



Pricing Disclosures daVinci EHR (v1.0)

| Capability | Description of Capability | Costs or Fees |
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| | | <i>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</i> |
| Cloud-based Solution EHR and Practice Management solution with SaaS contract model | Contractual agreement with a monthly fee and the practice elects to have their application hosted by Prime DataQ Health. | 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 fee, Support and Maintenance may require initial set-up cost and/or recurring costs. |
| § 170.315 (a)(1) Computerized provider order entry—medications | Enable a user to record, change, and access medication orders. | No additional cost or fee. |
| § 170.315 (a)(2) Computerized provider order entry—laboratory | Enable a user to record, change, and access laboratory orders. | If the practice elects to utilize a HL7 lab interface, there may be costs associated with the interface. |
| § 170.315 (a)(3) Computerized provider order entry—diagnostic imaging | Enable a user to record, change, and access diagnostic imaging orders. | If the practice elects to utilize a HL7 lab interface, there may be costs associated with the interface. |
| § 170.315 (a)(4) Drug-drug, drug-allergy interaction checks for CPOE | 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 limit the ability to | No additional cost or fee. |

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| | adjust the severities to a limited set of users or as an administrative function. | |
| § 170.315 (a)(5) Demographics | Enable a user to record, change, and access patient demographic and observations data including race, ethnicity, preferred language, sex, sex parameter for clinical use, sexual orientation, gender identity, name to use, pronouns and date of birth. | No additional cost or fee. |
| § 170.315 (a)(12) Family health history | Enable a user to record, change, and access a patient's family health history. | No additional cost or fee. |
| § 170.315 (a)(14) Implantable device list | Enable a user to record, parse, and display implant information based on a Unique Device Identifier. | No additional cost or fee. |
| § 170.315 (a)(15) Social, psychological, and behavioral data | Enable a user to record, change, and access the patient social, psychological, and behavioral data | No additional cost or fee. |
| § 170.315 (b)(1) Transition of care | Enable a user to send and receive ToC via edge protocol (Direct Messaging), validate and display C-CDAs, and create transition of care/referral summaries. | Additional fees may apply. Providers must enter into an agreement with third party ADT vendor and connection information provided to Prime DataQ Health to set up interface. |
| § 170.315 (b)(2) Clinical information and reconciliation and incorporation | Enable a user to reconcile & incorporate the incoming Continuity of Care Document or Referral note to the data that is present in applicable patient's active medication list, allergies and intolerance list, and problem list. In addition, based on the data reconciled and incorporated, the technology must be able to create a file formatted according to the standard specified in § 170.205(a)(4) using the Continuity of Care Document template. | No additional cost or fee. |

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| § 170.315 (b)(3) Electronic prescribing | <p>Enable a user to perform the following prescription-related electronic transactions</p> <ol style="list-style-type: none"> 1. Create new prescriptions (NewRx). 2. Request and respond to change prescriptions (RxChangeRequest, RxChangeResponse). 3. Request and respond to cancel prescriptions (CancelRx, CancelRxResponse). 4. Request and respond to renew prescriptions (RxRenewalRequest, RxRenewalResponse). 5. Receive fill status notifications (RxFill). 6. Request and receive medication history (RxHistoryRequest, RxHistoryResponse). | <p>Providers must enter into an agreement with SureScripts (NewCrop) and receive an SPI in order to begin e-prescribing.</p> <p>Electronic Prescribing of Controlled Substances (EPCS) is available as an add-on, an additional cost per provider may be charged .</p> |
| § 170.315 (b)(10) Electronic Health Information export | Enable a user to create an EHI export of a single patient or all patients whose data is stored in the EHR solution | No additional cost or fee. |
| § 170.315 (c)(1) Clinical quality measures—record and export | Enable a user to record and export for each CQM for which the technology is presented for certification, the technology must be able to record all the data that would be necessary to calculate each CQM. | No additional cost or fee for pre-built measures. For additional measures, additional fees may apply. |
| § 170.315 (c)(2) Clinical quality measures—import and calculate | Enable a user to import a data file in accordance with the standard specified in § 170.205(h)(2) for one or multiple patients. In addition, calculate each and every clinical quality measure for which it is presented for certification. | No additional cost or fee for pre-built measures. For additional measures, additional fees may apply. |
| § 170.315 (c)(3) Clinical quality measures—report | Enable a user to electronically create data files (Quality Reporting Document Architecture (QRDA), category I & category III) for transmission of clinical quality measurement data. | No additional cost or fee for pre-built measures. For additional measures, additional fees may apply. |

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| § 170.315 (d)(1) Authentication, access control, authorization | Enables authorized and authenticated users access to the EHR system. | No additional cost or fee. |
| § 170.315 (d)(2) Auditable events and tamper-resistance | Enable recording actions related to electronic health information, log the audit status (enabled or disabled), note the encryption status (enabled or disabled) of electronic health information stored locally on end-user devices by technology, and restrict disabling the audit log to a limited set of users. | No additional cost or fee. |
| § 170.315 (d)(3) Audit report(s) | This functionality enables and governs what the EHR must be able to report related to audit logs. | No additional cost or fee. |
| § 170.315 (d)(4) Amendments | Enables a patient to submit an amendment to their electronic health record. | No additional cost or fee. |
| § 170.315 (d)(5) Automatic access time-out | This functionality requires the EHR to automatically log off a user after a pre-determined time of inactivity. | No additional cost or fee. |
| § 170.315 (d)(6) Emergency access | Allows an identified set of users to access electronic health information during an emergency. | No additional cost or fee. |
| § 170.315 (d)(7) End-user device encryption | The system is designed to not store electronic health information locally on end-user devices. | No additional cost or fee. |
| § 170.315 (d)(8) Integrity | Ability to create a message digest and verify health information has | No additional cost or fee. |

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| | not been altered. | |
| § 170.315 (d)(9) Trusted connection | Encrypt and protect message contents in accordance with the standards. | No additional cost or fee. |
| § 170.315 (d)(12) Encrypt authentication credentials | Enables encryption of stored authentication credentials (username and passwords) using the AES-256 algorithm. | No additional cost or fee. |
| § 170.315 (d)(13) Multi-factor authentication | Ability to require users to provide two or more verification methods (usually a password and a pin) to gain access. | No additional cost or fee. |
| § 170.315 (e)(1) View, download, and transmit to 3rd party | Provides a method for online access by patients to view, download and transmit their health information, and for those patients to securely share their information to a third-party. | No additional cost or fee. |
| § 170.315 (g)(2) Automated measure calculation | Enables EHR to record and calculate objective measures that support CMS quality programs. | No additional cost or fee for MIPS ACI, IA and Quality Dashboard. 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. |
| § 170.315 (g)(3) Safety-enhanced design | Ensures that a safety-enhanced design study has been performed for specified certification criteria. User-centered design processes must be applied to each capability. | No additional cost or fee. |
| § 170.315 (g)(4) Quality management system | QMS: The use of a Quality Management System in the development, testing, implementation, and maintenance of the system. | No additional cost or fee. |

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| § 170.315 (g)(5) Accessibility-centered design | The use of a health IT accessibility-centered design standard in the development, testing, implementation, and maintenance of that capability. | No additional cost or fee. |
| § 170.315 (g)(6) Consolidated CDA creation performance | Certifies the CDA performance for all CDA documents generated from EHR to ONC prescribed standards. | No additional cost or fee. |
| § 170.315 (g)(7) Application access – patient selection | Provides an API that can receive a request from authenticated and authorized third-party applications 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 that patient’s data. | No additional cost or fee. |
| § 170.315 (g)(9) Application access – all data request | Provides a secure method for authenticated and authorized third party patient engagement applications to access clinical data elements in a machine readable complete CCD format. | No additional cost or fee. |
| § 170.315 (g)(10) Standardized API for patient and population services | This functionality supports the request for patient and population data through the use of a standardized API using US Core Data standards. | No additional cost or fee. |
| § 170.315 (h)(1) Direct Project | Demonstrate interoperability using DIRECT protocols such as Direct Messaging feature using a HIPAA-compliant messaging service. | Direct Messaging feature requires a recurring monthly cost per provider (or FTE) per year. |