eClinicalWorks

Costs and Limitations

Capability	Description of Capability	Costs or Fees	Contractual Limitations	Technical or Practical Limitations
		Types of costs or fees that a user may be required to pay to purchase, license, implement, maintain, upgrade, use, or otherwise enable and support the use of the implementation or use of the capability -OR- in connection with the data generated in the course using the capability	*Limitations of a contractual nature (including developer policies and other business practices) that a user may encounter in the implementation or use of the capability -OR- in the connection with the data generated in the course of using the capability*	*Limitations of a technical or practical nature that a user may encounter that could prevent or impair the successful implementation, configuration, maintenance, support or use of the capability -OR- prevent or limit the use, exchange or portability of any data generated in the course of using the capability*
License-based Solution EHR Contract	An eClinicalWorks® contractual agreement wherein a one-time eClinicalWorks Software license fee is agreed upon.	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 FTE. Implementation fees, such as travel and airfare costs, are billed separately. Support and maintenance may require a one-time set-up cost and/or recurring costs.	A contractual agreement is required, as well as acceptance of terms and conditions.	All providers must have an active license in order to use the software.
Cloud-based Solution EHR Contract	An eClinicalWorks contractual agreement wherein a monthly fee is agreed upon and the practice elects to have their data hosted by eClinicalWorks.	Providers will incur a monthly fee per provider per month or per FTE (Full-time equivalent) with the cost of hosting included in the monthly fee. Implementation fees, such as travel and airfare costs, are billed separately. Support and maintenance may require a one-time set-up cost and/or recurring costs.	A contractual agreement is required, as well as acceptance of terms and conditions.	All providers must have an active license in order to use the software. The data will be hosted by eClinicalWorks in this contractual option.
RCM™ with Cloud-based Solution EHR Contract	An eClinicalWorks contractual agreement wherein the Cloud-based Solution is utilized along with the addition of Revenue Cycle Management (RCM) services.	In addition to the Cloud-based fees, RCM includes one or more of (i) an additional monthly fee per FTE (Full Time Equivalent) or provider, (ii) an additional monthly fee based upon claim count, (iii) a percentage of the total collected revenue, plus additional, optional fees, such as fees for patient statements. Implementation fees, such as travel and airfare costs, are billed separately. Support and maintance may require a one-time set-up cost and/or recurring costs.	A contractual agreement is required, as well as acceptance of terms and conditions.	All providers must have an active license in order to use the software. The data will be hosted by eClinicalWorks in this contractual option.
Add-on Service: eClinicalTouch®	An app that leverages Apple® iPad® technology to give our customers the look, feel, and functionality they have come to expect coupled with the ease of use found with 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 utilize to complete documentation within a patient's Progress Notes.	Recurring cost per provider, per month.	A contractual agreement is required, as well as acceptance of terms and conditions.	An Apple iPad is required to utilize the eClinicalTouch App from the Apple®Apple Store®. The operating system must be the eClinicalWorks-supported iOS. The eClinicalTouch application is certified only on an Apple iPad, not from any other Apple device, such as Apple® iPad® or iPod.
§170.315(a)(1) - Computerized Provider Order Entry of Medication Orders	Enables a user to record, change, and access medication orders.	No costs or fees.	No contractual limitations.	It is recommended both the Medi-Span® and Multum® drug databases be updated to the latest version when available. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(2) - Computerized Provider Order Entry of Laboratory Orders	Enables a user to record, change, and access laboratory orders.	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize a HL7 lab interface, there may be costs associated to the interface.	A statement of work is required for an interface to be set up.	The HL7 version interface versions supported are 2.3 and 2.5.1. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.

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§170.315(a)(3) - Computerized Provider Order Entry of Diagnostic Imaging Orders	Enables a user to record, change, and access diagnostic imaging (DI) orders.	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize a HL7 DI interface, there may be costs associated to the interface.	A statement of work is required for an interface to be set up.	The HL7 version interface version supported is 2.3. When orders are printed log sorting is available at the batch level, not within the batch details. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(4) - Drug-Drug, Drug-Allergy Interaction Checks	Before a medication order is completed and acted upon during computerized provider order entry (CPOE), interventions must automatically indicate to a user's 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 as well as the limit the ability to adjust the severities to a limited set of users or as a administrative function.	No costs or fees.	No contractual limitations.	It is recommended both the Medi-Span and Multum drug databases be updated to the latest version when available. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(5) - Demographics	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.	No costs or fees.	No contractual limitations.	No technical or practical limitations. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(6) - Problem List	Enables a user to record, change, and access a patient's active problem list.	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize Intelligent Medical Objects (MO), there will be an additional cost.	A contractual agreement is required, as well as acceptance of terms and conditions.	No technical or practical limitations. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(7) - Medication List	Enables a user to record, change, and access a patient's active medication list and medication history.	No costs or fees.	No contractual limitations.	It is recommended both the Medi-Span and Multum drug databases be updated to the latest version when available. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(8) - Medication Allergy List	Enables a user to record, change, and access a patient's active medication allergy list as well as medication allergy history.	No costs or fees.	No contractual limitations.	It is recommended both the Medi-Span and Multum drug databases be updated to the latest version when available. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(9) - Clinical Decision Support	Enables the user to enable both Evidence-based and Therapeutic Intervention CDS interactions. Evidence-based interventions are based off of 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 off of the patient's Problem List, Medication List, and one demographic (date of birth or sex). 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).	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 with the exception of the vendor Dyanmed, which is available at no cost from eClinicalWorks.	The third-party vendor requires a contractual agreement.	Data availability is based on the third-party vendor's web services. If these services are down, the eClinicalWorks users may experience an issue. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.

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§170.315(a)(10) - Drug Formulary	Enables the ability to automatically check whether a drug formulary exists for a given patient and medication.	No costs or fees.	No contractual limitations.	It is recommended both the Medispan and Multum drug databases be updated to the latest version when available. Surescripts has a limitation as not all Pharmacy Benefit Managers 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 *i.e.,* "Subscriber not found". This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(11) - Smoking Status	Enables a user to record, change, and access the smoking status of a patient.	No costs or fees.	No contractual limitations.	No technical or practical limitations. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(12) - Family Health History	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 September 2015 Release).	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize Intelligent Medical Objects, there will be an additional cost.	A contractual agreement is required, as well as acceptance of terms and conditions.	Creation and mapping of structured data is limited to the executable version and browser version.This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(13) - Patient Education	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.	A third-party vendor is required to utilize the "publish to portal" functionality. There is a recurring monthly fee per full-time employee for each patient education vendor.	A contractual agreement is required, as well as accepting terms and conditions.	eClinicalWorks has integrated with the following patient education vendors: Healthwise Incorporated – Healthwise Patient Education, Elsevier Patient Education Direct v1.0, Santovia Patient Education, ADAM Smartcare Patient Education, and Krames Staywell Patient Education. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(14) - Implantable Device List	Enables a user to record, parse, and display implant information based on an Unique Device Identifier.	No costs or fees.	UMLS requires a contractual agreement.	Data availability is based on the third-party vendor's web services. If these services are down, the eCW users may experience an issue. UMLS' website will be updated for end users to be notified in the event of an outage on their side. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(a)(15) - Social, Psychological and Behavioral Data	Enables a user to records, change, and access patient social, psychological, and behavioral data.	No costs or fees.	No contractual limitations.	Creation and mapping of structured data is limited to the executable version and browser version.This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.

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§170.315(b)(1) - Transitions of Care	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.	eClinicalWorks P2P does not have any costs or fees. However, eClinicalWorks Direct 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 EHR. In order for the provider to utilize the eClinicalWorks Direct Plus service, the provider must create their individual eClinicalWorks Direct Plus account and complete the onboarding process.	This functionality enables providers to connect to non-eCW providers on a HISP, that is part of Accredited Trust Bundle. eClinicalWorks utilizes 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 under 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. This functionality is only available in the executible version and the browser version of eClinicalWorks. eEHX, CommonWell, and Carequality were not utilized during certification and cannot be used to meet measure criteria for Summary of Care/Referral Note transmission.
§170.315(b)(2) - Clinical Information Reconciliation and Incorporation	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.	Please see §170.315(b)(1) - Transitions of Care for costs and fees.	Please see §170.315(b)(1) - Transitions of Care for contractual limitations.	Please see §170.315(b)(1) - Transitions of Care for technical and practical limitations. In addition, medication allergies received as RxNorm must be matched manually to a Medication Allergy within the Medispan or Multum databases as NDC. Medications received as RxNorm must be matched manually to a Medication within the Medispan or Multum databases as NDC if it's not matched automatically. Problem Lists recieved as SNOMED must be associated to an ICD-10-CM 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 Careequality® will not provide credit for measure calculation. This functionality is only available in the executible version and the browser version of eClinicalWorks.
§170.315(b)(3) - Electronic Prescribing	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 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 wanted, 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.	Users must have connectivity to the Surescripts network as well as the eClinicalWorks eRx Cloud. Prescriptions are sent one-at-a-time. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.

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§170.315(b)(6) - Data Export	Enables a user to configure and create a single or set of export summaries for patients whose information is stored in eClinicalWorks.	No costs or fees.	No contractual limitations.	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 also 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. This functionality is only available in the executable version and the browser version of eClinicalWorks.
§170.315(c)(1-3) - Clinical Quality Measures - Record and export, Import and calculate, and Report.	Enable a user to import a data file in accordance with the standard specified at § 170.205(h)(2) for one or multiple patients and use such data to perform the capability to calculate each and every clinical quality measure for which it is presented for certification. A user must be able to execute this capability at any time the user chooses and without subsequent developer assistance to operate. Enable a user to electronically create a data file for transmission of clinical quality measurement data.	Generating and/or transmitting a QRDA or other format file(s) required 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 per TIN basis irrespective of the reporting type (individual or group). Any dummy provider activated for this feature will also incur a cost. Additional costs per provider may apply for the CPC Plus program and dashboards.	A contractual agreement is required, as well as acceptance of terms and conditions.	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. APU connectivity and Internet Connection is required in order for a successful extraction (batch) to occur. Connectivity to the MIPS dashboard is required for QRDA III export as providers will need to be set-up and data calculated prior to generating a QRDA III file. This functionality is available in the executable version and the browser version of eClinicalWorks. If a recomputation 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. Connectivity to the MIPS Dashboard (for MIPS Individual QRDA III file) and CPC Plus Dashboard (for facility/facility group based QRDA III file) is required for the QRDA III export as setup and data calculation needs to be completed prior to generating a QRDA III file.
§170.315(d)(1) - Authentication, Access Control, Authorization	Enables the ability to verify against a unique identifier(s) that a user seeking access to electronical health information is one claimed, and establish the type of access to electronic health information a user is permitted based on the unique identifier(s) and the actions the user is permitted to perform with eClinicalWorks.	No costs or fees.	No contractual limitations.	No technical or practical limitations. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.

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§170.315(d)(2) - Auditable Events and Tamper-resistance	Enables the ability to record actions related to electronic health information, record the audit log status, record encryption status, have a default setting, restrictions on disabling audit logs when permitted, audit log protection, and alteration detection all per criterion specified standards	No costs or fees.	No contractual limitations.	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. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(d)(3) - Audit Reports	Enables a user to create an audit report for a specific time period and to sort entries in the audit log according criterion specified standards.	No costs or fees.	No contractual limitations.	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. This functionality is available in the executable version and the browser version of eClinicalWorks.
§170.315(d)(4) - Amendments	Enables a user to select the record affected by a patient's request for amendment and the ability to accept or deny amendments.	No costs or fees.	No contractual limitations.	No technical or practical limitations. This functionality is available in the executable version and the browser version of eClinicalWorks.
§170.315(d)(5) - Automatic Access Time-out	Enables an automatic stop to users access to health information after a predetermined amount of inactivity and requires authentication in order to resume or regain the access that was stopped.	No costs or fees.	No contractual limitations.	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. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(d)(6) - Emergency Access	Enables the ability to permit an identified set of users to access electronic health information during an emergency.	No costs or fees.	No contractual limitations.	Privacy Security Access Control (PSAC) and Break Glass features are controlled by item keys and can be enabled on request. This functionality is available in the executable version, the browser version, and Touch version of eClinicalWorks. PSAC Break-the-Glass is a global setting in eClinicalWorks and can be enabled or disabled for all users at once.
§170.315(d)(7) - End-user Device Encryption	Technology designed to prevent health information from being locally stored on end-user devices after use of the technology on those devices stops.	No costs or fees.	No contractual limitations.	No technical or practical limitations. The programmed storage of information is ceased upon termination of sessions using the executable version, browser version, and touch version of eClinicalWorks.
§170.315(d)(8) - Integrity	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 criterion specified standard.	No costs or fees.	No contractual limitations.	SSL/HTTPS configuration for any services that are hosted by the customer directly is the responsibility of that customer. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks. The functionality used to demonstrate the creation of a message digest is present in the executable version and the browser version of eClinicalWorks.
§170.315(d)(9) - Trusted Connection	Enables the ability to create a trusted connection according the criterion specified standards.	No costs or fees.	No contractual limitations.	SSL/HTTPS configuration for any services that are hosted by the customer directly is the responsibility of that customer. This functionality is available in the executable version, the browser version, and touch version of eClinicalWorks.
§170.315(d)(11) - Accounting of Disclosures	The recording of disclosures made for treatment, payment, and health care operations in accordance with the criterion specified standards.	No costs or fees.	No contractual limitations.	No technical or practical limitations. This functionality is available in the executable version and the browser version of eClinicalWorks.

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§170.315(e)(1) - View, Download and Transmit to third-party	Enables the ability for patients to use internet-based technology to view, download, and transmit their health information to a third-party in the criterion specified manner.	eClinicalWorks offers both a free and paid model of the Patient Portal. The paid model requires an additional cost. Free model has all required certification capabilities.	A contractual agreement is required, as well as acceptance of terms and conditions.	Patient Portal settings must be configured by the eClinicalWorks user. The user is responsible for ensuring that their chosen Patient Portal settings are compliant with §170.315(e)(1) requirements. Problems, medications, allergies, immunizations, and implant list are patient centric and are not subject to date range filtering. healow® application was demonstrated during certification and can be used for measure calculation.
§170.315(e)(2) - Secure Messaging	Enables users to send messages to, and receive messages from, a patient in a secure manner.	eClinicalWorks offers both a free and paid model of the Patient Portal. The paid model requires an additional cost. Free model has all required certification capabilities.	A contractual agreement is required, as well as acceptance of terms and conditions.	Patient Portal settings must be configured by the eClinicalWorks user. The Secure Messaging window has a character limit of 5,000 characters. healow app was demonstrated during certification and can be used for measure calculation. eClinicalMobile was used during the certification of this, and only this, criterion.
§170.315(e)(3) - Patient Health Information Capture	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.	A third-party vendor is not required to utilize this capability, however the practice may elect to utilize Chadis at an additional cost.	A contractual agreement is required, as well as acceptance of terms and conditions.	Trackers, if used, must be activated and configured by the healow/Patient Portal user. Questionnaires must be configured by the eCW user from the executable version of eClinicalWorks. healow application was demonstrated during certification and can be used for measure calculation. To complete a questionnaire on the healow application, the patient must have a scheduled Televisit.
§170.315(f)(1) - Transmission to Immunization Registries	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.	No costs or fees.	A contractual agreement is required, as well as acceptance of terms and conditions.	Select value sets are supported. eClinicalWorks will work with registries on what value set data needs to be available in the transmission. Patient's cell phone is considered Primary and Home phone as secondary, while submitting data to the state agencies. This functionality is only available in the executable version and the browser version of eClinicalWorks.

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§170.315(f)(2) - Transmission to Public Health Agencies - Syndromic Surveillance	Enables the ability to create syndrome-based public health surveillance information for electronic transmissions in accordance with criterion standards.	No costs or fees.	A contractual agreement is required, as well as accepting terms and conditions.	Select value sets are supported. 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 it is entered in the Progress Notes. The data is submitted nightly to the state agencies. This functionality is only available in the executable version and the browser version of eClinicalWorks.
§170.315(g)(2) - Automated Measure Calculation	For each EHR Incentive Programs percentage-based measure that is supported by a capability included in a technology, it enables the ability to record the numerator and denominator and create a report including numerator, denominator, and resulting percentage associated with each applicable measure.	MIPS ACI 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 in which there is an additional cost. MIPS Quality EHR Registry Reporting requires a recurring monthly cost per provider (or FTE) per year. Consultation services can be added on at an additional cost.	A contractual agreement is required, as well as acceptance of terms and conditions on both the MIPS/ MAQ dashboard.	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 refreshed on a fortnightly 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.
§170.315(g)(3-5) - Safety-enhanced Design (SED), Quality Management System (QMS), and Accessibility-centered Design (ACD)	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.	SED, QMS, and ACD: No costs or fees.	SED, QMS, and ACD: No contractual limitations.	SED and QMS: No technical or practical limitations. ACD: No accessibility-centered design standard or law has been identified for all applicable capabilities.
§170.315(g)(6) - Consolidated CDA Creation Performance	Enables the ability to create Consolidated CDA per criterion standards.	No costs or fees.	No contractual limitations.	Some fields in the certification test cases are designated as optional. At eClinicalWorks discretion optional items were not filled out 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 utilizes NDC codes in order to receive RxNorm. If there is not a match for a 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.

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				3. Medications: eCW drug database utilizes NDC codes. During certification eClinicalWorks was given the option to choose different medications than listed in the supplied test cases. This decision was made as the medicaitons 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 and user should verify SNOMED codes. 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: Farenheight [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, Treatment notes.

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				16. Goals: Structured data set up and mapped by user. 17. Health Concerns: Structured data set up and mapped by user. 18. Reason for referral: Entered in the reason section of a referral. 19. Functional Status: Structured data set up and mapped by user. 20. Cognitive Status: Structured data set up and mapped by user. The functionality of data capture for the above elements is available in the the executible version, the browser version, and the Touch version of eClinicalWorks. This functionality of electronic transmission and reception via C-CDA documents is only available in the executible version and the browser version of eClinicalWorks.
§170.315(g)(7-9) - Application Access: Patient Selection, Data Category Request, All Data Request	(g)(7) Enables the ability to receive a request with sufficient 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 of 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.	This capability requires use of a third-party vendor, healow. Any associated cost is per practice and based on volume of transactions.	A contractual agreement is required, as well as acceptance of terms and conditions. This product is to be used for patients' benefit only.	Third-party application developer must use the FHIR DSTU3 standards which are published on the website. Terms of use are specified within the contract, # of API calls of vendor, per patient, restriction on calls made from unknown sites, calls made, blacklist apps and IPs. In order to utilize the FHIR APIs, the practice must have Patient Portal enabled. For patient safety reasons, date range filtering is only available on certain individual data categories.
§170.315(h)(1) - Direct Project	The ability to send and receive health information in accordance with the standards specified in § 170.202(a)(2), including formatted only as a “wrapped" message.	Please see §170.315(b)(1) - Transitions of Care for costs and fees.	Please see §170.315(b)(1) - Transitions of Care for contractual limitations.	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 on per transaction which can be increased based on requirements.

APPENDIX A: ONC-ACB CERTIFICATION

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)(6) PROBLEM LIST
- 170.315(a)(7 MEDICATION LIST
- 170.315(a)(8) MEDICATION ALLERGY LIST
- 170.315(a)(9) CLINICAL DECISION SUPPORT
- 170.315(a)(10) DRUG-FORMULARY CHECKS
- 170.315(a)(11) SMOKING STATUS
- 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(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(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

Clinical Quality Measures Certified:

- CMS74 v6: PRIMARY CARIES PREVENTION INTERVENTION AS OFFERED BY PRIMARY CARE PROVIDERS, INCLUDING DENTISTS
- CMS75 v5: CHILDREN WHO HAVE DENTAL DECAY OR CAVITIES
- CMS82 v4: MATERNAL DEPRESSION SCREENING
- CMS122 v5: DIABETES: HEMOGLOBIN A1C (HbA1C) POOR CONTROL (>9%)
- CMS123 v5: DIABETES: FOOT EXAM
- CMS124 v5: CERVICAL CANCER SCREENING
- CMS125 v5: BREAST CANCER SCREENING
- CMS130 v5: COLORECTAL CANCER SCREENING
- CMS131 DIABETES: EYE EXAM
- CMS139 v5: SCREENING FOR FUTURE FALL RISK
- CMS149 v5: DEMENTIA: COGNITIVE ASSESSMENT
- CMS158 v5: PREGNANT WOMEN THAT HAD HBSAG TESTING
- CMS165 v5: CONTROLLING HIGH BLOOD PRESSURE

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