



# **athenaClinicals (Ambulatory) 2014 Edition Certified Health IT Costs and Limitations**

## I. Disclaimer

This Complete 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:	Ambulatory
Previous Certified Version Numbers (CHPL Certification ID):	14.4 (Cert ID: 140056R00) 14.5 (Cert ID: 140056R01) 14.6 (Cert ID: 140056R02) 14.7 (Cert ID: 140056R03) 14.8 (Cert ID: 140056R04) 14.9 (Cert ID: 140056R05) 14.10 (Cert ID: 140056R06) 14.11 (Cert ID: 140056R07) 14.12 (Cert ID: 140056R08) 15.1 (Cert ID: 140056R09) 15.2 (Cert ID: 150027R00) 15.3 (Cert ID: 150027R01) 15.4 (Cert ID: 150027R02) 15.5 (Cert ID: 150027R03) 15.6 (Cert ID: 150027R04) 15.7 (Cert ID: 150027R05) 15.8 (Cert ID: 150027R06) 15.9 (Cert ID: 150027R07) 15.10 (Cert ID: 150027R08) 15.11 (Cert ID: 150027R09) 15.12 (Cert ID: 150027R10) 16.1 (Cert ID: 150027R11) 16.2 (Cert ID: 150027R12) 16.3 (Cert ID: 150027R13) 16.4 (Cert ID: 150027R14) 16.5 (Cert ID: 150027R15) 16.6 (Cert ID: 150027R16) 16.7 (Cert ID: 150027R17) 16.8 (Cert ID: 150027R18) 16.9 (Cert ID: 150027R19) 16.10 (Cert ID: 150027R20) 16.11 (Cert ID: 150027R21) 16.12 (Cert ID: 150027R22) 17.3 (Cert ID: 150027R23) 17.7 (Cert ID: 150027R24) 17.11 (Cert ID: 150027R25) 18.3 (Cert ID: 150027R26) 18.7 (Cert ID: 150027R27) 18.11 (Cert ID: 150027R28)
Latest Version No:	19.3
CHPL Certification ID:	pending
Latest Certification Date:	December 2018

**Certification Criteria:**

The following criteria are certified in all versions listed above unless otherwise specified below:

1. 170.314(a)(1): Computerized provider order entry
2. 170.314(a)(2): Drug-drug, drug-allergy interactions 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
10. 170.314(a)(10): Drug formulary checks
11. 170.314(a)(11): Smoking status
12. 170.314(a)(12): Image results
13. 170.314(a)(13): Family health history
14. 170.314(a)(14): Patient list creation
15. 170.314(a)(15): Patient-specific education resources
16. 170.314(b)(1): Transitions of care - receive, display and incorporate transition of care/referral summaries
17. 170.314(b)(2): Transitions of care - create and transmit transition of care/referral summaries
18. 170.314(b)(3): Electronic prescribing
19. 170.314(b)(4): Clinical information reconciliation
20. 170.314(b)(5)(A): Incorporate laboratory tests and values/results
21. 170.314(b)(5)(B): Incorporate laboratory tests and values/results\*
22. 170.314(b)(7): Data portability
23. 170.314(c)(1): Clinical quality measures - capture and export
24. 170.314(c)(2): Clinical quality measures - import and calculate
25. 170.314(c)(3): Clinical quality measures - electronic submission
26. 170.314(d)(1): Authentication, access, control, and authorization
27. 170.314(d)(2): Auditable events and tamper-resistance
28. 170.314(d)(3): Audit report(s)
29. 170.314(d)(4): Amendments
30. 170.314(d)(5): Automatic log-off
31. 170.314(d)(6): Emergency access
32. 170.314(d)(7): End-user device encryption
33. 170.314(d)(8): Integrity
34. 170.314(d)(9): Optional - accounting of disclosures
35. 170.314(e)(1): View, download, and transmit to a 3rd party with edge protocol testing
36. 170.314(e)(2): Ambulatory setting only - clinical summary
37. 170.314(e)(3): Ambulatory setting only - secure messaging
38. 170.314(f)(1): Immunization information
39. 170.314(f)(2): Transmission to immunization registries
40. 170.314(f)(3): Transmission to public health agencies - syndromic surveillance
41. 170.314(f)(5): Optional - ambulatory setting only - cancer case information
42. 170.314(f)(6): Optional - ambulatory setting only - transmission to cancer registries
43. 170.314(g)(2): Automated measure calculation

	<p>44. 170.314(g)(3): Safety-enhanced design</p> <p>45. 170.314(g)(4): Quality management system</p> <p>*170.314(b)(5)(B) certified in versions 16.10 and higher only</p>
<p>Clinical Quality Measures:</p>	<p>The following clinical quality measures are certified in all versions listed above unless otherwise specified below:</p> <ol style="list-style-type: none"> <li>1. CMS2 PREVENTIVE CARE AND SCREENING: SCREENING FOR CLINICAL DEPRESSION AND FOLLOW-UP PLAN</li> <li>2. CMS22 PREVENTIVE CARE AND SCREENING: SCREENING FOR HIGH BLOOD PRESSURE AND FOLLOW-UP DOCUMENTED</li> <li>3. CMS50 CLOSING THE REFERRAL LOOP: RECEIPT OF SPECIALIST REPORT**</li> <li>4. CMS52 HIV/AIDS: PNEUMOCYSTIS JIROVECI PNEUMONIA (PCP) PROPHYLAXIS</li> <li>5. CMS56 FUNCTIONAL STATUS ASSESSMENT FOR HIP REPLACEMENT</li> <li>6. CMS65 HYPERTENSION: IMPROVEMENT IN BLOOD PRESSURE</li> <li>7. CMS66 FUNCTIONAL STATUS ASSESSMENT FOR KNEE REPLACEMENT</li> <li>8. CMS68 DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD</li> <li>9. CMS69 PREVENTIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP</li> <li>10. CMS74 PRIMARY CARIES PREVENTION INTERVENTION AS OFFERED BY PRIMARY CARE PROVIDERS, INCLUDING DENTISTS</li> <li>11. CMS75 CHILDREN WHO HAVE DENTAL DECAY OR CAVITIES</li> <li>12. CMS90 FUNCTIONAL STATUS ASSESSMENT FOR COMPLEX CHRONIC CONDITIONS</li> <li>13. CMS122 DIABETES: HEMOGLOBIN A1C POOR CONTROL</li> <li>14. CMS123 DIABETES: FOOT EXAM</li> <li>15. CMS124 CERVICAL CANCER SCREENING</li> <li>16. CMS125 BREAST CANCER SCREENING</li> <li>17. CMS127 PNEUMONIA VACCINATION STATUS FOR OLDER ADULTS</li> <li>18. CMS128 ANTI-DEPRESSANT MEDICATION MANAGEMENT</li> <li>19. CMS129 PROSTATE CANCER: AVOIDANCE OF OVERUSE OF BONE SCAN FOR STAGING LOW RISK PROSTATE CANCER PATIENTS</li> <li>20. CMS130 COLORECTAL CANCER SCREENING</li> <li>21. CMS131 DIABETES: EYE EXAM</li> <li>22. CMS134 DIABETES: URINE PROTEIN SCREENING</li> <li>23. CMS135 HEART FAILURE (HF): ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD)</li> <li>24. CMS136 ADHD: FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) MEDICATION</li> <li>25. CMS137 INITIATION AND ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT</li> <li>26. CMS138 PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION</li> <li>27. CMS139 SCREENING FOR FUTURE FALL RISK</li> <li>28. CMS142 DIABETIC RETINOPATHY: COMMUNICATION WITH THE PHYSICIAN MANAGING ONGOING DIABETES CARE</li> <li>29. CMS143 PRIMARY OPEN ANGLE GLAUCOMA (POAG): OPTIC NERVE EVALUATION</li> <li>30. CMS144 HEART FAILURE (HF): BETA-BLOCKER THERAPY FOR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVSD)</li> </ol>

31. CMS145 CORONARY ARTERY DISEASE (CAD): BETA-BLOCKER THERAPY - PRIOR MYOCARDIAL INFARCTION (MI) OR LEFT VENTRICULAR SYSTOLIC DYSFUNCTION (LVEF <40%)
32. CMS147 PREVENTATIVE CARE AND SCREENING: INFLUENZA IMMUNIZATION
33. CMS149 DEMENTIA: COGNITIVE ASSESSMENT
34. CMS155 WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN AND ADOLESCENTS
35. CMS156 USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY
36. CMS158 PREGNANT WOMEN THAT HAD HBSAG TESTING
37. CMS159 DEPRESSION REMISSION AT TWELVE MONTHS
38. CMS160 DEPRESSION UTILIZATION OF THE PHQ-9 TOOL
39. CMS161 MAJOR DEPRESSIVE DISORDER (MDD): SUICIDE RISK ASSESSMENT
40. CMS164 ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTITHROMBOTIC
41. CMS165 CONTROLLING HIGH BLOOD PRESSURE
42. CMS166 USE OF IMAGING STUDIES FOR LOW BACK PAIN
43. CMS167 DIABETIC RETINOPATHY: DOCUMENTATION OF PRESENCE OR ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPATHY
44. CMS169 BIPOLAR DISORDER AND MAJOR DEPRESSION: APPRAISAL FOR ALCOHOL OR CHEMICAL SUBSTANCE USE
45. CMS177 CHILD AND ADOLESCENT MAJOR DEPRESSIVE DISORDER: SUICIDE RISK ASSESSMENT

\*\*CMS50 certified in versions 14.5 and higher only

### 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 will be automatically calculated when the height and weight readings are from the same patient encounter or within the same day. 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(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 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:**

athenaClinicals supports the capture of information for clinical quality measures through embedded workflows when possible, or by allowing clients to manually attest to patient satisfaction or exclusion from the clinical quality measure through the Quality Management Tab and section within athenaClinicals. Guidance on how clinical quality measure information is captured is found in the Quality Management Resource Center within athenaClinicals. If athena's globally created content is specified within the Quality Management Resource Center measure guidelines, information entered in client-created templates or client-created content, including local copies, may not be used for information capture for clinical quality measures, even if those templates mirror or track athena's globally created content. Clients may request that athenahealth generate a QRDA file on their behalf, which will be accessible within the user's Practice Files administrative page.

**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 code sets included in measure specifications into those proprietary codesets.

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

#### **Types of Costs:**

None

#### **Limitations:**

athenahealth supports QRDA III format that conforms to the PY 2018 program specifications by default for Michigan Medicaid clients, and, upon request and with a 1-week turn-around, for all other clients participating in the Medicaid PI program. athenahealth supports QRDA III format that conforms to the PY 2018 MIPS specification with a 5-6 week turn-around. athenahealth supports QPP data JSON format that conforms to the latest payment year program specifications for which submissions are due.

### **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.

### **170.314(d)(3): Audit report(s)**

#### **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(e)(1): View, download, and transmit to a 3rd party with edge protocol testing

**Types of Costs:**

None

**Limitations:**

The athenaCommunicator patient portal has been tested for Web Content Accessibility Guidelines compliance. Limitations of the available WCAG testing tools, however, prohibits testing of every browser that a patient might choose to use. Users should bring any issues discovered with browsers to athena's attention so that we may promptly address these concerns.

To utilize the "Download" feature, which lets patient portal users download their health data, a PDF reader such as Adobe Acrobat is required to view the downloaded documents. Additionally, for use of Microsoft HealthVault and Direct messaging through the "Transmit" feature in the athenaCommunicator Patient Portal, athenahealth provides an interface vendor and interface message configurations for the practice's interface context definition. After securely transmitting the message from the patient portal, the patient can log into HealthVault and view the secure messages that were transmitted.

Because the athenaCommunicator patient portal is highly configurable, the settings controlling the enablement or disablement of key features are protected by various systemic processes. Such features could become temporarily disabled if users make detrimental changes to the settings.

### **170.314(e)(2): Ambulatory setting only - Clinical summary**

#### **Types of Costs:**

None

#### **Limitations:**

athenaClinicals auto-generates a clinical summary from an ambulatory encounter in human readable format that is sent via the patient portal by default. To generate the summary in CCD format, please contact athenahealth. Patients can obtain a CCD formatted copy directly from the patient portal.

### **170.314(e)(3): Ambulatory setting only - Secure messaging**

#### **Types of Costs:**

None

#### **Limitations:**

Because the athenaCommunicator patient portal is highly configurable, the settings controlling the enablement or disablement of key features are protected by various systemic processes. Such features could become temporarily disabled if users make detrimental changes to the settings.

### **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 must 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 first contract with HMS.

#### **Limitations:**

Availability of syndromic registry connections varies by state. While athena is actively pursuing new syndromic registry connections, 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:**

Eligible Clinicians are enrolled in a full year of MIPS PI reporting. athena will enable a custom 90 -day MIPS PI reporting period upon request, with a 2-week turn-around.

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 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 <https://chpl.healthit.gov/#/product/9451>.

### 170.314(g)(4): Quality management system

#### **Types of Costs:**

None

#### **Limitations:**

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