

Costs and Limitations of Certified Health IT			
Company: PBSI - Positive Business Solutions, Inc.			
PBSI-EHR "Off the Charts!" versions covered by this Document	CHPL Product Number		
2014 Edition version 3.2	12112014-2541-3		
2014 Edition version 3.3	12302015-9990-3		
Software is licensed from PBSI. PBSI staff provide installation and ongoing support services. Healthcare organizations use PBSI-EHR software under one of two license/hosting models:			
Software is provided as a Client/Server application that is hosted at the healthcare organization's data center or at a third party hosting facility.			
PBSI provides a hosting facility and can provide the application as an ASP license model.			
Capability and Description	Costs or Fees	Contractual Limitations	Technical or Practical Limitations
<p>PBSI Ambulatory Certified Complete EHR 2014 Edition criteria applicable to PBSI-EHR "Off the Charts!" :</p> <p>170.314 a1, a2, a3, a4, a5, a6, a7, a8, a9, a10, a11, a12, a13, a14, a15, 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</p> <p>PBSI Ambulatory EHR supports healthcare professionals and specialists in outpatient setting including Support for computerized provider order entry, customizable clinical decision support capabilities, including drug-drug, drug-allergy, and drug-formulary checks.</p> <p>Clinical documentation functions allow users to document, review, and edit patient demographics, vital signs, problem lists, medication lists, medication allergy lists, electronic notes, smoking status, and family health history. Users can also view image result reports from a patient's chart and create, view, and edit their patient lists.</p> <p>Electronic prescribing including new prescriptions, refills and the retrieval and display of Prescription history from payers and pharmacies. This system utilizes a drug database published by Cerner Multum and connects to the Surescripts network of Payers and Pharmacies. PBSI's certified status with Surescripts is published on the Surescripts.com website under certified vendors.</p> <p>Electronically receiving clinical laboratory tests and values/results and incorporating this information into a patient's chart.</p> <p>Patient education is provided using the client's selected documents or can be retrieved from MedLine Plus Connect. Letters, reminders and other correspondence can be generated using MS Word.</p> <p>PBSI-EHR supports clinical quality measures by providing built-in logic to extract patient data and using calculations generated by CQMSolutions to calculate numerators and denominators for our certified clinical quality measures. Quality measures are calculated based on data recorded in the EHR and can be exported in QRDA I or QRDA III format.</p>	<p>One-time software license fee, plus Training and implementation fees based upon the number of providers and annual maintenance fee.</p> <p>Annual maintenance fees are based upon the number of providers for whom the practice can bill. All additional staff have access at no additional cost.</p> <p>The fees pertain to one practice or legal entity.</p> <p>Certification and Interoperability requirements involves mapping data in PBSI to standard terminologies (e.g. CVX, SNOMED-CT,CPT,ICD10, LOINC, RXNORM,NDC,HL7), which may have their own licenses.</p> <p>Additional "costs and Limitations" may apply for these functions and are described in the sections below:</p> <ul style="list-style-type: none"> - Electronic Prescribing - Direct Messaging - Patient Education Materials - MS Word for Letters - Lab/Results Interfaces - Clinical Quality Measures - Patient Portal - Transmission to immunization or public surveillance agencies - Data portability <p>Annual maintenance fees per practice for use of the MULTUM Vantage Drug database and functions.</p>	<p>Additional practices that require separate databases for patient data are not included.</p> <p>Additional Providers that are added to the contract later will be charged a one-time license fee, training fees and be added to the annual maintenance fee program.</p> <p>Depending on client needs, there may be costs for additional services outside of the standard agreement for additional training, business analysis or implementation services.</p>	<p>The client must purchase reliable internet connectivity from the internet vendor of their choice in order for PBSI to provide support services and for user remote access, monitoring services, lab and all other 3 party interfaces.</p>
<p>Electronic Prescribing: 170.314 b.3</p> <p>Electronic prescribing requires the use of the MULTUM drug database which provides RXNORM and NDC coding as well as drug interaction data. The Surescripts network also requires the transmission of the electronic transactions utilize standard terminologies.</p>		<p>In order to participate in the SureScripts network as a prescriber, PBSI must follow established identity proofing policies before a new prescriber may be added.</p>	<p>Transmission of data to and from pharmacies, payers and the Surescripts network involves mapping data in PBSI-EHR to standard terminologies (e.g. CVX, SNOMED, LOINC), which may have their own licenses.</p>

<p>DIRECT messaging utilizing MaxMD certified HISP. 170.314 b.1, b.2, e.1</p> <p>This function provides for the transmission of the Transfer of Care/ CCDA document using the secure messaging of DIRECT email. Each user with a DIRECT email account may receive and send Transfer of care/ CCDA documents and meet the meaningful use criteria for Electronically Exchange of Transfer of Care Health Summary.</p> <p>Each DIRECT user will also have their own DIRECT email box.</p>	<p>Base licensing and subscription fees for DIRECT messaging include up to 2 DIRECT users. Additional users can be added as requested.</p> <p>Connection fees are charges for the initial setup, along with training fees which provides for personal training by a PBSI trainer.</p> <p>A monthly fee per user is charged and covers unlimited transactions including the sending and receiving of DIRECT messages. It also covers the interface between the HISP and the PBSI-EHR.</p>	<p>Users with a DIRECT email account can only transmit to a recipient who also has a DIRECT email account.</p> <p>MAXMD is a member of DIRECTTrust, however, pursuant to PBSI's and MaxMD's security policy, DIRECT messaging capability is restricted and users will be unable to exchange messages with users of third-party HISP's with whom MAXMD does not have a trust agreement either through the DIRECTTrust network or another trust agreement.</p> <p>Fees may be charged to work with MAXMD to establish a trust agreement with non-DIRECTTrust member HISPs.</p>	<p>Transmission or receiving of "transfer of care" or CCDA data using DIRECT messaging involves mapping data in PBSI to standard terminologies (e.g. CVX, SNOMED-CT, CPT, ICD10, LOINC, RXNORM, NDC, HL7), which may have their own licenses.</p>
<p>Patient Education Materials: 170.314 a.15</p> <p>Patient Education is provided by incorporating information provided by the client practice and is also provided by MedlinePlus Connect which is published by the National Library of Medicine.</p>	<p>•MedlinePlus Connect is available at no cost and does not require registration.</p>	<p>MedlinePlus contains both copyrighted and non-copyrighted material. Restrictions may apply when linking to copyrighted materials. For information on linking to MedlinePlus: https://www.nlm.nih.gov/medlineplus/linking.html</p>	<p>Internet connectivity is required for obtaining data from MedlinePlus Connect.</p>
<p>MS WORD is required for the generation of correspondence letters throughout the system. Examples would be referral letters, letters to referring providers, school excuse letters, etc.</p>	<p>MS Office or MS Word must be purchased and installed on the EHR server.</p>	<p>As per Microsoft software usage agreements.</p>	<p>As per Microsoft software usage agreements.</p>
<p>Lab/Results Integration Services. 170.314 a.5</p> <p>PBSI provides for the receiving of electronic lab results from labs, hospitals and HIE's. PBSI will provide the list of available lab interfaces. This function provides the ability to receive lab, pathology, transcription, radiology, microbiology, blood bank, and other result types. The system will automatically match the results to the patient chart where matching criteria is present, and will store the results data discretely so that the data may be graphed over time, and exchanged within the interoperability functions that are provided.</p>	<p>For each lab interface a one-time setup and training fee is charged to establish the connectivity, define routing criteria and for client training. A monthly maintenance/connectivity fee is charged for each provider up to a maximum fee.</p> <p>Entities that provide the results data may also charge an initial development fee and/or ongoing monthly maintenance or connectivity fees.</p> <p>If a results interface is requested for an entity that PBSI does not yet provide, a cost estimate will be provided to the entity and the practice. Upon signed agreement, the new results interface can typically be established within 4 weeks if the lab follows the HL7 2.5 version standards.</p>	<p>Entities that provide the results data may have policies regarding timing and/or frequency of sending results to PBSI-EHR.</p>	<p>Receiving and storing Lab results in discrete values involves mapping data in PBSI to standard terminologies (e.g. SNOMED-CT, LOINC, HL7), which may have their own licenses.</p>

<p>Clinical Quality Measures: 170.314 c.1, c.2, c.3</p> <p>PBSI-EHR supports clinical quality measures by providing built-in logic to extract patient data and using calculations generated by CQMSolutions to calculate numerators and denominators for our certified clinical quality measures. Quality measures are calculated based on data recorded in the EHR and can be exported in QRDA I or QRDA III format.</p>	<p>PBSI provides for the list of CQM that appear on our certification list.</p> <p>Generating and/or transmitting QRDA measures electronically may require one-time costs, ongoing service fees.</p> <p>If additional CQM measures are requested by a provider a cost estimate will be provided to develop, test and coordinate with CQMSolutions. In additional CQMSolutions has a fee for each CQM calculated. Both fees will be listed on the quotation for work.</p>	<p>If additional CQM measures are requested by a provider a cost estimate will be provided to develop, test and coordinate with CQMSolutions. In additional CQMSolutions has a fee for each CQM calculated. Both fees will be listed on the quotation for work.</p>	<p>When CQM reports are to be generated, PBSI will assist the client and will perform the extraction and upload of data to CQMSolutions and will generate the reports for each provider.</p> <p>QRDA I and II can be generated from these results.</p>
<p>Patient Portal for Timely Access: 170.314 e.1, e.2, e.3</p> <p>PBSI's patient portal provides patients and their authorized representatives with secure access to their electronic medical record. Patients may view their Health Summary, clinical summaries of each visit, test results, medication/allergies/problem lists, patient education materials and more. They may send and receive messages from their provider, view their next appointment or history of appointments and may view, download and transmit their Health Summary in the CCDAs and Human readable format to any recipient with a DIRECT email address.</p>	<p>Since DIRECT messaging is used to provide the ability for patients to transmit their Health Summary to another recipient. DIRECT messages is required to provide for that capability.</p>	<p>PBSI does not provide support directly to the patients who access the portal. PBSI provides support to the practice, but the practice staff are responsible for patient questions regarding their portal activity.</p>	<p>Patients access their portal through the practice internet connections. Therefore, suitable internet access and bandwidth should be provided by the client.</p>
<p>Transmissions to Immunization agencies and public Health Agencies/Syndromic Surveillance : 170.314 f.1, f.3</p> <p>Immunization data is collected at time of administration and may be transmitted, along with historical immunization data (if requested) to state Immunization registries either in a real-time or batch process depending upon the registry.</p> <p>Syndromic data may be extracted using the Patient List feature then transmitted to State agencies as they are available.</p>	<p>One-time costs and/or recurring costs to establish interfaces may be required and depends upon the connectivity method and any fees assessed by the agency to which we transmit.</p>	<p>Receiving agencies may impose additional requirements (eg: registration or onboarding) of the providers.</p> <p>PBSI provides for extraction of data using Patient list for specific diagnosis.</p> <p>If the receiving agency has additional requirements or specifications that are above and beyond the certified message provide, additional costs may be incurred. These costs would be assessed at a Time and Material price rate to develop, test and implement.</p>	<p>These interfaces depend upon the readiness of the state or the agency to receive data in the certified formats.</p>
<p>Data Portability: 170.314 b.7</p> <p>This certified version is certified to Data Portability criteria and can generate a set of export summaries for all patients using a set of selection criteria.</p>	<p>If the client needs assistance is developing an extraction strategy beyond normal support services, consulting services are available at an hourly rate.</p>	<p>PBSI does not provide support directly to the patients who access the portal. PBSI provides support to the practice, but the practice staff are responsible for patient questions regarding their portal activity.</p>	<p>Due to the size of the CCDAs files that are generated from this export, the number of CCDAs files that can be generated is depended upon the size of the available disk space on the client server. Also, to ensure optimal system performance it is recommended that the number of summaries selected not exceed 1000.</p>