

athenaPractice / athenaFlow 2015 Edition Cures Update Certified Health IT Costs

I. Disclaimer

This EHR is 2015 Edition Cures Update 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:	athenaPractice; athenaFlow
Practice Type:	Ambulatory
Latest Version No:	23
CHPL Certification ID:	athenaPractice: 15.04.04.2880.prac.23.05.1.230403 (v23); 15.04.04.2880.prac.22.04.1.220621 (v22) athenaFlow: 15.04.04.2880.flow.23.06.1.230403 (v23) 15.04.04.2880.flow.22.05.1.220621 (v22)
Latest Certification Date:	April 3, 2023
Certification Criteria:	<ol style="list-style-type: none"> 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)(9): Clinical Decision Support 7. 170.315 (a)(12): Family Health History

	<ol style="list-style-type: none"> 8. 170.315 (a)(14): Implantable Device List 9. 170.315 (a)(15): Social, Psychological, and Behavioral Determinants Data 10. 170.315 (b)(1): Transitions of Care (Cures Update) 11. 170.315 (b)(2): Clinical Information Reconciliation and Incorporation (Cures Update) 12. 170.315 (b)(3): Electronic Prescribing (Cures Update) 13. 170.315 (b)(6): Data Export (v22 only) 14. 170.315 (b)(9): Care Plan (Cures Update) 15. 170.315 (b)(10): Electronic Health Information Export (Cures Update) (v23 only) 16. 170.315 (c)(1): Clinical Quality Measures – Record and Export 17. 170.315 (c)(2): Clinical Quality Measures – Import and Calculate 18. 170.315 (c)(3): Clinical Quality Measures – Report (Cures Update) 19. 170.315 (d)(1): Authentication, Access Control, Authorization 20. 170.315 (d)(2): Auditable Events and Tamper-Resistance (Cures Update) 21. 170.315 (d)(3): Audit Report(s) (Cures Update) 22. 170.315 (d)(4): Amendments 23. 170.315 (d)(5): Automatic Access Time-out 24. 170.315 (d)(6): Emergency Access 25. 170.315 (d)(7): End-User Device Encryption 26. 170.315 (d)(8): Integrity 27. 170.315 (d)(9): Trusted Connection 28. 170.315 (d)(11): Accounting of Disclosures 29. 170.315 (d)(12): Encrypt Authentication Credentials (Cures Update) 30. 170.315 (d)(13): Multi-Factor Authentication (Cures Update) 31. 170.315 (e)(1): View, Download, and Transmit to 3rd Party (Cures Update) 32. 170.315 (e)(3): Patient Health Information Capture 33. 170.315 (f)(1): Transmission to Immunization Registries 34. 170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance 35. 170.315 (f)(5): Transmission to Public Health Agencies – Electronic Case Reporting (Cures Update) (aPractice v23 only) 36. 170.315 (g)(2): Automated Measure Calculation 37. 170.315 (g)(3): Safety-Enhanced Design 38. 170.315 (g)(4): Quality Management System 39. 170.315 (g)(5): Accessibility-Centered Design 40. 170.315 (g)(6): Consolidated CDA Creation (Cures Update) 41. 170.315 (g)(7): Application Access - Patient Selection 42. 170.315 (g)(9): Application Access - All Data Request 43. 170.315 (g)(10): Standardized API for Patient and Population Services (Cures Update) (v23 only) 44. 170.315 (h)(1): Direct Project
Clinical Quality Measures:	<ol style="list-style-type: none"> 1. Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS2v6)

	<ol style="list-style-type: none"> 2. Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented (CMS22v5) 3. Closing the Referral Loop: Receipt of Specialist Report (CMS50v5) 4. HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis (CMS52V5) 5. Functional Status Assessment for Total Hip Replacement (CMS56v5) 6. Hypertension: Improvement in Blood Pressure (CMS65v6) 7. Functional Status Assessment for Total Knee Replacement (CMS66v5) 8. Documentation of Current Medications in the Medical Record (CMS68v6) 9. Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69v5) 10. Functional Status Assessment for Congestive Heart Failure (CMS90V6) 11. Childhood Immunization Status (CMS117v5) 12. Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%) (CMS122v5) 13. Diabetes: Foot Exam (CMS123v5) 14. Cervical Cancer Screening (CMS124v5) 15. Breast Cancer Screening (CMS125v5) 16. Pneumococcal Vaccination Status for Older Adults (CMS127v5) 17. Colorectal Cancer Screening (CMS130v5) 18. Diabetes: Eye Exam (CMS131v5) 19. Diabetes: Medical Attention for Nephropathy (CMS134v5) 20. Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) (CMS135v5) 21. ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (CMS136v6) 22. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (CMS137v5) 23. Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (CMS138v5) 24. Falls: Screening for Future Fall Risk (CMS139v5) 25. Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care (CMS142v5) 26. Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) (CMS144v5) 27. Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%) (CMS145v5) 28. Appropriate Testing for Children with Pharyngitis (CSM146v5) 29. Preventive Care and Screening: Influenza Immunization (CMS147v6) 30. Dementia: Cognitive Assessment (CMS149v5) 31. Chlamydia Screening for Women (CMS153v5) 32. Appropriate Treatment for Children with Upper Respiratory
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	<p>Infection (URI) (CMS154v5)</p> <p>33. Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (CMS155v5)</p> <p>34. Use of High-Risk Medications in the Elderly (CMS156v5)</p> <p>35. Pregnant women that had HBsAg testing (CMS158v5)</p> <p>36. Depression Remission at Twelve Months (CMS159v5)</p> <p>37. Depression Utilization of the PHQ-9 Tool (CMS160v5)</p> <p>38. Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (CMS161v5)</p> <p>39. Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (CMS164v5)</p> <p>40. Controlling High Blood Pressure (CMS165v5)</p> <p>41. Use of Imaging Studies for Low Back Pain (CMS166v6)</p> <p>42. Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use (CMS169v5)</p> <p>43. Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (CMS177v5)</p> <p>44. Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v1)</p>
Leveraged Software & Content:	Surescripts Clinical Direct Messaging HISP; MedAllies HISP; Qvera Interface Engine; Surescripts Patient Portal; Surescripts Secure Messaging; DrFirst Rcopia

III. Additional Costs

There will be one-time costs to support installation and implementation of certified capabilities for all new customers. These costs will be based on several factors, including the use of virtual vs. physical workstations executing the application; the level of support provided by local IT vs. utilization of athenahealth, Inc. services; and the type and quantity of external interfaces to third-party systems, and clinical Registries. These details and specifics will be included in each individual customer’s contractual agreement with athenahealth, Inc.. Additionally, annual support and maintenance costs will apply, and are based on each individual customer’s contractual agreement with athenahealth, Inc., and will vary based on the number of users and complexity of the installation (e.g. number of databases).

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.

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:

One-time interface configuration costs, and an annual maintenance fee will apply.

If more than one source of laboratory results is required, and their message formats are incompatible, additional configuration and maintenance costs would apply.

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:

One-time interface configuration costs, and an annual maintenance fee will apply

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.

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, and date of birth in accordance with defined standards.

Types of Costs:

Annual support and maintenance costs included in the individual customer's contractual agreement as described above.

These data can also be electronically transferred from another system; if this option is used, one-time interface configuration costs, and an annual maintenance fee will apply. A custom, non-HL7 message might incur a greater initial cost.

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

Enables CDS interventions based on specified patient attributes.

Types of Costs:

In addition to Clinical Decision Support included in the core product, such as Drug -Drug, DrugAllergy screening, and rule based interventions embedded in common workflows; additional support such as InfoButton -based clinical references and 3rd party forms supporting specialty workflows with intervention rules are available at an additional cost.

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.

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.

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.

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:

We support a variety of transmission methods, including Secure Messaging, and direct automated interfaces. A combination of onetime product and implementation costs, and annual maintenance fees will apply, depending on the method chosen. Secure Messaging is our baseline, certified method; additional fees will be associated with more automated solutions, and are dependent on the 3rd party vendor the customer selects.

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:

We support a variety of transmission methods, including Secure Messaging, and direct automated interfaces. A combination of onetime product and implementation costs, and annual maintenance fees will apply, depending on the method chosen. Secure Messaging is our baseline, certified method; additional fees will be associated with more automated solutions, and are dependent on the 3rd party vendor the customer selects.

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.

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.

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.

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:

One-time interface configuration costs, and an annual maintenance fee will apply for the Qvera Interface Engine.

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:

One-time interface configuration costs, and an annual maintenance fee will apply for the Qvera Interface Engine.

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:

One-time interface configuration costs, and an annual maintenance fee will apply for the Qvera Interface Engine.

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.

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.

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:

None.

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.

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.

170.315(d)(6): Emergency Access

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

Types of Costs:

None.

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.

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.

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.

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.

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, and diagnostic image reports, 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:

If using the Surescripts Patient Portal there will be annual support and maintenance costs included in the individual customer's contractual agreement.

Various other 3rd party providers of Portals can be used to satisfy this criterion. If those are used, the customer will be subject to costs or fees charged by those 3rd parties.

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:

None.

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

Allows for the creation of immunization related files for electronic transmission in accordance with the HL7 2.5.1 standards.

Types of Costs:

One-time interface configuration costs, and an annual maintenance fee will apply.

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:

One-time interface configuration costs, and an annual maintenance fee will apply.

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:

One-time interface configuration costs, and an annual maintenance fee will apply for the Qvera Interface Engine.

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.

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.

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.

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.

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:

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:

None.

170.315(g)(10): Standardized API for Patient and Population Services

Outlines the technical outcomes and conditions that must be met through the demonstration of applicable FHIR R4 APIs, including functional requirements and documentation.

Types of Costs:

None.

170.315(h)(1): Direct Project

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

Types of Costs:

If using Surescripts Secure Messaging, there will be annual support and maintenance costs included in the individual customer's contractual agreement.

Various other 3rd party providers of Direct Messaging and associated HISP can be used to satisfy this criterion. If those are used, the customer will be subject to costs or fees charged by those 3rd parties.