



Costs and Limitations

For Certified Healthcare IT EHR

IO Practicewear V 8.1

07/20/2017

Costs and Limitations for IO Practicewear V. 8.1

Capability and Description

2014 Edition criteria applicable to IO Practicewear V. 8.1: a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, b1, b2, b3, b4, b5A, b7, c1, c2, c3, d1, d2, d3, d4, d5, d6, d7, d8, e1, e2, e3, f1, f2, f3, g2,g3,g4

IO Practicewear V. 8.1 is a server based EHR that supports healthcare professionals in ophthalmology and optometry in outpatient ambulatory environments. . It allows users to perform a wide range of functions such as to:

- document, review, and edit patient health information including but not limited to problem lists, medication lists, medication allergy lists, family health history, and all aspects of the patient's eye exam,
- perform CPOE (computerized provider order entry) for medications, laboratory orders and imaging procedures,
- electronically create prescriptions and prescription-related information for electronic transmission to pharmacies,
- measure CQMs (clinical quality measures) and to export these in standard file formats,
- be alerted to possible CDS (clinical decision support) interventions

Types of Costs or Fees and Additional Types of Costs or Fees

There is an additional up-front fee, flat fee charged on a per-organization basis, to cover the costs of setting up the integration between the IO EHR/PM suite and eRx functionalities. Additional monthly support and maintenance fees are charged based on a flat-rate per provider, per organization, to cover the costs of supporting, maintaining, and updating the eRx features integrated into the IO EHR/PM suite. The aforementioned costs associated with using eRx capabilities in IO are charged in addition to the basic support and up-front fees* associated with using the IO EMR/PM suite.

There is an additional up-front fee, flat fee charged on a per-organization basis, to cover the costs of setting up the integration between the IO EHR/PM suite and the DIRECT messaging functionalities. Additional monthly support and maintenance fees are charged based on a flat-rate per provider, per organization, to cover the costs of supporting, maintaining, and updating the DIRECT messaging features integrated into the IO EHR/PM suite.

There is an additional up-front fee, flat fee charged on a per-organization basis, to cover the costs of setting up the integration between the IO EHR/PM suite and the online patient portal functionalities. Additional monthly support and maintenance fees are charged based on a flat-rate per provider, per organization. The flat-rate for part-time providers is lower than the flat-rate for full-time providers. Whether a provider is considered full-time or part-time is determined by number of hours worked per week at the client organization. IO reserves the right to determine whether a provider is considered full-time or part-time for the purposes of the recurring monthly support & maintenance fees. The aforementioned costs associated with usage of the patient portal are charged in addition to the basic support and up-front fees* associated with using the IO EMR/PM suite.

To submit records or data to any registry, fees imposed by the registry accepting the data may apply. For automated registry transmission, a minimal additional monthly fee per provider, per practice may apply to cover support and maintenance fees. A one-time set up fee may apply to cover the cost of the initial integration work. Support and up-front fees associated with the IO EMR/PM suite are requisite for using IO's registry transmission functionality (a feature included in the IO EMR/PM suite).*

*For every feature included in the IO PM/EHR suite, basic monthly support fees and a one-time go-live/setup fee will be necessary in order to use the entire IO suite of products and features. Basic monthly support fees for using the entire IO suite are calculated at a flat rate per provider, per organization. The flat rate per provider, per organization may vary based on how the organization chooses to host their data (locally or cloud-based) as well as whether the organization chooses to use only the EHR, only the PM, or both the PM and the EHR. An up-front fee may also be requisite depending several variables, including the number of users within the organization and the organization's requested level of training (i.e., number and type of sessions or days of in-person or online training sessions), as well as an additional fee to cover any IT support that IO may be requisite to provide during the go-live process. For features which require an additional fee - those fees will be added into the client organization's financial agreement with IO according to the disclosures for the additional fee, and collected as an up-front fee when applicable, or billed monthly as an additional line item on IO's support bill.

Limitations (Contractual/Business)

Each user's organization must sign an agreement with IO prior to going-live with the software. This contract will include the financial agreement* between IO and the client organization. If the client organization breaches their contract during the implementation or use of any capability included in the IO PM/EHR suite (including this particular capability), IO reserves the right to temporarily discontinue its services until past-due payments are made.

Additional setup and ongoing support is necessary to enable and maintain the eRx and eRx-related capabilities which may result in an additional clause in the client's contract which will specify associated fees (as disclosed in the previous column).

Additional setup and ongoing support is necessary to enable and maintain the DIRECT and DIRECT-related capabilities which may result in an additional clause in the client's contract which will specify associated fees (as disclosed in the previous column).

Limitations (Technical/Practical)

There may be such limitations imposed by NewCrop, IO's 3rd party eRx provider, including the following:

New prescriptions and renewal request messaging is supported only with pharmacies on the Surescripts and Weno networks

Secure Messaging is supported only with providers on the Surescripts network and their partnered HISPs

This Complete EHR is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services.

Vendor	Version	Date Certified	Certification Number
IO Practicewear	8.1	April 17, 2014	04172014-2358-8

Criteria Certified

- 170.314(a)(1) COMPUTERIZED PROVIDER ORDER ENTRY
- 170.314(a)(2) DRUG-DRUG, DRUG-ALLERGY INTERACTION CHECKS
- 170.314(a)(3) DEMOGRAPHICS
- 170.314(a)(4) VITAL SIGNS, BODY MASS INDEX, AND GROWTH CHARTS
- 170.314(a)(5) PROBLEM LIST
- 170.314(a)(6) MEDICATION LIST
- 170.314(a)(7) MEDICATION ALLERGY LIST
- 170.314(a)(8) CLINICAL DECISION SUPPORT
- 170.314(a)(9) ELECTRONIC NOTES
- 170.314(a)(10) DRUG-FORMULARY CHECKS
- 170.314(a)(11) SMOKING STATUS
- 170.314(a)(12) IMAGE RESULTS
- 170.314(a)(13) FAMILY HEALTH HISTORY
- 170.314(a)(14) PATIENT LIST CREATION
- 170.314(a)(15) PATIENT-SPECIFIC EDUCATION RESOURCES
- 170.314(b)(1) TRANSITIONS OF CARE - RECEIVE, DISPLAY, AND INCORPORATE TRANSITION OF CARE/REFERRAL SUMMARIES
- 170.314(b)(2) TRANSITIONS OF CARE - CREATE AND TRANSMIT TRANSITION OF CARE/REFERRAL SUMMARIES
- 170.314(b)(3) ELECTRONIC PRESCRIBING
- 170.314(b)(4) CLINICAL INFORMATION RECONCILIATION
- 170.314(b)(5) INCORPORATE LABORATORY TESTS AND VALUES/RESULTS
- 170.314(b)(7) DATA PORTABILITY
- 170.314(c)(1) CLINICAL QUALITY MEASURES - CAPTURE AND EXPORT
- 170.314(c)(2) CLINICAL QUALITY MEASURES - IMPORT AND CALCULATE
- 170.314(c)(3) CLINICAL QUALITY MEASURES - ELECTRONIC SUBMISSION
- 170.314(d)(1) AUTHENTICATION, ACCESS CONTROL, AND AUTHORIZATION

Criteria Certified Cont'd

- 170.314(d)(2) AUDITABLE EVENTS AND TAMPER-RESISTANCE
- 170.314(d)(3) AUDIT REPORT(S)
- 170.314(d)(4) AMENDMENTS

- 170.314(d)(5) AUTOMATIC LOG-OFF
- 170.314(d)(6) EMERGENCY ACCESS
- 170.314(d)(7) END-USER DEVICE ENCRYPTION 8
- 170.314(d)(8) INTEGRITY
- 170.314(e)(1) VIEW, DOWNLOAD, AND TRANSMIT TO 3RD PARTY
- 170.314(e)(2) CLINICAL SUMMARY
- 170.314(e)(3) SECURE MESSAGING
- 170.314(f)(1) IMMUNIZATION INFORMATION
- 170.314(f)(2) TRANSMISSION TO IMMUNIZATION REGISTRIES
- 170.314(f)(3) TRANSMISSION TO PUBLIC HEALTH AGENCIES - SYNDROMIC SURVEILLANCE
- 170.314(g)(2) AUTOMATED MEASURE CALCULATION
- 170.314(g)(3) SAFETY-ENHANCED DESIGN
- 170.314(g)(4) QUALITY MANAGEMENT SYSTEM

Clinical Quality Measures Certified

- CMS50 CLOSING THE REFERRAL LOOP
- CMS68 DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD
- CMS69 PREVENTATIVE CARE AND SCREENING: BODY MASS INDEX (BMI) SCREENING AND FOLLOW-UP PLAN
- CMS131 DIABETES EYE EXAM
- 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
- CMS138 PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION
- CMS142 DIABETIC RETINOPATHY: COMMUNICATION WITH THE PHYSICIAN MANAGING ONGOING DIABETES CARE
- CMS143 PRIMARY OPEN ANGLE GLAUCOMA (POAG) OPTIC NERVE EVALUATION
- CMS156 USE OF HIGH RISK MEDICATIONS IN THE ELDERLY
- CMS165 CONTROLLING HIGH BLOOD PRESSURE
- CMS167 DIABETIC RETINOPATHY: DOCUMENTATION OF PRESENCE OR ABSENCE OF MACULAR EDEMA AND LEVEL OF SEVERITY OF RETINOPATHY

Additional Software for Demonstration

NewCrop Rs, Healthwise, Omedix, Kryptic, Surescripts Network for Clinical Interoperability

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