



Cost Disclosure iMedicWare R8-V3

Revision History

The Revision History table below provides a record of all revisions made to this document throughout its life cycle. Updates are tracked by date the revisions were made, the version number, a brief description of the changes made and reason, as well as the name of the reviser and the approver.

Effective Date	Version #	Change Description/ Reason	Created/Revised by	Reviewed by	Approved by
07/30/2024	2.0	Sightview Revision	Lora Woltz	Lora Woltz	Lora Woltz
06/13/2024	1.2	Update Edition	Lora Woltz	Lora Woltz	Lora Woltz
01/18/2024	1.1	Format Revision	Lora Woltz	Lora Woltz	Lora Woltz
01/18/2023	1.1	Include new criteria, remove discontinued criteria	Lora Woltz	Lora Woltz	Lora Woltz

General Information	
Developer Name	iMedicWare, LLC
Product Name	iMedicWare
Version Number(s)	R8-V3
Certified Health IT	ONC Certification Criteria for Health IT
Product List CHPL ID	15.04.04.2998.iMed.R8.02.1.221219
Developer Real World Testing Page URL	https://sightview.com/about-sightview/onc-certification/

Notice

A Note Regarding Cost Disclosures: Cost disclosures are intended to provide information regarding fees related to the use and/or subscription to certified functionality within the certified electronic health information technology and related health IT modules. Please note that the fees described herein are intended to provide the notification of the existence of a fee where one exists and not a detailed fee schedule. Additional fees may exist for functions, services, subscriptions that do not involve or require certified functionality, services, and subscriptions. This information is subject to change without notice but is mandated to be updated, at minimum, quarterly each calendar year as per the ONC Conditions of Certification Maintenance requirements.

Capability and Description

ONC Certification Criteria for Health IT applicable to iMedicWare Version R8-V3: a1, a2, a3, a4, a5, a9, a12, a14, b1, b2, b3, b10, c1, d1, d2, d3, d4, d5, d6, d7, d8, d9, d11, d12, d13, e1, e3, g2, g3, g4, g5, g6, g7, g9

iMedicare Version R8-V3 EHR is an EHR solution that supports healthcare professionals in ophthalmology and optometry in outpatient ambulatory environments. It allows users to perform a wide range of functions such as to:

- document, review, and edit patient health information including but not limited to problem lists, medication lists, medication allergy lists, family health history, and all aspects of the patient's eye exam,
- perform CPOE (computerized provider order entry) for medications, laboratory orders and imaging procedures,
- electronically create prescriptions and prescription-related information for electronic transmission to pharmacies,
- capture CQMs (clinical quality measures) and to export these in standard file formats,
- be alerted to possible CDS (clinical decision support) interventions,
- create and send health care summaries to the patient portal,
- Direct Mail Solutions - This functionality allows users to send and receive Direct-based messages to/from other users of certified health IT systems. Direct messages may include clinical data, notes, and other information. Our Direct offerings support related MIPS and ONC requirements for sending and receiving transitions of care summary documents. We also support a range of other messaging options including fax and email as well as printing conventional letters. Our Direct capabilities include bundled Health Internet Service Provider (HISP) services for facilitating message exchange. However, see additional types of costs that may apply for these and other third-party HISPs.
- Provide API solutions.
- Provide EHI Export capability for a single patient or all patients.

Types of Costs or Fees and Additional Types of Costs or Fees

There is a base licensing and subscription fee for each provider.

Subscription fees may apply to eprescribing services.

Subscription fees may apply to eprescribing services.

Subscription fees may apply to portal related services.

Subscription fees may apply to patient education document services.

Subscription fees may apply to third-party registry services required for MIPS compliance.

There is a one-time onboarding fee and a monthly subscription fee per provider for FHIR Standardized API for Patient and Population Services (170.315(g)(10) if using Blue Button Pro.

A connection fee will be charged to establish a connection to each third-party HISP with whom iMedicWare currently has no relationship. The cost of establishing connections can be substantial and may exceed the annual licensing and subscription fee in some cases. All costs are passed on to the customer(s) who requests the connection.



This Health IT Module is compliant with the ONC Certification Criteria for Health IT and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services

Product Name	Version	Date Certified	Certification Number
iMedicWare	R8-V3	Dec 19, 2022	15.04.04.2998.iMed.R8.02.1.221219

- 170.315 (a)(1): Computerized Provider Order Entry (CPOE) – Medications
- 170.315 (a)(2): CPOE - Laboratory
- 170.315 (a)(3): CPOE - Diagnostic Imaging
- 170.315 (a)(4): Drug-Drug, Drug-Allergy Interaction Checks
- 170.315 (a)(5): Demographics
- 170.315 (a)(9): Clinical Decision Support
- 170.315 (a)(12): Family Health History
- 170.315 (a)(14): Implantable Device List
- 170.315 (b)(1): Transitions of Care
- 170.315 (b)(2): Clinical Information Reconciliation and Incorporation
- 170.315 (b)(3): Electronic Prescribing
- 170.315 (b)(10): EHI Export
- 170.315 (c)(1): Clinical Quality Measures - Record and Export
- 170.315 (d)(1): Authentication, Access Control, Authorization
- 170.315 (d)(2): Auditable Events and Tamper-Resistance
- 170.315 (d)(3): Audit Report(s)
- 170.315 (d)(4): Amendments
- 170.315 (d)(5): Automatic Access Time-out
- 170.315 (d)(6): Emergency Access
- 170.315 (d)(7): End-User Device Encryption
- 170.315 (d)(8): Integrity
- 170.315 (d)(9): Trusted Connection
- 170.315 (d)(11): Accounting of Disclosures
- 170.315 (d)(12) Encrypt Authentication Credentials
- 170.315 (d)(13) Multi-Factor Authentication
- 170.315 (e)(1): View, Download, and Transmit to 3rd Party
- 170.315 (e)(3): Patient Health Information Capture
- 170.315 (g)(2): Automated Measure Calculation
- 170.315 (g)(3): Safety-Enhanced Design
- 170.315 (g)(4): Quality Management System
- 170.315 (g)(5): Accessibility-Centered Design
- 170.315 (g)(6): Consolidated CDA Creation
- 170.315 (g)(7): Application Access - Patient Selection
- 170.315 (g)(9): Application Access - All Data Request

Additional Software for Demonstration

Dr First or Change Healthcare, Updox

Clinical Quality Measures Certified

- CMS50 CLOSING THE REFERRAL LOOP
- CMS68 DOCUMENTATION OF CURRENT MEDICATIONS IN THE MEDICAL RECORD
- CMS131 DIABETES EYE EXAM
- CMS132 CATARACTS: COMPLICATIONS WITHIN 30 DAYS FOLLOWING CATARACT SURGERY REQUIRING ADDITIONAL SURGICAL PROCEDURES
- CMS133 CATARACTS: 20/40 OR BETTER VISUAL ACUITY WITHIN 90 DAYS FOLLOWING CATARACT SURGERY
- CMS138 PREVENTIVE CARE AND SCREENING: TOBACCO USE: SCREENING AND CESSATION INTERVENTION
- CMS142 DIABETIC RETINOPATHY: COMMUNICATION WITH THE PHYSICIAN MANAGING ONGOING DIABETES CARE
- CMS143 PRIMARY OPEN ANGLE GLAUCOMA (POAG) OPTIC NERVE EVALUATION
- CMS156 USE OF HIGH-RISK MEDICATIONS IN THE ELDERLY
- CMS165 CONTROLLING HIGH BLOOD PRESSURE