

Template for Mandatory Disclosures											
Capability	Description of capability	X	Product A	Product B	Types of Costs or Fees to be paid by a provider for the capability	Additional Types of Costs or Fees		Limitations (Contractual / Business Practices)		Limitations (Technical / Practical)	
						Additional types of costs or fees that a user may be required to pay to purchase, license, implement, maintain, upgrade, use, or otherwise enable and support the use of:		Limitations of a contractual nature (including developer policies and other business practices) that a user may encounter:		Limitations of a technical, technological or practical nature that a user may encounter that could:	
						> the capability.	> any data generated in the course of using the capability.	> in the implementation or use of the capability.	> in connection with the data generated in the course of using the capability.	> prevent or impair the successful implementation, configuration, customization, maintenance, support, or use of the capability.	> prevent or limit the use, exchange, or portability of any data generated in the course of using the capability
Direct messaging functionality (including transitions of care, discharge summaries, and clinical messaging functionality). [Relevant certification criteria: §§ 170.314(b)(1) and (2), h(1)-(3).] 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. Our Direct capabilities include the MaxMD Health Internet Service Provider (HISP) services for facilitating message exchange. However, see limitations and additional types of costs that may apply for these and other third-party HISPs.					Annual licensing and subscription fee are included in our base service agreement for Critical Access Hospitals with fewer than 5 Direct user accounts using the MaxMD HISP. There is an annual fee to use MaxMD for organizations with 6+ Directuser accounts.	Base licensing and subscription fee includes up to 5 seats (1 seat per registered clinician or user). Additional seats can be licensed under an additional subscription fee as needed. there are no transaction fees. We support the use of other HISPs; our interface team will work with that HISP to configure and integrate it so that a Summary of Care/Transition of Care record in the CCD-A format can be exchanged using that HISP seamlessly from within Amrita HIS. A connection fee will be charged to integrate with a HISP other than MaxMD, although this is negotiable at the time of contract review; in some cases the fee will be waived if the HISP is part of the regional or Statewide Health Information Exchange.	Storage and archiving of Direct messages on MaxMD's hosted, EHNAC accredited data secure data center-compliant is included with the annual licensing and subscription fee at no additional charge.	Pursuant to MaxMD's security policy, the Direct messaging capability is restricted and users will be unable to exchange messages with users of third-party HISPs with whom the developer does not have a trust agreement.	None	None	None
Public Health Reporting functionality. This certified product-version in some cases will require one-time costs and ongoing monthly support fees to establish interfaces for reporting to immunization registries, syndromic surveillance registries, electronic laboratory results registries, and specialized registry reporting (170.314.f.1, 170.314.f.2, 170.314.f.3, 170.314.f.4).	This functionality allows users to submit reporting to Public Health Agencies and specialized registries in compliance with the Meaningful Use standards and objectives and the ONC requirements.				Interface set-up and testing fees are negotiated during contract discussions; the fee generally is no more than \$5,000 per interface, however fees will be waived for clients in markets that we are established with existing Public Health Agencies or specialized registries. The interface maintenance fee is included in our annual support fee.	None	None	None	None	Public Health Agencies may have a long testing queue and it could take users excessive time to be accepted for testing. Testing may require configuration changes which we will promptly complete, but PHA retesting queues could again delay approval.	PHA's may change their interface or transmission protocols requiring our reconfiguration and testing. While this will not generate additional fees it could create production delays beyond our control.
Patient Education Functionality. Exitcare is used for the patient education functionality 170.314.a.15	This functionality allows users to provide patients with context specific education using the Exitcare evidence based library of discharge educational resources, as required by Meaningful Use				Annual license fee starting at \$4,000..	None	None	None	None	None	None

<i>HIE Integration</i>	<i>This functionality allows users to send or receive data such as clinical records to/from a health information exchange</i>	<i>Initial Set up and configuration fees dependent on the HIE's requirements. Ongoing fees are part of annual support</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>The testing process can be complicated and subject to HIE resource availability</i>	<i>The HIE may experience loss of connectivity or software issues leading to downtime</i>
ePrescribing at discharge functionality. <i>NewCropRx is used for the ePrescribing functionality.170.314.b.3</i>	<i>This functionality allows users to access the Surescripts and RxHUB exchanges that connect health plan formularies for real time prescription formulary matching and that connects retail pharmacies who can receive electronic prescriptions.</i>	<i>Per Prescribing Provider fees starting at \$33 per provider per month; for those providers requiring Electronic Controlled Substance Prescribing there is a set up fee per hospital starting at \$2,000 one time only and additional annual per provider fees starting at \$80 per year.</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None</i>	<i>None other than the unavailability of a local pharmacy that is capable of receiving ePrescriptions.</i>	<i>None other than the unavailability of a local pharmacy that is capable of receiving ePrescriptions.</i>