID: 160023R12)
Latest Version No:	18.7
CHPL Certification ID:	160023R13
Latest Certification Date:	November 2017
Certification Criteria:	 The following criteria are certified in all versions listed above unless otherwise specified below: Modular Inpatient EHR Certification 1. 170.314(a)(1) COMPUTERIZED PROVIDER ORDER ENTRY 2. 170.314(a)(2) DRUG-DRUG, DRUG-ALLERGY INTERACTION CHECKS 3. 170.314(a)(3) DEMOGRAPHICS * 4. 170.314(a)(4) VITAL SIGNS, BODY MASS INDEX, AND GROWTH CHARTS 5. 170.314(a)(5) PROBLEM LIST 6. 170.314(a)(6) MEDICATION LIST 7. 170.314(a)(7) MEDICATION ALLERGY LIST 8. 170.314(a)(8) CLINICAL DECISION SUPPORT 9. 170.314(a)(9) ELECTRONIC NOTES

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	 10. 170.314(a)(10) DRUG-FORMULARY CHECKS 11. 170.314(a)(11) SMOKING STATUS 12. 170.314(a)(13) FAMILY HEALTH HISTORY 14. 170.314(a)(14) PATIENT JUST CREATION 15. 170.314(a)(14) PATIENT JUST CREATION 15. 170.314(a)(16) ELECTRONIC MEDICATION ADMINISTRATION RECORD 17. 170.314(a)(17) ADVANCE DIRECTIVES 18. 170.314(b)(11) TRANSITIONS OF CARE - RECEIVE, DISPLAY, AND INCORPORATE TRANSITION OF CARE/REFERRAL SUMMARIES 19. 170.314(b)(12) TRANSITIONS OF CARE - CREATE AND TRANSMIT TRANSITION OF CARE/REFERRAL SUMMARIES 19. 170.314(b)(2) TRANSITIONS OF CARE - CREATE AND TRANSMIT TRANSITION OF CARE/REFERRAL SUMMARIES 19. 170.314(b)(3) ELECTRONIC PRESCRIBING 21. 170.314(b)(4) CLINICAL INFORMATION RECONCILIATION 22. 170.314(b)(50) INCORPORATE LABORATORY TESTS AND VALUES/RESULTS** 23. 170.314(b)(50) INCORPORATE LABORATORY TESTS AND VALUES/RESULTS 24. 170.314(b)(7) DATA PORTABILITY 25. 170.314(c)(2) CLINICAL QUALITY MEASURES - CAPTURE AND EXPORT 26. 170.314(c)(2) CLINICAL QUALITY MEASURES - IMPORT AND CALCULATE 27. 170.314(c)(2) CLINICAL QUALITY MEASURES - IMPORT AND CALCULATE 27. 170.314(c)(2) CLINICAL QUALITY MEASURES - IMPORT AND CALCULATE 27. 170.314(c)(2) CLINICAL QUALITY MEASURES - IMPORT AND AUTHORIZATION 28. 170.314(d)(1) AUTHENTICATION, ACCESS CONTROL, AND AUTHORIZATION 29. 170.314(d)(2) AUDIT REPORT [S) 31. 170.314(d)(4) AMENDMENTS 32. 170.314(d)(5) AUTOMATIC LOG-OFF 33. 170.314(d)(6) EMERGENCY ACCESS 34. 170.314(d)(7) END-USER DEVICE ENCRYPTION 35. 170.314(d)(6) EMERGENCY ACCESS 34. 170.314(d)(7) COUNTING OF DISCLOSURES (OPTIONAL) 37. 170.314(d)(7) COUNTING OF DISCLOSURES (OPTIONAL) 37. 170.314(d)(7) COUNTING OF DUBLIC HEALTH AGENCIES - SYNDROMIC SURVEILLANCE 40. 170.314(g)(2) AUTOMATED MEASURE CALCULATION 41. 170.314(g)(3) SAFETY-ENHANC
Clinical Quality Measures:	 The following clinical quality measures are certified in all versions listed above unless otherwise specified below: 1. CMS9 EXCLUSIVE BREAST MILK FEEDING 2. CMS26 HOME MANAGEMENT PLAN OF CARE (HMPC) DOCUMENT GIVEN TO PATIENT/CAREGIVER 3. CMS31 EHDI-1A - HEARING SCREENING PRIOR TO HOSPITAL DISCHARGE 4. CMS71 STROKE-3 ISCHEMIC STROKE – ANTICOAGULATION THERAPY FOR ATRIAL FIBRILLATION/FLUTTER
	5. CMS102 STROKE-10 ISCHEMIC OR HEMORRHAGIC STROKE – ASSESSED FOR REHABILITATION



	 CMS104 STROKE-2 ISCHEMIC STROKE – DISCHARGED ON ANTI-THROMBOTIC THERAPY CMS105 STROKE-6 ISCHEMIC STROKE – DISCHARGED ON STATIN MEDICATION CMS107 STROKE-8 ISCHEMIC OR HEMORRHAGIC STROKE – STROKE EDUCATION CMS108 VENOUS THROMBOEMBOLISM (VTE)-1 VTE PROPHYLAXIS CMS113 PC-01 ELECTIVE DELIVERY PRIOR TO 39 COMPLETED WEEKS GESTATION CMS190 VTE-2 INTENSIVE CARE UNIT (ICU) VTE PROPHYLAXIS
Leveraged Software & Content:	athenaCommunicator, FDB MedKnowledge, Healthwise Patient Instructions, Surescripts, Network Time Protocol Daemon (ntpd), Win SCP, Health Language, Mashery, Access GUDID, MSExcel

III. Costs and Limitations

The section below outlines:

(A) Additional types of costs that a user may be required to pay to implement or use the Complete EHR or Health IT Module's capabilities, either to meet meaningful use objectives and measures or to achieve any other use within the scope of the health IT's certification:

(B) Limitations a user may encounter in the course of implementing and using the Complete EHR or Health IT Module's capabilities, either to meet meaningful use objectives and measures or to achieve any other use within the scope of the health IT's certification.

170.314(a)(4): Vital signs, body mass index, and growth Charts

Types of Costs:

Clients may, at their option, purchase and integrate vitals devices from Welch Allyn and Midmark. When utilizing a version of Welch Allyn or Midmark that is supported within athena, there is no additional charge for the integration.

Limitations:

BMI is automatically calculated when the height and weight reading are taken within the same minute. Growth charts are made automatically available for patients age 21 or under. Clients can, at their option, request more graphically plotted growth charts beyond the default ones made available.

170.314(a)(9): Electronic notes

Types of Costs:

None

Limitations:

Users must have the appropriate permissions to create, sign, amend, and search electronic notes. Users may search electronic note text for closed encounters. To change an electronic note after it has been closed, the user must amend the encounter.

170.314(a)(10): Drug formulary checks

Types of Costs:

None

Limitations:

Drug formulary information is sourced from Surescripts (http://www.surescripts.com), and availability is dependent on the patient's eligibility status with their payer. To obtain a response and ensure accuracy, the appropriate athenaNet insurance package for the patient must be selected and the payer must support electronic eligibility checking.

170.314(a)(11): Smoking status

Types of Costs:

None

Limitations:

Smoking status options in athenaClinicals are backed by SNOMED-CT codes, which can be accessed through the generation of a CCDA file. For inbound documents, this file can be generated using the XML button. For assistance with the generation of this file for outbound documents, please contact athenahealth through your client success manager. athenaClinicals uses Health Language (http://www.healthlanguage.com) for updated SNOMED-CT releases.

170.314(a)(12): Image results

Types of Costs:

None

Limitations:

Imaging results sent via fax, or which are uploaded as a scanned document, may be stored directly within athenaNet. High resolution images (e.g., CAT, MRI) are stored within client PACS. Users can directly link to images within PACS from athenaNet when such images are received via interface. Users must have appropriate logins to access PACS systems. Athena can assist users in setting up and configuring interfaces. For more information on setting up interfaces, please refer to athena's Service Description.

170.314(a)(13): Family health history

Types of Costs:

None

Limitations:

athenaClinicals does not support free-text family relations, but does support the following SNOMED-CT-backed family relations: Brother, Daughter, Father, Maternal Aunt, Maternal Grandmother, Maternal Grandfather, Maternal Uncle, Mother's, Paternal Aunt, Paternal Grandmother, Paternal Grandfather, Paternal Uncle, Sister, Son, and Unspecific Relation. athenaClinicals also utilizes SNOMED-CD for family health history.

170.314(a)(15): Patient-specific education resources

Types of Costs:

None

Limitations:

athenaClinicals surfaces patient-specific education resources in the form of patient information orders throughout the ordering workflow. These orders contain links to handouts with content sourced from Healthwise (http://www.healthwise.org) that a provider can either print or push to the patient portal.

The InfoButton standard can be used to recommend information by enabling the Patient Education Information link in the Assessment & Plan section of the encounter. This is disabled by default. Clicking the Patient Education link does not support pushing content to the patient portal.

170.314(a)(16): Inpatient setting only - Electronic medication administration record

Types of Costs:

None

Limitations:

All orders in athenaNet are placed with the route included. There is no separate warning for "wrong route." This warning is captured within the "wrong medication" warning.

170.314(b)(1): Transitions of care - receive, display and incorporate transition of care/referral summaries

Types of Costs:

None

Limitations:

athenahealth provides bidirectional interfaces to send and receive transition of care/referral summary Consolidated CDA (CCDA) documents. In all cases where an athena client uses Direct, athena will also act as the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional charge for Direct users.

170.314(b)(2): Transitions of care - create and transmit transition of care/referral summaries

Types of Costs:

None

Limitations:

athenahealth provides bidirectional interfaces to send and receive transition of care/referral summary Consolidated CDA (CCDA) documents. In all cases where an athena client uses Direct, athena will also act as the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional charge for Direct users.

170.314(b)(3): Electronic prescribing

Types of Costs:

None

Limitations:

Electronic prescriptions are routed to pharmacies via Surescripts (http://www.surescripts.com). Where available and applicable, to ensure that electronic prescriptions for controlled substances are electronically routed through Surescripts, providers must enroll with ePrescribe Controlled Substances (EPCS). EPCS requires validation of a provider's DEA number and approval by another trusted user within the practice. Following enrollment, EPCS-enrolled providers must complete a two-factor authentication upon signing orders, which includes their athenaNet password and a passcode from a hard token. If providers are not EPCS-enrolled, all controlled substance prescriptions will be routed via paper according to federal and state regulations. Additionally, other factors may cause prescriptions to be routed via fax or paper, including sending prescriptions to non-electronic enabled pharmacies, or sending prescriptions that exceed various field limits and formatting requirements.

170.314(b)(4): Clinical information reconciliation

Types of Costs:

None

Limitations:

Clinical information is reconciled through structured formats. Free text is not supported.

170.314(b)(5): Incorporate laboratory tests and values/results

Types of Costs:

None

Limitations:

Where necessary, athena can assist users in setting up and configuring interfaces. For more information on setting up interfaces, please refer to athena's Service Description.



170.314(b)(7): Data Portability

Types of Costs:

None

Limitations:

athenahealth provides bidirectional interfaces to send and receive transition of care/referral summary Consolidated CDA (CCDA) documents. athenahealth can send, display, or make available for download the HL7-specified Data Export document for one patient or multiple patients within a given practice. Users may request all available information for a given patient or set of patients.

170.314(c)(1): Clinical quality measures - capture and export

Types of Costs:

None

Limitations:

athenahealth supports the capture of information for clinical quality measures through embedded workflows when possible. For select clinical quality measures where embedded workflow capture is not available, it is the client's responsibility to request enablement of additional global templates to support capture of information. To enable certain certified capabilities, Clients must partner with Athena to ensure data availability and, if necessary, implement customized solutions pursuant to their clinical workflows. Provided that the necessary Client data is available, such solutions will be completed within a reasonable amount of time and at no additional cost. Any data capture associated with requested functionality or additional measure enrollment is available only after the client's request.

170.314(c)(2): Clinical quality measures - import and calculate

Types of Costs:

None

Limitations:

Denominator exclusions and IPP measures required for reporting are built separately and are not by default visible to users. Users may request that these measures become visible. At times, because athenaNet uses proprietary code sets to codify some data types, data is analyzed by translating measure specifications into proprietary code sets.

athenahealth partners with a quality vendor, Persivia, to track, calculate, and submit eCQM data. Persivia is provided to athenahealth clients free of cost. Automated measure calculation for clinical quality measures is supported through athena's integration with Persivia. To enable certain certified capabilities, clients must partner with athena to ensure data availability and, if necessary, implement customized solutions pursuant to their clinical workflows. Provided that the necessary client data is available, such solutions will be completed within a reasonable amount of time and at no additional cost. Any data capture associated with requested functionality or additional measure enrollment is available only after the client's request. Clients must grant Persivia EHR vendor authorization as part of this integration. Limitations associated with Persivia can be found <u>here</u> under "Certification Statement for EH (Meaningful Use Solution)."

170.314(c)(3): Clinical quality measures - electronic submission



Types of Costs:

None

Limitations:

Through athenahealth's partnership with Persivia for hospitals, athena submits eCQMs to CMS on behalf of customers. Customers are required to grant Persivia EHR vendor authorization to enable athenahealth to submit on their behalf. Limitations associated with Persivia can be found <u>here</u> under "Certification Statement for EH (Meaningful Use Solution)."

170.314(d)(1): Authentication, access, control, and authorization

Types of Costs:

None

Limitations:

athena clients are responsible for defining and administering users as part of the standard implementation process, which includes granting security permissions. Clients have default roles available to them for use or can craft their own roles. athena supports single sign-on through SAML 2.0 for clients who wish to use external authentication methods. Two-factor authentication is required for e-Prescription of controlled substances.

170.314(d)(2): Auditable events and tamper-resistance

Types of Costs:

None

Limitations:

Users do not have the ability to disable logging of auditable events. Print action events will only be recorded as such when a print link is embedded in the software, which can be done through client request. Where there is no print link embedded in the software, printing via web browser will be logged as a user "access," even if the user prints the web page.

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170.314(d)(3): Audit report(s)
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Types of Costs:

Clients may request customized reporting beyond Athena's standard reporting at an additional cost.

Limitations:

Users do not have the ability to disable logging of auditable events. To view all possible audit events in a report, the user must have access to all available "Provider Groups." Reports are only sortable in a CSV format.

170.314(d)(5): Automatic log-off

Types of Costs:

None

Limitations:

All athenaClinicals users are subject to a default access time-out. The time-out has limited adjustability by authorized users.

170.314(d)(6): Emergency access

Types of Costs:

None

Limitations:

Authorized users must have their user privileges configured to be granted temporary emergency access.

170.314(d)(7): End-user device encryption

Types of Costs:

None

Limitations:

Applications within the scope of athenaClinicals do not utilize end user device-based storage.

170.314(d)(8): Integrity

Types of Costs:

None

Limitations:

SHA-2 hashing algorithms is supported for the hashing of Direct messages.

170.314(f)(2): Transmission to immunization registries

Types of Costs:

Standard interfaces are developed as part of the athenaClinicals service at no additional charge. Custom Integrations are not included in the athenaClinicals Service Fee and are subject to additional fees.

Limitations:

Clients are responsible for requesting connections to registries on behalf of their organizations; obtaining authorization to submit patient information to registries; ensuring the accuracy of data entered into athenaNet that may be transmitted to a registry; and working with applicable registries to determine whether use of an interface replaces existing registry reporting completed by the practice. Clients need to ensure they are appropriately enrolled with applicable registries prior to requesting any connections. athenaClinicals sends only real-time vaccine information. For additional reporting requirements, such as a monthly reports, users should continue to utilize the processes in place before the interface went live. When establishing a connection to an immunization registry for the first time, there may be a wait period as athena goes through the registry's queue and tests the interface build.

170.314(f)(3): Transmission to public health agencies - syndromic surveillance

Types of Costs:

Standard interfaces are developed as part of the athenaClinicals service at no additional charge. Custom Integrations are not included in the athenaClinicals Service Fee and are subject to additional fees.

In some cases, state syndromic registries are contracted through a third party company (HMS) that charges an additional fee for interface connections. In these cases, athena will pursue other means for practices to meet their public health MU measures. If a practice must connect to the syndromic registry, they must contract with HMS first.

Limitations:

Availability of syndromic registry connections varies by state and clients are responsible for requesting connections to registries on behalf of their organizations. Clients are also responsible for obtaining authorization to submit patient information to registries; ensuring the accuracy of data entered into athenaNet that may be transmitted to a registry; and working with applicable registries to determine whether use of an interface replaces existing registry reporting completed by the practice.

170.314(g)(2): Automated measure calculation

Types of Costs:

None

Limitations:

For transitions of care, providers must be set up with a Direct address to send and receive referrals. For eRx functionality, providers must be configured with a Surescripts ID and a DEA number to send prescriptions electronically, and pharmacies must be configured to receive electronic prescriptions. For timely access functionality, practices must be configured with either the Patient Portal or Patient Information Center (PIC). For secure messaging functionality, practices must be configured with the Patient Portal to receive clinically relevant information.

170.314(g)(3): Safety-enhanced design

Types of Costs:

None

Limitations:

For more information, please refer to athena's Customized Common Industry Format Template for Electronic Health Record Usability Testing report, available at <u>https://chpl.healthit.gov/#/product/9452</u>.

170.314(g)(4): Quality management system

Types of Costs:

None

Limitations:

Athena's Quality Management System referenced ISO 9001 for athenaClinicals.