Costs and Limitations of Certified Health IT

Capability	**Description of Capability**	**Costs or Fees** *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*	**Contractual Limitations** *Limitations 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*	**Technical or Practical Limitations** *Limitations 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*
[Identify the capability and associated certification criteria]	[Describe, in plain language, the intended and other reasonable uses of the capability as marketed]	[Describe, with particularity, the nature, magnitude, and extent of the additional types of costs. The disclosure must describe the factors that impact additional types of costs, including but not limited to geographical considerations, volume and usage, costs associated with necessary interfaces or other licenses or technology, and costs associated with exchange partner technology and characteristics, among other relevant factors. Are the costs per provider or per organization, an ongoing or a one-time fee, volume based or a flat fee, or costs requiring a 3rd party service?]	[Describe, with particularity, the nature, magnitude, and extent of the limitations. This description should, if relevant, include an explanation of how the limitations associated with non-certified capabilities may interfere with the use or implementation of any certified capability] **If there are no contractual limitations associated with this capability, indicate "No contractual limitations"*	[Describe, with particularity, the nature, magnitude, and extent of the limitations. This description should, if relevant, include an explanation of how the limitations associated with non-certified capabilities may interfere with the use or implementation of any certified capability] **If there are no technical or practical limitations associated with this capability, indicate "No technical or practical limitations"*
ePrescribing at discharge functionality. NewCropRx is used for the ePrescribing functionality.170.314.b.2, b.3 and g.2	This functionality allows users to access the Surescripts and RxHUB exchanges that connect health plan formularies for real time prescription formulary matching and that connects retail pharmacies who can receive electronic prescriptions.	Per ePrescribing Provider fees starting at $45 per provider per month; for those providers requiring Electronic Controlled Substance Prescribing there is a set-up fee per hospital starting at $2,000 one time only and additional annual per provider fees starting at $80 per year. Additional fees for FOBs may be necessary for authentication of the prescriber.	None	No technical or practical limitations other than the unavailability of a local pharmacy that is capable of receiving ePrescriptions.

Direct messaging functionality (including transitions of care, discharge summaries, and clinical messaging functionality). [Relevant certification criteria: § 170.314(b)(1) and (2), h(1)- (3).]	his functionality allows users to send and X receive Direct-based messages to/from other users of certified health IT systems. Direct messages may include clinical data, notes, and other summary of care or transitions of care records as well as attachments. Our Direct offerings support related Meaningful Use and ONC requirements for sending and receiving transitions of care summary documents. We also support a range of other messaging options. Our Direct capabilities include the MaxMD Health Internet Service Provider (HISP) services for facilitating message exchange. However, see limitations and additional types of costs that may apply for these and other third-party HISPs.	Annual licensing and subscription fees are included in our base service agreement for Critical Access Hospitals with fewer than 5 Direct user accounts using the MaxMD HISP. There is an annual fee to use MaxMD for organizations with 6+ Direct user accounts. Base licensing and subscription fee includes up to 5 seats (1 seat per registered clinician or user). Additional seats can be licensed under an additional subscription fee as needed. there are no transaction fees. We support the use of other HISPs; our interface team will work with that HISP to configure and integrate it so that a Summary of Care/Transition of Care record in the CCD-A format can be exchanged using that HISP seamlessly from within Amrita HIS. A connection fee will be charged to integrate with a HISP other than MaxMD, although this is negotiable at the time of contract review; in some cases the fee will be waived if the HISP is part of the regional or Statewide Health Information Exchange.	Pursuant to MaxMD's security policy, the None Direct messaging capability is restricted and users will be unable to exchange messages with users of third-party HISPs with whom the developer does not have a trust agreement.	None

Patient Education Functionality. Exitcare is used for the patient education functionality 170.314.a.15	This functionality allows users to provide patients with context specific education using the Exitcare evidence based library of discharge educational resources, as required by Meaningful Use.	Annual license fee starting at $4,000.	None	None
Public Health Reporting functionality. This certified product-version in some cases will require one-time costs and ongoing monthly support fees to establish interfaces for reporting to immunization registries, syndromic surveillance registries, electronic laboratory results registries, and specialized registry reporting (170.314.f.1, 170.314.f.2, 170.314.f.4). 170.314.f.3,	This functionality allows users to submit reporting to Public Health Agencies and specialized registries in compliance with the Meaningful Use standards and objectives and the ONC requirements.	Interface set-up and testing fees are negotiated during contract discussions; the fee generally is no more than $5,000 per interface, however fees will be waived for clients in markets that we are established with existing Public Health Agencies or specialized registries. The interface maintenance fee is included in our annual support fee.	None	Public Health Agencies may have a long testing queue and it could take users excessive time to be accepted for testing. Testing may require configuration changes which we will promptly complete, but PHA retesting queues could again delay approval. PHA's may change their interface or transmission protocols requiring our reconfiguration and testing. While this will not generate additional fees it could create production delays beyond our control.
HIE Integration	This functionality allows users to send or receive data such as clinical records to/from a health information exchange	Initial Set up and configuration fees dependent on the HIE's requirements; the fee generally is no more than $2500 per unidirectional interface. Ongoing fees are part of annual support	None	The testing process can be complicated and subject to HIE resource availability. The HIE or the end user are dependent on Internet connectivity.