MANDATORY DISCLOSURES

March 2021

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1. Mandatory Disclosures

The following sections provide costs and functionality disclosures for the ONC Heath IT Certification Program criteria offered by eClinicalWorks®.

1.1. License-Based Solution EHR Contact

Description of Capability:

An eClinicalWorks contractual agreement wherein a one-time eClinicalWorks Software license fee is agreed upon.

Costs and Fees:

A one-time license fee with a supplemental monthly support and maintenance fee. Customers may elect to have their data hosted by eClinicalWorks, which will result in an additional monthly fee per *Full-Time Equivalent* (FTE*)* Implementation fees; travel and airfare costs are billed separately. Support and maintenance may require a one-time setup cost and/or recurring cost.

Additional Details: None.

Applicable Modalities: None.

1.2. Cloud-Based Solution EHR Contract

Description of Capability:

An eClinicalWorks contractual agreement wherein a monthly fee is agreed upon, and the practice elects to have their data hosted by eClinicalWorks.

Costs and Fees:

Providers will incur a monthly fee per provider per month, or per *FTE* with the cost of hosting included in the monthly fee. Implementation fees, travel and airfare costs are billed separately.

Additional Details: None.

Applicable Modalities: None.

1.3. RCM with Cloud-Based Solution EHR Contract

Description of Capability:

An eClinicalWorks contractual agreement wherein the *Cloud-Based Solution* is utilized along with the addition of *Revenue Cycle Management* (RCM™) services.

Costs and Fees:

In addition to the cloud-based fees, RCM includes one or more of:

- An additional monthly fee per *FTE* or provider.
- An additional monthly fee based upon claim count.
- A percentage of the total collected revenue, plus additional, optional fees, such as fees for patient statements. Implementation fees, travel and airfare costs are billed separately. Support and maintenance may require a one-time setup cost and/or recurring cost.

Additional Details: None.

Applicable Modalities: None.

1.4. Add-on Service: eClinicalTouch

Description of Capability:

An app that leverages the iPad® technology to provide our customers the look, feel, and functionality they have come to expect, integrated with the ease of use found on an iPad. This app is intended primarily for our mid-office users and combines the most-used features that a doctor, mid-level, nurse, *etc*., would use to complete the documentation within a patient's Progress Notes.

Costs and Fees:

Recurring cost per provider per month.

Additional Details: None.

Applicable Modalities:

An iPad is required to use the eClinicalTouch® application from the Apple Store®. The operating system must be the eClinicalWorks-supported iOS®. The eClinicalTouch application is only certified on the iPad, not on any other Apple® devices, such as the iPod Touch® or MacBook®.

§170.315(a)(1) - Computerized Provider Order Entry of Medication Orders

Description of Capability:

Enables a user to record, change, and access medication orders.

Costs and Fees: None.

Additional Details:

It is recommended that both the Medi-Span® and Multum® drug databases are updated to the latest version when available.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(2) - Computerized Provider Order Entry of Laboratory Orders

Description of Capability:

Enables a user to record, change, and access laboratory orders.

Costs and Fees:

A third-party vendor is not required to use this capability. However, if the practice elects to use a HL7 lab interface (versions supported are 2.3 and 2.5.1) to transmit a laboratory order, there may be costs associated to the interface. A statement of work is required for an interface to be setup.

Additional Details: None.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(3) - Computerized Provider Order Entry of Diagnostic Imaging Orders

Description of Capability:

Enables a user to record, change, and access diagnostic imaging (DI) orders.

Costs and Fees:

A third-party vendor is not required to utilize this capability. However, if the practice elects to use a HL7 lab interface (versions supported are 2.3 and 2.5.1) to transmit a diagnostic imaging order, there may be costs associated to the interface. A statement of work is required for an interface to be setup.

Additional Details:

When DI orders are printed, log sorting is available at the batch level, not within the batch details.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(4) - Drug-Drug, Drug-Allergy Interaction Checks

Description of Capability:

Before a medication order is completed and acted upon during the Computerized Provider Order Entry (CPOE), interventions must automatically indicate to a user the *drug-drug* and *drug-allergy* contraindications based on a patient's medication list and medication allergy list. In addition, the user must be able to adjust the severity level of the interventions and be able to adjust the severities to a limited set of users, or as an administrative function.

Costs and Fees: None.

Additional Details:

It is recommended that both the Medi-Span® and Multum® drug databases are updated to the latest version when available.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(5) – Demographics

Description of Capability:

Enables a user to record, change, and access patient demographic data, including race, ethnicity, preferred language, sex, sexual orientation, gender identity, and date of birth.

Costs and Fees: None.

Additional Details: None.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(9) - Clinical Decision Support

Description of Capability:

Enables the user to activate both the *Evidence-Based* and *Therapeutic Intervention CDS interactions*. Evidence-Based interventions are based on the patient's Problem List, Medication List, Medication Allergy List, Demographic (date of birth or sex), Laboratory Tests Ordered, and Vital Signs. Therapeutic Interventions are based on the patient's Problem List, Medication List, and one demographic (date of birth or sex).

The *Infobutton* specification (Standards: 170.204(b)(3) HL7 Version 3 Standard: Context Aware Knowledge Retrieval (Infobutton) Application Knowledge Request, Release 2 and HL7 Implementation Guide: Service-Oriented Architecture Implementations of the Context-Aware Knowledge Retrieval (Infobutton) Domain, Release 1).

Costs and Fees:

The Evidence-Based CDS intervention capability does not require a third-party vendor. However, there is a cost associated to the therapeutic Intervention-Based CDS. This cost is per provider, per month, except for the vendor *Dynamed*, which is available at no cost from eClinicalWorks.

Additional Details:

Data availability is based on the third-party vendor's Web services. If these services are down, eClinicalWorks users may experience issues. The functionality and associated security settings must be configured in the browser (Web) or desktop (EXE) modalities.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(10) - Drug Formulary

Description of Capability:

Enables users to automatically check whether a drug formulary exists for a given patient and medication.

Costs and Fees: None.

Additional Details:

It is recommended that both the Medi-Span® and Multum® drug databases are updated to the latest version when available. Surescripts® has a limitation that not all *Pharmacy Benefit Managers* (PBM) are covered by Surescripts. If a patient's insurance belongs to a PBM which is not supported, then eClinicalWorks will indicate to the end user that there is no formulary information for that patient (*e.g.*, *Subscriber not found*). The functionality and associated security settings must be configured in the browser (Web) or desktop (EXE) modalities.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(12) - Family Health History

Description of Capability:

Enables a user to record, change, and access a patient's family health history in accordance with the familial concepts or expressions in SNOMED® (at a minimum the September 2015 Release).

Costs and Fees:

A third-party vendor is not required to use this capability. However, if the practice elects to use Intelligent Medical Objects (IMO)®, there will be an additional cost.

Additional Details:

Creation and mapping of structured data is limited to the desktop (EXE) modality and browser (Web) modality.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(13) - Patient Education

Description of Capability:

Enables a user to identify patient-specific education resources on data included in the patient's problem list and medication list, according to HL7 Version 3 Standard: Context Aware Knowledge Retrieval Application (Infobutton) Knowledge Request, Release 2.

Costs and Fees:

A third-party vendor is required to use the *Publish to Portal* functionality. There is a recurring monthly fee per full-time employee for each patient education vendor.

Additional Details:

eClinicalWorks has integrated with the following patient education vendors: Healthwise Incorporated® – Healthwise Patient Education, Elsevier® Patient Education Direct v1.0, Santovia® Patient Education, A.D.A.M® SmartCare™ Patient Education, and Krames StayWell® Patient Education.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(14) - Implantable Device List

Description of Capability:

Enables a user to record, parse, and display implant information based on a *Unique Device Identifier.*

Costs and Fees:

No costs or fees. Requires a contractual agreement with UMLS (Unified Medical Language System), a database of medical code sets maintained by the US National Library of Medicine.

Additional Details:

Data availability is based on the third-party vendor's web services. If these services are down, eClinicalWorks users may experience issues. The UMLS website will provide notification to end users if there are any outages.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(a)(15) - Social, Psychological, and Behavioral Data

Description of Capability:

Enables a user to record, change, and access patient social, psychological, and behavioral data.

Costs and Fees: None.

Additional Details:

Creation and mapping of structured data is limited to the desktop (EXE) modality and browser (Web) modality.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(b)(1) - Transitions of Care

Description of Capability:

Enables a user to send and receive transitions of care *via* edge protocol, validate and display C-CDAs, and create transition of care/referral summaries.

Costs and Fees:

eClinicalWorks P2P® does not have any costs or fees. However, eClinicalDirect™ Plus requires a cost per provider per year, or per organization per year. eClinicalWorks P2P is used for eClinicalWorks providers to connect directly with other eClinicalWorks providers. Providers can register for Provider-to-Provider (P2P) using the eClinicalWorks electronic health record (EHR). For the provider to use the eClinicalWorks Direct Plus service, the provider must create their individual eClinicalWorks Direct Plus account and complete the onboarding process.

Additional Details:

This functionality enables providers to connect to non-eCW providers on a Health Information Service Provider (HISP) that is part of the Accredited Trust Bundle. eClinicalWorks uses eClinicalDirect LLC, an EHNAC-P&S (Privacy and Security) - accredited and Direct Trust HISP accredited, which is also part of the Accredited Trust Bundle. Information on Accredited Trust Bundle can be found by accessing the following link: https://services.directtrust.org/about_accredited_bundle/.

In addition, for outbound XDR messages, eClinicalWorks supports both full metadata and limited metadata, but the user must be configured to one in a single point in time.

eClinicalWorks P2P is used for eClinicalWorks providers to connect directly with other eClinicalWorks providers. Providers can register for P2P using the eClinicalWorks EHR. For the provider to use the eClinicalDirect Plus service, the provider must create their individual eClinicalWorks Direct Plus account and complete the onboarding process.

eEHX®, CommonWell®, and Carequality® were not used during certification and cannot be used to meet the corresponding measure in the Medicare and Medicaid Promoting Interoperability Programs.

The maximum allowable combined attachment size for C-CDA, and other documents in electronic referrals/records is 5 MB.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(b)(2) - Clinical Information Reconciliation and Incorporation

Description of Capability:

Enables a user to match an incoming Continuity of Care Document or referral note to the applicable patient, and reconcile and incorporate the Medications, Medication Allergies, and Problem List from the listed document templates based on criterion standards.

Costs and Fees:

Refer to §170.315(b)(1) - Transitions of Care for costs and fees.

Additional Details:

Refer to §170.315(b)(1) - Transitions of Care for additional details.

Medications and medication allergies received as RxNorm must be matched manually to a Medication within the Medispan or Multum databases as NDC if not matched automatically. Problem Lists received as SNOMED must be associated to an ICD-10-CM code using the mapping tool to be added to the Assessments section.

If a problem is received as an ICD-9, it cannot be imported into the patient's Progress Notes or Problem List. Receiving a Summary of Care or Referral note through eEHX, CommonWell, or Carequality will not provide credit for measure calculation.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(b)(3) - Electronic Prescribing

Description of Capability:

Enables a user to perform the following prescription-related electronic transactions: new prescription (NEWRX), change prescriptions, (RXCHG, CHGRES), cancel prescriptions (CANRX, CANRES), Refill prescriptions (REFREQ, REFRES), Receive fill status notifications (RXFILL), request and receive medication history information (RXHREQ, RXHRES).

Costs and Fees:

Costs may or may not be included in the initial EHR contract. If not, an additional cost per provider per year is added. However, if *Electronic Prescribing of Controlled Substances* is required, an additional cost per provider per year is added. Providers must enter into an agreement with Surescripts and receive an SPI in order to begin e-prescribing.

Additional Details:

Users must have connectivity to the Surescripts network as well as the eClinicalWorks eRx Cloud. Prescriptions are sent one at a time.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(b)(6) - Data Export

Description of Capability:

Enables a user to configure and create a single export summary or a set of export summaries for patients whose information is stored in eClinicalWorks.

Costs and Fees: None.

Additional Details:

The capability is configured to run nightly starting at 9 PM Server Time, up to 5,000 files per evening. The capability will run nightly until the batch is completed.

If a recurrence is set and the time needed to complete each export exceeds the time between extraction, the original batch will be overridden. A user can additionally enter the date and time period within which data would be used to create the export summaries. Functionality is limited to those with Administration Security Setting.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(c) (1-3) - Clinical Quality Measures - Record and Export, Import and Calculate, and Report

Description of Capability:

Enables a user to import a QRDA I data file in accordance with the standard specified at § 170.205(h)(2) for one or multiple patients and use such data to calculate each clinical quality measure. A user must be able to execute this capability at any time the user chooses, and without subsequent developer assistance. The criterion also requires that a user is able to create a QRDA III (aggregate data) data file for submission of quality reporting data to Centers for Medicaid Services (CMS).

Costs and Fees:

A contractual agreement is required, as well as acceptance of terms and conditions. Generating a QRDA file required for participation in payer quality initiatives/programs may require one-time file generation costs, multi-file generation costs, and/or consulting fees.

Cost is on a per provider/clinician basis for individual reporting. Any dummy provider activated for this feature will also incur a cost.

Additional costs per provider may apply for the Comprehensive Primary Care (CPC) Plus program and dashboards.

Additional Details:

Users are required to request computation and the data should be available on the MIPS or CPC Dashboard prior to requesting QRDA III file generation.

Files are processed/generated after hours through a scheduled job. The scheduled job takes 24-48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider.

The export QRDA feature can only process 250 provider records per batch to ensure optimal system performance. The QRDA I export files, which contain clinical data, are downloaded by the user, and saved on the user's local drive.

Auto-Practice Upgrade (APU connectivity and Internet connection is required for a successful extraction (batch) to occur.

If a re-computation of the data is performed after a QRDA III file generation request is made, that file becomes invalid and a new request must be placed.

MIPS Individual and CPC Plus facility/facility group are the programs supported for QRDA III.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(d)(1) - Authentication, Access Control, and Authorization

Description of Capability:

Limits access to patient electronic health information to users who have valid credentials and only enables credentialed users to access the types of information permitted.

Costs and Fees: None.

Additional Details: None.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

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

Description of Capability:

This criterion requires that by default, actions related to health information are recorded, such as who has accessed a patient's information, and when, where, and how that access occurred. This capability (coupled with other Privacy and Security criteria such as *Audit Reports* and *Auditing Actions on Health Information*) enables a practice to review audit logs and thereby regularly monitor access to patient information and detect unauthorized access. This criterion also confirms that health IT can prevent such audit logs from being changed, overwritten, or deleted.

Costs and Fees: None.

Additional Details:

For tamper-resistance, eClinicalWorks disallows the deletion of records retained in the audit log at a minimum, and in some instances also disallows the updating of these logs.

For eClinicalTouch, logging is performed but not viewable on the iPad. Logs can be viewed from the desktop or browser modalities.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(3) - Audit Reports

Description of Capability:

Audit reports enable a user to create reports of events recorded in audit trails and audit logs (For more information, refer to §170.315(d)(2) - Auditable Events and Tamper-Resistance).

Costs and Fees: None.

Additional Details:

Some of the reports used to meet this requirement are created from logs that are parsed nightly but can be parsed on-demand if needed.

For eClinicalTouch, logging is performed but not viewable on the iPad. Logs can be viewed from the desktop or browser modalities.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(d)(4) – Amendments

Description of Capability:

Enables a user to select the record affected by a patient's request for amendment, and the ability to accept or deny amendments.

Costs and Fees: None.

Additional Details: None.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(5) - Automatic Access Time-Out

Description of Capability:

Enables an automatic stop for users to access health information after a predetermined amount of inactivity and requires authentication in order to resume or regain access.

Costs and Fees: None.

Additional Details:

Auto time-out settings must be configured by the practice. Enhancement of this feature is controlled by an item key and can be enabled on request.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(6) - Emergency Access

Description of Capability:

Enables administrators to permit an identified a set of users to access otherwise restricted electronic health information during an emergency.

Costs and Fees: None.

Additional Details:

Privacy Security Access Control (P.S.A.C.) and Break Glass features are global settings controlled by item keys and can be enabled or disabled by the practice.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(7) - End-user Device Encryption

Description of Capability:

Technology designed to prevent health information from being locally stored on end-user devices after use of the technology on the devices stops.

Costs and Fees: None.

Additional Details:

The programmed storage of information is ceased upon termination of sessions using the desktop modality, browser modality, and eClinicalTouch modality of eClinicalWorks.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(8) – Integrity

Description of Capability:

Enables the ability to create a message digest and verify upon receipt of electronically exchanged health information that such information has not been altered according to the specified standard.

Costs and Fees: None.

Additional Details:

SSL/HTTPS configuration for any services directly hosted by the customer is the responsibility of that customer.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(d)(9) - Trusted Connection

Description of Capability:

Enables the ability to create a trusted connection according to the criterion specified standards.

Costs and Fees: None.

Additional Details:

SSL/HTTPS configuration for any services that are hosted by the customer directly is the responsibility of that customer.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), eClinicalTouch, and eClinicalMobile® modalities of eClinicalWorks.

§170.315(d)(11) - Accounting of Disclosures

Description of Capability:

This criterion ensures that health IT can record disclosures made for treatment, payment, and health care operations in accordance with the specified standards.

Costs and Fees: None.

Additional Details: None.

Applicable Modalities:

Clinicians can view and reply to messages in the browser (Web and desktop (EXE) modalities of eClinicalWorks.

§170.315(d)(12) - Encrypt Authentication Credentials

Description of Capability:

The Encrypt Authentication Credentials criterion serves to identify whether certified health IT supports encrypting stored authentication credentials within the database of the certified health IT module, in accordance with specified industry standards.

Costs and Fees:

None.

Additional Details:

All health IT developers of a certified health IT product are required to attest either “yes” or “no” in compliance with this criterion. eClinicalWorks attested “yes” to the (d)(12) Encrypt Authentication Credentials criterion for eClinicalWorks V11 in accordance with the standards adopted in 170.210(a)(2). eClinicalWorks uses cryptographic hashing (SHA-2 and bcrypt) for the storage of passwords only.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch modalities of eClinicalWorks.

§170.315(d)(13) - Multi-Factor Authentication

Description of Capability:

The Multi-Factor Authentication criterion serves to identify whether a certified health IT product supports multi-factor authentication of a user's identity upon accessing the EHR, in accordance with specified standards.

Costs and Fees:

None.

Additional Details:

All health IT developers of a certified health IT product are required to attest either “yes” or “no” in compliance with this criterion. eClinicalWorks attested “yes” to the (d)(13) Multi-Factor Authentication (“MFA”) criterion for eClinicalWorks V11. This feature is a practice-configurable setting located within Admin > Login Settings. There are two components of the MFA functionality within eClinicalWorks V11 that uses a one-time password (“OTP”) to authenticate a user’s identity: OTP Type and OTP Configuration.

When configuring the OTP Type setting, the MFA setting can be activated in three different ways:

- App-based authentication, using an app such as Google™ Authenticator or Authy®
- Messenger/SMS
- E-mail

When configuring the OTP Configuration setting, the MFA setting can be enabled to run every time a user logs in to the EHR or, alternatively, every time there is a change in the device/location of where the login occurred.

eClinicalTouch only supports App-based authentication. It does not support e-mail or SMS.

Applicable Modalities:

This functionality is available in the browser (Web), desktop (EXE), and eClinicalTouch (Version 3.7 or later) modalities of eClinicalWorks.

§170.315(e)(1) - View, Download, and Transmit to Third-Party

Description of Capability:

Enables the ability for patients to use internet-based technology to view, download, and transmit their health information to a third-party in the specified manner.

Costs and Fees:

A contractual agreement is required, as well as acceptance of the terms and conditions.

eClinicalWorks offers both a free and paid model of the Patient Portal. The paid model requires an additional cost. The free model has all required certification capabilities.

Additional Details:

All sections of the certified capability Visit Summary are enabled by default in the EMR. Users can change, or *uncheck*, the default settings.

Problems, medications, allergies, immunizations, and implant list are patient-centric data and always display regardless of date range filtering.

Applicable Modalities:

Patients can use the eClinicalWorks Patient Portal, healow iOS and Android™ applications, and healow.com to view, download, and transmit their health information to a third party.

§170.315(e)(2) - Secure Messaging

Description of Capability:

Enables users to send messages to a patient and receive messages from a patient in a secure way.

Costs and Fees:

A contractual agreement is required, as well as acceptance of terms and conditions. eClinicalWorks offers both a free and paid model of the Patient Portal. The paid model requires an additional cost. The free model has all required certification capabilities.

Additional Details:

Patient Portal settings must be configured by the eClinicalWorks user. The Secure Messaging window has a character limit of 5,000 characters.

eClinicalMobile was used during the certification of this, and only this, criterion.

Applicable Modalities:

Patients can use eClinicalWorks Patient Portal, healow® iOS and Android applications, and healow.com to send messages to their clinicians.

Clinicians can view and reply to messages in the browser (Web), desktop (EXE), and eClinicalTouch modalities and in the eClinicalMobile application.

§170.315(e)(3) - Patient Health Information Capture

Description of Capability:

Enables a user to identify, record, and access information directly and electronically shared by a patient (or authorized representative) and reference and link to patient health information documents.

Costs and Fees:

A contractual agreement is required, as well as acceptance of terms and conditions. A third-party vendor is not required to use this capability; however, the practice may elect to use CHADIS® at an additional cost.

Additional Details:

Trackers, if used, must be activated, and configured by the healow/Patient Portal user. Questionnaires must be configured by the eClinicalWorks user from the desktop (EXE) modality.

healow iOS and Android applications and healow.com were demonstrated during certification and can be used for measure calculation. To complete a questionnaire on the healow application, the patient must have a scheduled a healow TeleVisits™ appointment.

For the VDT and Patient-Generated Health Data Measures, Patient Portal, healow iOS application, and healow.com can be considered for numerator credit.

Applicable Modalities:

Patients can use eClinicalWorks Patient Portal, healow iOS and Android applications, and healow.com to submit patient-generated health data to their clinicians.

Clinicians can view health data submitted by patients in the browser (Web) and desktop (EXE) modalities.

§170.315(f)(1) - Transmission to Immunization Registries

Description of Capability:

Enables the ability to create immunization information for electronic transmission in accordance with criterion standards, and enables users to request, access, and display a patient's evaluation immunization history and the immunization forecast from an immunization registry in accordance with criterion standards.

Costs and Fees:

No costs or fees. A contractual agreement is required, as well as acceptance of terms and conditions.

Additional Details:

Select value sets are supported. During implementation of the interface, eClinicalWorks will work with registries on what value set data needs to be available in the transmission.

The patient's cell phone is considered as primary and the home phone as secondary when submitting data to the state agencies.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

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

Description of Capability:

Enables the ability to create syndrome-based public health surveillance information for electronic transmissions in accordance with criterion standards.

Costs and Fees:

No costs or fees. A contractual agreement is required, as well as acceptance of the terms and conditions.

Additional Details:

Select value sets are supported. During implementation of the interface, eClinicalWorks will work with registries on what value set data needs to be available in the transmission.

Race and diagnosis are sent in the order that is entered in the Progress Notes.

The data is submitted nightly to the state agencies.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(f)(7) – Transmission to Public Health Agencies – Health Care Surveys

Description of Capability:

Enables users to create health care survey information for electronic transmissions in accordance with criterion standards.

Costs and Fees:

No costs or fees. A contractual agreement is required, as well as acceptance of the terms and conditions.

Additional Details:

Files generated *via* this functionality do not include:

- P.S.A.C.-enabled facilities, providers, patients, visit types, and encounters.
- Non-billable appointments based on visit type, *e.g.,* cancelled, rescheduled, no show, *etc*.

This functionality is configured to run nightly starting at 9 PM server time to 8 AM server time the following day and process up to 5,000 files per evening. Users can customize the date and time period for this batch process between 9 PM and 8 AM.

This functionality is limited to users with the *Administration* Security Setting, and those who have access to the *Report Console.*

When a file is generated, medications that have been reconciled or prescribed during an encounter will be included.

Users are limited to entries that are a maximum of 30 days apart.

When documenting the same vital multiples times in an encounter, use the pop-up option or a comma to separate the entries.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(g)(2) - Automated Measure Calculation

Description of Capability:

For each EHR Incentive Programs, the percentage-based measure that is supported by a capability included in a technology, enables the ability to record the numerator and denominator, and create a report that includes the numerator, denominator, and resulting percentage associated with each applicable measure.

Costs and Fees:

MIPS PI and MAQ Dashboard do not have a cost or fee. MIPS Quality and Claims Data Submission Mechanism do not have a cost or fee but will require *Practice Management* services for which there is an additional cost.

MIPS eCQM reporting requires a recurring annual cost per provider or FTE. Consultation services can be added at an additional cost.

Additional Details:

- MIPS Dashboard: eCW Provider Licenses should be active in the reporting period for setup and calculations
- APU connectivity and Internet connection is required
- MIPS dashboards are scheduled to run data computations on a biweekly basis

MAQ dashboards are refreshed through on-demand requests from the clients. The dashboard extraction process typically takes 24-48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider.

For the VDT and Patient-Generated Health Data Measures, Patient Portal, healow iOS application, and healow.com can be considered for numerator credit.

Applicable Modalities:

The MIPS and MAQ dashboards are available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(g) (3-5) - Safety-Enhanced Design (SED), Quality Management System (QMS), and Accessibility-Centered Design (ACD)

Description of Capability:

- SED: User-centered design processes must be applied to each capability.
- QMS: The use of a Quality Management System in the development, testing, implementation, and maintenance.
- ACD: For each capability that a Health IT Module includes, and for which that capability's certification is sought, the use of a health IT accessibility-centered design standard or law in the development, testing, implementation, and maintenance of that capability must be identified.

Costs and Fees:

SED, QMS, and ACD: No costs or fees.

Additional Details:

- SED and QMS: No additional details.
- ACD: No accessibility-centered design standard or law has been identified for all applicable capabilities.

Applicable Modalities: None.

§170.315(g)(6) - Consolidated CDA Creation Performance

Description of Capability:

Enables the ability to create Consolidated CDA based on criterion standards.

Costs and Fees: None.

Additional Details:

Some fields in the certification test cases are designated as optional. At eClinicalWorks discretion, optional items were not populated in the test cases for certification:

1. Patient Demographics:
   a. Full middle name not transmitted, only first initial.
   b. Previous name not transmitted.
2. Medical Allergies:

   eClinicalWorks uses NDC codes in order to receive RxNorm. If there is no match for an NDC code which may be discontinued, an RxNorm code will not be associated. If a Medication Allergy has multiple ingredients, all ingredient level RxCUIs will be sent.
3. Medications:

   The eCW drug database uses NDC codes. During certification, eClinicalWorks was given the option to choose different medications than those listed in the supplied test cases. This decision was made because the medications supplied in the test case have discontinued NDC codes which could not return an RxNorm code in the NLM database.
4. Problems:

   Documented in the Problem List; user is asked to verify and save the mapped SNOMED code when using the classic search feature. The code is assigned automatically but is not considered saved until the user verifies it. Regardless of whether the user verifies/maps the code, it will be present in the Problem List section in the C-CDA document *via* the ICD to SNOMED Cloud Mapping Application Programming Interface (API).

5. Vitals units of measure:
    a. Height: Inches [in_i]
    b. Weight: Pounds [lb_av]
    c. Blood pressure diastolic [Hg]
    d. Blood pressure systolic [Hg]
    e. Heart: Rate /min
    f. O2% BldC Oximetry %
    g. Inhaled Oxygen Concentration (FIO2) %
    h. Body Temperature: Fahrenheit [degF]
    i. Respiratory: Rate /min
6. Smoking Status: Sent as a SNOMED code.
7. Encounter Diagnosis: Sent as ICD10.
8. Immunizations: Sent as CVX.
9. Procedures: Sent as Current Procedural Terminology (CPT®)*. Completed orders must be marked as received and reviewed.
10. Laboratory Test: Sent as LOINC® codes - completed orders must be marked as received and reviewed.
11. Laboratory Results: Sent as LOINC codes - completed orders must be marked as received and reviewed.
12. UDI: Device code is sent.
13. Care Team: Includes all appointment provider data.
14. Assessment and Plan of Treatment: Assessment notes - the notes section of an ICD in the Assessment section.
15. Plan of Treatment: Future/pending orders (Lab/DI/Procedures), Medications prescribed, follow up visit scheduled, and Treatment notes.
16. Goals: Structured data set up and mapped by user.

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17. Health Concerns: Structured data setup and mapped by user.
18. Reason for referral: Entered in the reason section of a referral.
19. Functional Status: Structured data setup and mapped by user.
20. Cognitive Status: Structured data setup and mapped by user.

Applicable Modalities:

The functionality of data capture for the listed elements is available in the browser (Web), desktop (EXE), and the eClinicalTouch modalities of eClinicalWorks.

The functionality of electronic transmission and reception *via* C-CDA documents is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

Patients can view, download, and transmit the C-CDA document from the eClinicalWorks Patient Portal, healow iOS and Android applications, healow.com, and approved third-party applications *via* Fast Healthcare Interoperability Resources (FHIR) API.

§170.315(g) (7-9) - Application Access: Patient Selection, Data Category Request, All Data Request

Description of Capability:

- (g)(7): Enables the ability to receive a request with enough information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for patient data.
- (g)(8): Enables the ability to respond to requests for patient data for each of the individual categories specified for the Common Clinical Data Set and return the full set of data for the data category in computable format.
- (g)(9): Enables the ability to respond to requests for patient data for all the data categories specified in the Common Clinical Data Set at one time and return such data in a summary record formatted according to the standards specified in the criterion and respond to requests for patient data associated with a specific date as well as requests for patient data within a specific date range.

Costs and Fees:

This capability requires use of a third-party vendor, healow. Any associated cost is per practice and based on volume of transactions.

Additional Details:

The FHIR DSTU3 standards and terms of use are published on the CHPL website: https://connect.healow.com/apps/jsp/dev/fhirClinicalDocumentation.jsp.

As specified in the terms of use, the third-party application developer agrees that eClinicalWorks can reasonably restrict the number of API calls per vendor per patient (based on objective and verifiable criteria), calls originating from unknown sites, and calls made from blacklisted applications or IP addresses. eClinicalWorks does not arbitrarily restrict API queries/calls, in compliance with information blocking requirements.

To use the FHIR APIs, the practice must have Patient Portal and Interoperability Hub-FHIR enabled from Product Activation.

For patient safety reasons, date range filtering is available on certain individual data categories.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

§170.315(h)(1) - Direct Project

Description of Capability:

The ability to send and receive health information in accordance with the standards specified in § 170.202(a)(2), including information formatted only as a *wrapped* message.

Costs and Fees:

Refer to §170.315(b)(1) - Transitions of Care for costs and fees.

Additional Details:

In order to successfully process an inbound or outbound message, the vendor HISP Trust Anchor must be bound to the domains supported by eClinicalWorks HISP. For outbound messages, a valid clinical summary document conforming to C-CDA format must be attached to the message. There is a default size limit of 5MB per transaction which can be increased based on requirements.

Applicable Modalities:

This functionality is available in the browser (Web) and desktop (EXE) modalities of eClinicalWorks.

2. Appendix A: Abbreviations

The following table lists the abbreviations in this document:

Abbreviation	Definition
ACB	Authorized Certification Body
ACD	Accessibility-Centered Design
ACI	Advancing Care Information
API	Application Programming Interface
APU	Auto-Practice Upgrade
BMI	Body Mass Index
CAD	Coronary Artery Disease
CDA	Clinical Document Architecture
CDS	Clinical Decision Support
CHADIS	Child Health and Development Interactive System
CHGRES	Change Prescriptions
CMS	Center for Medicare and Medicaid Services
CPC	Comprehensive Primary Care
CPOE	Computerized Provider Order Entry
CPT	Current Procedural Terminology
CQM	Clinical Quality Measure
CUI	Concept Unique Identifier
CVX	Vaccine Administered
DI	Diagnostic Imaging
EHNAC	Electronic Healthcare Network Accreditation Commission
EHR	Electronic Health Record
EHX	Electronic Health eXchange
EXE	Executable
FHIR	Fast Healthcare Interoperability Resources
FTE	Full-Time Equivalent

Abbreviation	Definition
HISP	Health Information Service Provider
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven
ICD	International Classification of Diseases
IP	Internet Protocol
IT	Information Technology
LOINC	Logical Observation Identifiers Names and Codes
LVEF	Left Ventricular Ejection Fraction
MAQ	Meaningful Use, Adoption, Quality
MDD	Major Depressive Disorder
MI	Myocardial Infarction
MIPS	Merit-based Incentive Payment System
NDC	National Drug Code
NEWRX	New Prescription Request
NLM	National Library of Medicine
ONC	Office of the National Coordinator for Health Information Technology
OS	Operating System
P&S	Privacy and Security
P.S.A.C.	Privacy Security Access Control
P2P	Provider to Provider
PBM	Pharmacy Benefit Managers
PCP	Primary Care Physician
PHQ	Patient Health Questionnaire
PM	Practice Management
POAG	Primary Open-Angle Glaucoma
QMS	Quality Management System
QRDA	Quality Reporting Document Architecture
RCM	Revenue Cycle Management
REFREQ	Refill Prescription

Abbreviation	Definition
REFRES	Refill Prescription
RXCHG	Change Prescriptions
RXFILL	Receive Fill Status Notification
RXHREQ	Request Medication History Information
RXHRES	Receive Medication History Information
SED	Safety-Enhanced Design
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms
SPI	Surescripts Provider Identifier
SSL	Secure Socket Layer
TIN	Tax Identification Number
UDI	Unique Device Identifier
UMLS	Unified Medical Language System
URI	Upper Respiratory Infection

3. APPENDIX B: ONC-ACB VERIFICATION

Developer: eClinicalWorks

Version: V11

Date Certified: December 28, 2017

ONC-ACB Certification ID: 15.04.04.2883.eCli.11.00.1.171228

Certification Criteria:

- 170.315(a)(1) COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) - Medications
- 170.315(a)(2) COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) - Laboratory
- 170.315(a)(3) COMPUTERIZED PROVIDER ORDER ENTRY (CPOE) – Diagnostic Imaging
- 170.315(a)(4) DRUG-DRUG, DRUG-ALLERGY INTERACTION CHECKS for CPOE
- 170.315(a)(5) DEMOGRAPHICS
- 170.315(a)(9) CLINICAL DECISION SUPPORT
- 170.315(a)(10) DRUG-FORMULARY CHECKS
- 170.315(a)(12) FAMILY HEALTH HISTORY
- 170.315(a)(13) PATIENT-SPECIFIC EDUCATION RESOURCES
- 170.315(a)(14) IMPLANTABLE DEVICE LIST
- 170.315(a)(15) SOCIAL, PSYCHOLOGICAL, AND BEHAVIORLA DETERMINANTS DATA
- 170.315(b)(1) TRANSITIONS OF CARE
- 170.315(b)(2) CLINICAL INFORMATION RECONCILIATION AND INCORPORATION
- 170.315(b)(3) ELECTRONIC PRESCRIBING
- 170.315(b)(6) DATA EXPORT
- 170.315(c)(1) CLINICAL QUALITY MEASURES – RECORD AND EXPORT
- 170.315(c)(2) CLINICAL QUALITY MEASURES – IMPORT AND CALCULATE
- 170.315(c)(3) CLINICAL QUALITY MEASURES – REPORT
- 170.315(d)(1) AUTHENTICATION, ACCESS CONTROL, AUTHORIZATION
- 170.315(d)(2) AUDITABLE EVENTS AND TAMPER-RESISTANCE
- 170.315(d)(3) AUDIT REPORT(S)
- 170.315(d)(4) AMENDMENTS
- 170.315(d)(5) AUTOMATIC ACCESS TIME-OUT

- 170.315(d)(6) EMERGENCY ACCESS
- 170.315(d)(7) END-USER DEVICE ENCRYPTION
- 170.315(d)(8) INTEGRITY
- 170.315(d)(9) TRUSTED CONNECTION
- 170.315(d)(11) ACCOUNTING OF DISCLOSURES
- 170.315(d)(12) ENCRYPT AUTHENTICATION CREDENTIALS
- 170.315(d)(13) MULTI-FACTOR AUTHENTICATION
- 170.315(e)(1) VIEW, DOWNLOAD, AND TRANSMIT TO 3RD PARTY
- 170.315(e)(2) SECURE MESSAGING
- 170.315(e)(3) PATIENT HEALTH INFORMATION CAPTURE
- 170.315(f)(1) TRANSMISSION TO IMMUNIZATION REGISTRIES
- 170.315(f)(2) TRANSMISSION TO PUBLIC HEALTH AGENCIES – SYNDROMIC SURVEILLANCE
- 170.315(f)(7) TRANSMISSION TO PUBLIC HEALTH AGENCIES - HEALTH CARE SURVEYS
- 170.315(g)(2) AUTOMATED MEASURE CALCULATION
- 170.315(g)(3) SAFETY-ENHANCED DESIGN
- 170.315(g)(4) QUALITY MANAGEMENT SYSTEM
- 170.315(g)(5) ACCESSIBILITY-CENTERED DESIGN
- 170.315(g)(6) CONSOLIDATED CDA CREATION
- 170.315(g)(7) APPLICATION ACCESS – PATIENT SELECTION
- 170.315(g)(8) APPLICATION ACCESS – DATA CATEGORY REQUEST
- 170.315(g)(9) APPLICATION ACCESS – ALL DATA REQUEST
- 170.315(h)(1) DIRECT PROJECT

2019 CQMs Certified:

- CMS2 v8: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- CMS22 v7: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
- CMS52 v7: HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis
- CMS56 v7: Functional Status Assessment for Total Hip Replacement
- CMS66 v7: Functional Status Assessment for Total Knee Replacement
- CMS68 v8: Documentation of Current Medications in the Medical Record

- CMS69 v7: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
- CMS90 v8: Functional Status Assessments for Congestive Heart Failure
- CMS117 v7: Childhood Immunization Status
- CMS129 v8: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
- CMS132 v7: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures
- CMS133 v7: Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- CMS142 v7: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
- CMS143 v7: Primary Open-Angle Glaucoma (POAG): Optic Nerve Evaluation
- CMS145 v7: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
- CMS146 v7: Appropriate Testing for Children with Pharyngitis
- CMS153 v7: Chlamydia Screening for Women
- CMS154 v7: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- CMS155 v7: Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- CMS159 v7: Depression Remission at Twelve Months
- CMS160 v7: Depression Utilization of the PHQ-9 Tool
- CMS161 v7: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment
- CMS177 v7: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment
- CMS645 v2: Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy

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5. Appendix D: Notices

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