



CCDA CCD Document Contribution Project Request Form

Practice and Vendor Contact Information

Practice:

Practice Contact Name:

Practice Contact Email Address:

Practice Contact Phone Number:

EMR Vendor:

EMR Vendor Contact Name:

EMR Vendor Contact Email Address:

EMR Vendor Contact Phone Number:

Data to be included in Client's CCDA CCD Document: Check all that can be included

PATIENT IDENTIFIERS

- Person Number/MRN [REQUIRED]
- Social Security Number** [RECOMMENDED]

PATIENT DEMOGRAPHICS

- | | |
|---|--|
| <input type="checkbox"/> Patient Name [REQUIRED 2014] | <input type="checkbox"/> Phone Number (Current) [REQUIRED if No SSN] |
| <input type="checkbox"/> Date of Birth [REQUIRED 2014] | <input type="checkbox"/> Preferred language [RECOMMENDED] |
| <input type="checkbox"/> Administrative Sex [REQUIRED 2014] | <input type="checkbox"/> Ethnicity [REQUIRED 2014] |
| <input type="checkbox"/> Address (Current) [REQUIRED if No SSN] | <input type="checkbox"/> Race [REQUIRED 2014] |

PATIENT DATA

- | | |
|---|--|
| <input type="checkbox"/> Problems List [REQUIRED 2014] | <input type="checkbox"/> Procedures [REQUIRED 2014] |
| <input type="checkbox"/> Medication Allergies [REQUIRED 2014] | <input type="checkbox"/> Smoking status [REQUIRED 2014] |
| <input type="checkbox"/> Medications List [REQUIRED 2014] | <input type="checkbox"/> Care plan [REQUIRED 2014] |
| <input type="checkbox"/> Immunizations [RECOMMENDED] | <input type="checkbox"/> Care team member(s) [REQUIRED 2014] |

CLINICAL DATA

- | | |
|--|--|
| <input type="checkbox"/> Encounter List/Diagnoses [REQUIRED] | <input type="checkbox"/> Laboratory Value(s)/Result(s) [REQUIRED 2014] |
| <input type="checkbox"/> Vital signs [REQUIRED 2014] | <input type="checkbox"/> Clinical Notes [REQUIRED] |

ADDITIONAL DATA

- | | |
|--|--|
| <input type="checkbox"/> Cognitive Status [RECOMMENDED] | <input type="checkbox"/> Reason for Referral [RECOMMENDED] |
| <input type="checkbox"/> Functional Status [RECOMMENDED] | |

** If SSN is not included, 5 Demographic values MUST be included

Connectivity Methods: Select all methods available by ambulatory vendor

CONNECTIVITY METHOD	IMPLEMENTATION TIMELINE
<input type="checkbox"/> CCDA Folder Sweep <ul style="list-style-type: none">- Organizational ID (OID)- 20 CCDA Samples in XML- Local iNexx Platform Install- CCDA Document is Unencrypted in local folder	Short: ~30 Business Days
<input type="checkbox"/> CCDA via Direct Message <ul style="list-style-type: none">- Organizational ID (OID)- 20 CCDA Samples in XML- Auto Trigger Direct Message w/ CCDA Attachment (Preferred)	Short: ~30 Business Days
<input type="checkbox"/> Provide & Register w/o ADT HL7 Interface (ITI-41) <ul style="list-style-type: none">- Organizational ID (OID)- 20 CCDA Samples in XML- Auto Trigger Event for Sending CCDA Document- Server Certificate Public Key (TLS Handshake)	Moderate: ~45 Business Days
<input type="checkbox"/> Provide & Register with ADT HL7 Interface (ADT and ITI-41) <ul style="list-style-type: none">- Organizational ID (OID)- 20 CCDA Samples in XML- Auto Trigger Event for Sending CCDA Document- Server Certificate Public Key (TLS Handshake)- ADT HL7 Outbound Interface- 100 ADT Message Samples (All trigger events) and Assessment- VPN Tunnel	Moderate to Long: ~90 Business Days