

Template for Mandatory Disclosures

Capability	Description of capability	eCQM Pro V1.1	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
Loading non-standard patient data	<p>This functionality allows users to load patient data in formats other than those of the 2014 QRDA cat I format.</p> <p>Our direct offerings support the 2014 Standard QRDA I related to Meaningful Use and ONC requirements.</p> <p>See limitations and additional types of costs that may apply for these and other data formats.</p>	X	<p>eCQM Pro V1.1 is a product-version offered by Healthmonix. It is an online portal service (170.314.e.1) certified to receive QRDA cat I files to store and interpret that information into performance analytics, and transmit electronic Clinical Quality Measures to the Center for Medicare & Medicaid Services (CMS) to fulfill relevant Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-based Modifier (VBM) program requirement. This certified product-version requires an annual cost that is assessed based on the number of clinicians being serviced. Purchase of this product-version includes the ability to upload QRDA category 1 files an unlimited number of times per provider, system support and access to an analytics interface for reviewing imported data. Additional one-time fees will be assessed for accepting files other than QRDA cat I files, such as CDR or internally generated spreadsheets of patient</p>	<p>Base licensing and subscription fee pertain to a single provider (TIN/NPI pair) or GPRO (TIN filing as one)</p> <p>A conversion fee will be charged to clinicians being serviced who need to submit data to eCQM Pro in formats other than the 2014 standard QRDA I. Sample data files are provided. The amount of the fee is dependent on the similarity and differences between the desired input format and the QRDA I standard or sample formats</p>	<p>Storage and archiving of generated Quality measure data on Healthmonix's hosted, HIPAA-compliant servers is included with the annual licensing and subscription fee at no additional charge</p>	<p>Nothing beyond the basic Waiver and BAA is required for this capability</p> <p>None</p>	<p>The success of the conversion is dependent on the similarity to the QRDA cat I standard or sample formats. The success of the conversion is also dependent on the completeness of the data provided. There may be cases where the supplied data is insufficient to provide this service</p> <p>Sample or partial data must be supplied by the end of November in order for Healthmonix to determine if the data is sufficient.</p>	None	
Generating aggregated Quality data for use outside of eCQM	<p>This functionality allows users to export aggregated quality data in formats other than those of the 2014 QRDA cat III format.</p> <p>Our direct offerings support the 2014 Standard QRDA III aggregated data related to Meaningful Use and ONC requirements.</p> <p>See limitations and additional types of costs that may apply for these and other data formats.</p>	X	<p>eCQM Pro V1.1 is a product-version offered by Healthmonix. It is an online portal service (170.314.e.1) certified to receive QRDA cat I files to store and interpret that information into performance analytics, and transmit electronic Clinical Quality Measures to the Center for Medicare & Medicaid Services (CMS) to fulfill relevant Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-based Modifier (VBM) program requirement. This certified product-version requires an annual cost that is assessed based on the number of clinicians being serviced. Purchase of this product-version includes the ability to upload QRDA category 1 files an unlimited number of times per provider, system support and access to an analytics interface for reviewing imported data. Additional one-time fees will be assessed for submission to third-party vendors other than CMS, such as disease registries or QCDRs.</p>	<p>Base licensing and subscription fees pertain to a single provider (TIN/NPI pair) or GPRO (TIN filing as one)</p> <p>A conversion fee will be charged to clinicians being serviced who need to generate data in eCQM Pro in formats other than the 2014 standard QRDA III. The amount of the fee is dependent on the similarity and differences between the desired output format and the QRDA III standard formats</p>	<p>Storage and archiving of generated Quality measure data on Healthmonix's hosted, HIPAA-compliant servers is included with the annual licensing and subscription fee at no additional charge</p>	<p>Nothing beyond the basic Waiver and BAA is required for this capability</p> <p>If the generated data is passed to a third party for their use, an additional Business Associate Agreement (HIPAA) is required between Healthmonix and the third party.</p>	<p>The success of the data generation is dependent on the similarity to the QRDA cat III standard. The success of the data generation is also dependent on the completeness of the data for the recipient. There may be cases where the supplied data is insufficient to provide this service for the third party.</p> <p>Sample or partial data must be supplied by the end of November in order for Healthmonix to determine if the data is sufficient.</p>	None	