Costs of CGM CLINICAL 8.3			
Capability	Description of capability		Requirements Requirements of a technical or practical nature that a user may encounter that could prevent or impair the successful implementation, configuration, maintenance, support or use of the capability -OR-prevent or limit the use, exchange or portability of any data generated in the course of using the capability
170.315(a)(1) Computerized provider order entry – medications	Order Entry for medication	See Note 1	See Note 2
170.315(a)(2) Computerized provider order entry – laboratory	Order Entry for laboratory orders	See Note 1	See Note 2
170.315(a)(3) Computerized provider order entry – diagnostic imaging	Order Entry for diagnostic imaging orders	See Note 1	See Note 2
170.315(a)(4) Drug-drug, drug-allergy interaction checks for CPOE	Drug-to-drug and drug-to-allergy interaction alerts	Additional costs apply; must be subscribed for ePrescribing services	See Note 2
170.315(a)(5) Demographics	Recording specified patient demographics	See Note 1	See Note 2
170.315(a)(10) Drug-formulary and preferred drug list checks	Querying for the availability of a drug formulary when writing a prescription	Additional costs apply; must be subscribed for ePrescribing services	See Note 2
170.315(a)(12) Family health history	This functionality enables the user to electronically record, change and access a patient's family health history.	See Note 1	See Note 2
170.315(a)(13) Patient-specific education resources	This functionality enables user to identify educational resources about a patient's problem or medication lists	See Note 1	For Infobutton CGM CLINICAL leverages Medline Plus. See Note 2
170.315(a)(14) Implantable device list.	Recording, accessing and changing implantable devices information for a patient	See Note 1	See Note 2
\$170.315(b)(1) Transitions of care	This functionality enables a user to electronically create and transmit a transition of care/referral summary in C-CDA format, which includes encounter diagnoses, immunizations, cognitive status, functional status, the reason for referral, and referring or transitioning the provider's name and office contact information. The solution follows C-CDA and Direct standards.	The transmit capability was tested using DataMotion. Additional costs/fees apply.	CGM CLINICAL EHR uses DataMotion to provide the Direct messaging capability that is used for the transmission of electronic transitions of care data. DataMotion is a member of the DirectTrust HISP which means that EHR users can send Direct Messages to healthcare providers who are also using a Health IT product that is a member of the DirectTrust HISP. See Note 2
§170.315(b)(2) Clinical information reconciliation	This functionality enables a user to electronically reconcile problems, medication allergies, and medications listed in an incoming transition of care/referral summary C-CDA format agains the patient's medication list, problem list, and medication-allergy list in the EHR.	st See Note 1	See Note 2
\$170.315(b)(3) Electronic prescribing	This functionality enables a prescription that is entered into the application to be electronically transmitted to the pharmacy of the patient's choice. Customers can opt to add an additional feature that will enable them to send controlled substance prescriptions electronically, where allowed by law.	Additional costs apply (e-Prescribing through Surescripts®, powered by CGM Prescribe)	CGM CLINICAL EHR uses the First Databank drug database. See Note 2
170.315(b)(6) Data export	Permits batch exporting of patient health information in a specified format.	See Note 1	See Note 2
170.315(b)(10) EHI Export	Permits single-patient and all-patient exporting of patient health information in CGM Enterprise EHR's documented export format.	Developer assistance required for all- patient exports. Additional costs/ fees may apply.	See Note 2
170.315(d)(1) Authentication, access control, and authorization	Managing authorized and authenticated users access to the CGM CLINICAL EHR	See Note 1	See Note 2
170.315(d)(2) Auditable events and tamper-resistance	Governs what the EHR must capture in an audit log	See Note 1	See Note 2
170.315(d)(3) Audit report(s)	Governs what the EHR must be able to report related to audit logs.	See Note 1	See Note 2
170.315(d)(4) Amendments	Permits a patient to submit an ammendment to their electronic health record	See Note 1	See Note 2
170.315(d)(5) Automatic access time-out	Requires the EHR to automatically log off a user after a pre- determined time of inactivity	See Note 1	See Note 2
170.315(d)(6) Emergency access	This functionality permits an identified set of users to access electronic health information during an emergency.	See Note 1	See Note 2
170.315(d)(7) End-user device encryption	The CGM CLINICAL technology is designed not to locally store electronic health information on end-user devices	See Note 1	See Note 2
170.315(d)(8) Integrity	The CGM CLINICAL technology is designed to utilize message digest that is created using hash values SHA-256 and 512	See Note 1	See Note 2
170.315(f)(1) Transmission to immunization registries	This functionality electronically transmits the recorded or changed immunization information to a state registry using HL7 Immunization Messaging standard. It also includes immunization history and forecasting from the registry	Additional costs apply for Immunization Registry interface & setup	See Note 2
170.315(f)(2) Transmissions to Public Health Agencies - Syndromic Surveillance	This functionality electronically transmits the recorded or changed syndromic surveillace data to public health agencies using HL7 Messaging standard.	reporting to Public Health Agencies. Additional costs/fees apply.	See Note 2
170.315(f)(4) Transmissions to Cancer Registries	This functionality electronically transmits the recorded or changed cancer case information for electronic transmission to Public Health Cancer Registries according to HL7 Implementation Guide for CDA® Release 2. Supports SNOMED CT® and LOINC® codes for cancer case information.	Requires set-up to establish interface for reporting to Public Health Cancer	See Note 2
170.315(f)(5) Electronic Case Reporting (eCR)	Optional service that automatically provides case reports to jurisdictional public health agencies (PHAs) for patients with triggering conditions and consumes reportability response reports returned by the PHA	Annual Fee. Requires set-up to establish eCR interface	To submit eCR data electronically to your PHA, EHR users need to take steps to register and connect to the PHA as well as communicate with the eCR Support Team via the eCR general information desk eCR. Info@aimsplatform.org. See Note 2
170.315(f)(7) Health Care Surveys	This functionality lets users generate and electronically submit standardized National Health Care Surveys (NHCS) reports to public health agencies (e.g., CDC/NCHS).	Requires set-up to establish interface for reporting Health Care Surveys. Additional costs/fees apply.	See Note 2
170.315(g)(2) Automated measure calculation	This functionality enables certifying EHR to record and calculate objective measures that support CMS quality programs.	See Note 1	
170.315(g)(3) Safety-enhanced design	Ensures that a safety-enhanced design study has been performed for specified certification criteria	See Note 1	
170.315(g)(4) Quality management system	Ensures that a quality management system used by the health IT developer	See Note 1	
170.315(g)(6) Consolidated CDA creation performance	This functionality certifies the CDA performance for all CDA documents generated from certified EHR to ONC prescribed standards.	See Note 1	

Note 1: CGM CLINICAL is licensed to customers on a subscription basis, billed monthly, under the terms of the CGM CLINICAL Healthcare Provider User Agreement, and all software required to us the capability is included in the CGM CLINICAL EHR.

Note 2: CGM CLINICAL recommends minimum IT system capabilities in order to optimally use certified features. The system requirements are identified and maintained at https://training.cgmus.com/joomla/index.php/quick-start-a-reference-guides?task=document.download&id=2305