MDofficeManager

Capability	Description of Capability	Costs or Fees	Contractual Limitations	Technical or Practical Limitations
		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 the implementation or use of the capability -OR- in connection with the data generated in the course using the capability	*Limitations of a contractual nature (including developer policies and other business practices) that a user may encounter in the implementation or use of the capability -OR- in the connection with the data generated in the course of using the capability*	*Limitations of a technical or practical nature that a user may encounter that could prevent or impair the successful implementation, configuration, maintenance, support or use of the capability -OR- prevent or limit the use, exchange or portability of any data generated in the course of using the capability*
Cloud-based Solution EHR and SaaS Contract model	GeeseMed contractual agreement where in a monthly fee is agreed upon and the practice elects to have their data hosted by GeeseMed.	Providers will incur a monthly fee per provider per month or per FTE (Full-time equivalent) with the cost of hosting included in the monthly fee. Implementation fees, such as travel and airfare costs, are billed separately. Support and maintenance may require a one-time set-up cost and/or recurring costs.	A contractual agreement is required, as well as acceptance of terms and conditions.	All DEA/ NPI providers required an active license in order to use the software. The data will be hosted by GeeseMed or on client server as per contractual option.
§170.315(a)(1) - Computerized Provider Order Entry of Medication Orders	Enables a user to record, change and access medication orders.	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(a)(2) - Computerized Provider Order Entry of Laboratory Orders	Enables a user to record, change and access laboratory orders.	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize a HL7 lab interface, there may be costs associated to the interface.	A statement of work is required for an interface to be set up.	The HL7 version interface versions supported are 2.3 and 2.5.1.
§170.315(a)(3) - Computerized Provider Order Entry of Diagnostic Imaging Orders	Enables a user to record, change and access diagnostic imaging (DI) orders.	A third-party vendor is not required to utilize this capability, however if the practice elects to utilize a HL7 DI interface, there may be costs associated to the interface.	A statement of work is required for an interface to be set up.	The HL7 version interface version supported is 2.3.

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§170.315(a)(4) - Drug-Drug, Drug-Allergy Interaction Checks	Before a medication order is completed and acted upon during computerized provider order entry (CPOE), interventions must automatically indicate to a user drug-drug and drug-allergy contraindications based on a patient's medication list and medication allergy list. In addition, the user must be able to adjust the severity level of the interventions as well as the limit the ability to adjust the severities to a limited set of users or as a administrative function.	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(a)(5) - Demographics	Enables a user to record, change, and access patient demographic data including race, ethnicity, preferred language, sex, sexual orientation, gender identity, and date of birth.	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(a)(6) - Problem List	Enables a user to record, change, and access a patient's active problem list.	No costs or fees.	No contractual limitations	No technical or practical limitations.
§170.315(a)(7) - Medication List	Enables a user to record, change, and access a patient's active medication list as well as medication history.	No costs or fees	No contractual limitations	No technical or practical limitations
§170.315(a)(8) - Medication Allergy List	Enables a user to record, change, and access a patient's active medication allergy list as well as medication allergy history.	No costs or fees.	No contractual limitations.	No technical or practical limitations
§170.315(a)(9) - Clinical Decision Support	Enables the user to enable both Evidence-based and Therapeutic Intervention CDS interactions. Evidence-based interventions are based off of the patient's Problem List, Medication List, Medication Allergy List, Demographic (date of birth or sex), Laboratory Tests Ordered and Vital Signs. Therapeutic Interventions are based off of the patient's Problem List, Medication List and one demographic (date of birth or sex). Infobutton specification (Standards: 170.204(b)(3) HL7 Version 3 Standard: Context Aware Knowledge Retrieval (Infobutton) Application. Knowledge Request, Release 2 and HL7 Implementation Guide: Service-Oriented Architecture Implementations of the Context-Aware Knowledge Retrieval (Infobutton) Domain, Release 1).	Evidence-based CDS intervention capability does not require a third-party vendor.	No contractual limitations.	No technical or practical limitations

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§170.315(a)(10) - Drug Formulary	Enables the ability to automatically check whether a drug formulary exists for a given patient and medication.	No costs or fees.	No contractual limitations.	Surescripts has a limitation as not all Pharmacy Benefit Managers are covered by Surescripts. If a patient's insurance belongs to a PBM which is not supported, then GeeseMed will indicate to the end user that there is no formulary information for that patient i.e.; "Subscriber not found". This functionality is available in the GeeseMed.
§170.315(a)(11) - Smoking Status	Enables a user to record, change, and access the smoking status of a patient.	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(a)(12) - Family Health History	Enables a user to record, change, and access a patient's family health history in accordance with the familial concepts or expressions in SNOMED (at a minimum September 2015 Release).	A third-party vendor is not required to utilize this capability	No contractual limitations	No technical or practical limitations.
§170.315(a)(13) - Patient Education	Enables a user to identify patient specific education resources on data included in the patient's problem lust, and medication lust according to HL7 Version 3 Standard: Context Aware Knowledge Retrieval Application. ("Infobutton") Knowledge Request, Release 2.	No costs or fees.	No contractual limitations	No technical or practical limitations.
§170.315(a)(14) - Implantable Device List	Enables a user to record, parse, and display implant information based on an Unique Device Identifier.	No costs or fees.	UMLS requires a contractual agreement.	Data availability is based on the third-party vendor's web services. If these services are down, the GeeseMed users may experience an issue. UMLS' website will be updated for end users to be notified in the event of an outage on their side.

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§170.315(b)(1) - Transitions of Care	Enables a user to send and receive transitions of care via edge protocol, validate and display C-CDAs, and create transition of care/referral summaries.	GeeseMed does not have any costs or fees. However, GeeseMed Direct services requires a cost per provider per year, or per organization per year.	In order for the provider to utilize the GeeseMed Direct service, the provider must create their individual Direct account and complete the onboarding process.	GeeseMed providers to connect to Non-GeeseMed providers on a Direct Trust accredited HISP, which is part of DirectTrust Network. GeeseMed utilizes Kno2 LLC, DirectTrust HISP services. Information about DirectTrust Network can be found under https://www.directtrust.org/member-list/ eFax is not utilized during certification and cannot be used to meet measure criteria for Summary of Care/Referral Note transmission.
§170.315(b)(2) - Clinical Information Reconciliation and Incorporation	Enables a user to match an incoming Continuity of Care Document or Referral note to the applicable patient and reconcile and incorporate the Medications, Medication Allergies, and Problem List from the listed document templates based on criterion standards.	Please see §170.315(b)(1) - Transitions of Care for costs and fees.	Please see §170.315(b)(1) - Transitions of Care for contractual limitations.	Please see §170.315(b)(1) - Transitions of Care for technical and practical limitations. In addition, medication allergies received as RxNorm must be matched to a Medication Allergy within the Multum databases as NDC. Medications received as RxNorm must be matched to a Medication within the Multum databases as NDC if it's not matched automatically. Problem Lists received as SNOMED must be associated to an ICD-10-CM using Automatic matching to be added on patient problem list. If a problem is received as an ICD-9, it cannot be imported into the patient's problem list. Receiving a Summary of Care or Referral note through eFAX will not provide credit for measure calculation.
§170.315(b)(3) - Electronic Prescribing	Enables a user to perform the following prescription-related electronic transactions: new prescription (NEWRX), change prescriptions, (RXCHG, CHGRES), cancel prescriptions (CANRX, CANRES), Refill prescriptions (REFREQ, REFRES), Receive fill status notifications (RXFILL), and request and receive medication history information (RXHREQ, RXHRES).	GeeseMed does not have any costs or fees for normal electronic prescription. However, if Electronic Prescribing of Controlled Substances is wanted, an additional cost per provider per year is added.	Providers must enter into an agreement with SureScripts and receive an SPI in order to begin e-prescribing. For EPCS services enrollment, Provider must complete their onboarding process.	Users must have connectivity to the Surescripts network. Prescriptions are sent one-at-a-time. GeeseMed utilizes MDToolBox EPCS interface services to send-receive CS prescriptions. Service availability is based on the third-party vendor's API services. End users to be notified in the event of an outage on their side.

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§170.315(b)(6) - Data Export	Enables a user to configure and create a single or set of export summaries for patients whose information is stored in the technology	No costs or fees.	No contractual limitations.	The capability is configured to run nightly starting at 10 PM Server Time, up to 5,000 files per evening. The capability will run nightly until the batch is completed. If a recurrence is set and the time needed to complete each export exceeds the time between extractions the original batch will be overridden. A user can also additionally enter the date and time period within which data would be used to create the export summaries. Functionality limited to those with Administration Security Setting.
§170.315(c)(1-3) - Clinical Quality Measures - Record and export, Import and calculate, and Report.	Enable a user to import a data file in accordance with the standard specified at § 170.205(h)(2) for one or multiple patients and use such data to perform the capability to calculate each and every clinical quality measure for which it is presented for certification. A user must be able to execute this capability at any time the user chooses and without subsequent developer assistance to operate. Enable a user to electronically create a data file for transmission of clinical quality measurement data.	Generating and/or transmitting a QRDA or other format file(s) required participation in payer quality initiatives/programs may require one-time file generation costs, multi-file generation costs and/or consulting fees.	A contractual agreement is required, as well as acceptance of terms and conditions.	Files are processed/ generated after hours through a scheduled job. The scheduled job takes 24-48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider. The export QRDA feature can only process 250 provider records per batch to ensure optimal system performance. The QRDA I export files, which contain clinical data, are downloaded by the user and saved on the user's local drive. APU connectivity and Internet Connection is required in order for a successful extraction (batch) to occur. Connectivity to the MIPS dashboard is required for QRDA III export as providers will need to be set-up and data calculated prior to generating a QRDA III file.
§170.315(d)(1) - Authentication, Access Control, Authorization	Enables the ability to verify against a unique identifier(s) that a user seeking access to electronical health information is one claimed, and establish the type of access to electronic health information a user is permitted based on the unique identifier(s) and the actions the user is permitted to perform with the technology	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(d)(2) - Auditable Events and Tamper-resistance	Enables the ability to record actions related to electronic health information, record the audit log status, record encryption status, have a default setting, restrictions on disabling audit logs when permitted, audit log protection, and alteration detection all per criterion specified standards	No costs or fees.	No contractual limitations.	For tamper resistance, GeeseMed disallows the deletion of records retained in the audit log at a minimum, and in some instances also disallows the updating of these logs.

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§170.315(d)(3) - Audit Reports	Enables a user to create an audit report for a specific time period and to sort entries in the audit log according criterion specified standards	No costs or fees.	No contractual limitations.	Some of the reports used to meet this requirement are created from logs that are parsed nightly, but can be parsed on-demand if needed.
§170.315(d)(4) - Amendments	Enables a user to select the record affected by a patient's request for amendment and the ability to accept or deny amendments	No costs or fees.	No contractual limitations.	No technical or practical limitations..
§170.315(d)(5) - Automatic Access Time-out	Enables an automatic stop to users access to health information after a predetermined amount of inactivity and requires authentication in order to resume or regain the access that was stopped	No costs or fees.	No contractual limitations.	Auto time-out settings must be configured for the practice.
§170.315(d)(6) - Emergency Access	Enables the ability to permit an identified set of users to access electronic health information during an emergency	No costs or fees.	No contractual limitations.	Privacy Security Access Control (PSAC) and Break Glass features are controlled by Admin rights and can be enabled on request. PSAC Break-the-Glass is a global setting in GeeseMed and can be enabled or disabled for all users at once.
§170.315(d)(7) - End-user Device Encryption	Technology designed to prevent health information from being locally stored on end-user devices after use of the technology on those devices stops	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(d)(8) - Integrity	Enables the ability to create a message digest and verify upon receipt of electronically exchanged health information that such information has not been altered according to the criterion specified standard	No costs or fees.	No contractual limitations.	No technical or practical limitations.
§170.315(d)(9) - Trusted Connection	Enables the ability to create a trusted connection according the criterion specified standards	No costs or fees.	No contractual limitations.	. No technical or practical limitations
§170.315(d)(11) - Accounting of Disclosures	The recording of disclosures made for treatment, payment, and health care operations in accordance with the criterion specified standards	No costs or fees.	No contractual limitations.	No technical or practical limitations.

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§170.315(e)(1) - View, Download and Transmit to third-party	Enables the ability for patients to user internet-based technology to view, download, and transmit their health information to a third-party in the criterion specified manner.	No costs or fees.	acceptance of terms and conditions require	Patient Portal settings must be configured by the GeeseMed user. The user is responsible for ensuring that their chosen Patient Portal settings are compliant with §170.315(e)(1) requirements. If date range is given, Problems, medications, allergies, immunizations and implant list data populate are based on given date range. If not given would populate Patient centric data.
§170.315(e)(2) - Secure Messaging	Enables the ability for a user to send messages to, and receive messages from, a patient in a secure manner	No costs or fees.	acceptance of terms and conditions require	Patient Portal settings must be configured by the GeeseMed user.
§170.315(f)(1) - Transmission to Immunization Registries	Enables the ability to create immunization information for electronic transmission in accordance with criterion standards and enables users to request, access, and display a patient's evaluation immunization history and the immunization forecast from an immunization registry in accordance with criterion standards	No costs or fees.	A contractual agreement is required, as well as acceptance of terms and conditions.	Select value sets are supported. GeeseMed will work with registries on what value set data needs to be available in the transmission. Patient's cell phone is considered Primary and Home phone as secondary, while submitting data to the state agencies.
§170.315(f)(2) - Transmission to Public Health Agencies - Syndromic Surveillance	Enables the ability to create syndrome-based public health surveillance information for electronic transmissions in accordance with criterion standards	No costs or fees.	A contractual agreement is required, as well as accepting terms and conditions.	Select value sets are supported. GeeseMed will work with registries on what value set data needs to be available in the transmission. Race and diagnosis are sent in the order it is entered in the progress notes.
§170.315(g)(2) - Automated Measure Calculation	For each EHR Incentive Programs percentage-based measure that is supported by a capability included in a technology it enables the ability to record the numerator and denominator and create a report including numerator, denominator, and resulting percentage associated with each applicable measure	MIPS ACI, IA and Quality Dashboard do not have a cost or fee. MIPS Quality EHR Registry Reporting requires a recurring monthly cost per provider (or FTE) per year. Consultation services can be added on at an additional cost.	A contractual agreement is required, as well as acceptance of terms and conditions on both the MIPS and Quality dashboard.	MIPS Dashboard: GeeseMed Provider Licenses should be active in the reporting period for setup and calculations. MIPS dashboards are refreshed on a fortnightly basis. Quality dashboards are refreshed through on-demand requests from the clients. The dashboard extraction process typically takes 24- 48 hours to process the files. This time may increase due to the quantity of providers and quantity of patients per provider.

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§170.315(g)(3-5) - Safety-enhanced Design (SED), Quality Management System (QMS) and Accessibility- centered Design (ACD)	SED: User-centered design processes must be applied to each capability. QMS: The use of a Quality Management System in the development, testing, implementation, and maintenance. ACD: For each capability that a Health IT Module includes and for which that capability's certification is sought, the use of a health IT accessibility-centered design standard or law in the development, testing, implementation and maintenance of that capability must be identified.	SED, QMS and ACD: No costs or fees.	SED, QMS and ACD: No contractual limitations.	SED and QMS: No technical or practical limitations. ACD: No accessibility-centered design standard or law has been identified for all applicable capabilities.
§170.315(g)(6) - Consolidated CDA Creation Performance	Enables the ability to create Consolidated CDA per criterion standard	No costs or fees.	No contractual limitations.	"Some fields in the certification test case cases are designated as Optional. At GeeseMed's discretion optional items were not filled out in the test cases for certification 1. Patient Demographics: a. Full middle name not transmitted, only first initial b. Previous name not transmitted. 2. Medications: GeeseMed drug database utilizes NDC codes. During certification GeeseMed was given the option to choose different medications than listed in the supplied test cases. The decision was made as the medications supplied in the test case have discontinued NDC codes which could not return an RxNorm code. 3. Problems: Documented in the problem list and user should verify SNOMED codes 4.Vitals units of measure: Height, Weight, Diastolic BP, Systolic BP, Heart Rate, O2%, Temperature, RR 5. Smoking Status: sent as SNOMED code 6. Encounter Diagnosis: Sent as ICD10 7. Immunization: sent as CVX 8. Procedures: Sent as SNOMED 9. Laboratory Test: sent as LOINC codes – completed orders must be marked as received and reviewed 10. Laboratory Results: sent as LOINC codes – completed orders must be marked as received and reviewed

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§170.315(g)(6) - Consolidated CDA Creation Performance	Enables the ability to create Consolidated CDA per criterion standard	No costs or fees.	No contractual limitations.	11. UDI: Device code is sent 12. Care Team: Includes all provider data 13. Assessment and Plan of Treatment: Assessment notes - the notes section of a Chart 14. Plan of Treatment – future/pending orders (Lab/DI/Procedures) Medications prescribed, follow up visit scheduled, Treatment notes 15. Goals: Free Text data entered by user 16. Health Concerns: Free Text data entered by user 17. Reason for referral: Entered in the reason section of a referral 18. Functional Status: Free Text data entered by user 19. Cognitive Status: Free Text data entered by user The functionality of data capture for the above elements is available in the GeeseMed. This functionality of electronic transmission and reception via C-CDA documents is only available in the GeeseMed.

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§170.315(g)(7-9) - Application Access: Patient Selection, Data Category Request, All Data Request	g(7) Enables the ability to receive a request with sufficient information to uniquely identify a patient and return an ID or other token that can be used by an application to subsequently execute requests for patient data g(8) Enables the ability to respond to requests for patient data for each of the individual categories specified for the Common Clinical Data Set and return the full set of data for the data category in computable format g(9) Enables the ability to respond to requests for patient data for all of the data categories specified in the Common Clinical Data Set at one time and return such data in a summary record formatted according to the standards specified in the criterion, and respond to requests for patient data associated with a specific date as well as requests for patient data within a specific date range	Any associated cost is per practice and based on volume of transactions.	A contractual agreement is required, as well as acceptance of terms and conditions. This product is to be used for patient's benefit, not for personal or business gain.	Third-party application developer must use the Web API 2.0 standards which are published on the website. Terms of use are specified within the contract, # of API calls of vendor, per patient, restriction on calls made from unknown sites, calls made, blacklist apps and IPs. In order to utilize the APIs, the practice must have Patient Portal enabled. For patient safety reasons, date range filtering is only available on certain individual data categories.
§170.315(h)(1) - Direct Project	The ability to send and receive health information in accordance with the standards specified in § 170.202(a)(2), including formatted only as a “wrapped" message.	Please see §170.315(b)(1) - Transitions of Care for costs and fees.	Please see §170.315(b)(1) - Transitions of Care for contractual limitations.	In order to successfully process an inbound or outbound message, the vendor HISP Trust Anchor must be bound to the domains supported by GeeseMed HISP. For outbound messages, a valid clinical summary document conforming to C-CDA format must be attached to the message. There is a default size limit of 5MB on per transaction which can be increased based on requirements.