



ONC Health IT Certification Mandatory Disclosures

May 2026



EHR Contract and services:

The SaaS EHR contract applies when a practice selects GeeseMed to host their data and requires a monthly fee per provider per month, or per FTE with the cost of hosting included in the monthly fee. Implementation fees, travel, and airfare costs are billed separately. Additional fees for optional services like support and maintenance may require a one-time set-up cost and/or recurring costs. GeeseMed provides functionality, features, and modules that fall outside the scope of certification functionality described in this document, which may require additional licenses, agreements, and fees.

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.

Criteria Certified and Additional Costs Disclosures

GeeseMed certified software is certified to the criteria listed in the following table. Refer to certificate of Compliance for a complete list of certified criteria.

The EHR Contracts and Services section outlines primary contract and licensing costs or fees for certified EHR software. Additional or potential costs for specific certified capabilities are listed below.

Criteria Citation	Certification Criterion Name	Additional Details	Additional Costs
§170.315(a)(1)	Computerized provider order entry (CPOE) - medications	N/A	N/A
§170.315(a)(2)	Computerized provider order entry - laboratory	N/A	A third-party vendor is not required to use this capability. However, if the practice elects to use an HL7 [®] lab interface to transmit a laboratory order, there may be costs associated with the interface.
§170.315(a)(3)	Computerized provider order entry - diagnostic imaging	N/A	A third-party vendor is not required to use this capability. However, if the practice elects to use an HL7 lab interface to transmit a diagnostic imaging order, there may be costs associated with the interface.



§170.315(a)(4)	Drug-drug, drug-allergy interaction checks for CPOE		N/A
§170.315(a)(5)	Patient demographics and observations	N/A	N/A
§170.315(a)(12)	Family health history	N/A	N/A
§170.315(a)(14)	Implantable device list	Requires a contractual agreement with the Unified Medical Language System (UMLS), a database of medical code sets maintained by the United States National Library of Medicine (UMLS).	N/A
§170.315(b)(1)	Transitions of care	GeeseMed uses EMR Direct® messaging services, which is privacy and security-accredited and Direct Trust HISP-accredited. The maximum allowable combined attachment size for C-CDA, and other documents in electronic referrals/records is 5 MB.	GeeseMed does not have any costs or fees. However, GeeseMed DIRECT SERVICE requires a cost per provider per year, or per organization per year.
§170.315(b)(2)	Clinical information reconciliation and incorporation	For more information, refer to §170.315(b)(1) - Transitions of Care. Medications and medication allergies received as RxNorm must be matched manually to medication within the Medi-Span databases as NDC, if not matched automatically. Problem Lists received as SNOMED® must be associated with an ICD-10-CM code using the mapping tool.	Refer to §170.315(b)(1) - Transitions of Care costs.



§170.315(b)(3)	Electronic prescribing	Users must have a connection to the Surescripts® network. Prescriptions are sent one at a time.	Costs may or may not be included in the initial EHR contract. If not, an additional cost per provider per year is added. If Electronic Prescribing of Controlled Substances (EPCS) is required, an additional cost per provider per year is added. Providers must enter into an agreement with Surescripts and receive an Surescripts Provider Identifier (SPI) to begin e-prescribing.
§170.315(b)(10)	Electronic Health Information export	Enables a user to export electronic health information for a single patient or a set of patients in a computable format. Bulk patient exports are configurable and run as scheduled batch jobs. Administration-level access is required to configure export settings. Each export is downloaded to the user's computer as a separate ZIP file.	N/A
§170.315(b)(11)	Decision support interventions	Interventions must be configured in the main application.	
§170.315(c)(1)	Clinical Quality Measures (CQMs) - record and export	Enables users to record data relevant to clinical quality measures and export CQM data in QRDA Category I or Category III format. QRDA III report generation requires provider setup and data calculation to be completed prior to generating the file. A recomputation after file generation will invalidate the prior file and require a new request. Files are processed/generated after hours through a scheduled job. The scheduled job takes 24-48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider. For the QRDA export feature, a maximum of 250 provider records can be requested at a	A contractual agreement is required, as well as acceptance of terms and conditions. Generating a QRDA file required for participation in payer quality initiatives/programs may require one-time file generation costs, multi-file generation costs, and/or consulting fees. The cost is on a per provider basis for individual reporting. Any administrative or placeholder provider activated for this feature will also incur a cost.



	Clinical Quality Measures (CQMs) - record and export	time. The QRDA I export files, which contain clinical data, are downloaded by the user, and saved on the user's local drive.	
§170.315(c)(2)	Clinical Quality Measures (CQMs) - import and calculate	Refer to §170.315(c)(1) - Clinical Quality Measures (CQMs) - record and export.	Refer to §170.315(c)(1) - Clinical Quality Measures (CQMs) - record and export.
§170.315(c)(3)	Clinical Quality Measures (CQMs) - report	Refer to §170.315(c)(1) - Clinical Quality Measures (CQMs) - record and export.	Refer to §170.315(c)(1) - Clinical Quality Measures (CQMs) - record and export.
§170.315(d)(1)	Authentication, access control, authorization	N/A	N/A
§170.315(d)(2)	Auditable events and tamper-resistance	N/A	N/A
§170.315(d)(3)	Audit reports	N/A	N/A
§170.315(d)(4)	Amendments	N/A	N/A
§170.315(d)(5)	Automatic access time-out	N/A	N/A
§170.315(d)(6)	Emergency access	N/A	N/A
§170.315(d)(7)	End-user device encryption	N/A	N/A
§170.315(d)(8)	Integrity	SSL/HTTPS configuration for any services directly hosted by the customer is the customer's responsibility.	N/A
§170.315(d)(9)	Trusted connection	SSL/HTTPS configuration for any services directly hosted by the customer is the customer's responsibility.	N/A
§170.315(d)(12)	Encrypt authentication credentials	N/A	N/A



§170.315(d)(13)	Multi-factor authentication	N/A	N/A
§170.315(e)(1)	View, download, and transmit to 3rd party	Enables patients to use GeeseMed's Patient Health Portal to view, download, and transmit their health information to a third-party in the criterion-specified format.	N/A
§170.315(f)(1)	Transmission to immunization registries	A contractual agreement with the applicable state or regional immunization registry is required.	Registry connectivity setup may require a one-time statement of work
§170.315(f)(2)	Transmission to public health agencies - syndromic surveillance	A contractual agreement with the applicable public health agency is required. Data is submitted to state agencies overnight on a nightly basis.	N/A
§170.315(g)(2)	Automated measure calculation Automated measure calculation	MIPS dashboards are scheduled to run data computations on a weekly basis. The dashboard extraction process typically takes 24-48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider.	Standard automated measure calculation and MIPS PI Dashboard do not have a cost or fee. MIPS eCQM reporting requires a recurring annual cost per provider or FTE.
§170.315(g)(3)	Safety-enhanced design	N/A	N/A
§170.315(g)(4)	Quality Management System	N/A	N/A
§170.315(g)(5)	Accessibility-centered design	N/A	N/A
§170.315(g)(6)	Consolidated CDA creation performance	N/A	N/A



§170.315(g)(10)	Standardized API for patient and population services	Third-party app developers must register their application and agree to GeeseMed API terms of use. Available via GeeseMed FHIR API (web-based) and GeeseMed Patient Portal Note: Patients can revoke an application's access to their health information at any time through the Patient portal.	N/A
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Certification of compliance and criteria certified:





Criteria Certified

170.315 (a)(1)	170.315 (c)(2)	170.315 (e)(1)
170.315 (a)(2)	170.315 (c)(3)	170.315 (f)(1)
170.315 (a)(3)	170.315 (d)(1)	170.315 (f)(2)
170.315 (a)(4)	170.315 (d)(2)	170.315 (g)(2)
170.315 (a)(5)	170.315 (d)(3)	170.315 (g)(3)
170.315 (a)(12)	170.315 (d)(4)	170.315 (g)(4)
170.315 (a)(14)	170.315 (d)(5)	170.315 (g)(5)
170.315 (b)(1)	170.315 (d)(6)	170.315 (g)(6)
170.315 (b)(2)	170.315 (d)(7)	170.315 (g)(7)
170.315 (b)(3)	170.315 (d)(8)	170.315 (g)(9)
170.315 (b)(10)	170.315 (d)(9)	170.315 (g)(10)
170.315 (b)(11)	170.315 (d)(12)	
170.315 (c)(1)	170.315 (d)(13)	

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Certificate #: 15.99.05.3013.GEES.01.01.1.260310_3

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