



Costs and Limitations
For Certified Healthcare IT EHR
myCare iMedicWare R8-V2
06/2020

Capability and Description **Costs and Limitations for myCare iMedicWare Version R8-V2**

2015 Edition criteria applicable to myCare iMedicWare Version R8-V2: a1, a2, a3, a4, a5, a9, a10, a12, a13, a14, b1, b2, b6, c1, d1, d2, d3, d4, d5, d6, d7, d8, d9, d10, d11, e1, e2, e3, g2, g3, g4, g5, g6, g7, g8, g9,

myCare iMedicare Version R8-V2 EHR is single platform cloud-based solution 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,
- capture CQMs (clinical quality measures) and to export these in standard file formats,
- be alerted to possible CDS (clinical decision support) interventions
- create and send health care summaries to the patient portal
- **Direct Mail Solutions** - This functionality allows users to send and receive Direct-based messages to/from other users of certified health IT systems. Direct messages may include clinical data, notes, and other information. 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 including fax and email as well as printing conventional letters. Our Direct capabilities include bundled Health Internet Service Provider (HISP) services for facilitating message exchange. However, see additional types of costs that may apply for these and other third-party HISPs.

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

There is a base licensing and subscription fee for each provider

A connection fee will be charged to establish a connection to each third-party HISP with whom iMedicWare currently has no relationship. The cost of establishing connections can be substantial and may exceed the annual licensing and subscription fee in some cases. All costs are passed on to the customer(s) who requests the connection.

Storage and archiving of Direct messages on the either the customer's or a third party, HIPAA-compliant servers is included with the annual licensing and subscription fee at no additional charge. Most of our customers rely exclusively on this service. However, additional fees may apply should the customer wish to host or archive Direct messages and related content (e.g. attachments, metadata) on our health information providers servers. Fees are based strictly on the time, materials, and other costs to Datamotion's ability to accommodate customer's specific requirements.

This Health IT Module is 2015 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
myCare iMedicWare	R8-V2	Dec, 6 2019	15.04.04.2998.iMed.R8.01.1.191206

Criteria Certified

- 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
- 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)(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)(10): Auditing Actions on Health Information
- 170.315 (d)(11): Accounting of Disclosures
- 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 (g)(2): Automated Measure Calculation
- 170.315 (g)(3): Safety-Enhanced Design
- 170.315 (g)(4): Quality Management System
- 170.315 (g)(5): Accessibility-Centered Design
- 170.315 (g)(6): Consolidated CDA Creation
- 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

Clinical Quality Measures Certified

- CMS50 CLOSING THE REFERRAL LOOP
- CMS68 DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD
- CMS131 DIABETES EYE EXAM
- 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

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