athenahealth

Inpatient
Certified Health IT Transparency and Disclosure Information

2015 Edition

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I. Disclaimer

This EHR is 2015 Edition compliant to the criteria listed below and has been certified by an ONC Accredited Certifying Body ("ONC-ACB") 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 for Hospital and Health Systems
Practice Type:	Inpatient
Previous Certified Version Numbers (CHPL Certification ID):	athenaClinicals 2015 Ed.: CHPL Product Number: 15.07.07.2880.AT01.14.02.1.180909 ONC-ACB Certification ID: 170038R02 athenaClinicals 2014 Ed. Inpatient: CHPL Product Number: 14.07.07.2880.AT01.14.02.1.180910 ONC-ACB Certification ID: 160023R13 athenaCommunicator 2014 Ed.: CHPL Product Number: 14.07.07.2880.AT02.14.02.1.180909 ONC-ACB Certification ID: 140188R36
Latest Version No:	18.7
CHPL Certification ID:	170038R02, 160023R13, 140188R36
Latest Certification Date:	September 9 - 10, 2018

Certification Criteria:	The following criteria are certified in all versions listed above unless otherwise specified below: 2014 Ed: 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 (a)(16): Inpatient setting only - electronic medication administration record 17. 170.314 (a)(17): Advance directives 18. 170.314 (b)(1): Transitions of care - receive, display and incorporate transition of care/referral summaries 19. 170.314 (b)(2): Transitions of care - create and transmit transition of care/referral summaries 20. 170.314 (b)(3): Electronic prescribing 21. 170.314 (b)(4): Clinical information reconciliation 22. 170.314 (b)(5)(A): Incorporate laboratory tests and values/results 23. 170.314 (b)(5)(B): Incorporate laboratory tests and values/results 24. 170.314 (b)(7): Data portability 25. 170.314 (c)(1): Clinical quality measures - capture and export 26. 170.314 (c)(2): Clinical quality measures - import and calculate 27. 170.314 (c)(3): Clinical quality measures - electronic submission 28. 170.314 (d)(1): Authentication, access, control, and authorization 29. 170.314 (d)(2): Auditable events and tamper-resistance 30. 170.314 (d)(3): 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)(8): Integrity
36. 170.314 (d)(9): Optional - accounting of disclosures
37. 170.314 (f)(1): Immunization information
38. 170.314 (f)(2): Transmission to immunization registries
39. 170.314 (f)(3): Transmission to public health agencies - syndromic surveillance
40. 170.314 (g)(2): Automated measure calculation
41. 170.314 (g)(3): Safety-enhanced design
42. 170.314 (g)(4): Quality management system

2015 Ed:

1. 170.315(a)(1): Computerized Provider Order Entry (CPOE) - Medications
2. 170.315(a)(2): CPOE - Laboratory
3. 170.315(a)(3): CPOE - Diagnostic Imaging
4. 170.315(a)(4): Drug-Drug, Drug-Allergy Interaction Checks for CPOE
5. 170.315(a)(5): Demographics
6. 170.315(a)(6): Problem List
7. 170.315(a)(7): Medication List
8. 170.315(a)(8): Medication Allergy List
9. 170.315(a)(10): Drug-Formulary and Preferred Drug List Checks
10. 170.315(a)(11): Smoking Status
11. 170.315(a)(12): Family Health History
12. 170.315(a)(13): Patient-Specific Education Resources
13. 170.315(a)(14): Implantable Device List
14. 170.315(b)(2): Clinical Information Reconciliation and Incorporation
15. 170.315(b)(3): Electronic Prescribing
16. 170.315(d)(1): Authentication, Access Control, Authorization
17. 170.315(d)(2): Auditable Events and Tamper-Resistance
18. 170.315(d)(3): Audit Report(s)
19. 170.315(d)(4): Amendments
20. 170.315(d)(5): Automatic Access Time-out
21. 170.315(d)(6): Emergency Access
22. 170.315(d)(7): End-User Device Encryption
23. 170.315(d)(8): Integrity
24. 170.315(d)(9): Trusted Connection
25. 170.315(d)(10): Auditing Actions on Health Information
26. 170.315(d)(11): Accounting of Disclosures
27. 170.315(e)(3): Patient Health Information Capture
28. 170.315(g)(3): Safety-Enhanced Design
29. 170.315(g)(4): Quality Management System

	30. 170.315(g)(5): Accessibility-Centered Design 31. 170.315(g)(6): Consolidated CDA Creation 32. 170.315(g)(7): Application Access - Patient Selection **Adding to 2015 Ed. in 18.11:** 1. 170.315 (a)(9): Clinical Decision Support 2. 170.315 (a)(15): Social, Psychological, and Behavioral Determinants Data 3. 170.315 (b)(1): Transitions of Care 4. 170.315 (b)(4): Common Clinical Data Set Summary Record - Create 5. 170.315 (b)(5): Common Clinical Data Set Summary Record - Receive 6. 170.315 (b)(6): Data Export 7. 170.315 (b)(9): Care Plan 8. 170.315 (e)(1): View, Download, and Transmit to 3rd Party 9. 170.315 (f)(1): Transmission to Immunization Registries 10. 170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance 11. 170.315 (f)(7): Transmission to Public Health Agencies – Health Care Surveys 12. 170.315 (g)(2): Automated Measure Calculation 13. 170.315 (g)(8): Application Access - Data Category Request 14. 170.315 (g)(9): Application Access - All Data Request
Clinical Quality Measures:	N/A
Leveraged Software & Content:	athenaCommunicator, FDB MedKnowledge, Healthwise Patient Instructions,Surescripts, Network Time Protocol Daemon (ntpd), Epocrates, Mashery, AccessGUDID, Snowflake

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) Contractual, Technical, or Practical Limitations a user may encounter in the course of implementing and using the Complete EHR or Health IT Module's compatibilities, either to meet meaningful use objectives and measures or to achieve any other use within the scope of the health IT's certification. In addition to the limitations noted for each criterion, please note that all functionality described herein is generally subject to the terms and conditions set forth in athenahealth's Master Services Agreement and the athenaClinicals and athenaCommunicator Service Descriptions.

Additionally, as per athenahealth's technical requirements, full use of athenaNet and athenahealth services requires connectivity to multiple sources accessed via the Internet. The following domains must be made accessible for all athenaNet users: (1) .athena.io; (2) .athenahealth.com; (3) .epocrates.com; (4) secure.athenahealthpayment.com. For additional information, please visit:

https://www.athenahealth.com/~/media/athenaweb/files/pdf/athenahealth_tech_requirements.pdf.

170.315(a)(1): Computer Provider Order Entry (CPOE) - Medications
Allows a user to electronically record, change, and access a patient's medication orders.
Types of Costs:
None.
Limitations:
None.

170.315(a)(2): Computerized Provider Order Entry (CPOE) - Laboratory
Allows a user to electronically record, change, and access a patient's laboratory orders.
Types of Costs:
None.
Limitations:
None.

170.315(a)(3): Computerized Provider Order Entry (CPOE) - Diagnostic Imaging
Allows a user to electronically record, change, and access a patient's diagnostic imaging orders.
Types of Costs:
None.
Limitations:
None.

170.315(a)(4): Drug-Drug, Drug-Allergy Interaction Checks for CPOE
Allows for the indication and intervention of drug-drug and drug-allergy contraindications based on a patient's medication list and medication allergy list when placing orders, including the ability to manage the severity level of the interventions.
Types of Costs:
None.
Limitations:
None.

170.315(a)(5): Demographics
Allows a user to electronically record, change, and access a patient's demographic data, including race, ethnicity, preferred language, sex, sexual orientation, gender identity, date of birth, preliminary cause of death, and date of death.
Types of Costs:
None.
Limitations:
None.

170.315(a)(6): Problem List
Allows a user to record, change, and access a patient's active problem list over multiple encounters and for the duration of an entire hospitalization.
Types of Costs:
None.
Limitations:
None.

170.315(a)(7): Medication List
Allows a user to record, change, and access a patient's active medication list, as well as medication history, over multiple encounters and for the duration of an entire hospitalization.
Types of Costs:
None.
Limitations:

None.

170.315(a)(8): Medication Allergy List

Allows a user to record, change, and access a patient's active medication allergy list, as well as medication allergy history, over multiple encounters and for the duration of an entire hospitalization.

Types of Costs:
None.
Limitations:
None.

170.315(a)(9): Clinical Decision Support (CDS)

Enables CDS interventions based on specified patient attributes.

Types of Costs:
None.
Limitations:
None.

170.315(a)(10): Drug-Formulary and Preferred Drug List Checks

Enables automatic checks for the existence of drug formularies or preferred drugs for a given patient and medication.

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 health insurance carrier. 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.

170.315(a)(11): Smoking Status

Allows users to record, change, and access a patient's 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 C-CDA file. For assistance with the generation of this file for outbound documents, please contact athenahealth through your customer success manager. For inbound documents, users can generate this file using the XML button. athenaClinicals uses Health Language (http://www.healthlanguage.com) for updated SNOMED-CT releases.

170.315(a)(12): Family Health History

Allows a user to record, change, and access a patient's family health history in accordance with specified familial concepts or expressions.

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, Paternal Aunt, Paternal Grandmother, Paternal Grandfather, Paternal Uncle, Sister, Son, and Unspecific Relation. athenaClinicals also utilizes SNOMED-CT for family health history.

170.315(a)(13): Patient-Specific Education Resources

Enables the identification of patient-specific education resources based on data included in the patient's problem list and medication list in accordance with specified standards.

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.

170.315(a)(14): Implantable Device List

Allows a user to manage a patient's implantable devices, specifically through the recording of Unique Device Identifiers and descriptions and identifiers of such implantable devices, as well as the ability to retrieve relevant information from the Global Unique Device Identification Database ("GUDID").

Types of Costs:

None.

Limitations:

This feature is available upon request through the user's Customer Success Manager. Unique Device Identifiers (UDIs) can be entered by scanning the device label using a barcode scanner. Two-line barcode scanners are not supported. If barcode scanning is not utilized, manual entry of the UDIs is required. Device attributes are retrieved from the FDA's Global Unique Device Identification Database (GUDID - https://accessgudid.nlm.nih.gov/) in real time. Information will only display if data exists and can be retrieved from GUDID.

170.315(a)(15): Social, Psychological, and Behavioral Data

Allows a user to record, change, and access patient social, psychological, and behavioral data, including financial resource strain, education, stress, depression, physical activity, alcohol use, social connection and isolation, and exposure to violence.

Types of Costs:

None.

Limitations:

Global clinical content is provided as part of the athenaClinicals service and this content must be used to document social, psychological, and behavioral determinants data. Social history content is provided to users in their local tablespace. Users must manually copy the relevant global Screening Questionnaire content to their local tablespace in order to document data for social, psychological, and behavioral determinants in the Screening section of an encounter.

170.315(b)(1): Transitions of Care

Allows a user to send, receive, validate, and display transitions of care and/or referral summaries in accordance with the HL7 Consolidated Clinical Document Architecture ("C-CDA") 2.1 standards.

Types of Costs:

None.

Limitations:

athenahealth provides bidirectional interfaces through DIRECT to send and receive transition of care/referral summary Consolidated CDA ("C-CDA") documents, including Referral Notes, Discharge Summaries, and Continuity of Care Documents. The interface development process includes project management, testing, roll-out, and 24/7 monitoring of the interface. In all cases where an athenahealth client uses DIRECT, athenahealth will also act as the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional cost for DIRECT users. Note that Procedure codes are represented using CPT instead of SNOMED CT.

Inbound C-CDA Validation error reporting can be made available by requesting opt-in through athenahealth's Customer Support Center. In order for the report to be available, the erroneous C-CDA must at least be associated with a target practice.

For users who wish to document features that are included in the Care Plan Functionality (170.315(b)(9)) such as Goals and Health Concerns, opt-in must be requested through athenahealth's Customer Support Center. Care Plan documentation can be enabled at no additional cost.

170.315(b)(2): Clinical Information Reconciliation and Incorporation

Allows a user to complete clinical information reconciliation to validate and correctly match the correct patient to the received transition of care and/or referral summary.

Types of Costs:

None.

Limitations:

None.

170.315(b)(3): Electronic Prescribing

Allows a user to perform electronic prescribing transactions in accordance with the NCPDP SCRIPT Standard Implementation Guide, Version 10.6.

Types of Costs:

None.

Limitations:

Electronic prescriptions are routed to pharmacies via Surescripts (http://www.surescripts.com). To ensure all Controlled Substances prescriptions 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 soft token.

170.315(b)(4): Common Clinical Data Set Summary Record - Create

Allows a user to create a transition of care and/or referral summary in accordance with the HL7 Consolidated Clinical Document Architecture ("C-CDA") 2.1 standards.

Types of Costs:

None.

Limitations:

athenahealth provides bidirectional interfaces through DIRECT to send and receive transition of care/referral summary Consolidated CDA ("C-CDA") documents, including Referral Notes, Discharge Summaries, and Continuity of Care Documents. The interface development process includes project management, testing, roll-out, and 24/7 monitoring of the interface. In all cases where an athenahealth client uses DIRECT, athenahealth will also act as the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional cost for DIRECT users. Note that Procedure codes are represented using CPT instead of SNOMED CT.

Inbound C-CDA Validation error reporting can be made available by requesting opt-in through athenahealth's Customer Support Center. In order for the report to be available, the erroneous C-CDA must at least be associated with a target practice.

For users who wish to document features that are included in the Care Plan Functionality (170.315(b)(9)) such as Goals and Health Concerns, opt-in must be requested through athenahealth's Customer Support Center. Care Plan documentation can be enabled at no additional cost.

170.315(b)(5): Common Clinical Data Set Summary Record - Receive

Allows a user to receive a transition of care and/or referral summary in accordance with the HL7 Consolidated Clinical Document Architecture ("C-CDA") 2.1 standards.

Types of Costs:

None.

Limitations:

athenahealth provides bidirectional interfaces through DIRECT to send and receive transition of care/referral summary Consolidated CDA ("C-CDA") documents, including Referral Notes, Discharge Summaries, and Continuity of Care Documents. The interface development process includes project management, testing, roll-out, and 24/7 monitoring of the interface. In all cases where an athenahealth client uses DIRECT, athenahealth will also act as the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional cost for DIRECT users. Note that Procedure codes are represented using CPT instead of SNOMED CT.

Inbound C-CDA Validation error reporting can be made available by requesting opt-in through athena's Customer Support Center. In order for the report to be available, the erroneous C-CDA must at least be associated with a target practice.

For users who wish to document features that are included in the Care Plan Functionality (170.315(b)(9)) such as Goals and Health Concerns, opt-in must be requested through athenahealth's Customer Support Center. Care Plan documentation can be enabled at no additional cost.

170.315(b)(6): Data Export

Allows a user to create and export data summaries for single and/or multiple patients in accordance with the HL7 Consolidated Clinical Document Architecture ("C-CDA") 2.1 standards.

Types of Costs:

None.

Limitations:
Athenahealth enables users to generate and download Data Export Consolidated CDA ("C-CDA") documents through a Data Export page, which is limited to practice users with Clinical Administrator permissions. Practice users with the requisite permissions may request all available information for a given patient, or a group of patients. Note that requests may take several days for completion depending on the complexity and volume of the request. The available information in a request can be limited to a specific time and/or date range, and can be initiated either for immediate action, or as a deferred or recurring action, through the practice user interface. While date filtering is supported where applicable, certain categories of data such as, but not limited to, allergies, vitals, hospital instructions, and devices, are not filtered and limited to the specified date range and are always included in full. Assessments, medications, problems, and vitals are filtered based on the patient's date of stay.

For users who wish to document features that are included in the Care Plan Functionality (170.315(b)(9)) such as Goals and Health Concerns, opt-in must be requested through athenahealth's Customer Support Center. Care Plan documentation can be enabled at no additional cost.

170.315(b)(9): Care Plan

Allows a user to record, change, access, create, or receive care plan information in accordance with the Care Plan Document Templates with the HL7 Consolidated Clinical Document Architecture ("C-CDA") 2.1 standards.

Types of Costs:
None.
Limitations:
This is an optional feature that can be enabled upon request through athenahealth's Customer Support Center. There are no additional fees required for enabling this functionality. Please note that Goals, Health Concerns, and Health Status, all of which are documented in this optional criterion, are also available for use in other criteria ((b)(1); (b)(6); (e)(1)) when this feature is enabled.

170.315(c)(1): Clinical Quality Measures (CQMs) - Record and Export

Allows a user to record data required for CQM calculations as specified by the measure specific documentation for each measure for which this product is certified and export such data through QRDA data files.

Types of Costs:
None.
Limitations:
Athenahealth will automatically enroll users in the following four (4) clinical quality measures: (i) STK-2: Discharged on Antithrombotic Therapy; (ii) STK-3: Anticoagulation for Atrial Fibrillation/Flutter; (iii) STK-6: Discharged on Statin Medication; and (iv) STK-8: Stroke Education. Upon request through the submission of a case in the athenahealth client portal, athenahealth can enable workflows for additional clinical quality measures within 1.5 weeks at no additional cost. Any data capture associated with such requested functionality or additional measure enrollment is available only after the user's enablement and use of the features. athenaClinicals utilizes a third-party vendor, Persivia, for the capture of data via a secure file transfer. Limitations associated with Persivia can be found at https://persivia.com//meaningful-use-certification-language, under "Certification Statement for EH (Meaningful Use Solution).".

170.315(c)(2): Clinical Quality Measures (CQMs) - Import and Calculate

Allows a user to import QRDA data files and calculate every clinical quality measure, as specified by the measure specific documentation, for each measure for which this product is certified.

Types of Costs:
Users who wish to submit on The Joint Commission – ORYX program using athenahealth and its integration with Persivia must work directly with Persivia for such submissions and may incur additional costs.
Limitations:
Athenahealth partners with a third-party vendor, Persivia, to track, calculate, and submit eCQM data for the Eligible Hospital and Critical Access Hospital Promoting Interoperability (PI) and Inpatient Quality Reporting (IQR) programs. Persivia eCQM support for these two programs is provided to athenahealth clients free of cost. Users who wish to submit on The Joint Commission – ORYX program must work directly with Persivia for such submissions and may incur additional costs. Limitations associated with Persivia can be found at https://persivia.com//meaningful-use-certification-language, under "Certification Statement for EH (Meaningful Use Solution)."

170.315(c)(3): Clinical Quality Measures (CQMs) - Report

Allows a user to create data files for transmission of clinical quality measurement data, as specified by the measure specific documentation for each measure for which this product is certified, through QRDA data files.

Types of Costs:

Users who wish to submit on The Joint Commission – ORYX program using athenahealth and its integration with Persivia must work directly with Persivia for such submissions and may incur additional costs.

Limitations:

Athenahealth partners with a third-party vendor, Persivia, to develop QRDA files and electronically submit the files as appropriate for the Eligible Hospital and Critical Access Hospital Promoting interoperability (PI) and Inpatient Quality Reporting (IQR) programs. Users who wish to submit on The Joint Commission – ORYX program must work directly with Persivia for such submissions and may incur additional costs. Users must grant Persivia EHR vendor authorization as part of this integration. Limitations associated with Persivia can be found at https://persivia.com//meaningful-use-certification-language, under "Certification Statement for EH (Meaningful Use Solution)."

170.315(c)(4): Clinical Quality measures (CQMs) - Filter

Allows a user to filter CQM results at the patient and aggregate level and create QRDA data files and display such filtered data in human readable format for each measure for which this product is certified.

Types of Costs:

None.

Limitations:

None.

170.315(d)(1): Authentication, Access Control, Authorization

Allows for the verification of user access against unique identifiers for authentication and authorization of access.

Types of Costs:

None.

Limitations:

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

170.315(d)(2): Auditable Events and Tamper-Resistance

Allows for the recording of actions, audit log status, and encryption status of electronic health information. Audit log actions cannot be overwritten, changed, or deleted by the technology, and the technology can detect when audit logs have been altered.

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 user request. Where there is no print link embedded in the software, printing via web browser will be logged as user "access," even if the user prints the web page.

170.315(d)(3): Audit Report(s)

Allows a user to create an audit report based on specific time periods or entries.

Types of Costs:

Users may request customized reporting beyond Athenahealth's standard reporting at an additional cost, which may be subject to additional terms and conditions.

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.

170.315(d)(4): Amendments

Allows a user to select the record affected by a patient's request for amendment and amend or deny amendments to those records.

Types of Costs:
None.
Limitations:
None.

170.315(d)(5): Automatic Access Time-out

Automatically stops user access to health information after predetermined amounts of time and requires user authentication to resume or regain access.

Types of Costs:
None.
Limitations:
All athenaNet users are subject to a default access time-out. The time-out has limited adjustability by authorized users.

170.315(d)(6): Emergency Access

Allows an identifier set of users to access electronic health information during an emergency.

Types of Costs:
None.
Limitations:
Authorized users must have their user privileges configured to be granted temporary emergency access.

170.315(d)(7): End-User Device Encryption

Ensures that technology is designed not to locally store electronic health information on end-user devices.

Types of Costs:
None.
Limitations:
Applications within the scope of athenaClinicals do not utilize end user device-based storage.

170.315(d)(8): Integrity

Allows for the creation of a message digest in accordance with SHA-2 standard and the verification upon receipt of electronically exchanged health information that such information has not been altered.

Types of Costs:
None.
Limitations:
SHA-2 hashing algorithms are supported for the hashing of Direct messages.

170.315(d)(9): Trusted Connection

Allows for the establishment of trusted connections, encryption, and integrity at the message level and the transport level.

Types of Costs:
None.
Limitations:
Under athenaClinicals' current certification, Application Access - Patient Selection (170.314(g)(7)) utilize AES-128 or better for encryption and SHA-2 for signatures. Athenahealth's patient portal utilizes TLS version 1.2 communications security.

170.315(d)(10): Auditing Actions on Health Information

Allows, by default, for the recording of actions taken related to electronic health information in accordance with specified standards and ensures that actions recorded related to electronic health information cannot be changed, overwritten, or deleted by the technology.

Types of Costs:
Users may request customized reporting beyond athenahealth's standard reporting at an additional cost, which may be subject to additional terms and conditions.
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.

170.315(d)(11): Accounting of Disclosures

Allows for the recording of disclosures made for treatment, payment, and healthcare operations in accordance with the specified standards.

Types of Costs:
None.
Limitations:
None.

170.315(e)(1): View, Download, and Transmit to 3rd Party

Allows for a user and/or their authorized representative to view, download, and transmit their electronic health information, including but not limited to the common clinical data set, provider name/office contact, lab test reports, diagnostic image reports, admission and discharge dates and locations, discharge instructions, and reason(s) for hospitalization to a third party in accordance with specified standards. Also allows for users to select data associated with specific dates or identified date ranges, and access a history log of actions related to these features.

Types of Costs:
Users must have athenaCommunicator to use features associated with this criterion. Because the athenaCommunicator patient portal is highly configurable, the settings controlling the enablement or disablement of key features are protected by various systemic processes. Despite these protective processes, if a user affects a detrimental change to one or more of these key settings, the corresponding feature could become temporarily disabled.

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.

The athenaCommunicator patient portal has been tested for Web Content Accessibility Guidelines (“WCAG”) 2.0 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 athenahealth's attention so that we may promptly address these concerns.

API access is available through athenahealth's developer portal, More Disruption Please (MDP) developer portal. MDP is an athenahealth program that extends athenahealth's service offerings by collaborating with innovative third parties. The MDP developer portal gives access to data through athenahealth APIs. MDP developer portal registration is available here: https://developer.athenahealth.com/.

170.315(e)(3): Patient Health Information Capture

Allows for a user to identify, record, and access information directly and electronically shared by a patient or their authorized representative, and reference and link to patient health information documents.

Types of Costs:
Users must be contracted for athenaCommunicator or another service that includes athenaCommunicator (such as athenaOne) to received this service.
Limitations:
Patient-provided health data (e.g., Health History Forms, social history including tobacco use) submitted through the patient portal by patients or their authorized representatives must be reviewed and approved by clinicians prior to being applied to the patient's health record.

170.315(f)(1): Transmission to Immunization Registries

Allows for the creation of immunization information for electronic transmission and enables a user to request, access, display evaluated patient immunization history and the immunization forecast from an immunization registry in accordance with the HL7 immunization standard.

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:
Users are responsible for requesting connections to registries on behalf of their organizations. Users 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 the use of an interface

replaces any existing registry reporting completed by your practice. Users must ensure they are appropriately enrolled with applicable registries prior to requesting any connections. athenaClinicals sends only real-time vaccine information. Fields related to National Drug Codes (NDC) are available to all users as an optional field. Please note that 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 built**.**

170.315(f)(2): Transmission to Public Health Agencies - Syndromic Surveillance

Allows for the creation of syndromic-based public health surveillance information for electronic transmission in accordance with the HL7 PHIN Messaging Guide for Syndromic Surveillance standards.

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:

Users are responsible for requesting connections to registries on behalf of their organizations. Users are also responsible for obtaining authorization to submit public health surveillance 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 the use of an interface replaces any existing registry reporting completed by your practice. Users need to ensure they are appropriately enrolled with applicable registries prior to requesting any connections. athenaClinicals sends syndrome based public health surveillance information. If you have additional reporting requirements (such as a monthly report), continue those processes as you did before the interface went live. Please note that when establishing a connection to any registry for the first time, there may be a wait period as athenahealth goes through the registry's queue and tests the interface built.

170.315(f)(7): Transmission to Public Health Agencies - Health Care Surveys

Allows for the creation of health care survey information for electronic transmission in accordance with the applicable HL7 standard.

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:

Users are responsible for requesting connections to registries on behalf of their organizations. Users are also responsible for obtaining authorization to submit surveys 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 the use of an interface replaces any existing registry reporting completed by your practice. Users must ensure they are appropriately enrolled with applicable registries prior to requesting any connections. athenaClinicals sends healthcare surveys based on the need. If you have additional reporting requirements (such as a monthly report), continue those processes as you did before the interface went live. Please note that when establishing a connection to any public health registry for the first time, there may be a wait period as athenahealth goes through the registry's queue and tests the interface built.

170.315(g)(2): Automated Measure Calculation

Allows for the recording of numerators and denominators, and the creation of reports including the numerator, denominator, and resulting percentage associated with each applicable measure.

Types of Costs:

Users must be contracted for athenaCommunicator or another service that includes athenaCommunicator (such as athenaOne) to receive this service in its entirety.

Limitations:

Certain configurations must be enabled as part of this functionality and users must have athenaCommunicator in order to utilize some features associated with this criterion, specifically Timely Access and Secure Messaging.

For Transitions of Care, providers must be set up with a DIRECT address to send and receive referrals during athenahealth's implementation process. This is done at no additional cost. For Inbound Transitions of Care specifically, if a Summary of Care record is not present, users must take manual action on Transition of Care encounters.

For e-Prescribing, providers must have a Surescripts Provider Identifier and a National Provider Identification Number ("NPI") to send prescriptions electronically. Providers are also responsible for ensuring their receiving pharmacies are configured to receive electronic prescriptions. Providers who wish to report on e-Prescribing of Controlled Substances ("EPCS") must request enrollment through athenahealth's Customer Support Center, which can be done at no additional cost. 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 soft token.

For Timely Access functionality, practices must be configured with either athenahealth's Patient Portal or the PIC. For Secure Messaging functionality and Patient Reported Health Information, practices must be configured with the patient portal to receive relevant information from the provider or patient.

170.315(g)(3): Safety-Enhanced Design

Defines the user-centered design processes that must be applied to certain certified capabilities within the product's scope.

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..

170.315(g)(4): Quality Management System

Requires the use of a quality management system (QSM) in the development, testing, implementation, and maintenance of certified capabilities within the product's scope.

Types of Costs:

None.

Limitations:

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

170.315(g)(5): Accessibility-Centered Design

Requires the use of a Health IT accessibility-centered design standard or law in the development, testing, implementation, and maintenance of certified capabilities within the product's scope.

Types of Costs:

None.

Limitations:

For more information, please refer to athenahealth's Customized Common Industry Format Template for Electronic Health Record Usability Testing report.

170.315(g)(6): Consolidated CDA Creation

Outlines the technical and performance outcomes that must be demonstrated related to Consolidated Clinical Data Architecture (CDA) creation, including reference C-CDA match, document-template conformance, vocabulary conformance, and completeness verification.

Types of Costs:

None.

Limitations:

In all cases where a Consolidated Clinical Data Architecture (C-CDA) file is created to meet ONC requirements, C-CDA Creation Performance ensures document-template conformance, vocabulary conformance, and completeness verification for the data defined in the Common Clinical Data Set.

170.315(g)(7): Application Access - Patient Selection

Outlines the technical outcomes and conditions that must be met through the demonstration of an application programming interface for patient selection, including functional requirements and documentation.

Types of Costs:

Users must be contracted for athenaCommunicator or another service that includes athenaCommunicator (such as athenaOne) to receive this service.

Limitations:

Access to APIs requires registration with athenahealth's More Disruption Please (MDP) developer portal. MDP is an athenahealth program that extends athenahealth's service offerings by collaborating with third parties. The developer portal gives access to data through APIs. The MDP developer portal registration is found here: https://developer.athenahealth.com/. Once registered, APIs are used to deliver data and are described in the following documentation: https://developer.athenahealth.com/files/MU3_API_documentation.pdf, which also includes relevant Terms of Service. A user may employ as many APIs as needed to gather information. MDP partners are held to default limits of 100 calls per second and 500,000 calls per day.

170.315(g)(8): Application Access - Data Category Request

Outlines the technical outcomes and conditions that must be met through the demonstration of an application programming interface for data category requests, including functional requirements and documentation.

Types of Costs:

Users must be contracted for athenaCommunicator or another service that includes athenaCommunicator (such as athenaOne) to receive this service.

Limitations:

Access to FHIR APIs requires registration with the More Disruption Please (MDP) developer portal. MDP is an athenahealth program that extends athenahealth's service offerings by collaborating with third parties. The MDP developer portal gives access to data through athenahealth APIs. MDP developer portal registration is available here: https://developer.athenahealth.com/.

Once registered, a combination of FHIR and proprietary APIs are used to deliver data for Common Clinical Data Set ("CCDS") categories in ambulatory and hospital settings. CCDS categories are designed as separate APIs and are all described in the following documentation: https://developer.athenahealth.com/files/MU3_API_documentation.pdf, which also includes relevant Terms of Service. Users who wish to utilize Care Plan functionality must follow additional instructions to gain direct API access to necessary data, available here: https://developer.athenahealth.com/files/MU3_API_documentation.pdf. A user may employ as many APIs as needed to gather information. MDP partners are held to default limits of 100 calls per second and 500,000 calls per day.

170.315(g)(9): Application Access - All Data Request

Outlines the technical outcomes and conditions that must be met through the demonstration of an application programming interface for all data requests, including functional requirements and documentation.

Types of Costs:

Users must be contracted for athenaCommunicator or another service that includes athenaCommunicator (such as athenaOne) to receive this service.

Limitations:

Access to APIs requires registration with the More Disruption Please (MDP) developer portal. MDP is an athenahealth program that extends athenahealth's service offerings by collaborating with third parties. The MDP developer portal gives access to data through athenahealth APIs. MDP developer portal registration is available here: https://developer.athenahealth.com/.

Once registered, APIs receive the request for and return the full C-CDA. Additional information about APIs, as well as additional instructions for gaining direct API access, is listed here: https://developer.athenahealth.com/files/MU3_API_documentation.pdf, which also includes relevant Terms of Service. A user may employ as many APIs as needed to gather information. MDP partners are held to default limits of 100 calls per second and 500,000 calls per day.

170.315(h)(1): Direct Project

Enables the sending and receiving of health information in accordance with the specified ONC standards.

Types of Costs:

None.

Limitations:

In all cases where an athenahealth client uses DIRECT, athenahealth will be the sole Health Information Service Provider (HISP) responsible for sending and receiving messages. This service is offered at no additional charge for DIRECT users. Athenahealth currently only supports sending and receiving Consolidated Clinical Data Architecture (C-CDA) files via DIRECT.