ONC Health IT Certification Details

Including Cost and Limitations Disclosures

Information for Meaningful Use and other regulatory programs

April 8, 2019

Epic Systems Corporation
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Costs and Limitations
The following outlines expected investments, assuming standard contract terms and conditions.

Hosting Models and Hardware Investments

Epic clients are healthcare organizations and typically use Epic’s software under one of three license/hosting models:

- **Direct agreement, Epic hosted.** Software is licensed from Epic. Epic staff provide installation and ongoing support services. Software is hosted at Epic’s data center, and Epic staff manage the core infrastructure of the software: servers, network, storage, and backups.

- **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.

- **Connect Program.** Software is licensed from an Epic client. 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.

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 Epic major 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., CPT, NUBC, ICD-10/HCPS), provider friendly terminology content, report rendering tools, claims or eligibility clearinghouses, drug databases, and medical necessity checks.

There are also third-party systems, 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.
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 before the software goes live at the client’s site.

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. Install methodologies vary the complexity and configurability of an implementation with 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.

Starting with Epic 2018, organizations will be able to license a tailored version of Epic with a reduced enterprise application and feature scope. This product is called “Sonnet” and provides the benefits of an integrated EHR at a lower price point. It is designed for small hospitals with limited ancillary services, post-acute care facilities, small physician groups, and international organizations. Epic carefully analyzed what features are essential for ONC certification, and those features are included in both the Sonnet and comprehensive Epic applications. Going forward, these features are called “base” to signify that the certification applies to both the traditional and the new license model.

Versions and Upgrades

Prior to 2018, Epic traditionally provided software in versions released every twelve to eighteen months, for example:

- Epic 2010
- Epic 2012
- Epic 2014
- Epic 2015
- Epic 2017 (November 2016)
- Epic 2018 (February 2018)

Beginning in 2018, Epic began providing software upgrades quarterly, with releases approximately four times a year. Recent versions include:

- August 2018
- November 2018
- February 2019

Anticipated future versions include:

- May 2019
- August 2019
Upgrades are available without charge to organizations using Epic’s software as part of their annual maintenance.

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<tr>
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<tbody>
<tr>
<td>EpicCare Inpatient Clinical System</td>
<td>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.</td>
<td>Clients licensing EpicCare Inpatient agree to use it in hospital contexts.</td>
<td>Quality measure reporting involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.</td>
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<tr>
<td>2015 Edition criteria applicable to EpicCare Inpatient:</td>
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<tr>
<td>a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, b1, b2, b3, b6, c1, c2, c3, d1, d2, d3, d4, d5, d6, d7, d8, d9, e1, e2, e3, f1, f2, f5, g1, g2, g6, g7, g8, g9, h1</td>
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<tr>
<td>2015 Edition certified bundles including EpicCare Inpatient:</td>
<td>The base license fee and annual maintenance fee are based on a client’s volumes (e.g., annual inpatient days). 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.</td>
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<tr>
<td>• EpicCare Inpatient Base / EpicCare Inpatient EHR Suite</td>
<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>
<td>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.</td>
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<tr>
<td>• Beaker Reportable Labs Reporting</td>
<td></td>
<td>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.</td>
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<tr>
<td>• Infection Control Antimicrobial Use and Resistance Reporting</td>
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<tr>
<td>• Syndromic Surveillance Reporting</td>
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<tr>
<td>• Electronic Case Reporting</td>
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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.
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<td><strong>Infection Control</strong></td>
<td>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. 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>
<td>Infection Control is used in conjunction with EpicCare Inpatient.</td>
<td>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.</td>
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2015 Edition criteria applicable to Infection Control: f6

2015 Edition certified bundle including 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. The Epic 2017 and future versions of this module support 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.

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.

Infection Control is used in conjunction with EpicCare Inpatient.
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<td>ASAP Emergency Department &amp; Urgent Care</td>
<td>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. 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>
<td>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.</td>
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</table>
### EpicCare Ambulatory EMR

2015 Edition criteria applicable to EpicCare Ambulatory: a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, a15, b1, b2, b3, b6, b9, c1, c2, c3, c4, d1, d2, d3, d4, d5, d6, d7, d8, d9, e1, e2, e3, f1, f2, f4, f5, g2, g6, g7, g8, g9, h1

2015 Edition certified bundles including EpicCare Ambulatory:
- EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite
- Beacon Cancer Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case 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.

### Types of Costs or Fees and Additional Types of Costs or Fees

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<tr>
<td>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.</td>
<td>Clients licensing EpicCare Ambulatory agree to use it in ambulatory contexts.</td>
<td>Quality measure reporting involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.</td>
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<tr>
<td>The base license fee and annual maintenance fee are based on a client’s volumes (e.g., annual ambulatory visits). 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.</td>
<td>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.</td>
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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>
<td>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.</td>
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<td><strong>Beaker Laboratory Information System</strong></td>
<td>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.</td>
<td>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.</td>
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<tr>
<td>2015 Edition criteria applicable to Beaker: f3</td>
<td>The base license fee and annual maintenance fee are based on a client’s volumes.</td>
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<tr>
<td>2015 Edition certified bundle including Beaker:</td>
<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>• Beaker Reportable Labs Reporting</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Care Everywhere</td>
<td>The ability to exchange patient records for patient care with other organizations (including those using Epic or a different EMR) via Care Everywhere is included with the purchase of EpicCare Inpatient or EpicCare Ambulatory.</td>
<td>Clients participating in exchange agree to do so in accordance with the Care Everywhere Rules of the Road. Exchange must occur in accordance with HIPAA requirements.</td>
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<td>A client may incur additional costs if it needs to connect with an EHR that does not meet national interoperability standards.</td>
<td>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.</td>
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<td>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.</td>
<td>We provide an implementation estimate of time and an hourly rate covering our services during installation of a connection with another system. Epic software has been approved as a Qualified Technology Solution by the eHealth Exchange to reduce the individual site testing and costs. Care Everywhere is fully compatible with and connected to the Carequality network of networks.</td>
</tr>
</tbody>
</table>

2015 Edition criteria applicable to Care Everywhere: b1, b2, b6, d8, e1, g6, g9, h1

2015 Edition certified bundles including Care Everywhere:
- EpicCare Inpatient Base / EpicCare Inpatient EHR Suite
- EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite

Care Everywhere, Epic’s interoperability platform, enables data portability and supports transitions of care 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 via Care Everywhere is available directly within clinicians’ workflows and can be used for real-time clinical decision support and analytics.
## MyChart Shared Patient Record

**2015 Edition criteria applicable to MyChart:** a13, e1, e2, e3, g2, g7, g8, g9

**2015 Edition certified bundles including MyChart:**
- EpicCare Inpatient Base / EpicCare Inpatient EHR Suite
- EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite

MyChart Shared Patient Record 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.

### Types of Costs or Fees and Limitations

**Types of Costs or Fees**

Subscription fees are based on the number of patient records accessed in MyChart each year. 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 licenses. Mobile libraries are separately licensed and fees apply if rebranding services are requested. Use of telemedicine features requires video conferencing infrastructure.

**Limitations**

- Use of mobile libraries 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 mobile MyChart application, they also accept Epic’s terms and conditions when downloading the application.

### Cadence Enterprise Scheduling

**2015 Edition criteria applicable to Cadence:** f2

**2015 Edition certified bundle including Cadence:**
- Syndromic Surveillance Reporting

Cadence Enterprise Scheduling makes it easy for users to schedule visits and procedures while providing advanced tools that help improve patient services, keep appropriate slots open, and make the most efficient use of staff and other resources.

### Types of Costs or Fees and Limitations

**Types of Costs or Fees**

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.

**Limitations**

- The base license fee and annual maintenance fee are 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.
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<td><strong>Cogito ergo sum Analytics</strong></td>
<td>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.</td>
<td>Reporting often includes mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.</td>
<td>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.</td>
</tr>
<tr>
<td>2015 Edition criteria applicable to Cogito: g2</td>
<td><strong>EpicCare Inpatient Base / EpicCare Inpatient EHR Suite</strong>&lt;br&gt;<strong>EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite</strong></td>
<td>The base license fee and annual maintenance fee are based on a client’s volumes.</td>
<td>Report processing is often configured by administrative system users; such generation does not require involvement of Epic staff.</td>
</tr>
<tr>
<td>2015 Edition certified bundles including Cogito:</td>
<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>
<td>Some reporting content and data analytics tools are separately licensed.</td>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
</tr>
<tr>
<td>Epic’s Cogito ergo sum Analytics supports analytics and automated measure calculation using a number of tools:</td>
<td>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.</td>
<td>Based on 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>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.</td>
<td>The base license fee and annual maintenance fee are based on a client’s volumes.</td>
<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>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
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<tr>
<td>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.</td>
<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>
<td>Some reporting content and data analytics tools are separately licensed.</td>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
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<tr>
<td>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.</td>
<td>Some reporting content and data analytics tools are separately licensed.</td>
<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>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
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<tr>
<td>2015 Edition criteria applicable to Beacon: f4</td>
<td>The base license fee and annual maintenance fee are based on a client’s volumes.</td>
<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>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
</tr>
<tr>
<td>2015 Edition certified bundle including Beacon:</td>
<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>
<td></td>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
</tr>
<tr>
<td><strong>Beacon Cancer Registry Reporting</strong></td>
<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>
<td></td>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
</tr>
<tr>
<td>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.</td>
<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>
<td></td>
<td><strong>Beacon Oncology System</strong>&lt;br&gt;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.</td>
</tr>
<tr>
<td>Capability and Description</td>
<td>Types of Costs or Fees and Additional Types of Costs or Fees</td>
<td>Limitations (Contractual / Business Practices)</td>
<td>Limitations (Technical / Practical)</td>
</tr>
<tr>
<td>---------------------------</td>
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<tr>
<td><strong>FHIR Services</strong></td>
<td>Patient-facing FHIR APIs required for certification are included in MyChart licensing and do not require a separate agreement or cost.</td>
<td>Public API specifications, terms of use, and development guidelines are available on open.epic. Developers working with an Epic community member on other integrations will receive access and specifications through an agreement with Epic or through the App Orchard program.</td>
<td>Client applications using the service for API calls require an identifier to connect.</td>
</tr>
<tr>
<td>2015 Edition criteria applicable to Web Services: g7, g8, g9</td>
<td>In general, web services subscriptions other than the patient-facing FHIR APIs required for certification (including software licensing and maintenance) are usage based. Usage is determined by the number of connected applications, APIs used, and volume of calls. In some cases, APIs are licensed by third party vendors for use in their products. Epic provides an implementation estimate of time and an hourly rate covering our services during installation.</td>
<td></td>
<td>We offer multiple options for client identifier creation.</td>
</tr>
<tr>
<td>2015 Edition certified bundles including Web Services:</td>
<td></td>
<td></td>
<td>1. Vendors or healthcare organizations creating patient-facing applications using the APIs identified in ONC 2015 Edition certification can create an identifier on open.epic.</td>
</tr>
<tr>
<td>• EpicCare Inpatient Base / EpicCare Inpatient EHR Suite</td>
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<td>2. Vendors or healthcare organizations creating provider-facing applications or patient-facing applications that exceed the scope of ONC 2015 Edition certification can work with an Epic community member or through the App Orchard program.</td>
</tr>
<tr>
<td>• EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite</td>
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<td></td>
<td>Interoperable exchange of data involves mapping data in Epic to standard terminologies (e.g., CVX, SNOMED, LOINC), which may have their own licenses.</td>
</tr>
<tr>
<td>Standards-based FHIR APIs can be deployed by an organization to allow organizations to exchange clinical data with provider- and patient-facing applications.</td>
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<tr>
<td>Interfaces</td>
<td>Types of Costs or Fees and Additional Types of Costs or Fees</td>
<td>Limitations (Contractual / Business Practices)</td>
<td>Limitations (Technical / Practical)</td>
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<tr>
<td>2015 Edition criteria applicable to Interfaces: b3, f1, f2, f3, f4, f5, f6</td>
<td>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 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. Based on the scope of a client’s project and the software selected, we provide an implementation estimate covering our hourly services during installation.</td>
<td>Interface specifications are available on <a href="https://open.epic">open.epic</a>. 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: <a href="https://surescripts.com/network-connections/prescriber-software/">https://surescripts.com/network-connections/prescriber-software/</a></td>
<td>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.</td>
</tr>
<tr>
<td>2015 Edition certified bundles including Bridges:</td>
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<tr>
<td>• EpicCare Inpatient Base / EpicCare Inpatient EHR Suite</td>
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<tr>
<td>• EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite</td>
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<tr>
<td>• Beacon Cancer Registry Reporting</td>
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<td>• Beaker Reportable Labs Reporting</td>
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<tr>
<td>• Infection Control Antimicrobial Use and Resistance Reporting</td>
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<tr>
<td>• Syndromic Surveillance Reporting</td>
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<tr>
<td>• Electronic Case Reporting</td>
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</table>

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
### Capability and Description

#### 2015 Edition Criteria applicable to Hyperspace:
- a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, b1, b2, b3, b6, c1, c2, c3, c4, d1, d2, d3, d4, d5, d6, d7, d8, d9, e1, e2, e3, f1, f2, f3, f4, f5, f6, g2, g6, g7, g8, g9, h1

#### 2015 Edition certified bundles including Hyperspace:
- EpicCare Inpatient Base / EpicCare Inpatient EHR Suite
- EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite
- Beacon Cancer Registry Reporting
- Beaker Reportable Labs Reporting
- Infection Control Antimicrobial Use and Resistance Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting

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.

#### Types of Costs or Fees and Additional Types of Costs or Fees

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.

#### Limitations (Contractual / Business Practices)

A license agreement covers access to the chosen applications in Epic for the client’s staff and affiliated clinical users. Access for other users (such as IT consultants) requires an additional agreement.

In the license agreement, Epic and the client agree to respect each other’s confidentiality, intellectual property, and freedom to innovate. Epic staff will treat the client’s information with appropriate confidentiality. The client’s staff will respect Epic’s intellectual property.

Healthcare data documented in Epic software is the responsibility of the client and Epic does not limit how the data is used.

#### Limitations (Technical / Practical)

**Infrastructure**

For the hardware infrastructure, clients have the option of using Epic’s hosting 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.

---

**Table:**

<table>
<thead>
<tr>
<th>Capability and Description</th>
<th>Types of Costs or Fees and Additional Types of Costs or Fees</th>
<th>Limitations (Contractual / Business Practices)</th>
<th>Limitations (Technical / Practical)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shared Features of Hyperspace</strong></td>
<td><strong>Included with applicable application licenses.</strong></td>
<td><strong>A license agreement covers access to the chosen applications in Epic for the client’s staff and affiliated clinical users. Access for other users (such as IT consultants) requires an additional agreement.</strong></td>
<td><strong>Infrastructure</strong> For the hardware infrastructure, clients have the option of using Epic’s hosting 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.</td>
</tr>
<tr>
<td><strong>2015 Edition Criteria applicable to Hyperspace:</strong> a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, b1, b2, b3, b6, c1, c2, c3, c4, d1, d2, d3, d4, d5, d6, d7, d8, d9, e1, e2, e3, f1, f2, f3, f4, f5, f6, g2, g6, g7, g8, g9, h1</td>
<td><strong>Data conversions</strong></td>
<td><strong>In the license agreement, Epic and the client agree to respect each other’s confidentiality, intellectual property, and freedom to innovate. Epic staff will treat the client’s information with appropriate confidentiality. The client’s staff will respect Epic’s intellectual property. Healthcare data documented in Epic software is the responsibility of the client and Epic does not limit how the data is used.</strong></td>
<td><strong>Limitations</strong> (Technical / Practical) For the hardware infrastructure, clients have the option of using Epic’s hosting 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.</td>
</tr>
<tr>
<td><strong>2015 Edition certified bundles including Hyperspace:</strong> EpicCare Inpatient Base / EpicCare Inpatient EHR Suite, EpicCare Ambulatory Base / EpicCare Ambulatory EHR Suite, Beacon Cancer Registry Reporting, Beaker Reportable Labs Reporting, Infection Control Antimicrobial Use and Resistance Reporting, Syndromic Surveillance Reporting, Electronic Case Reporting</td>
<td><strong>Outgoing:</strong> Clients can export industry-standard patient information (CCDAs) at any point, without charge.</td>
<td><strong>Local regulatory requests</strong> 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.</td>
<td><strong>No advertising or data sales</strong> Epic never places advertisements in the software or sells data. Epic does not have any collections-based revenue contracts.</td>
</tr>
</tbody>
</table>
2015 Edition

EpicCare Ambulatory EHR Suite and EpicCare Ambulatory Base

EpicCare Ambulatory, MyChart, Care Everywhere, 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 and FHIR services.

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Version</th>
<th>Date Certified</th>
<th>Product Identifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>EpicCare Ambulatory Base</td>
<td>February 2019</td>
<td>4/8/19</td>
<td>15.04.04.1447.Epic.AM.09.1.190408</td>
</tr>
<tr>
<td>EpicCare Ambulatory Base</td>
<td>November 2018</td>
<td>12/13/18</td>
<td>15.04.04.1447.Epic.AM.08.1.181213</td>
</tr>
<tr>
<td>EpicCare Ambulatory Base</td>
<td>August 2018</td>
<td>9/28/18</td>
<td>15.04.04.1447.Epic.AU.07.1.180927</td>
</tr>
<tr>
<td>EpicCare Ambulatory Base</td>
<td>Epic 2018</td>
<td>9/28/18</td>
<td>15.04.04.1447.Epic.18.07.1.180927</td>
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<td>EpicCare Ambulatory EHR Suite</td>
<td>Epic 2017</td>
<td>9/28/18</td>
<td>15.04.04.1447.Epic.17.06.1.180927</td>
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<td>EpicCare Ambulatory EHR Suite</td>
<td>Epic 2015</td>
<td>12/29/17</td>
<td>15.04.04.1447.Epic.AM.04.1.171229</td>
</tr>
</tbody>
</table>

Starting with Epic 2018, organizations will be able to license a tailored version of Epic with a reduced enterprise application and feature scope. This product is called “Sonnet” and provides the benefits of an integrated EHR at a lower price point. It is designed for small hospitals with limited ancillary services, post-acute care facilities, small physician groups, and international organizations. Epic carefully analyzed what features are essential for ONC certification, and those features are included in both the Sonnet and comprehensive Epic applications. Going forward, these features are called “base” to signify that the certification applies to both the traditional and the new license model.

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)(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 and preferred drug list 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(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(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(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)(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:

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. * means that CMS retired these CQMs starting in the 2017 reporting year. Certifications dated after September 2018 do not include these measures.

<table>
<thead>
<tr>
<th>Clinical Quality Measure</th>
<th>Epic 2015</th>
<th>Epic 2017</th>
<th>Epic 2018</th>
<th>August 2018</th>
<th>November 2018</th>
<th>February 2019</th>
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<tbody>
<tr>
<td>CMS2 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan</td>
<td>v5</td>
<td>v7</td>
<td>v7</td>
<td>v7</td>
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<tr>
<td>CMS22 Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented</td>
<td>v5</td>
<td>v5</td>
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<tr>
<td>CM550 Closing the Referral Loop: Receipt of Specialist Report</td>
<td>v5</td>
<td>v5</td>
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<tr>
<td>CM552 HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis</td>
<td>v5</td>
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<tr>
<td>CM556 Functional Status Assessment for Total Hip Replacement</td>
<td>v5</td>
<td>v5</td>
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<tr>
<td>CM561 Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed *</td>
<td>v5</td>
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<tr>
<td>CM562 HIV/AIDS: Medical Visit *</td>
<td>v4</td>
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<tr>
<td>CM565 Hypertension: Improvement in Blood Pressure</td>
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<tr>
<td>CM566 Functional Status Assessment for Knee Replacement</td>
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<tr>
<td>CM568 Documentation of Current Medications in the Medical Record</td>
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<tr>
<td>CM569 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan</td>
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<tr>
<td>CM574 Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists</td>
<td>v5</td>
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<td>CM575 Children Who Have Dental Decay or Cavities</td>
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<td>CM577 HIV/AIDS: RNA control for Patients with HIV*</td>
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<td>CMS Code</td>
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<tr>
<td>CMS82</td>
<td>Maternal Depression Screening</td>
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<tr>
<td>CMS90</td>
<td>Functional Status Assessment for Congestive Heart Failure</td>
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<tr>
<td>CMS117</td>
<td>Childhood Immunization Status</td>
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<tr>
<td>CMS122</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>v4</td>
<td>v6</td>
<td>v6</td>
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<tr>
<td>CMS123</td>
<td>Diabetes: Foot Exam</td>
<td>v4</td>
<td>v6</td>
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<tr>
<td>CMS124</td>
<td>Cervical Cancer Screening</td>
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<tr>
<td>CMS125</td>
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<tr>
<td>CMS126</td>
<td>Use of Appropriate Medications for Asthma*</td>
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<td>CMS127</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
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<td>v6</td>
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<td>CMS128</td>
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**Additional Software for Demonstration**

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EpicCare Inpatient EHR Suite and EpicCare Inpatient Base

EpicCare Inpatient, ASAP, MyChart, Care Everywhere, 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, and FHIR services.

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group 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.

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Starting with Epic 2018, organizations will be able to license a tailored version of Epic with a reduced enterprise application and feature scope. This product is called “Sonnet” and provides the benefits of an integrated EHR at a lower price point. It is designed for small hospitals with limited ancillary services, post-acute care facilities, small physician groups, and international organizations. Epic carefully analyzed what features are essential for ONC certification, and those features are included in both the Sonnet and comprehensive Epic applications. Going forward, these features are called “base” to signify that the certification applies to both the traditional and the new license model.

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)(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 and preferred drug list 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(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
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.

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Additional Software for Demonstration

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Beacon Cancer Registry Reporting
Beacon and Bridges (Outgoing Cancer Reporting Interface)

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Criteria Certified

- **170.315(d)(1)** Authentication, Access Control, Authorization (February 2019, November 2018, August 2018)
- **170.315(d)(2)** Auditable Events and Tamper-Resistance (February 2019, November 2018, August 2018)
- **170.315(d)(3)** Audit Report(s) (February 2019, November 2018, August 2018)
- **170.315(d)(7)** End-User Device Encryption (February 2019, November 2018, August 2018)
- **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

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Beaker Reportable Labs Reporting

Beaker Clinical Laboratory and Bridges (Outgoing Clinical Results Interface)

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group and/or ICSA Labs 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.

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Criteria Certified

- **170.315(d)(1)** Authentication, Access Control, Authorization ([February 2019, November 2018, August 2018]
- **170.315(d)(2)** Auditable Events and Tamper-Resistance ([February 2019, November 2018, August 2018]
- **170.315(d)(3)** Audit Report(s) ([February 2019, November 2018, August 2018]
- **170.315(d)(7)** End-User Device Encryption ([February 2019, November 2018, August 2018]
- **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.

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**Syndromic Surveillance Reporting**

*EpicCare Ambulatory EHR Suite or EpicCare Inpatient EHR Suite, Bridges (Outgoing Syndromic Data Interface), and at least one of: Cadence, ADT, or equivalent interface*

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group and/or ICSA Labs 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.

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**Criteria Certified**

- **170.315(d)(2)** Auditable Events and Tamper-Resistance *(February 2019, November 2018, August 2018, Epic 2018)*
- **170.315(d)(3)** Audit Report(s) *(February 2019, November 2018, August 2018, Epic 2018)*
- **170.315(d)(7)** End-User Device Encryption *(February 2019, November 2018, August 2018, Epic 2018)*
- **170.315(f)(2)** Transmission to public health agencies – syndromic surveillance
- **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.

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Infection Control Antimicrobial Use and Resistance Reporting

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group and/or ICSA Labs 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.

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Criteria Certified

- **170.315(d)(1)** Authentication, Access Control, Authorization (February 2019, November 2018, August 2018)
- **170.315(d)(2)** Auditable Events and Tamper-Resistance (February 2019, November 2018, August 2018)
- **170.315(d)(3)** Audit Report(s) (February 2019, November 2018, August 2018)
- **170.315(d)(7)** End-User Device Encryption (February 2019, November 2018, August 2018)
- **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.

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Electronic Case Reporting

EpicCare Ambulatory EHR Suite (or EpicCare Ambulatory Base) or EpicCare Inpatient EHR Suite (or EpicCare Inpatient Base), and Bridges (Outgoing Initial Public Health Case Reporting Interface)

This EHR Module is ONC 2015 Edition compliant and has been certified by Drummond Group 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.

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Criteria Certified

- 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(f)(5)  Transmission to Public Health Agencies - Electronic Case Reporting
- 170.315(g)(4)  Quality Management System
- 170.315(g)(5)  Accessibility-Centered Design

Clinical Quality Measures Certified

None

Additional Software for Demonstration

None
Archived Certifications
These rows were previously listed on the CHPL and we requested they be removed:

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