

**Foothold Technology, AWARDS v2.6: Costs and Limitations of Certified Health IT (2014 Edition)**

| <u>2014 Final Rule Capability</u>               | <u>Description of Capability</u>   | <u>Costs or Fees</u><br><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> | <u>Contractual Limitations</u><br><i>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</i> | <u>Technical or Practical Limitations</u><br><i>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</i> |
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| 170.314(a)(1) Computerized provider order entry | To conform to the CEHRT definition we have implemented the RxNorm codeset through our E-Prescribing application and LOINC through a partnership with IMO for their ProblemIT and ProcedureIT products. The Medical module Medications feature provides access to CPOE for medications and the E-prescribing feature and the Laboratory Orders and Diagnostic Test Info features provide access to Laboratory and Radiology/Imaging features. | IMO has an annual fee of \$2,100 plus professional association licensing fees. The AMA and APA license the CPT® codeset and DSM® respectively. Please contact them for more information.   | No contractual limitations   | No technical or practical limitations.   |
| 170.314(a)(5) Problem List                      | The Medical module Diagnoses feature is used to enter, update, and delete consumer diagnoses information, as well as to generate customized reports of diagnoses data. We utilize IMO's Problem IT product for coding by condition description.  |  |  |  |

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| 170.314(a)(2)(8) Clinical Decision Support                          | With this enhancement, a new read-only "Clinical Decision Report" section is displayed on a client's face sheet. This section displays columns for Criteria, Details and Decision Support. Additional pieces of information are displayed in a pop-up when users place the mouse over the Criteria information. The following alerts may display in this section, based on information entered in the client's record. The list below contains the name of the alert, followed by information reflective of the data components used and their data entry location. | No cost or fees   | No contractual limitations  | Clinical Decision Support in AWARDS is limited to the following measures:<br><br>1. Clinical Decision Support – Beta-Blocker Therapy<br>2. Clinical Decision Support – BMI Management<br>3. Clinical Decision Support – Depression Screening<br>4. Clinical Decision Support – Diabetes Follow Up Care<br>5. Clinical Decision Support – Hypertension Screening<br>6. Clinical Decision Support – Suicide Risk Assessment Screening<br>7. Clinical Decision Support – Tobacco Use |
| 170.314(b)(3) Electronic Prescribing                                | We have partnered with another vendor to integrate E-prescribing in the EHR with a two-way data exchange where demographics are pulled from the EHR into the E-prescribing application and medication and prescription information is pushed to the EHR.  | E-prescribing requires a setup fee of \$1300 (including training) for the database, a one-time setup fee per prescriber for EPCS of \$150, and monthly per prescriber fees of \$65. | Each prescriber license comes with five free non-prescriber licenses. |   |
| 170.314(a)(10) Drug Formulary and Preferred Drug List Checks        | The drug formulary and drug list checks occur outside of the EHR in the E-prescribing application.  |   |   |   |
| 170.314(b)(4) Clinical Information Reconciliation and Incorporation | The EHR providers users with the ability to reconcile clinical information and incorporate it into the EHR through multiple sources of information such as SureScripts via the E-prescribing application, the MedAllies HISP, and other health information exchanges. The clinical reconciliation feature allows users to pick and choose which records they would like to retain from an electronic health document such as a CCD or CCDA.   | Interoperability functionality requires a one time activation fee of \$7500 for a HISP connection with unlimited addresses and one HIE connection or a \$5000 fee for               |   | No technical or practical limitations.  |

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| 170.314(b)(1)(2) Transitions of Care  | With this enhancement, a Transition of Care Summary button will show on the Discharge form when viewed in report mode for selected programs. When this button is clicked, a CCDA will be generated and the user will have the ability to View, Download, or Transmit the record to another setting of care. | either the HISP connection or one HIE connection. Additional HIE connections can be added for a \$5000 activation fee. Each HIE connection carries a \$2500 maintenance fee in subsequent years. | No contractual limitations | The MedAllies Network is intended to be used to transmit messages between participants in the MedAllies Network ("Participants"), including Participants that are health care providers. There may be errors or omissions in the health information transmitted through the MedAllies Network. MedAllies does not and cannot independently verify or review any information transmitted through the MedAllies Network for accuracy or completeness. |
| 170.314(e)(1) View, Download, and Transmit to 3rd Party   | This feature allows patients to view, download, or transmit the CCDA (electronic healthcare document) for the patient or to another provider.   |  |                            | No technical or practical limitations.  |
| 170.315(c)(1)(2)(3) Clinical Quality Measures - Record and Export, Import and Calculate, Report   | The Clinical Quality Report is one of two components of the EHR's Meaningful Use Dashboard.   | The Meaningful Use Dashboard requires a one time setup fee of \$3000 per Eligible Provider.  | No contractual limitations | The EHR is currently limited to reporting on the following eCQMs:<br>CMS165v2, CMS138v2, CMS69v2, CMS68v3, CMS156v2, CMS166v3, CMS128v2, CMS155v2, CMS161v2   |
| 170.315(g)(1)(2) Automated Numerator Recording, Automated Measure Calculation   | The Objectives Report is one of two components of the EHR's Meaningful Use Dashboard and reports out on the objectives required by the incentive program.   |  |                            | The EHR is currently limited to the 2014 Edition Stage 2 report, however documentation is provided to map to the incentive year 2016 objectives.  |
| 170.314(f)(1)(2)(3)(4) Immunization Information, Transmission to immunization registries, Transmission to public health agencies - syndromic surveillance, Transmission of reportable laboratory tests and values/results | The EHR is capable of reporting all of the relevant data to all of the required facilities and organizations.   | No cost or fees  | No contractual limitations | The EHR is limited to reporting by region and whether the designated entities are capable of receiving the required reports.  |