Qualifacts CareLogic Cost and Certification Disclosures

Table of Contents

Disclosure Attestation

Disclaimer: *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.*

This Cost and Certification Disclosure is provided to document costs and additional information on the certified Qualifacts CareLogic platform. This disclosure is posted publicly at https://www.qualifacts.com/onc-documentation/ and on the ONC Certified HealthIT Product List (CHPL).

CareLogic agrees to notify Drummond Group of any and all future changes to our transparency and disclosure language for this certified product version. Furthermore, CareLogic understands and agrees that the ONC Health IT Certification Program Final Rule statement gives Drummond Group, as an ONC-ACB, the sole responsibility for ensuring compliance and determining appropriate consequences if EHR technology developers fail to divulge accurate transparency and disclosure information.

CareLogic, in addition, understands and agrees to provide Drummond Group copies of or give access to any and all websites, marketing materials, communication statements, and other assertions made by CareLogic regarding the ONC certification status of this product in a reasonable time to ensure the transparency and disclosures information is being accurately disclosed.

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Date of Attestation: January 2, 2025
Authorized Representative Signature: *Hope D. Winkowski*

General Information

Developer Name:	Qualifacts Systems, LLC
Product Name:	CareLogic
Version Number:	Enterprise S3
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.04.04.3124.Care.S3.00.1.181220, CHPL link
ONC-Authorized Certification Body:	Drummond Group	https://www.drummondgroup.com/
Certification Date:	December 20, 2018

Criteria Certified

- 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 for CPOE
- 170.315 (a)(5): Demographics
- 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): Electronic Health Information export
- 170.315 (b)(11): Decision Support Interventions
- 170.315 (c)(1): Clinical Quality Measures - Record and Export

- 170.315 (c)(2): Clinical Quality Measures - Import and Calculate
- 170.315 (c)(3): Clinical Quality Measures - Report
- 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)(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 (f)(1): Transmission to Immunization Registries
- 170.315 (f)(7): Transmission to Public Health Agencies - Health Care Surveys
- 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 Performance
- 170.315 (g)(7): Application Access - Patient Selection
- 170.315 (g)(9): Application Access - All Data Request
- 170.315 (g)(10): Standardized API for Patient and Population Services
- 170.315 (h)(1): Direct Project

Clinical Quality Measures Certified

Version	Quality Measure	170.315 (c)(1)	170.315 (c)(2)	170.315 (c)(3)
v9	CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	✓	✓	✓
v8	CMS50: Closing the Referral Loop: Receipt of Specialist Report	✓	✓	✓
v9	CMS68: Documentation of Current Medications in the Medical Record	✓	✓	✓
v8	CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	✓	✓	✓
v8	CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	✓	✓	✓
v8	CMS128: Anti-depressant Medication Management	✓	✓	✓
v9	CMS136: Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	✓	✓
v8	CMS137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓	✓	✓
v8	CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	✓	✓	✓
v8	CMS139: Falls: Screening for Future Fall Risk	✓	✓	✓
v9	CMS147: Preventive Care and Screening: Influenza Immunization	✓	✓	✓
v8	CMS154: Appropriate Treatment for Children with Upper Respiratory Infection (URI)	✓	✓	✓
v8	CMS159: Depression Remission at Twelve Months	✓	✓	✓
v8	CMS161: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	✓	✓	✓

| v8 | CMS165: Controlling High Blood Pressure | ✓ | ✓ | ✓ |
| v8 | CMS177: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | ✓ | ✓ | ✓ |

Relied Upon Software

Additional software relied upon to demonstrate compliance: Rcopia (DrFirst) for § 170.315(b)(3), Updox for § 170.315(e)(1), MaxMD DIRECT mdEmail for § 170.315(b)(1), § 170.315(e)(1), and § 170.315(h)(1), Dynamic Health IT CQMsolution for § 170.315(c)(1) to (c)(3), Ping Identity for § 170.315(g)(10).

Real World Testing Plans

"Real World Testing is an annual requirement outlined in the ONC 21st Century Cures Act Final Rule for all health IT developers participating in the ONC Health IT Certification Program. The purpose of this Condition and Maintenance of Certification requirement is for Certified Health IT Developers to demonstrate interoperability and functionality of their certified health IT in real world settings and scenarios rather than in a controlled test environment with an ONC-Authorized Testing Lab. Real World Testing verifies that deployed Certified Health IT continues to perform as intended by conducting and measuring observations of interoperability and data exchange. These observations are described in a public and transparent way through Real World Testing plans and reported as Real World Testing results."

https://www.healthit.gov/topic/certification-ehrs/real-world-testing

The published Real World Plans for Qualifacts CareLogic can be found at https://www.qualifacts.com/onc-certification-and-costs/

Costs of the EHR-Certified Software

Additional types of costs or fees (whether fixed, recurring, transaction-based, or otherwise) imposed by a health IT developer (or any third-party from whom the developer purchases, licenses, or obtains any technology, products, or services in connection with its certified health IT) to purchase, license, implement, maintain, upgrade, use, or otherwise enable and support the use of capabilities to which health IT is certified; or in connection with any data generated in the course of using any capability to which health IT is certified.

A provider must sign a contract when purchasing CareLogic Enterprise S3. The terms for the contractual obligation are negotiable and include third-party add-ons. Our certified product comprises the CareLogic Enterprise S3 core system and a few tightly integrated third-party systems described in this Cost and Certification Disclosures document.

CareLogic Enterprise S3 and its integrated DrFirst Rcopia application shall require a monthly fee per prescriber to support 45 CPR §170.315(a)(1) Computerized provider order entry - medications, §170.315(a)(4) Drug-drug, drug-allergy interaction checks for CPOE, and §170.315(b)(3) Electronic prescribing. There is also a one-time fee for identity proofing for Electronic Prescriptions for Controlled Substances prescribers, as well as a one-time identity proofing fee for those prescribers who will not electronically send a controlled substance. There is also a one-time connection fee per Electronic Prescriptions for Controlled Substances (EPCS) prescribers who contract to access the PDMP from within the DrFirst Rcopia application.

CareLogic Enterprise S3 and its integrated Change Healthcare Clinician Exchange Labs application shall require a monthly fee per provider to support the §170.315(a)(2) - Computerized provider order entry - laboratory. Integration with Change Healthcare is one option for meeting CPOE Labs but not the only option. CareLogic Enterprise S3 shall require a monthly fee per mailbox for MaxMD DIRECT messaging, which is used for § 170.315(b)(I) Transitions of care and 170.315(h)(I) Direct Project.

CareLogic Enterprise S3 may require a one-time cost to modify or build a custom secure HL 7 file to upload to the public health entity for § 170.3 I 5(f)(I) Transmission to immunization registries.

CareLogic Enterprise S3 may charge the user a fee based on utilization per customer agency per month for data storage space for documents in the document library used with § 170.315(b)(I) Transitions of Care and § 170.315(b)(2) Clinical information reconciliation and incorporation.

CareLogic Enterprise S3 may charge a monthly fee per user for the use of CareLogic Enterprise S3 integrated CQM Solution tool by Dynamic Health IT if the user elects to use this tool for § 170.315 (c)(1)-(3) Clinical Quality Measures - record and export, import and calculate, and report. This feature is called the Quality Outcomes Platform. The integrated technology provides the aggregation of the clinical quality measures as well as the generation of the QRDA I and QRDA III. The integration also supports the ability to import a QRDA I. There is a one-time implementation fee per provider as well as a per month per provider fee for access and use of this product.

CareLogic Enterprise S3 may charge a monthly fee per report writer for the use of the ad hoc report writing tool using third-party software Pentaho for use with §170.315 (g)(2) Automate Measure Calculation.

CareLogic Enterprise S3 has a license and includes the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition™ Copyright © 2013 content from the American Psychiatric Association." The American Psychiatric Association requires users to gain permission, and Qualifacts Systems, Inc. collects a fee for each user of this content. Therefore, CareLogic Enterprise S3 may charge a monthly fee for the use of this Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition diagnosis content which is used for the following criteria § 170.315(a)(9) Clinical decision support (CDS), § 170.315(b)(1) Transitions of care, § 170.315(b)(2) Clinical information reconciliation and incorporation, § 170.315(f)(1) Transmission to immunization registries, § 170.315(c)(1-3) Clinical Quality Measures - record and export, import and calculate, and report.

CareLogic Enterprise S3 is integrated with the Updox patient portal. There is a one-time setup fee per agency plus a per month per user fee for providers to utilize the Updox patient portal. There is no fee for the patients to utilize the Updox patient portal. The patient portal is used for the following criteria § 170.315(e)(1) - View, download and transmit to 3rd party, § 170.315(g)(2) Automated measure calculation, § 170.315(e)(3) Patient health information capture, and § 170.315(a)(13) Patient-specific education resources.

CareLogic Enterprise S3 includes middleware called CareLogic Integration Hub that can be used to connect CareLogic to other systems, such as other EHRs, laboratories, or HIEs. If a customer requests a custom connection with another system, there is a one-time implementation fee and an ongoing monthly recurring fee.

CareLogic Enterprise S3 includes an integration, using info button technology, with a third-party clinical information resources tool called EBSCO Dynamed. The info button technology allows this tool to be leveraged during clinical decision-making. There is a per-month per-agency fee for access to and use of this product. Dynamed can be used for the following criteria § 170.315(b)(11) Decision Support Interventions.

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