

# Qualifacts InSync Cost and Certification Disclosures

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## 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 InSync platform. This disclosure is posted publicly at <https://www.qualifacts.com/onc-documentation/> and on the ONC Certified HealthIT Product List (CHPL).

InSync agrees to notify SLI Compliance of any and all future changes to our transparency and disclosure language for this certified product version. Furthermore, InSync understands and agrees that the ONC Health IT Certification Program Final Rule statement gives SLI Compliance, 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.

InSync, in addition, understands and agrees to provide SLI Compliance copies of or give access to any and all websites, marketing materials, communication statements, and other assertions made by InSync 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:	April 2, 2024
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## General Information

Developer Name:	Qualifacts Systems, LLC
Product Name:	InSync EMR/PM
Version Number:	Version 10
Certified Health IT Product List (CHPL) ID:	ONC CHPL ID: 15.02.05.3124.INSY.01.03.1.220314, <a href="#">CHPL link</a>
ONC-Authorized Certification Body:	SLI Compliance   <a href="https://slicompliance.com/">https://slicompliance.com/</a>
Certification Date:	March 14, 2022

## 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)(9): Clinical Decision Support
- 170.315 (a)(12): Family Health History
- 170.315 (a)(14): Implantable Device List
- 170.315 (a)(15): Social, Psychological, and Behavioral Determinants Data
- 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 (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



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- 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 (f)(1): Transmission to Immunization Registries
- 170.315 (f)(2): Transmission to Public Health Agencies - Syndromic Surveillance
- 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	170.318 (c)(1)	170.318 (c)(2)	170.318 (c)(3)
v8	CMS2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	✓	✓	✓
v7	CMS22: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	✓	✓	✓
v7	CMS50: Closing the Referral Loop: Receipt of Specialist Report	✓	✓	✓
v8	CMS68: Documentation of Current Medications in the Medical Record	✓	✓	✓
v7	CMS69: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	✓	✓	✓
v7	CMS122: Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	✓	✓	✓
v6	CMS123: Diabetes: Foot Exam	✓	✓	✓
v7	CMS124: Cervical Cancer Screening	✓	✓	✓
v7	CMS125: Breast Cancer Screening	✓	✓	✓
v7	CMS127: Pneumococcal Vaccination Status for Older Adults	✓	✓	✓
v7	CMS128: Anti-depressant Medication Management	✓	✓	✓
v7	CMS130: Colorectal Cancer Screening	✓	✓	✓
v7	CMS131: Diabetes: Eye Exam	✓	✓	✓
v7	CMS134: Diabetes: Medical Attention for Nephropathy	✓	✓	✓
v7	CMS135: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin	✓	✓	✓

	Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)			
v5	CMS137: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	✓	✓	✓
v7	CMS138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	✓	✓	✓
v7	CMS139: Falls: Screening for Future Fall Risk	✓	✓	✓
v7	CMS144: Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)	✓	✓	✓
v7	CMS145: Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)	✓	✓	✓
v7	CMS147: Preventive Care and Screening: Influenza Immunization	✓	✓	✓
v7	CMS149: Dementia: Cognitive Assessment	✓	✓	✓
v7	CMS156: Use of High-Risk Medications in the Elderly	✓	✓	✓
v7	CMS159: Depression Remission at Twelve Months	✓	✓	✓
v7	CMS160: Depression Utilization of the PHQ-9 Tool	✓	✓	✓
v7	CMS161: Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	✓	✓	✓
v6	CMS164: Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	✓	✓	✓
v7	CMS165: Controlling High Blood Pressure	✓	✓	✓
v7	CMS166: Use of Imaging Studies for Low Back Pain	✓	✓	✓
v7	CMS177: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	✓	✓	✓

v1	CMS347: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	✓	✓	✓
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## Relied Upon Software

For the following measures, Qualifacts InSync uses [Secure Exchange Solutions](#) and the clinical exchange solution software and an additional 3rd party partner for § 170.315(a)(15), § 170.315(b)(1), § 170.315(e)(1), § 170.315(h)(1), and [Smile CDR Inc](#) for § 170.315 (g)(10).

## Real World Testing Plans

"Real World Testing is an annual requirement outlined in the [ONC 21<sup>st</sup> 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 InSync 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.

- One-time license fee, applicable per provider

- SAAS Model Cost – Clients pay a fixed monthly fee per provider to use the software and services as stated in the signed contract.
- One-time cost/each integration setup – integration fee for each health information exchange such as Lab Interface, HL7 Interface, Immunization Interface, Imaging Interface, etc., where applicable.
- E-Prescribing – Monthly cost per e-prescribing/e-checking provider.
- Direct Email – No cost for initial practice-level Direct Email; however, if the client wants provider-level Direct Email, it has a monthly fee.