I. Disclaimer

This Modular EHR is 2014 Edition compliant and has been certified by an 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

<table>
<thead>
<tr>
<th>Vendor/Development Name:</th>
<th>athenahealth, Inc.</th>
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<tr>
<td>Certified EHR Name:</td>
<td>athenaClinicals</td>
</tr>
<tr>
<td>Practice Type:</td>
<td>Inpatient</td>
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<tr>
<td>Previous Certified Version Numbers (CHPL Certification ID):</td>
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<tr>
<td>15.11 (Cert ID: 150143R00)</td>
<td>15.12 (Cert ID: 150143R01)</td>
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<tr>
<td>16.1 (Cert ID: 150143R02)</td>
<td>16.2 (Cert ID: 150143R03)</td>
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<td>16.4 (Cert ID: 150143R05, 160023R00)</td>
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<td>160023R09</td>
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<td>Latest Certification Date:</td>
<td>March 2017</td>
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Certification Criteria: The following criteria are certified in all versions listed above unless otherwise specified below:

- Modular Inpatient EHR Certification
  1. 170.314(a)(1) COMPUTERIZED PROVIDER ORDER ENTRY
  2. 170.314(a)(2) DRUG-DRUG, DRUG-ALLERGY INTERACTION CHECKS
  3. 170.314(a)(3) DEMOGRAPHICS *
  4. 170.314(a)(4) VITAL SIGNS, BODY MASS INDEX, AND GROWTH CHARTS
  5. 170.314(a)(5) PROBLEM LIST
  6. 170.314(a)(6) MEDICATION LIST
  7. 170.314(a)(7) MEDICATION ALLERGY LIST
  8. 170.314(a)(8) CLINICAL DECISION SUPPORT
  9. 170.314(a)(9) ELECTRONIC NOTES
  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) ELECTRONIC MEDICATION ADMINISTRATION RECORD
### Clinical Quality Measures:

The following clinical quality measures are certified in all versions listed above unless otherwise specified below:

1. **CMS9**  EXCLUSIVE BREAST MILK FEEDING
2. **CMS26**  HOME MANAGEMENT PLAN OF CARE (HMPC) DOCUMENT GIVEN TO PATIENT/CAREGIVER
3. **CMS30**  AMI-10 STATIN PRESCRIBED AT DISCHARGE
4. **CMS31**  EHDI-1A - HEARING SCREENING PRIOR TO HOSPITAL DISCHARGE
5. **CMS71**  STROKE-3 ISCHEMIC STROKE – ANTICOAGULATION THERAPY FOR ATRIAL FIBRILLATION/FLUTTER
6. **CMS91**  STROKE-4 ISCHEMIC STROKE – THROMBOLYTIC THERAPY
7. **CMS100**  AMI-2-ASPIRIN PRESCRIBED AT DISCHARGE FOR AMI
8. **CMS102**  STROKE-10 ISCHEMIC OR HEMORRHAGIC STROKE – ASSESSED FOR REHABILITATION
9. **CMS104**  STROKE-2 ISCHEMIC STROKE – DISCHARGED ON ANTI-THROMBOTIC THERAPY
10. **CMS105**  STROKE-6 ISCHEMIC STROKE – DISCHARGED ON STATIN MEDICATION
11. **CMS107**  STROKE-8 ISCHEMIC OR HEMORRHAGIC STROKE – STROKE EDUCATION
12. **CMS108**  VENOUS THROMBOEMBOLISM (VTE)-1 VTE PROPHYLAXIS

*170.314(a)(3) certified in versions 16.5 and higher only

**170.314(b)(5a) certified in versions 16.4 and higher only
### III. Transparency and Disclosures

(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, whether to meet meaningful use objectives and measures or to achieve any other use within the scope of the health IT’s certification:

athenahealth’s clients (eligible provider or hospital) would incur no additional costs either to meet meaningful use objectives and measures or to achieve any other use within the scope of the Health IT Module’s certification.

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

athenahealth’s clients (eligible provider or hospital) would incur no limitations either to meet meaningful use objectives and measures or to achieve any other use within the scope of the Health IT Module’s certification.