ONC Health IT Certification Details

Including Cost Disclosures

Information for Promoting Interoperability (Meaningful Use), the Merit-Based Incentive Payment System, and other regulatory programs that reference certified EHR technology

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Epic Systems Corporation

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Costs

The following outlines expected investments, assuming standard contract terms and conditions.

Hosting Models and Hardware Investments

Epic clients typically use Epic's software under one of three license/hosting models:

- **Direct agreement, hosted by Epic Hosting.** Software is licensed from Epic. Epic staff provide installation and ongoing support services. Epic Hosting hosts the software data center and manages the core infrastructure of the software: servers, network, storage, and backups. Epic has two offerings that fall under this model. Under the traditional model, the Epic client has their own dedicated hosted instance of Epic.
- **Direct agreement, self/third party hosted.** Software is licensed from Epic. Epic staff provide installation and ongoing support services. Software is hosted at the client's data center or at a third party hosting facility.
- **Sublicense agreement.** Software is licensed from an Epic client. Under the Connect model, an Epic client extends access to its EHR to a hospital or medical practice that is in its community and that treats some of its patients. The Epic client's IT staff provide installation and ongoing support services. Depending on the size of the organization, Epic staff may supplement the client's install team. The pricing model for Connect is determined by the Epic client. In many cases, clients offer a subscription service that covers access to the software, as well as hosting, installation, and ongoing support services. There are Epic clients in all 50 states. For additional information about Epic's Connect program, contact info@epic.com. Under the Garden Plot model, Garden Plot clients share an instance of Epic with other Garden Plot clients.

Epic publishes both a standard and client-specific hardware guide detailing the steps to plan, design, implement, and maintain a Hyperspace client environment. The guide is available to Epic users on Galaxy, Epic's documentation portal. Epic also provides customized capacity assessment analyzing a client's current infrastructure capacity as compared to its future anticipated needs. It is anticipated client hardware will last three to four years before it needs to be replaced. Most organizations will need to update or augment other infrastructure components monthly, quarterly, annually, or every few years. For example, Microsoft releases new Windows Server operating systems roughly every few years, and patches nearly monthly.

Clients should plan to take new hardware and software versions on a regular basis to make their systems quick and stable. If an Epic client's hardware is not meeting system performance expectations, the client should consider additional hardware investments. Each new Epic version adds new features, which might require additional CPU and RAM resources. Windows operating system versions and deployment platform versions have also historically introduced increases in system resource utilization. In addition, industry events such as the discovery and patching of security vulnerabilities in processors might change hardware performance. To account for these changes, clients may want to create a system change plan for their organization that looks a couple of years out at a time.

Third-party Copyrighted Material

There are some third-party items (software or content) required to use Epic's software. Some are sublicensed or facilitated through Epic, and others are licensed directly from their vendors. Licenses for these systems may be one-time or volume based. Examples include: operating system licenses for the transactional database and reporting platform, emulation software, interface engine, industry-standard code sets (e.g., SNOMED, LOINC, RxNORM, CPT, ICD-10/HCPS), provider friendly terminology content, report rendering tools, encryption tools, claims or eligibility clearinghouses, drug databases (such as Medi-Span or FDB), and medical necessity checks.

There are also third-party tools, content, and network services that are not required to use the Epic software suite but that Epic recommends or that clients have found add value. Examples include: e-prescribing networks, content vendors for discharge instructions, PACS, Blood Bank, RTE faxing, voice recognition, device middleware, credit card processors, video conferencing infrastructure, and document management systems.

Additional HIT

In addition to the certified Health IT Modules, healthcare organizations may need to license and use appropriate ancillary systems from Epic or a third party. Examples include: scheduling system, laboratory system, billing or claims processing system, radiology information system, and master patient index, as well as the applicable interfaces for such systems.

Training

Project team members obtain application training at Epic and achieve certification before the start of the build phase of implementation. Most team members can achieve certification in their applications six weeks after completing their training at Epic.

End users (clinicians, nurses, billing staff, registrars, etc.) are trained initially before the software goes live at the client's site. Clients can elect to have Epic staff lead initial end-user training.

Licensing and Implementation Models

Epic's healthcare organization clients can select which applications they license from Epic and which implementation methodology they use to install those applications, based on their needs and Epic's standard licensing practices. Install methodologies affect the complexity and configurability of an implementation, as well as the time and effort required to roll out. Licensing allows healthcare organizations to select the level of features and specialty applications that match their scope. Once software is installed, organizations pay a maintenance fee to Epic for support of the software.

Versions and Upgrades

Epic provides software upgrades quarterly, with releases approximately four times a year, typically in February, May, August, and November.

Upgrades are available without charge to organizations using Epic's software as part of their annual maintenance.

Security

Encrypt Authentication Credentials

Credentials are private values that are used to gain access to a system. Credentials are stored either encrypted or hashed, depending on the use case, using industry standard algorithms. Examples include passwords and cryptographic secrets used to establish system-to-system trust.

Multi-factor Authentication

Users of Epic's Hyperspace, Dorothy Home Health, Willow Ambulatory, EpicCare Link, and mobile (Canto, Haiku, and Rover) applications can be required to perform multi-factor authentication (MFA) before accessing the system. One-time passcodes (OTP) using an OTP device (mobile application or hard token) are a built-in second factor option in these applications. The applications are also compatible with MFA performed at the operating system and/or network level. Epic's MyChart patient portal and mobile applications support MFA via an OTP sent over SMS, TOTP codes from an authenticator app, and Passkey. Similarly, Epic's Kuiper and Text prompt support MFA for analysts and system administrators.

Real World Testing Plans and Results

The 21st Century Cures Act adds a Condition and Maintenance of Certification requirement for health IT developers to demonstrate the real world use of health IT for interoperability. To do so, the ONC requires that health IT developers submit publicly available real world testing results each year, beginning with submission in 2023 of data collected during the 2022 calendar year. The plans and results for each certified product are listed below:

Beacon Cancer Registry Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

Beaker Reportable Labs Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

Electronic Case Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

EpicCare Ambulatory Base and EpicCare Inpatient Base

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024, 2025

Infection Control Antimicrobial Use and Resistance Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

National Healthcare Survey Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

Syndromic Surveillance Reporting

- Plans: 2022, 2023, 2024, 2025
- Results: 2022, 2023, 2024

On June 30, 2025, ONC released an enforcement discretion notice indicating that only results for the (g)(7) through (10) certification criteria are expected. Posting results for other criteria is not required.

Capability and Description	Types of Costs or Fees	Other Considerations
EpicCare Inpatient Clinical System Criteria applicable to EpicCare Inpatient: a1, a2, a3, a4, a5, a12, a14, b1, b2, b3, b10, b11, c1, c2, c3, d1, d2, d3, d4, d5, d6, d7, d8, d9, d12, d13, e1, e3, f1, f2, f5, f6, f7, g2, g3, g4, g5, g6, g7, g9, g10, h1 Certified bundles including or relying on EpicCare Inpatient: • EpicCare Inpatient Base • Beaker Reportable Labs Reporting • Infection Control Antimicrobial Use and Resistance Reporting EpicCare Inpatient includes support for enterprise data repository, CPOE, clinical documentation, and electronic medication administration record. EpicCare Inpatient supports extensive clinical decision support capabilities including drug-drug, drug-allergy, and drug-formulary checks. Clinical documentation capabilities allow users to document, review, and edit patient demographics, vital signs, problem lists, medication lists, medication allergy lists, electronic notes, smoking status, and family health history. Users can also view image result reports from a patient's chart and create, view, and edit their patient lists. They can record the presence of advance directives for a patient in the patient's electronic chart. EpicCare Inpatient supports electronically receiving clinical laboratory tests and values/results and incorporating this information into a patient's chart. Willow Inpatient Pharmacy works in combination with EpicCare Inpatient to provide integrated medications management workflows. Users can electronically create prescriptions for electronic transmission. EpicCare Inpatient supports clinical quality measures by providing built-in logic to calculate numerators and denominators. Quality measures are calculated based on data recorded in the EHR and can be exported in QRDA I or QRDA III format. EpicCare Inpatient also includes core interoperability features such as support to receive, display, and incorporate patient transition of care/referral summaries and to create and transmit patient transition of care/referral summaries. Interoperable exchange follows industry standard protocols for security. Clinical summaries can be viewed, downloaded, and transmitted according to IHE standards to third parties via CDA documents and Direct messaging directly among providers using standards-compliant EHRs, as well as with health information exchanges (HIEs), government entities, and regulatory bodies. Data received is available for clinical information reconciliation and incorporation. Discrete data brought into Epic is available directly within clinicians' workflows and can be used for real-time clinical decision support and analytics.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. The base license fee and annual maintenance fee are based on a client's volumes (e.g., annual inpatient days) and production instances of Epic's software. If a client's use of the software grows (e.g., after acquiring a new facility or expanding the pool of patients for whom it uses Epic to manage or deliver care) the client may need to expand its license. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes. EpicCare Inpatient is designed primarily for hospital settings. Use of EpicCare Inpatient in other settings might incur additional fees. Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders. The ability to exchange patient records for patient care with other organizations (including those using Epic or a different EMR) is included with the purchase of EpicCare Inpatient or EpicCare Ambulatory. A client may incur additional costs if it needs to connect with an EHR that does not meet national interoperability standards.	EpicCare Inpatient is used in conjunction with Epic's integrated hospital pharmacy system, Willow. Quality measure reporting involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. Speed of generation of QRDA I or QRDA III files depends on the volume of files to be generated and the hardware capabilities of the system. We are happy to provide a hardware sizing recommendation. CMS typically annually updates quality measure specifications and QRDA implementation guides. Epic typically provides these updates in the current and some previous versions of the software. Epic users can speak with their Epic representative with specific questions of which versions to use for a particular reporting year's updates. In general, staying current with upgrades will position Epic sites to have available the quality reporting tools they will need. Epic software has been approved as a Qualified Technology Solution by the eHealth Exchange to reduce the individual site testing and costs. Epic software is fully compatible with and connected to the Carequality network of networks. Interoperable exchange of data involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. A client can act as its own HISP or work with a HISP of its choosing. The organization negotiates directly with the HISP on any required licenses or agreements.

	A client may encounter fees from a third-party (e.g., connection/setup fees, per-transaction fees) if it decides to connect with a different data exchange network, HIE, or other third-party system that assesses fees. Some organizations or networks may require a testing/certification process before healthcare organizations are able to connect. We provide an implementation estimate of time and an hourly rate covering our services during installation of a connection with another system.	Clients can choose to utilize the Care Everywhere network to exchange data for treatment, care coordination, and limited research use cases stated in the Care Everywhere Rules of the Road. Network exchange must occur in accordance with HIPAA requirements.
Bugsy Infection Control Criteria applicable to Infection Control: f6 Certified bundle including or relying on Infection Control: • Infection Control Antimicrobial Use and Resistance Reporting Infection Control supports infection control surveillance, documentation, and reporting. It provides antimicrobial stewardship tools for antimicrobial usage, antibiogram, days of therapy, and medication use optimization. Reporting functions include exports of data for NHSN reporting. This module supports eligible hospitals' submissions of antibiotic usage and resistance data to registries.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. The base license fee and annual maintenance fee are based on a client's volumes and production instances of Epic's software. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes. Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders.	Bugsy Infection Control is used in conjunction with EpicCare Inpatient. Transmission of data to public health agencies often involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. NHSN typically annually updates AUR specifications and implementation guides. Epic typically provides these updates in the current and some previous versions of the software. Epic users can speak with their Epic representative with specific questions of which versions to use for a particular reporting year's updates. In general, staying current with upgrades will position Epic sites to have available the NHSN reporting tools they will need.
ASAP Emergency Department & Urgent Care Criteria applicable to ASAP: c1, c2, c3, f2, g2 Certified bundles including or relying on ASAP: • EpicCare Inpatient Base	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs.	Quality measure reporting involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. Speed of generation of QRDA I or QRDA III files depends on the volume of files to be generated and the hardware capabilities of the system. We are happy to provide a hardware sizing recommendation.

ASAP ED Information System includes electronic tracking board and geographical map views of the department, patient event logging and analytics, physician documentation and ordering, nursing documentation, medication administration and reconciliation, and support for quick patient arrivals. ASAP also includes tools and support for clinical quality measures, transmission to public health agencies and syndromic surveillance, and automated measure calculation related to ASAP functionality.	The base license fee and annual maintenance fee are based on a client's volumes and production instances of Epic's software. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes. Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders.	CMS typically annually updates quality measure specifications and QRDA implementation guides. Epic typically provides these updates in the current and some previous versions of the software. Epic users can speak with their Epic representative with specific questions of which versions to use for a particular reporting year's updates. In general, staying current with upgrades will position Epic sites to have available the quality reporting tools they will need.
EpicCare Ambulatory EMR Criteria applicable to EpicCare Ambulatory: a1, a2, a3, a4, a5, a12, a14, b1, b2, b3, b10, b11, c1, c2, c3, d1, d2, d3, d4, d5, d6, d7, d8, d9, d12, d13, e1, e3, f1, f2, f4, f5, f7, g2, g6, g7, g9, g10, h1 Certified bundles including or relying on EpicCare Ambulatory: • EpicCare Ambulatory Base • Beacon Cancer Registry Reporting EpicCare Ambulatory EMR supports healthcare professionals and specialists in outpatient environments. It includes support for computerized provider order entry. EpicCare supports extensive clinical decision support capabilities, including drug-drug, drug-allergy, and drug-formulary checks. Clinical documentation capabilities allow users to document, review, and edit patient demographics, vital signs, problem lists, medication lists, medication allergy lists, electronic notes, smoking status, and family health history. Users can also view image result reports from a patient's chart and create, view, and edit their patient lists. Users can electronically create prescriptions and prescription-related information for electronic transmission. EpicCare Ambulatory supports electronically receiving clinical laboratory tests and values/results and incorporating this information into a patient's chart. EpicCare Ambulatory supports clinical quality measures by providing built-in logic to calculate numerators and denominators for our certified clinical quality measures. Quality measures are calculated based on data recorded in the EHR and can be exported in QRDA I or QRDA III format.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes. The base license fee and annual maintenance fee are based on a client's volumes (e.g., annual ambulatory visits) and production instances of Epic's software. If a client's use of the software grows (e.g., after acquiring a new facility or expanding the pool of patients for whom it uses Epic to manage or deliver care) the client may need to expand its license. EpicCare Ambulatory is designed primarily for clinic settings. Use of EpicCare Ambulatory in other settings might incur additional fees.	Quality measure reporting involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. Speed of generation of QRDA I or QRDA III files depends on the volume of files to be generated and the hardware capabilities of the system. We are happy to provide a hardware sizing recommendation. CMS typically annually updates quality measure specifications and QRDA implementation guides. Epic typically provides these updates in the current and some previous versions of the software. Epic users can speak with their Epic representative with specific questions of which versions to use for a particular reporting year's updates. In general, staying current with upgrades will position Epic sites to have available the quality reporting tools they will need. Epic software has been approved as a Qualified Technology Solution by the eHealth Exchange to reduce the individual site testing and costs. Epic software is fully compatible with and connected to the Carequality network of networks.

EpicCare Ambulatory also includes core interoperability features such as support to receive, display, and incorporate patient transition of care/referral summaries and to create and transmit patient transition of care/referral summaries. Interoperable exchange follows industry standard protocols for security. Clinical summaries can be viewed, downloaded, and transmitted according to IHE standards to third parties via CDA documents and Direct messaging directly among providers using standards-compliant EHRs, as well as with health information exchanges (HIEs), government entities, and regulatory bodies. Data received is available for clinical information reconciliation and incorporation. Discrete data brought into Epic is available directly within clinicians' workflows and can be used for real-time clinical decision support and analytics.	Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders. The ability to exchange patient records for patient care with other organizations (including those using Epic or a different EMR) is included with the purchase of EpicCare Inpatient or EpicCare Ambulatory. A client may incur additional costs if it needs to connect with an EHR that does not meet national interoperability standards. A client may encounter fees from a third-party (e.g., connection/setup fees, per-transaction fees) if it decides to connect with a different data exchange network, HIE, or other third-party system that assesses fees. Some organizations or networks may require a testing/certification process before healthcare organizations are able to connect. We provide an implementation estimate of time and an hourly rate covering our services during installation of a connection with another system.	Interoperable exchange of data involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. A client can act as its own HISP or work with a HISP of its choosing. The organization negotiates directly with the HISP on any required licenses or agreements. Clients can choose to utilize the Care Everywhere network to exchange data for treatment, care coordination, and limited research use cases stated in the Care Everywhere Rules of the Road. Network exchange must occur in accordance with HIPAA requirements.
Beaker Laboratory Information System Criteria applicable to Beaker: f3 Certified bundle including or relying on Beaker: • Beaker Reportable Labs Reporting Beaker Clinical Laboratory provides functionality for managing laboratory tests and results, including receiving orders, specimen collection, tracking completion of tests, and routing results back to the patient chart. Integration between Beaker and EpicCare Ambulatory allows lab results to be routed to ambulatory providers using the Epic system. Transmission of lab orders from and lab results to ambulatory providers outside a client's organization is possible with EpicCare Link, which gives external providers the ability to view results using a web portal, or in conjunction with standard HL7 interfaces.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. The base license fee and annual maintenance fee are based on a client's volumes and production instances of Epic's software. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes.	Transmission of data to public health agencies often involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.

Beaker supports reportable checking, which flags results that lab staff members should report to an external agency or infection control unit. Beaker is used in conjunction with Epic's HL7 Outgoing Syndromic Data interface for sending data to public health agencies.	Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders.	
MyChart Patient Experience Platform Criteria applicable to MyChart: e1, e3, g2, g7, g9, g10 Certified bundles including or relying on MyChart: • EpicCare Inpatient Base • EpicCare Ambulatory Base MyChart Patient Experience Platform provides patients with secure access to parts of their electronic medical record. MyChart's integration with Epic's application suite allows patients to access clinical information from their Epic records, including clinical summaries of visits, admissions, and encounters. Patients can view, download, and transmit these summaries. Epic supports secure messaging between Epic users and patients using MyChart. Patients can also contribute to their records by responding to questionnaires, uploading data from third-party home monitoring devices, and more. Proxy access lets MyChart users view and manage records for children or elderly patients in their care.	Subscription fees are based on the number of patient records accessed in MyChart each year. Additional license fees and annual maintenance fees or subscription fees apply for organizations who choose to use a higher tier of MyChart customization. Subscription fees may be higher when MyChart is used in conjunction with custom repositories or other data sources. Connections for external data (such as home monitoring devices) may require additional interface or API licenses. Services to assist with custom app store submissions are charged separately. Use of telemedicine features requires video conferencing infrastructure.	Use of MyChart Mobile Feature and Code Module is subject to separate terms and conditions. Clients determine terms and conditions for patients' and proxies' use of their MyChart patient portal. If a patient chooses to use the optional mobile MyChart application, they also accept Epic's terms and conditions when downloading the application. If a patient chooses to create an optional MyChart Central account, they accept Epic's MyChart Central terms and conditions during the signup workflow. Patients should use an operating system and browser combination that supports TLS 1.1 or TLS 1.2 to access MyChart. Use of video conferencing features may require a separate download of third-party plug-ins. The MyChart mobile application is available on iOS and Android devices. A domain, certificates, web server, and communications server are needed to host the MyChart website. Interoperable exchange of data involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.

Cogito ergo sum Analytics Criteria applicable to Cogito: b10, b11 Certified bundles including or relying on Cogito: • EpicCare Inpatient Base • EpicCare Ambulatory Base Epic's Cogito ergo sum Analytics supports analytics and automated measure calculation using a number of tools: Reporting Workbench gives end users access to real-time data with templates for building reports, charts, and graphs. Users can take actions directly from the reports, such as placing orders, opening charts, or sending reminders. Clarity and Analyst Reporting Package extracts Epic data to a separate database, integrates third-party analytics and business intelligence tools directly into Hyperspace, and offers pre-built registries and data marts to simplify population-based reporting. Radar Executive Information Desktop provides dashboards for quality, regulatory, and financial performance indicators that are tailored to user roles. Reports drill down to actionable results and also serve as a portal to business intelligence content. Cogito tools are used in conjunction with Health Information Management (HIM) tools in EHI Export.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. The base license fee and annual maintenance fee are based on a client's volumes and production instances of Epic's software. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined into a monthly subscription fee, also based on a client's volumes. Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders. Some reporting content and data analytics tools are separately licensed.	Reporting often includes mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses. Report processing is often configured by administrative system users; such generation does not require involvement of Epic staff. Speed of report processing depends on the volume data and the hardware capabilities of the system. We are happy to provide a hardware sizing recommendation. Use of EHI Export is licensed to organizations that use Epic software under an open.epic API Subscription Agreement.
Beacon Oncology System Criteria applicable to Beacon: f4 Certified bundle including or relying on Beacon: • Beacon Cancer Registry Reporting Beacon Oncology System manages medical oncology treatment plans. Functions include protocol-based chemotherapy scheduling, ordering, administration, decision support, cancer staging documentation, and survivorship treatment summaries. The system enables users to electronically record, change, and access cancer case information. An Outgoing Cancer Reporting interface transmits cancer case documents to cancer registries.	One-time software license fee, annual maintenance fee (which includes support and upgrades), and implementation fees. Organizations paying annual maintenance are provided with special updates and upgrades without additional licensing costs. The base license fee and annual maintenance fee are based on a client's volumes and production instances of Epic's software. As an alternative to the license fee and annual maintenance fee model described above, clients may choose a pricing model where the license fee and annual maintenance are combined together into a monthly subscription fee, also based on a client's volumes.	Transmission of data to public health agencies often involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.

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<tr>
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<td>Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation and the initial go live event(s), as well as training for the project team and other appropriate stakeholders.</td>
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<tr>
<td>FHIR Services

Criteria applicable to FHIR Services: g7, g9, g10

Certified bundles including or relying on FHIR Services:
• EpicCare Inpatient Base
• EpicCare Ambulatory Base

Designated standards-based FHIR APIs can be deployed by an organization using Epic software to enable access to electronic health information by homegrown or third-party applications.</td>
<td>Use of FHIR R4 APIs to access electronic health information in the U.S. Core Data for Interoperability Version 1 (USCDI v1) or U.S. Core Data for Interoperability Version 3 (USCDI v3) data sets, as required by g7, g9, and g10, is available for an annual subscription per production instance of Epic software. The cost per year per production instance for tier 0 instances is $4,500; for tier 1 instances is $8,500; for tier 2 instances is $16,000; for tier 3 instances is $29,000; and for tier 4 instances is $47,000. The tier is evaluated for each production instance according to the following table.

<table>
<tr><th>Tier</th><th>Instances used by healthcare organizations in providing care</th><th>Instances used by payers, ACO/CINs, or similar organizations*</th></tr>
<tr><td>0</td><td>500 or fewer concurrent users</td><td>50,000 or fewer members/patients</td></tr>
<tr><td>1</td><td>Between 501 and 1,500 concurrent users</td><td>Between 50,001 and 200,000 members/patients</td></tr>
<tr><td>2</td><td>Between 1,501 and 4,000 concurrent users</td><td>Between 200,001 and 500,000 members/patients</td></tr>
<tr><td>3</td><td>Between 4,001 and 10,000 concurrent users</td><td>Between 500,001 and 2,000,000 members/patients</td></tr>
<tr><td>4</td><td>More than 10,000 concurrent users</td><td>More than 2,000,000 members/patients</td></tr>
</table>

* Except those instances also used by healthcare organizations in providing care, in which case the left column applies.</td>
<td>Use of FHIR APIs is licensed to organizations that use Epic software under an open.epic API Subscription Agreement.

FHIR API specifications, a testing sandbox, and terms of use are available on open.epic.

Epic offers additional app developer services and materials through programs such as Vendor Services.

Client applications using FHIR APIs require a client identifier to connect.

We offer two options for client identifier creation.
1. Developers or healthcare organizations using FHIR APIs can create a client identifier at open.epic.
2. Developers or healthcare organizations participating in Vendor Services can also create an identifier through the Vendor Services website.

Interoperable exchange of data involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.</td>
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	For customers that would like to use only a subset of the FHIR R4 APIs described above, Epic offers those APIs a la carte. The cost per year per production instance for using a single Level 1 API (including if part of a Level 1 API group) for tier 0 instances is $300; for tier 1 instances is $500; for tier 2 instances is $900; for tier 3 instances is $1,700; and for tier 4 instances is $2,750. The cost per year per production instance for using multiple APIs in a specific Level 1 Group for tier 0 instances is $600; for tier 1 instances is $1,000; for tier 2 instances is $1,800; for tier 3 instances is $3,400; and for tier 4 instances is $5,500.The cost per year per production instance for using a single Level 2 API (including if part of a Level 2 API group) for tier 0 instances is $600; for tier 1 instances is $1,000; for tier 2 instances is $1,800; for tier 3 instances is $3,400; and for tier 4 instances is $5,500. The cost per year per production instance for using multiple APIs in a specific Level 2 Group for tier 0 instances is $1,200; for tier 1 instances is $2,000; for tier 2 instances is $3,600; for tier 3 instances is $6,800; and for tier 4 instances is $11,000. The classification of API levels can be found on each specification on the fhir.epic.com site. The total cost for use of the above FHIR R4 APIs per year per production instance is capped for tier 0 instances at $4,500; for tier 1 instances at $8,500; for tier 2 instances at $16,000; for tier 3 instances at $29,000; and for tier 4 instances at $47,000. Use of other FHIR APIs is available to organizations for an annual subscription cost. Epic provides an implementation estimate of time and an hourly rate covering our services during installation.	

Interfaces Criteria applicable to Interfaces: b3, f1, f2, f3, f4, f5, f6, f7 Certified bundles including or relying on Bridges: • EpicCare Inpatient Base • EpicCare Ambulatory Base • Beacon Cancer Registry Reporting • Beaker Reportable Labs Reporting • Infection Control Antimicrobial Use and Resistance Reporting Epic has a library of standard interfaces for connecting with other systems. These include interfaces for sending clinical data to registries and agencies for immunization, cancer, and public health. Among our standard interfaces are the following: • E-Prescribing Interfaces (Outgoing Medication Orders to Retail Pharmacies, Incoming Refill Requests from Retail Pharmacies, Outgoing Medication Dispense History Query) • Incoming Ancillary Results/Orders • Outgoing Lab Results • Vaccination Interfaces (Outgoing Vaccination Administration, Outgoing Vaccination History Query) • Outgoing Syndromic Data • Outgoing Clinical Results • Outgoing Cancer Reporting Interface • Incoming QRDA Documents Interface • Outgoing Initial Public Health Case Reporting Interface • Outgoing National Healthcare Surveys Interface • FHIR Observation (DICOM Image Characteristics)	Organizations have a choice between two options for purchasing interfaces. They may choose between a one-time software license fee, with an annual maintenance fee (which includes support and upgrades) or an annual subscription fee that has the license fee built in (and also includes support and upgrades). There may also be implementation fees associated with either option. Organizations paying annual maintenance or subscription are provided with special updates and upgrades without additional licensing costs. The fees are based on the number of interfaces a client has. If the client adds new interfaces it may need to expand its license. License fees for immunization interfaces connected to a public health registry are waived. Interfaces are built to industry standards and implementation guides. Additional development required by a particular third-party system (such as a particular state's registry) that has customized requirements will be charged. Use of interface/data connector units assumes use of an interface engine. If an interface engine is not used, additional fees may apply. Based on the scope of a client's project and the software selected, we provide an implementation estimate covering our hourly services during installation.	Interface specifications are available on open.epic. Some data exchange networks or registries assess fees or require an additional testing/certification process (for either Epic or the organization or both) before a healthcare organization is able to connect. For clients who use the Surescripts e-prescribing network, we have pursued certification with Surescripts to support use of their network with our EHR, details can be found on the Surescripts website: https://surescripts.com/network-connections/prescriber-software/ e-Prescribing interfaces could be installed directly to a pharmacy/PBM but almost always connect through a pharmacy network. Exchange of data often includes mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.
Shared Features of Hyperspace Criteria applicable to Hyperspace: a1, a2, a3, a4, a5, a12, a14, b1, b2, b3, b10, b11, c1, c2, c3, d1, d2, d3, d4, d5, d6, d7, d8, d9, d12, d13, e1, e3, f1, f2, f3, f4, f5, f6, f7, g2, g3, g4, g5, g6, g7, g9, g10, h1 Certified bundles including or relying on Hyperspace: • EpicCare Inpatient Base • EpicCare Ambulatory Base • Beacon Cancer Registry Reporting • Beaker Reportable Labs Reporting • Infection Control Antimicrobial Use and Resistance Reporting	Included with applicable application licenses. **Data conversions** *Incoming:* Data conversion services are available at an additional cost based on the data a client needs to bring in and the interfacing/integration capabilities of the existing software. We typically include an initial data conversion estimate in our pricing proposals. *Outgoing:* Clients can export industry-standard patient information (CCDAs) at any point, without charge.	**No advertising or data sales** Epic never places advertisements in the software or sells data. Epic does not have any collections-based revenue contracts.

When a user logs into Epic's system by authenticating his identity, access controls assigned to that user determine which actions the user is permitted to perform. Epic's system audits users' accesses to patients' charts, and the audit trail is reportable. Healthcare organizations control configuration and role-based access for providers, support staff, and patients. Security controls in Epic's system include an inactivity lockout. Break-the-Glass functionality permits an identified set of users to gain emergency access to a patient's chart.	Infrastructure For the hardware infrastructure, clients have the option of using Epic Hosting's services for core elements, their equipment should they wish to host the system internally, or working with a third-party host. Epic's software is compatible with a wide variety of virtualization, server, and presentation-layer technologies. Epic does not resell hardware, but our staff are happy to help users perform an analysis to determine whether a client's existing equipment is suitable or whether they would prefer to upgrade their hardware with the hardware/equipment vendor(s) of their choosing. Local regulatory requests If a state or region has specific regulations or certifications for health information technology, the work to meet these requirements will be divided between clients in that region.	

EpicCare Ambulatory Base

EpicCare Ambulatory, MyChart, reporting tools such as Reporting Workbench and Radar, e-prescribing interfaces (Outgoing Medication Orders to Retail Pharmacies, Incoming Refill Requests from Retail Pharmacies, Outgoing Medication Dispense History Query), vaccination interfaces (Outgoing Vaccination Administration, Outgoing Vaccination History Query), Incoming QRDA Documents Interface, USCDI FHIR APIs, EHI Export (HIM Release of Information for EHI Export Use or Health Information Management – Release of Information), Cognitive Computing, Outgoing Syndromic Data Interface, Outgoing National Healthcare Surveys Interface and Outgoing Initial Public Health Case Report Interface.

This Health IT Module is compliant with the ONC Certification Criteria for Health IT 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.

Version	Date Certified	Product Identifier
August 2026	8/31/26	15.04.04.1447.Epic.AM.38.1.260831
May 2026	5/15/26	15.04.04.1447.Epic.AM.37.1.260515
February 2026	3/20/26	15.04.04.1447.Epic.AM.36.1.260320
November 2025	12/1/25	15.04.04.1447.Epic.AM.35.1.251201
August 2025	8/25/25	15.04.04.1447.Epic.AM.34.1.250825
May 2025	6/9/25	15.04.04.1447.Epic.AM.33.1.250609
February 2025	2/20/25	15.04.04.1447.Epic.AM.32.1.250220

Criteria Certified

- **170.315(a)(1)** Computerized provider order entry (CPOE) – medications
- **170.315(a)(2)** CPOE – laboratory
- **170.315(a)(3)** CPOE – diagnostic imaging
- **170.315(a)(4)** Drug-drug, drug-allergy interaction checks for CPOE
- **170.315(a)(5)** Demographics
- **170.315(a)(12)** Family health history
- **170.315(a)(14)** Implantable device list
- **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)(10)** Electronic Health Information Export
- **170.315(b)(11)** Decision support interventions
- **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
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- **170.315(d)(9)** Trusted connection
- **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)(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)(5)** Transmission to Public Health Agencies - Electronic Case Reporting
- **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 system management
- **170.315(g)(5)** Accessibility-centered design
- **170.315(g)(6)** Consolidated CDA creation performance
- **170.315(g)(7)** Application access – patient selection
- **170.315(g)(9)** Application access – all data request
- **170.315(g)(10)** Standardized API for patient and population services
- **170.315(h)(1)** Direct Project

Clinical Quality Measures Certified:

This table lists the most recent version of clinical quality measures (CQM) available for each Epic version, assuming clients are current with updates from Epic. An empty cell means that CQM is not certified in that particular Epic version.

Clinical Quality Measure	**Feb 2025**	**May 2025**	**Aug 2025**	**Nov 2025**	**Feb 2026**	**May 2026**	**Aug 2026**
CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS50 Closing the Referral Loop: Receipt of Specialist Report	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS56 Functional Status Assessment for Total Hip Replacement	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS68 Documentation of Current Medications in the Medical Record	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS69 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS74 Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS75 Children Who Have Dental Decay or Cavities	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS90 Functional Status Assessment for Congestive Heart Failure	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS117 Childhood Immunization Status	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS122 Diabetes: Hemoglobin A1c Poor Control	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS124 Cervical Cancer Screening	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS125 Breast Cancer Screening	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS128 Anti-depressant Medication Management	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS129 Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS130 Colorectal Cancer Screening	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS131 Diabetes: Eye Exam	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS133 Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS135 Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS136 ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**

Clinical Quality Measure	Feb 2025	May 2025	Aug 2025	Nov 2025	Feb 2026	May 2026	Aug 2026
CMS137 Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS138 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS139 Falls: Screening for Future Fall Risk	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS142 Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS143 Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS144 Heart Failure (HF): BetaBlocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS145 Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS146 Appropriate Testing for Children with Pharyngitis	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS149 Dementia: Cognitive Assessment	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS153 Chlamydia Screening for Women	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS154 Appropriate Treatment for Children with Upper Respiratory Infection (URI)	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS155 Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS156 Use of High-Risk Medications in the Elderly	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS157 Oncology: Medical and Radiation - Pain Intensity Quantified	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS159 Depression Remission at Twelve Months	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS165 Controlling High Blood Pressure	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS177 Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS347 Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	**v8**	**v8**	**v8**	**v8**	**v9**	**v9**	**v9**
CMS349 HIV Screening	**v7**	**v7**	**v7**	**v7**	**v8**	**v8**	**v8**
CMS645 Bone density evaluation for patients with prostate cancer and receiving androgen deprivation therapy					**v9**	**v9**	**v9**
CMS771 International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	**v6**	**v6**	**v6**	**v6**	**v7**	**v7**	**v7**
CMS951 Kidney Health Evaluation	**v3**	**v3**	**v3**	**v3**	**v4**	**v4**	**v4**

Additional Software for Demonstration

For questions about versioning for additional software, consult the documentation available on Galaxy or talk with your Epic representative.

Additional Software	Associated Criteria	Specific Functionality Provided
InterSystems IRIS	a1-5, a12, a14, b1-3, b10-11, c1-3, d1-9, d12-13, e1, e3, f1-2, f5, f7, g2-3, g6-7, g9-10, h1	Database
Postfix	e1, h1	Email Gateway

Ntpd or Chrony	d2-3, e1	NTP Software
Microsoft IIS	a1-5, a12, a14, b1-3, b10-11, c1-3, d1-9, d12-13, e1, e3, f1-2, f5, f7, g2-3, g6-7, g9-10, h1	Web Server
NLM API	a14	NLM API

Standards Updates

Beginning with the May 2024 version, EpicCare Ambulatory Base was tested using the following updated standards for the § 170.315 (b)(1), (b)(2), (e)(1), and (g)(9) criteria:

- United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3
- HL7® CDA® R2 Implementation Guide: C-CDA Templates for Clinical Notes STU Companion Guide, Release 4.1 - US Realm

Beginning with the November 2023 version, EpicCare Ambulatory Base was tested using the following updated standards for the § 170.315 (e)(1) criterion:

- Web Content Accessibility Guidelines (WCAG) 2.1, Level AA Conformance

Beginning with the August 2024 version, EpicCare Ambulatory Base was tested using the following updated standards for the § 170.315 (g)(10) criterion:

- United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3
- HL7® FHIR® US Core Implementation Guide STU 6.1.0

EpicCare Inpatient Base

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August 2025	8/25/25	15.04.04.1447.Epic.IN.35.1.250825
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CMS71 Anticoagulation Therapy for Atrial Fibrillation/Flutter	**v14**	**v14**	**v14**	**v14**	**v15**	**v15**	**v15**
CMS72 Antithrombotic Therapy By End of Hospital Day Two	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS104 Discharged on Antithrombotic Therapy	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS108 Venous Thromboembolism Prophylaxis	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS190 Intensive Care Unit Venous Thromboembolism Prophylaxis	**v13**	**v13**	**v13**	**v13**	**v14**	**v14**	**v14**
CMS334 Cesarean Birth	**v6**	**v6**	**v6**	**v6**	**v7**	**v7**	**v7**
CMS506 Safe Use of Opioids- Concurrent Prescribing	**v7**	**v7**	**v7**	**v7**	**v8**	**v8**	**v8**
CMS529 Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data	**v5**	**v5**	**v5**	**v5**	**v6**	**v6**	**v6**
CMS816 Hospital Harm - Severe Hypoglycemia	**v4**	**v4**	**v4**	**v4**	**v5**	**v5**	**v5**
CMS819 Hospital Harm - Opioid-Related Adverse Events	**v3**	**v3**	**v3**	**v3**	**v4**	**v4**	**v4**
CMS826 Hospital Harm - Pressure Injury	**v2**	**v2**	**v2**	**v2**	**v3**	**v3**	**v3**
CMS832 Hospital Harm - Acute Kidney Injury	**v2**	**v2**	**v2**	**v2**	**v3**	**v3**	**v3**
CMS844 Core Clinical Data Elements for the Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM)	**v5**	**v5**	**v5**	**v5**	**v6**	**v6**	**v6**
CMS871 Hospital Harm - Severe Hyperglycemia	**v4**	**v4**	**v4**	**v4**	**v5**	**v5**	**v5**
CMS986 Global Malnutrition Composite Score	**v3**	**v3**	**v3**	**v3**	**v4**	**v4**	**v4**
CMS996 Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED)	**v5**	**v5**	**v5**	**v5**	**v6**	**v6**	**v6**
CMS1017 Hospital Harm - Falls with Injury					**v2**	**v2**	**v2**
CMS1028 Severe Obstetric Complications	**v3**	**v3**	**v3**	**v3**	**v4**	**v4**	**v4**
CMS1074 Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility IQR)	**v2**	**v2**	**v2**	**v2**	**v3**	**v3**	**v3**
CMS 1206 Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Facility OQR)	**v2**	**v2**	**v2**	**v2**	**v3**	**v3**	**v3**
CMS1218 Hospital Harm - Postoperative Respiratory Failure					**v2**	**v2**	**v2**

Additional Software for Demonstration

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Additional Software	Associated Criteria	Specific Functionality Provided
InterSystems IRIS	a1-5, a12, a14, b1-3, b10-11, c1-3, d1-9, d12-13, e1, e3, f1-2, f5, f7, g2-3, g6-7, g9-10, h1	Database
Postfix	e1, h1	Email Gateway
Ntpd or Chrony	d2-3, e1	NTP Software
Microsoft IIS	a1-5, a12, a14, b1-3, b10-11, c1-3, d1-9, d12-13, e1, e3, f1-2, f5, f7, g2-3, g6-7, g9-10, h1	Web Server
NLM API	a14	NLM API

Standards Updates

Beginning with the May 2024 version, EpicCare Inpatient Base was tested using the following updated standards for the § 170.315 (b)(1), (b)(2), (e)(1), and (g)(9) criteria:

- United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3
- HL7® CDA® R2 Implementation Guide: C-CDA Templates for Clinical Notes STU Companion Guide, Release 4.1 - US Realm

Beginning with the November 2023 version, EpicCare Inpatient Base was tested using the following updated standards for the § 170.315 (e)(1) criterion:

- Web Content Accessibility Guidelines (WCAG) 2.1, Level AA Conformance

Beginning with the August 2024 version, EpicCare Inpatient Base was tested using the following updated standards for the § 170.315 (g)(10) criterion:

- United States Core Data for Interoperability (USCDI), October 2022 Errata, Version 3
- HL7® FHIR® US Core Implementation Guide STU 6.1.0

Beacon Cancer Registry Reporting

Beacon and Bridges (Outgoing Cancer Reporting Interface)

This Health IT Module is compliant with the ONC Certification Criteria for Health IT 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.

Version	Date Certified	Product Identifier
August 2026	8/31/26	15.04.04.1447.Beac.26.33.1.260831
May 2026	5/12/26	15.04.04.1447.Beac.26.32.1.260512
February 2026	3/20/26	15.04.04.1447.Beac.26.31.1.260320
November 2025	11/7/25	15.04.04.1447.Beac.25.30.1.251107
August 2025	8/25/25	15.04.04.1447.Beac.25.29.1.250825
May 2025	5/27/25	15.04.04.1447.Beac.25.28.1.250527
February 2025	2/13/25	15.04.04.1447.Beac.25.27.1.250213

Criteria Certified

- **170.315(b)(10)** Electronic Health Information Export
- **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)(7)** End-User Device Encryption
- **170.315(d)(12)** Encrypt Authentication Credentials
- **170.315(d)(13)** Multi-Factor Authentication
- **170.315(f)(4)** Transmission to Cancer Registries
- **170.315(g)(4)** Quality Management System
- **170.315(g)(5)** Accessibility-Centered Design

Clinical Quality Measures Certified

None

Additional Software for Demonstration

For questions about versioning for additional software, consult the documentation available on Galaxy or talk with your Epic representative.

Additional Software	**Associated Criteria**	**Specific Functionality Provided**
EpicCare Ambulatory Base	b10, d1-3, d7, d12-d13, f4, g4-5	EHR
AJCC 8th Edition Cancer Staging Forms	f4	AJCC Cancer Staging Forms

Beaker Reportable Labs Reporting

Beaker Clinical Laboratory and Bridges (Outgoing Results and Orders Interface)

This Health IT Module is compliant with the ONC Certification Criteria for Health IT 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.

Version	Date Certified	Product Identifier
August 2026	8/31/26	15.04.04.1447.Beak.26.32.1.260831
May 2026	5/12/26	15.04.04.1447.Beak.26.31.1.260512
February 2026	3/20/26	15.04.04.1447.Beak.25.30.1.260320
November 2025	11/7/25	15.04.04.1447.Beak.25.29.1.251107
August 2025	8/25/25	15.04.04.1447.Beak.25.28.1.250825
May 2025	5/29/25	15.04.04.1447.Beak.25.27.1.250529
February 2025	2/14/25	15.04.04.1447.Beak.25.26.1.250214

Criteria Certified

- **170.315(b)(10)** Electronic Health Information Export
- **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)(7)** End-User Device Encryption
- **170.315(d)(12)** Encrypt Authentication Credentials
- **170.315(d)(13)** Multi-Factor Authentication
- **170.315(f)(3)** Transmission to public health agencies – reportable laboratory tests and value/results
- **170.315(g)(4)** Quality Management System
- **170.315(g)(5)** Accessibility-Centered Design

Clinical Quality Measures Certified

None

Additional Software for Demonstration

For questions about versioning for additional software, consult the documentation available on Galaxy or talk with your Epic representative.

Additional Software	Associated Criteria	Specific Functionality Provided
EpicCare Inpatient Base	b10, d1-3, d7, d12-d13, f3, g4-5	EHR

Infection Control Antimicrobial Use and Resistance Reporting

Bugsy Infection Control

This Health IT Module is compliant with the ONC Certification Criteria for Health IT 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.

Version	Date Certified	Product Identifier
August 2026	8/31/26	15.04.04.1447.Infe.26.31.1.260831
May 2026	5/12/26	15.04.04.1447.Infe.26.30.1.260512
February 2026	3/20/26	15.04.04.1447.Infe.26.29.1.260320
November 2025	11/7/25	15.04.04.1447.Infe.25.28.1.251107
August 2025	8/25/25	15.04.04.1447.Infe.25.27.1.250825
May 2025	5/27/25	15.04.04.1447.Infe.25.26.1.250527
February 2025	2/14/25	15.04.04.1447.Infe.25.25.1.250214

Criteria Certified

- **170.315(b)(10)** Electronic Health Information Export
- **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)(7)** End-User Device Encryption
- **170.315(d)(12)** Encrypt Authentication Credentials
- **170.315(d)(13)** Multi-Factor Authentication
- **170.315(f)(6)** Transmission to public health agencies – antimicrobial use and resistance reporting
- **170.315(g)(4)** Quality Management System
- **170.315(g)(5)** Accessibility-Centered Design

Clinical Quality Measures Certified

None

Additional Software for Demonstration

For questions about versioning for additional software, consult the documentation available on Galaxy or talk with your Epic representative.

Additional Software	Associated Criteria	Specific Functionality Provided
EpicCare Inpatient Base	b10, d1-3, d7, d12-13, f6, g4-5	EHR

Standards Updates

Beginning with the February 2023 version, the Infection Control Antimicrobial Use and Resistance Reporting module was tested using the following SVAP guidance:

- For (i) “HAI Antimicrobial Use and Resistance (AUR) Antimicrobial Resistance Option (ARO) Report (Numerator)...”: Use the SVAP-approved standard “HL7® CDA® R2 Implementation Guide: Healthcare Associated Infection (HAI) Reports, Release 3 - US Realm, December 2020”
- For (ii) “Antimicrobial Resistance Option (ARO) Summary Report (Denominator)…": Use the SVAP-approved standard “HL7® CDA® R2 Implementation Guide: Healthcare Associated Infection (HAI) Reports, Release 3 - US Realm, December 2020”
- For (iii) “Antimicrobial Use (AUP) Summary Report (Numerator and Denominator)”: Continue to use the base standard adopted at 170.205(r)(1) “Health Level 7 (HL7®) Implementation Guide for CDA® Release 2 – Level 3: Healthcare Associated Infection (HAI) Reports, Release 1, U.S. Realm, August 2013”

Archived Certifications

These rows were previously listed on the CHPL and we requested they be removed:

Product	Version	Date Certified	Product Identifier	Reason Removed
Beacon Cancer Registry Reporting	February 2024	2/9/24	15.04.04.1447.Beac.24.23.1.240209	Older version.
Beacon Cancer Registry Reporting	May 2024	6/5/24	15.04.04.1447.Beac.24.24.1.240605	Older version.
Beacon Cancer Registry Reporting	August 2024	8/26/24	15.04.04.1447.Beac.24.25.1.240826	Older version.
Beacon Cancer Registry Reporting	November 2024	12/27/24	15.04.04.1447.Beac.24.26.1.241227	Older version.
Beaker Reportable Labs Reporting	February 2024	2/9/24	15.04.04.1447.Beak.24.22.1.240209	Older version.
Beaker Reportable Labs Reporting	May 2024	6/5/24	15.04.04.1447.Beak.24.23.1.240605	Older version.
Beaker Reportable Labs Reporting	August 2024	8/26/24	15.04.04.1447.Beak.24.24.1.240826	Older version.
Beaker Reportable Labs Reporting	November 2024	12/27/24	15.04.04.1447.Beak.24.25.1.241227	Older version.
Electronic Case Reporting	February 2024	2/9/24	15.04.04.1447.Elec.24.23.1.240209	Older version.
EpicCare Ambulatory Base	February 2024	3/11/24	15.04.04.1447.Epic.AM.28.1.240311	Older version.
EpicCare Ambulatory Base	May 2024	6/7/24	15.04.04.1447.Epic.AM.29.1.240607	Older version.
EpicCare Ambulatory Base	August 2024	8/26/24	15.04.04.1447.Epic.AM.30.1.240826	Older version.
EpicCare Ambulatory Base	November 2024	12/20/24	15.04.04.1447.Epic.AM.31.1.241220	Older version.
EpicCare Inpatient Base	February 2024	2/28/24	15.04.04.1447.Epic.IN.29.1.240228	Older version.
EpicCare Inpatient Base	May 2024	6/6/24	15.04.04.1447.Epic.IN.30.1.240606	Older version.
EpicCare Inpatient Base	August 2024	8/26/24	15.04.04.1447.Epic.IN.31.1.240826	Older version.
EpicCare Inpatient Base	November 2024	12/20/24	15.04.04.1447.Epic.IN.32.1.241220	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	February 2024	2/9/24	15.04.04.1447.Infe.24.21.1.240209	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	May 2024	6/5/24	15.04.04.1447.Infe.24.22.1.240605	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	August 2024	8/26/24	15.04.04.1447.Infe.24.23.1.240826	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	November 2024	12/27/24	15.04.04.1447.Infe.24.24.1.241227	Older version.
Beacon Cancer Registry Reporting	February 2023	3/8/23	15.04.04.1447.Beac.23.19.1.230308	Older version.
Beacon Cancer Registry Reporting	May 2023	5/30/23	15.04.04.1447.Beac.23.20.1.230530	Older version.
Beacon Cancer Registry Reporting	August 2023	8/30/23	15.04.04.1447.Beac.23.21.1.230830	Older version.
Beacon Cancer Registry Reporting	November 2023	12/28/23	15.04.04.1447.Beac.23.22.1.231228	Older version.
Beaker Reportable Labs Reporting	February 2023	3/8/23	15.04.04.1447.Beak.23.18.1.230308	Older version.
Beaker Reportable Labs Reporting	May 2023	5/30/23	15.04.04.1447.Beak.23.19.1.230530	Older version.
Beaker Reportable Labs Reporting	August 2023	8/30/23	15.04.04.1447.Beak.23.20.1.230830	Older version.

Product	Version	Date Certified	Product Identifier	Reason Removed
Beaker Reportable Labs Reporting	November 2023	12/28/23	15.04.04.1447.Beak.23.21.1.231228	Older version.
Electronic Case Reporting	February 2023	3/8/23	15.04.04.1447.Elec.22.19.1.230308	Older version.
Electronic Case Reporting	May 2023	6/21/23	15.04.04.1447.Elec.22.20.1.230621	Older version.
Electronic Case Reporting	August 2023	8/30/23	15.04.04.1447.Elec.22.21.1.230830	Older version.
Electronic Case Reporting	November 2023	11/17/23	15.04.04.1447.Elec.23.22.1.231117	Older version.
EpicCare Ambulatory Base	February 2023	3/8/23	15.04.04.1447.Epic.AM.24.1.230308	Older version.
EpicCare Ambulatory Base	May 2023	6/21/23	15.04.04.1447.Epic.AM.25.1.230621	Older version.
EpicCare Ambulatory Base	August 2023	9/8/23	15.04.04.1447.Epic.AM.26.1.230908	Older version.
EpicCare Ambulatory Base	November 2023	1/4/24	15.04.04.1447.Epic.AM.27.1.240104	Older version.
EpicCare Inpatient Base	February 2023	3/15/23	15.04.04.1447.Epic.IN.25.1.230315	Older version.
EpicCare Inpatient Base	May 2023	6/21/23	15.04.04.1447.Epic.IN.26.1.230621	Older version.
EpicCare Inpatient Base	August 2023	9/8/23	15.04.04.1447.Epic.IN.27.1.230908	Older version.
EpicCare Inpatient Base	November 2023	1/4/24	15.04.04.1447.Epic.IN.28.1.240104	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	February 2023	3/15/23	15.04.04.1447.Infe.23.17.1.230315	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	May 2023	5/30/23	15.04.04.1447.Infe.23.18.1.230530	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	August 2023	8/30/23	15.04.04.1447.Infe.23.19.1.230830	Older version.
Infection Control Antimicrobial Use and Resistance Reporting	November 2023	12/28/23	15.04.04.1447.Infe.23.20.1.231228	Older version.
National Healthcare Survey Reporting	February 2023	3/8/23	15.04.04.1447.Nati.23.12.1.230308	Older version.
National Healthcare Survey Reporting	May 2023	5/30/23	15.04.04.1447.Nati.23.13.1.230530	Older version.
National Healthcare Survey Reporting	August 2023	8/30/23	15.04.04.1447.Nati.23.14.1.230830	Older version.
Syndromic Surveillance Reporting	February 2023	3/8/23	15.04.04.1447.Synd.23.18.1.230308`	Older version.
Syndromic Surveillance Reporting	May 2023	5/30/23	15.04.04.1447.Synd.23.19.1.230530	Older version.
Syndromic Surveillance Reporting	August 2023	9/5/23	15.04.04.1447.Synd.23.20.1.230905	Older version.