Costs and Limitations of Certified Health IT – CareVue Release 2.1

Capability and Description	Costs or Fees
CareVue is an integrated EHR system for acute care and inpatient behavioral health environments, as well as integrated delivery networks. It is 2015 Edition ONC certified for both inpatient and ambulatory use. Capabilities include computerized provider order entry for medications, laboratory and imaging tests, electronic prescribing, drug-drug and drug-allergy checks, clinical decision support, vitals, problem lists, medication lists, electronic notes, family health history, and electronic medication administration record. 2015 Edition applicable criteria: a1-5, a9-10, a12-14, b1-3, b6, c1, d1-9, d12-13, e1-3, f1-3, f7, g2-9, h1	CareVue is licensed on a subscription basis, typically for a five-year term with a fixed annual cost. There is no charge for upgrades as new versions of software are released during the term of the subscription. Software may be deployed on customer's servers or remotely cloud hosted by Medsphere. If the software is cloud hosted, Medsphere manages servers and backups and the customer has a per user, per month cost. If software is deployed on customer servers, additional costs may be incurred for operating system and database licenses. Additional cost may be incurred for the use of the MediSpan pharmacy database. Customers who require Current Procedural Terminology (CPT) codes must license them from the American Medical Association in the form of a sublicense from Medsphere, which involves an additional cost to Customer. Travel and expenses may be incurred during the implementation and training phase of the deployment.
Clinical Messaging and Patient Portal These features support sending and receiving secure, encrypted messages using the Direct protocol and securely posting data on a patient portal for patient access. 2015 Edition applicable criteria: b1-2, e1-3	Clinical messaging and patient portal may require an additional cost. The cost is a fixed annual amount allowing unlimited patient portal use and up to 100 Direct addresses. Up to 100 Direct addresses may be deployed without additional cost. Establishing more than 100 Direct addresses will incur cost per address, per month limits placed on portal or messaging. No charges for establishing connectivity to additional HISPs.
Electronic Prescribing E-prescribing, including EPCS (for controlled substances), is supported within CareVue. 2015 Edition applicable criterion: b3	Electronic prescribing may incur an additional cost, per prescriber per month. EPCS for controlled substance may incur an additional cost for real time prescriber identity verification services. Cost is per prescriber, per month.
Interfaces CareVue supports a variety of interfaces to other health information technology, including systems for ADT (Admission, Discharge, Transfer), Orders, Results, Procedures, Charges, Images, Text, Lab Information Systems (LIS), Picture Archiving and Communications Systems (PACS), and Automated Dispensing Machines (ADM) for medications. Other interfaces are provided for reporting of lab results to public health agencies, immunizations to immunization registries, and syndromic surveillance reporting. 2015 Edition applicable criteria: f1-3	Custom interfaces may incur a one-time implementation cost and ongoing annual support cost. Interfaces to laboratory devices may require licensing of additional lab device software from a third party. Customization of standard reporting interfaces for public health reporting to meet state or local requirements may incur additional cost.

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Data Export CareVue provides the ability to export data at a given time or on a recurring schedule, for selected patients or all patients, for specific encounters or a date range. Health care surveys can also be exported, compliant with the standard for National Health Care Surveys Release 1.2, DSTU. 2015 Edition applicable criteria: b6, f7	There is no fee for the use of the data export or health care survey functions. A customer seeking to export large quantities of data may incur costs for specialized support if they require export of data in formats other than the standard CCDA formats supported by Medsphere.
Application Programming Interface CareVue has a published application programming interface designed to support development and deployment of applications by our customers or third parties to securely access protected health information. These applications may be designed for use by patients or by authorized providers. 2015 Edition applicable criteria: g7-9	A cost may be incurred to configure and support real-time access of patient data via the API. This may include a one-time cost for configuration, and an ongoing cost for support, which may have a fixed and a variable component (based on volume of access).
Electronic Clinical Quality Measures CareVue supports the export of QRDA Category I files for calculation of electronic clinical quality measures (eCQMs) in other software. 2015 Edition applicable criterion: c1	A cost may be incurred for deployment and support of a tool to import data and calculate eCQMs and report the results.
Patient Specific Education CareVue provides various techniques to access patient education materials, including use of the Infobutton standard to access websites. 2015 Edition applicable criterion: a13	Some education services may require a license, which may incur additional fees. The default sources linked to by CareVue release 2.1 do not require a license.

The CareVue EHR is 2015 Edition compliant 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.

2015 Edition Certified Criteria:

- 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)(10) - Drug-formulary and preferred drug list checks
- 170.315(a)(12) - Family health history
- 170.315(a)(13) - Patient-specific education resources
- 170.315(a)(14) - Implantable device list
- 170.315(b)(1) - Transitions of care
- 170.315(b)(2) - Clinical information reconciliation and incorporation
- 170.315(b)(3) - Electronic prescribing
- 170.315(b)(6) - Data export
- 170.315(c)(1) - Clinical Quality Measures – record and export
- 170.315(d)(1) - Authentication, access control, authorization
- 170.315(d)(2) - Auditable events and tamper-resistance
- 170.315(d)(3) - Audit report(s)
- 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
- 170.315(d)(13) - Multi-factor authentication
- 170.315(e)(1) - View, download, and transmit to 3rd party
- 170.315(e)(2) - Secure messaging
- 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 value/results
- 170.315(f)(7) - Transmission to public health agencies – health care surveys
- 170.315(g)(2) - Automated measure calculation
- 170.315(g)(3) - Safety-enhanced design
- 170.315(g)(4) - Quality system management
- 170.315(g)(5) - Accessibility-centered design
- 170.315(g)(6) - Consolidated CDA creation performance
- 170.315(g)(7) - Application access – patient selection
- 170.315(g)(8) - Application access – data category request
- 170.315(g)(9) - Application access – all data request
- 170.315(h)(1) - Direct Project

Clinical Quality Measures Certified (Inpatient):

- CMS9 EXCLUSIVE BREAST MILK FEEDING
- CMS26 HPMC-1 ASTHMA HOME MANAGEMENT PLAN OF CARE
- CMS31 EHDI-1A - HEARING SCREENING PRIOR TO HOSPITAL DISCHARGE
- CMS53 AMI 8A PCI RECEIVED < 90 MINUTES
- CMS55 ED-1 MEDIAN TIME FROM ARRIVAL TO DEPARTURE FOR ADMITTED ED PATIENTS
- CMS71 STROKE-3 ISCHEMIC STROKE – ANTICOAGULATION THERAPY FOR ATRIAL FIBRILLATION/FLUTTER
- CMS72 STROKE-5 ISCHEMIC STROKE – ANTITHROMBOTIC THERAPY BY END OF HOSPITAL DAY TWO
- CMS102 STROKE-10 ISCHEMIC OR HEMORRHAGIC STROKE – ASSESSED FOR REHABILITATION
- CMS104 STROKE-2 ISCHEMIC STROKE – DISCHARGED ON ANTI-THROMBOTIC THERAPY
- CMS105 STROKE-6 ISCHEMIC STROKE – DISCHARGED ON STATIN MEDICATION
- CMS107 STROKE-8 ISCHEMIC OR HEMORRHAGIC STROKE – STROKE EDUCATION
- CMS108 VTE-1 VTE PROPHYLAXIS
- CMS111 ED-2 MEDIAN ADMIT DECISION TIME TO ED END TIME FOR ADMITTED PATIENTS
- CMS113 PC-01 ELECTIVE DELIVERY PRIOR TO 39 COMPLETED WEEKS GESTATION
- CMS190 VTE-2 INTENSIVE CARE UNIT (ICU) VTE PROPHYLAXIS

Clinical Quality Measures Certified (Ambulatory):

- CMS122 DIABETES: HEMOGLOBIN A1C (HBA1C) POOR CONTROL (>9%)
- CMS129 PROSTATE CANCER: AVOIDANCE OF OVERUSE OF BONE SCAN FOR STAGING LOW RISK PROSTATE CANCER PATIENTS
- CMS132 CATARACTS: COMPLICATIONS WITHIN 30 DAYS FOLLOWING CATARACT SURGERY REQUIRING ADDITIONAL SURGICAL PROCEDURES
- CMS133 CATARACTS: 20/40 OR BETTER VISUAL ACUITY WITHIN 90 DAYS FOLLOWING CATARACT SURGERY
- CMS139 FALLS: SCREENING FOR FUTURE FALL RISK
- CMS142 DIABETIC RETINOPATHY: COMMUNICATION WITH THE PHYSICIAN MANAGING ONGOING DIABETES CARE
- CMS146 APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS
- CMS154 APPROPRIATE TREATMENT FOR CHILDREN WITH UPPER RESPIRATORY INFECTION (URI)
- CMS156 USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY
- CMS157 ONCOLOGY: MEDICAL AND RADIATION - PAIN INTENSITY QUANTIFIED
- CMS159 DEPRESSION REMISSION AT TWELVE MONTHS
- CMS165 CONTROLLING HIGH BLOOD PRESSURE
- CMS166 USE OF IMAGING STUDIES FOR LOW BACK PAIN
- CMS177 CHILD AND ADOLESCENT MAJOR DEPRESSIVE DISORDER (MDD): SUICIDE RISK ASSESSMENT
- CMS50 CLOSING THE REFERRAL LOOP: RECEIPT OF SPECIALIST REPORT

- CMS56 FUNCTIONAL STATUS ASSESSMENT FOR TOTAL HIP REPLACEMENT
- CMS65 HYPERTENSION: IMPROVEMENT IN BLOOD PRESSURE
- CMS66 FUNCTIONAL STATUS ASSESSMENT FOR TOTAL KNEE REPLACEMENT
- CMS68 DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD
- CMS75 CHILDREN WHO HAVE DENTAL DECAY OR CAVITIES
- CMS90 FUNCTIONAL STATUS ASSESSMENTS FOR CONGESTIVE HEART FAILURE
- CMS125 BREAST CANCER SCREENING
- CMS124 CERVICAL CANCER SCREENING
- CMS130 COLORECTAL CANCER SCREENING
- CMS164 ISCHEMIC VASCULAR DISEASE (IVD): USE OF ASPIRIN OR ANOTHER ANTITHROMBOTIC
- CMS2 SCREENING FOR CLINICAL DEPRESSION AND FOLLOWUP
- CMS9 EXCLUSIVE BREAST MILK FEEDING (PC-05)
- CMS147 INFLUENZA IMMUNIZATION
- CMS185 UNEXPECTED NEWBORN COMPLICATIONS (UNC)