



## Costs and Considerations Disclosures ChartAccess 7.0

*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.*

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### Criteria to which ChartAccess is 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)(9): Clinical Decision Support
- 170.315 (a)(12): Family Health History
- 170.315 (a)(14): Implantable Device List
- 170.315 (a)(15): Social, Psychological, and Behavioral Determinants Data
- 170.315 (b)(1): Transitions of Care (**Cures Update**)
- 170.315 (b)(2): Clinical Information Reconciliation and Incorporation (**Cures Update**)
- 170.315 (b)(3): Electronic Prescribing (**Cures Update**)
- 170.315(b)(10): Electronic Health Information 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 (**Cures Update**)
- 170.315 (c)(4): Clinical Quality Measures – Filter
- 170.315 (d)(1): Authentication, Access Control, Authorization
- 170.315 (d)(2): Auditable Events and Tamper-Resistance (**Cures Update**)
- 170.315 (d)(3): Audit Report(s) (**Cures Update**)
- 170.315 (d)(4): Amendments
- 170.315 (d)(5): Automatic Access Time-out
- 170.315 (d)(6): Emergency Access
- 170.315 (d)(7): End-User Device Encryption
- 170.315 (d)(8): Integrity
- 170.315 (d)(9): Trusted Connection
- 170.315 (d)(12): Encrypt Authentication Credentials (**Cures Update**)
- 170.315(d)(13): Multi-Factor Authentication (**Cures Update**)
- 170.315 (e)(1): View, Download, and Transmit to 3rd Party (**Cures Update**)



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)(3): Transmission to Public Health Agencies – Reportable Laboratory Tests and Results/Values  
170.315(f)(6) - Transmission to public health agencies antimicrobial use and resistance reporting  
170.315 (g)(2): Automated Measure Calculation  
170.315 (g)(3): Safety-Enhanced Design  
170.315 (g)(4): Quality Management System  
170.315 (g)(5): Accessibility-Centered Design  
170.315 (g)(6): Consolidated CDA Creation  
170.315 (g)(7): Application Access – Patient Selection (**Cures Update**)  
170.315 (g)(9): Application Access – All Data Request (**Cures Update**)  
170.315 (g)(10): Standardized Application Programming Interface (API) for Patient and Population Services

## Clinical Quality Measures to which ChartAccess is Certified:

CMS9: Exclusive Breast Milk Feeding  
CMS26: Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver  
CMS30: Statin Prescribed at Discharge  
CMS31: Hearing Screening Prior To Hospital Discharge  
CMS32: Median Time from ED Arrival to ED Departure for Discharged ED Patients  
CMS52: HIV/AIDS: Pneumocystis jirovecii Pneumonia (PCP) Prophylaxis  
CMS53: Primary PCI Received Within 90 Minutes of Hospital Arrival  
CMS55: Median Time for ED Arrival to ED Departure for Admitted ED Patients  
CMS60: Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival  
CMS62: HIV/AIDS: Medical Visit  
CMS68: Documentation of Current Medications in the Medical Record  
CMS71: Anticoagulation Therapy for Atrial Fibrillation/Flutter  
CMS72: Antithrombotic Therapy By End of Hospital Day 2  
CMS73: Venous Thromboembolism Patients with Anticoagulation Overlap Therapy  
CMS75: Children Who Have Dental Decay or Cavities  
CMS77: HIV/AIDS: RNA control for Patients with HIV  
CMS82: Maternal Depression Screening  
CMS91: Thrombolytic Therapy  
CMS100: Aspirin Prescribed at Discharge  
CMS102: Assessed for Rehabilitation  
CMS104: Discharged on Antithrombotic Therapy  
CMS105: Discharged on Statin Medication  
CMS107: Stroke Education  
CMS108: Venous Thromboembolism Prophylaxis

CMS109: Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram  
 CMS110: Venous Thromboembolism Discharge Instructions  
 CMS111: Median Admit Decision Time to ED Departure Time for Admitted Patients  
 CMS113: Elective Delivery  
 CMS114: Incidence of Potentially-Preventable Venous Thromboembolism  
 CMS122: Diabetes: Hemoglobin A1c Poor Control  
 CMS124: Cervical Cancer Screening  
 CMS125: Breast Cancer Screening  
 CMS130: Colorectal Cancer Screening  
 CMS132: Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures  
 CMS134: Diabetes: Urine Protein Screening  
 CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention  
 CMS146: Appropriate Testing for Children with Pharyngitis  
 CMS147: Preventive Care and Screening: Influenza Immunization  
 CMS148: Hemoglobin A1c Test for Pediatric Patients  
 CMS154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)  
 CMS161: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment  
 CMS163: Diabetes: Low Density Lipoprotein (LDL) Management  
 CMS164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic  
 CMS165: Controlling High Blood Pressure  
 CMS166: Use of Imaging Studies for Low Back Pain  
 CMS171: Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision  
 CMS172: Prophylactic Antibiotic Selection for Surgical Patients  
 CMS177: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment  
 CMS178: Urinary catheter removed on Postoperative Day 1 (POD 1) or Postoperative Day 2 (POD 2) with day of surgery being day zero  
 CMS182: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control  
 CMS185: Healthy Term Newborn  
 CMS188: Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients  
 CMS190: Intensive Care Unit Venous Thromboembolism Prophylaxis  
 CMS334: Cesarean Birth  
 CMS506: Safe Use of Opioids- Concurrent Prescribing  
 CMS529: Core Clinical Data Elements for the Hybrid Hospital-Wide Readmission (HWR) Measure with Claims and Electronic Health Record Data  
 CMS816: Hospital Harm - Severe Hypoglycemia  
 CMS819: Hospital Harm - Opioid-Related Adverse Events  
 CMS844: Core Clinical Data Elements for the Hybrid Hospital-Wide (All-Condition, All-Procedure) Risk-Standardized Mortality Measure (HWM)  
 CMS871: Hospital Harm - Severe Hyperglycemia



*CMS986: Global Malnutrition Composite Score*

*CMS996: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI)*

*Patients in the Emergency Department (ED)*

*CMS1028: Severe Obstetric Complications*

## **Additional Software Used to Demonstrate Compliance with Certification Criteria:**

<i>170.315(a)(4) Drug-drug, DrugAllergy Interaction Checks for CPOE</i>	<i>First Databank (FDB)</i>
<i>170.315(a)(9) Clinical Decision Support</i>	<i>First Databank (FDB)</i>
<i>170.315(b)(1) Transitions of Care</i>	<i>RosettaHealth</i>
<i>170.315(b)(3) Electronic Prescribing</i>	<i>Rcopia 4 (DrFirst)</i>
<i>170.315(e)(1) View, Download, and Transmit to 3rd Party</i>	<i>RosettaHealth</i>

## Costs and Considerations of Certified Health IT

<b>Capability</b> (includes relevant certification criteria)	<b>Description of Capability</b>	<b>Costs or Fees</b> <i>Types of costs or fees that a user may be required to pay to purchase, license, implement, maintain, upgrade, use, or otherwise enable and support the use of the implementation or use of the capability -OR- in connection with the data generated in the course using the capability</i>	<b>Contractual Considerations</b> <i>Considerations of a contractual nature (including developer policies and other business practices) that a user may encounter in the implementation or use of the capability -OR- in the connection with the data generated in the course of using the capability</i>	<b>Technical or Practical Considerations</b> <i>Considerations 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</i>
<b>Computerized Physician Order Entry (CPOE) – Medications</b>  § 170.315(a)(1)	Enables a user to record, change, and access medication orders.	Additional required costs include software license for Rcopia (DrFirst).		Planned and unplanned downtimes of third party software for maintenance or repair may impact use.
<b>Computerized Physician Order Entry (CPOE) – Laboratory</b>  § 170.315(a)(2)	Enables a user to record, change, and access laboratory orders.  There is the added ability in ChartAccess that allows users the ability to send outbound lab orders from ChartAccess to 3rd party lab vendors and receive results from the lab vendor into their ChartAccess.	There is no additional cost for the capability to record, change, and access laboratory orders.  One-time setup fee and regular maintenance fee per interface per ChartAccess account included in base service agreement. Connection to each public health agency is considered a separate interface.	The lab vendor must agree to work with Azalea Health to develop the interface. The interface cannot be completed alone by Azalea Health. The lab vendor may require additional fees of their own.	Planned and unplanned downtimes of third party software for maintenance or repair may impact use.

<p><b>Computerized Physician Order Entry (CPOE) – Diagnostic Imaging</b></p> <p>§ 170.315(a)(3)</p>	<p>Enables a user to record, change, and access diagnostic imaging (DI) orders.</p> <p>There is the added ability in ChartAccess that allows users the ability to send outbound diagnostic imaging orders from ChartAccess to 3rd party imaging vendors and receive results from the imaging vendor into their ChartAccess.</p>	<p>There is no additional cost for the capability to record, change, and access diagnostic imaging orders.</p> <p>One-time setup fee and regular maintenance fee per interface per ChartAccess account included in base service agreement. Connection to each public health agency is considered a separate interface.</p>	<p>The imaging vendor must agree to work with Azalea Health to develop the interface. The interface cannot be completed alone by Azalea Health. The imaging vendor may require additional fees of their own.</p>	<p>Planned and unplanned downtimes of third party software for maintenance or repair may impact use.</p>
<p><b>Drug-drug, DrugAllergy Interaction Checks for CPOE</b></p> <p>§ 170.315(a)(4)</p>	<p>Includes the capability to detect and alert end-users of drug-drug and drug-allergy interactions when placing medication orders, and the ability to manage the severity level by which interaction alerts are triggered.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>Planned and unplanned downtimes of third party software for maintenance or repair may impact use.</p>
<p><b>Demographics</b></p> <p>§ 170.315(a)(5)</p>	<p>Enables a user to record, change, and access patient demographic data, including race, ethnicity, preferred language, sex, sexual orientation, gender identity, and date of birth.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Clinical Decision Support (CDS)</b></p> <p>§ 170.315(a)(9)</p>	<p>Enables the user to configure CDS interventions inclusive of source attribute information to be presented to end-users based on clinical data in the Electronic Health Record (EHR), along with retrieval of diagnostic and therapeutic reference information using the Infobutton standard.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>Planned and unplanned downtimes of third party software for maintenance or repair may impact use.</p>

<p><b>Family Health History</b></p> <p>§ 170.315(a)(12)</p>	<p>Enables a user to record, change, and access a patient's family health history in accordance with the familial concepts or expressions in SNOMED-CT.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Implantable Device List</b></p> <p>§ 170.315(a)(14)</p>	<p>Enables a user to record, parse, and display implant information based on a Unique Device Identifier.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Social, Psychological, and Behavioral Determinants Data</b></p> <p>§ 170.315(a)(15)</p>	<p>Enables a user to record, change, and access patient social, psychological, and behavioral data.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>N/A</p>
<p><b>Transitions of Care</b></p> <p>§ 170.315(b)(1) Cures</p>	<p>Enables a user to send and receive transitions of care via edge protocol, validate and display C-CDAs, and create transition of care/referral summaries.</p>	<p>No additional costs or fees</p>	<p>Pricing included in suite to cover agreed upon number of users and direct addresses.</p>	<p>Planned and unplanned downtimes of third party software for maintenance or repair may impact use.</p>
<p><b>Clinical Information Reconciliation and Incorporation</b></p> <p>§ 170.315(b)(2) Cures</p>	<p>Enables a user to match an incoming Continuity of Care Document or referral note to the applicable patient, and reconcile and incorporate the Medications, Medication Allergies, and Problem List from the listed document templates based on criterion standards. The user is then able to create a CCDA document that includes the reconciled and incorporated data.</p>	<p>No additional costs and fees for the capability to match and validate CCDA documents.</p>	<p>N/A</p>	<p>N/A</p>

<p><b>Electronic Prescribing</b></p> <p>§ 170.315(b)(3) Cures</p>	<p>Enables a user to perform the following prescription-related electronic transactions:</p> <ul style="list-style-type: none"> <li>-New prescriptions</li> <li>-Change prescriptions</li> <li>-Cancel prescriptions</li> <li>-Renew prescriptions</li> <li>-Receive fill status notifications</li> <li>-Request and receive medication history</li> <li>-Relay acceptance of a transaction back to sender</li> <li>-Respond if there is a problem with a transaction</li> <li>-Respond that a transaction requesting a return receipt has been received</li> <li>-Send fill status notifications</li> </ul>	<p>Additional required costs include software license for Rcopia (DrFirst).</p> <p>If Electronic Prescribing of Controlled Substances is required or desired, an additional cost per provider per year will be incurred. Participation in the Prescription Drug Monitoring Program can also require additional costs.</p>	<p>N/A</p>	<p>Planned and unplanned downtimes of third party software for maintenance or repair may impact use.</p>
<p><b>Data Export</b></p> <p>§ 170.315(b)(6)</p>	<p>Data Export applies to the ONC 2015 Edition certification criterion utilized by a variety of federal and state programs including the Promoting Interoperability Base CEHRT Definition. Enables a user to configure and create a single export summary or a set of export summaries for patients whose information is stored in ChartAccess.</p>	<p>No additional costs or fees</p>	<p>N/A</p>	<p>Single patient C-CDA exports and multi-patient group exports may be generated and available on demand. Speed of generation of large exports depends on the volume of files to be generated and server activity at the time the export is generated.</p>



<b>Clinical Quality Measures - Record and Export</b>  § 170.315(c)(1)	Enables the user to record all data required for each and every Clinical Quality Measure (CQM) to which the product is certified. This also enables an authorized user to generate QRDA Category I data files for export at any time without the need for support or assistance.	No additional costs or fees	N/A	Planned and unplanned software downtimes for maintenance or repair may delay results. Speed of generation of QRDA I files depends on the volume of files to be generated and server activity at the time the reports are generated.
<b>Clinical Quality Measures - Import and Calculate</b>  § 170.315(c)(2)	Enables an authorized user to import QRDA Category I data files and perform Clinical Quality Measure (CQM) calculations for the data for the measures to which the product is certified.	No additional costs or fees  Large patient population imports that require assistance from the EHR developer may incur additional one-time costs.	N/A	N/A
<b>Clinical Quality Measures - Report</b>  § 170.315(c)(3) Cures	Enables the user to create QRDA Category I data files for reporting submission for the inpatient measures to which the product is certified.	No additional costs or fees	N/A	Planned and unplanned software downtimes for maintenance or repair may delay results. Speed of generation of QRDA I files depends on the volume of files to be generated and server activity at the time the reports are generated.
<b>Clinical Quality Measures - Filter</b>  § 170.315(c)(4)	Enables the user to record the following data and filter results at patient and aggregate levels individually or any combination of the following: -Taxpayer Identification Number -National Provider Identifier -Provider type -Practice site address -Patient insurance -Patient age -Patient sex -Patient race and ethnicity -Patient problem list	No additional costs or fees	N/A	Planned and unplanned software downtimes for maintenance or repair may delay results. Speed of generation of reports depends on the volume of data to be included and server activity at the time the reports are generated.

<b>Authentication, Access Control, Authorization</b>  § 170.315(d)(1)	Limits access to patient electronic health information to users who have valid credentials and only enables credentialed users to access the types of information permitted.	No additional costs or fees	N/A	N/A
<b>Auditable Events and Tamper-Resistance</b>  § 170.315(d)(2) Cures	Actions related to health information are recorded, including who has accessed a patient's information, and when, where, and how that access occurred. This capability enables a client to review audit logs and monitor access to patient information and detect unauthorized access. This criterion also confirms that health IT can prevent such audit logs from being changed, overwritten, or deleted.	No additional costs or fees	N/A	N/A
<b>Audit Report(s)</b>  § 170.315(d)(3) Cures	Enables creation of sortable audit reports for specific time frames, and based on specific parameters such as user ID, patient ID, type of action, etc.	No additional costs or fees	N/A	N/A
<b>Amendments</b>  § 170.315(d)(4)	Enables a user to select the record affected by a patient's request for amendment, and the ability to accept or deny amendments.	No additional costs or fees	N/A	N/A
<b>Automatic Access Time-out</b>  § 170.315(d)(5)	Enables an automatic stop for users to access health information after a predetermined amount of inactivity and requires authentication in order to resume or regain access.	No additional costs or fees	N/A	Auto time-out settings are configured by the client.

<b>Emergency Access</b>  § 170.315(d)(6)	Enables a limited set of specified users to access otherwise restricted electronic health information during an emergency.	No additional costs or fees	N/A	N/A
<b>End-user Device Encryption</b>  § 170.315(d)(7)	The certified product is designed to prevent any persistent storage of electronic health information accessed in ChartAccess locally to end-user devices (e.g. temp files, cookies, caches).	No additional costs or fees	N/A	N/A
<b>Integrity</b>  § 170.315(d)(8)	Enables verification that health information exchanged electronically (both outbound and inbound) has not been altered during transmission via use of message digests produced by hash algorithms of SHA-2 or greater strength.	No additional costs or fees	N/A	N/A
<b>Trusted Connection</b>  § 170.315(d)(9)	Enables the secure encryption and integrity-protection of electronic health information transmitted to external applications via API for patient access, and contribution of data to ChartAccess from external applications for patient health information capture.	No additional costs or fees	N/A	N/A
<b>Encrypt Authentication Credentials</b>  § 170.315(d)(12) Cures	Identifies whether the certified product supports encrypting stored authentication credentials within the database of the certified health IT module, in accordance with specified industry standards.	No additional costs or fees	N/A	N/A

<b>Multi-Factor Authentication</b>  § 170.315(d)(13) Cures	Identifies whether the certified product supports multi-factor authentication of a user's identity upon accessing the EHR, in accordance with specified standards.	No additional costs or fees	N/A	N/A
<b>View, Download and Transmit to 3rd Party</b>  § 170.315(e)(1) Cures	Enables the ability for patients to use internet-based technology to view, download, and transmit their health information to a third-party by email to any email address or encrypted electronic transmission. Users may also submit secure messages to their providers.	No additional costs or fees	N/A	N/A
<b>Patient Health Information Capture</b>  § 170.315(e)(3)	Enables a user to identify, record, and access information directly and electronically shared by a patient (or authorized representative) and reference and link to patient health information documents.	No additional costs or fees	N/A	N/A
<b>Transmission to Immunization Registries</b>  §170.315(f)(1)	Enables users to send outbound immunization files from ChartAccess to immunization registries. Also enables users to request, access, and display a patient's immunization history and the immunization forecast from an immunization registry.	One-time setup fee and regular maintenance fee per interface per ChartAccess account included in base service agreement. Connection to each immunization registry is considered a separate interface.	The immunization registry must agree to work with Azalea Health to develop the interface, or it cannot be completed. The interface cannot be completed alone by Azalea Health.	The interface is one way with outbound files going from ChartAccess to the 3 <sup>rd</sup> party registry. With interfaces to immunization registries, the immunization inventory cannot be interfaced.
<b>Transmission to Public Health Agencies - Syndromic Surveillance</b>	Enables the ability for the system to recognize and automatically transmit syndrome-based public health surveillance information to the	One-time setup fee and regular maintenance fee per interface per ChartAccess account included in base service agreement. Connection to each public health agency is considered a separate interface.	The public health agency must agree to work with Azalea Health to develop the interface, or it cannot be completed. The	

§170.315(f)(2)	appropriate public health agency.		interface cannot be completed alone by Azalea Health.	
<b>Transmission to Public Health Agencies – Reportable Laboratory Tests and Values/Results</b> §170.315(f)(3)	Enables the ability for the system to recognize and automatically transmit reportable laboratory public health surveillance information to the appropriate public health agency.	One-time setup fee and regular maintenance fee per interface per ChartAccess account included in base service agreement. Connection to each public health agency is considered a separate interface.	N/A	N/A
<b>Automated Measure Calculation</b> § 170.315(g)(2)	For the Medicare PI and HIQR Quality performance categories, the percentage-based measure that is supported by a capability in the technology, enables the ability to record the numerator and denominator and create a report that includes the numerator, denominator, and resulting percentage associated with each measure.	No additional costs or fees	N/A	Medicare PI scorecard is included in the ChartAccess product and can be refreshed on-demand.  eCQM reports are available on-demand for monitoring compliance and QRDA Category I and files may be generated at any time.
<b>Safety Enhanced Design</b> § 170.315(g)(3)	Defines user-centered design processes and assessments that must be applied to each capability.	No additional costs or fees	N/A	N/A
<b>Quality Management System</b> § 170.315(g)(4)	Establishes controls for and monitors compliance with the quality standards under which the certified capabilities are developed, tested, implemented, and maintained.	No additional costs or fees	N/A	N/A
<b>Accessibility Centered Design</b>	For each capability that a Health IT Module includes, the use of a health IT accessibility-centered design standard or law in the development, testing,	No additional costs or fees	N/A	No accessibility-centered design standard or law has been identified

§ 170.315(g)(5)	implementation, and maintenance of that capability must be identified.			
<b>C-CDA Creation Performance</b> § 170.315(g)(6) Cures	Enables the ability to create Consolidated CDA based on criterion standards.	No additional costs or fees	N/A	N/A
<b>Application Access – Patient Selection</b> § 170.315(g)(7)	Enables the ability to receive a request with enough information to uniquely identify a patient and return an ID or other token that can be used by an application to execute requests for patient data.	No additional costs or fees	N/A	N/A
<b>Application Access – All Data Request</b> § 170.315(g)(9) Cures	Enables the ability to respond to requests for patient data for all the data categories specified in the USCDI (United States Core Data for Interoperability) at one time and return that data in a summary record formatted according to the standards specified in the criterion and respond to requests for patient data associated with a specific date as well as requests for patient data within a specific date range.	No additional costs or fees	N/A	N/A
<b>Standardized Application Programming Interface (API) for Patient and Population Services</b>	Enables the ability to respond to requests for single or multiple patients’ data based on criterion standards. The technology supports appropriate authentication and authorization per criterion standards. Documentation is publicly available for API	No additional costs or fees	Use of this certified capability depends upon developer access to the Azalea Health Developer Portal and following all requirements for 3rd party application integration.	Planned and unplanned software downtimes for maintenance or repair may delay results.

§ 170.315(g)(10) Cures	developers to connect to the FHIR API without special effort.			
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