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MEDTRON Software Intelligence Corporation, MEDEHR Version 2.0
MEDEHR Price Transparency Statement, Disclosure of Cost and Limitations

To Drummond Group:

For public release and exact language used for our website and marketing distributions:

See table below for each Meaningful Use Objective, Capability, Description, Cost, and Limitations.

This language will be displayed on our website here:

<https://www.medtronsoftware.com/medehr>

http://www.medtronsoftware.com/all_newsblasts

We agree to notify Drummond Group of any and all future changes to our transparency and disclosures language for this certified product-version.

We understand and agree that the ONC Health IT Certification Program Final Rule statement gives Drummond Group, as an ONC-ACB, the sole responsibility for ensuring compliance and determining appropriate consequences if EHR technology developers fail to divulge accurate transparency and disclosures information.

We understand and agree that we will provide to Drummond Group copies of or give access to any and all websites, marketing materials, communication statements, and other assertions made by your organization regarding the ONC certification status of this product in a reasonable time to ensure the transparency and disclosures information is being accurately disclosed.

Respectfully,

Rick Salter, VP/COO

MEDTRON Software Intelligence Corporation

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Costs and Limitations of Certified Health IT: MEDEHR Version 2.0 CERT ID: 1314E01PK1YOEAD | CHPL ID: 08282014-2195-5

Capability	Description of Capability	Costs or Fees	Contractual Limitations	Technical or Practical Limitations
<p>OBJECTIVE #1</p> <p>Security Risk Assessment § 170.314(d)(1)-(d) (9)</p>	<p>EPs must conduct or review a security risk analysis of CEHRT including addressing encryption/security of data and implement updates as necessary at least once each calendar year and attest to conducting the analysis or review.</p>	<p>Not applicable. Any costs to complete a Security Risk Assessment are the responsibility of the EP.</p>	<p>Not applicable. The EP is responsible for conducting their own analysis in accordance to the measure guidelines as defined by the ONC.</p>	<p>No technical or practical limitations.</p>
<p>OBJECTIVE #2</p> <p>Clinical Decision Support §170.314(a)(8)</p> <p>Drug-Drug, Drug-Allergy Interaction Checks 170.314 (a)(2)</p>	<p>Various clinical decision support interventions related to clinical quality measures are part of the encounter workflow (i.e. problem list, medication list, allergy list, vital signs, etc.). In addition, during computerized provider order entry (CPOE), interventions automatically and electronically indicate to a user, drug-drug and drug-allergy contraindications based on a patient's medication list and medication allergy list.</p>	<p>Clinical Decision Support requires a third-party subscription with Isabel Healthcare which has monthly fees depending on the number of users. http://www.isabelhealthcare.com</p> <p>Drug-Drug and Drug-Allergy Interactions do not require any additional fees. This feature is included in the per provider monthly Remote Computing Services fee.</p>	<p>Clinical Decision Support requires a third-party contract with Isabel Healthcare. http://www.isabelhealthcare.com</p> <p>Drug-Drug and Drug-Allergy Interactions is part of Surescripts which requires a one-time ID proofing to confirm the identity of the provider. No contractual limitations. This feature is included in the Remote Computing Services Agreement.</p>	<p>Clinical Decision Support requires internet connection and the Isabel Healthcare relationship.</p> <p>Drug-Drug and Drug-Allergy Interactions requires internet connection and the Surescripts clearinghouse relationship, implemented per provider license as part of e-prescribing setup.</p>
<p>OBJECTIVE #3</p> <p>Computerized Provider Order Entry (CPOE) Medication Orders § 170.314(a)(1)</p> <p>Computerized Provider Order Entry (CPOE) Laboratory Orders § 170.314(a)(1)</p> <p>Computerized Provider Order Entry (CPOE) Radiology Orders § 170.314(a)(1)</p>	<p>Ability for licensed providers to e-prescribe via Surescripts clearinghouse.</p> <p>Ability for licensed providers to record laboratory and radiology orders electronically. Additional features available to interface orders and results electronically with a third-party.</p>	<p>No additional fees for medication CPOE. This feature is included in the per provider monthly Remote Computing Services fee.</p> <p>No additional fees to record laboratory and/or radiology orders as structured data. If additional functionality of electronically integrating orders and results with a third-party vendor/system, then an HL7 interface is required with additional one-time and monthly support fees dependent on the third-party specifications.</p>	<p>Surescripts requires a one-time ID proofing to confirm the identity of the provider. No contractual limitations. This feature is included in the Remote Computing Services Agreement.</p> <p>If selecting to integrate laboratory and/or radiology orders and results electronically with a third-party vendor/system, then EP may be required to contract with that third-party for those services.</p>	<p>Requires internet connection and the Surescripts clearinghouse relationship, implemented per provider license as part of e-prescribing setup.</p> <p>If selecting to integrate laboratory and/or radiology orders and results electronically with a third-party, then an internet connect and HL7 interface is required following defined HL7 specifications.</p>

OBJECTIVE #4 E-Prescribe Drug Formulary Checks § 170.314(b)(3) § 170.314(a)(10)	Ability for licensed providers to e-prescribe via Surescripts clearinghouse. Ability to electronically check whether a drug formulary (or preferred drug list) exists for a given patient and medication.	No additional fees. This feature is included in the per provider monthly Remote Computing Services fee.	Surescripts requires a one-time ID proofing to confirm the identity of the provider.	Requires internet connection and the Surescripts clearinghouse relationship, implemented per provider license as part of e-prescribing setup.
OBJECTIVE #5 Transition of Care Direct Messaging § 170.314 (b) (1) § 170.314 (b) (2)	Ability to receive, display, create and transmit a transition of care/referral summary.	Requires a third-party subscription with Kno2 which has monthly fees depending on the number of users. http://kno2.com/register/medtron	Requires a third-party contract with Kno2. http://kno2.com/register/medtron	For detailed instructions, see User Guide: MEDEHR Health Information Exchange Using KNO2.
OBJECTIVE #6 Patient Specific Education § 170.314(a)(15)	Ability to obtain patient-specific education information and content based on structured clinical data, i.e. problem list, medication list, etc.	No additional fees if EP scans or links educational documents. In addition, free online educational resources are available that are dynamic based on clinical conditions via DynaMed, MedlinePlus, Micromedex, PubMed, UpToDate, and Veterans Health Library. This feature is included in the per provider monthly Remote Computing Services fee.	No contractual limitations. This feature is included in the Remote Computing Services Agreement.	Requires internet connection if using the free online educational resources.
OBJECTIVE #7 Medication Reconciliation § 170.314 (b)(4)	Ability to identify the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital or other provider.	No additional fees, part of the e-prescribing feature. This feature is included in the per provider monthly Remote Computing Services fee.	Surescripts requires a one-time ID proofing to confirm the identity of the provider.	Requires internet connection and the Surescripts clearinghouse relationship, implemented per provider license as part of e-prescribing setup.
OBJECTIVE #8 Patient Electronic Access §170.314(e)(1)	Ability for patients to access their medical information with the provider via a patient portal.	No additional fees. This feature is included in the per provider monthly Remote Computing Services fee.	No contractual limitations. This feature is included in the Remote Computing Services Agreement.	Requires internet connection and secure user credentials.
OBJECTIVE #9 Secure Electronic Messaging § 170.314(e)(3)	Ability for patients to communicate with the provider via a patient portal.	No additional fees. This feature is included in the per provider monthly Remote Computing Services fee.	No contractual limitations. This feature is included in the Remote Computing Services Agreement.	Requires internet connection and secure user credentials.

<p>OBJECTIVE #10</p> <p>Public Health Reporting § 170.314(f)(1)-(f)(3)</p>	<p>Ability to interface select clinical and public health data to third-party state or regional registries, where applicable.</p>	<p>An HL7 or other type interface is required with additional one-time and monthly support fees dependent on the third-party registry specifications.</p>	<p>The EP may be required to contract with the third-party registry(s) for this reporting service.</p>	<p>Requires internet connect and HL7 or other type interface following defined specifications.</p>
<p>Clinical Quality Measures</p>	<p>Ability to record select Clinical Quality Measures as structured data.</p>	<p>No additional fees. This feature is included in the per provider monthly Remote Computing Services fee.</p>	<p>No contractual limitations. This feature is included in the Remote Computing Services Agreement.</p>	<p>No technical limitations. Practical limitations are based on the Clinical Quality Measures for which MEDEHR is certified.</p>