Health Record Corporation
Creator of medkaz

Time to Change Course:
Enjoy Interoperability Today
Everyone Benefits

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Introduction

Independent of the political turmoil surrounding healthcare policy and insurance, three pressing needs that directly impact care delivery and can materially reduce costs must be met now — today. If we don't, the consequences can be devastating.

All three relate to healthcare information technology (HIT).
- *Medical records must be interoperable so providers can coordinate care.*
- *Medical record systems must work for care providers not against them.*
- *Patients and their families must be able to access their medical records.*

This paper describes these three unmet needs and introduces a unique groundbreaking system called MedKaz® that, together with its equally unique business model that generates new income for providers, meets all three and benefits everyone. MedKaz is up and running and available today!

Interoperability

The lack of medical record interoperability, which we define as *the ability of any care provider to access our complete medical record from all our providers anytime anywhere*, is a major problem — with dire consequences for ourselves, our families and our country.

One study several years ago concluded that the inability of care providers to properly coordinate their patients' care accounted for a third of the "medical errors" our care providers commit each year, which today kill more than 400 thousand, sicken another million, and waste hundreds of billions of dollars.

It's not as though we have ignored this need. We've spent 12 years and more than $35 billion of taxpayer money — and care providers have spent another $100 billion or more — but we've failed. We're not even close to having total interoperability today.

We've failed because the provider–focused programs the government has mandated since 2004 were flawed initially and are still flawed today.

The Flawed Approach The idea was simple enough: require every physician and hospital to adopt electronic medical records (EMRs), then link these provider silos together via Health Information Exchanges (HIEs) — so providers across the country can access their patient's

1

complete record on the fly. (Appendix A describes how the HITECH Act of 2009 set us on this course.)

Turns out, it's not that simple. The first challenge, getting providers to switch from paper charts to EMRs, was a massive undertaking and has taken years. By the end of 2015, 84% of all non-federal acute care hospitals and 87% of office-based physicians had adopted EMR systems — though the extent of their use varies widely.

By any measure, this is an enormous accomplishment even though 150,000 or more providers haven't yet adopted EMRs. But among those who have, large numbers are frustrated, disgusted and angry. (This anger is problem number two discussed below.)

The second challenge, linking provider silos, is far more difficult and we're not even close! The reason why is because *the government-driven approach we've been pursuing the last 12 years is out-dated and wrong*. It requires that we build extensive infrastructure, including HIEs, connect vendor systems via CareQuality, CommonWell or other groups, create some form of national patient identifier index and elaborate registries so a patient's records can be matched to the appropriate patient, etc. But we don't need this infrastructure today. *Providers can send their patients copies of their records just as easily today as they send emails — without HIEs or other costly infrastructure!*

In the process, the government's approach has also created a half-dozen complex problems which no one has been able to solve. They include:
- How to match data fields so records can be exchanged seamlessly among disparate EMR systems, and how to manage paper records.
- How to correctly match patient records with each patient.
- Legal issues — how to manage patient consents to send records to others, and how to overcome state restrictions against sending patient records across state lines.
- Security and privacy issues — how to protect against ever increasing breaches, viruses, malware and ransomware.
- How to ensure financial sustainability — when government funding runs out, most HIEs fail.
- How to access patient records during power and Internet outages, hurricanes floods, and other natural disasters.

The Consequences EMR adoption without interoperability doesn't cut it. It's only step one in a two-step process. We must complete both — but despite the hoopla from government rule

makers and EMR vendors, *providers unfortunately are no closer to achieving total interoperability today than when we started.*

- *Providers continue to make costly medical errors and trigger unnecessary costs.*
- Partly as a result of this waste, *healthcare costs reached $3.2 trillion in 2015,* consuming an unsustainable 17% of GDP, with per capita costs more than double costs in other advanced countries.
- *The gap between government rule makers and care providers has widened into a chasm* — with physicians frustrated, disgusted and angry. In response, many are dropping Medicare, selling their practices to hospitals or even quitting medicine.
- *Patients*, who increasingly want access to their records and to participate in their care management, *have no control and are virtually ignored.*
- *EMR vendors have become more entrenched* and independent (though they say otherwise).
- *Innovative systems have essentially been shut out.*

Over the years, many government agencies, trade groups and organizations have tried — and are still trying — to overcome these problems, starting with how structured data can be exchanged. (Several of these proposed solutions are described in Appendix B.)

Even though none of these solutions has gained universal acceptance, some advocates of the linking–silo approach have moved on to the problems of patient identification and legal consents, and have established patient registries as the preferred solution (though registries create huge new targets for hackers and compound already serious security and privacy risks). A few have tried to solve the HIE financial sustainability problem by charging providers or insurers but, in most instances, when government funding has dried up, the HIEs have failed.

Unfortunately, these well–intentioned, massive and costly efforts *miss the point and apply the wrong metrics*, yet ONC and others persist — in many cases by lowering the bar. For example, instead of measuring interoperability by whether a patient's complete record was available when needed at the point of care, they count the number of records individual providers send, request, and receive — and claim mounting success as these numbers increase. This confuses motion for progress! A recent study by KLAS found that *only 6 percent of providers were getting much out of the shared health data they had available.*

Lest anyone wonder, these failures are serious. The recently published *President's Cancer Panel Report for 2016* concluded *"the lack of widespread interoperability hinder[s] the ability of the healthcare workforce to deliver safe, effective, and timely patient– and family–centered care."* This conclusion, of course, is not limited to cancer. It applies to all illnesses.

The ONC implicitly acknowledged the enormity of these problems and its failure to solve them when it released its updated 10 Year Plan in 2014. Instead of being able to trumpet its success (its initial goal was to achieve interoperability by 2014), it extended the goal another ten years to 2024. But even 2024 looks improbable. For anyone or their loved ones with critical health issues, these delays are simply unacceptable. They could die long before a provider can access their complete record via HIEs!

In short, the linking-silos approach provides far too little interoperability, far too late. We desperately need total interoperability now, today. Without it, bad things happen. So much for the old cliché: what you don't know won't hurt you. When it comes to healthcare, what our doctors don't know about us can hurt and even bankrupt or kill us!

Care Providers

As mentioned earlier, many care providers who complied with our government initiative and installed EMR systems are *frustrated, disgusted and angry* — and as a result increasing numbers are dropping Medicare, selling their practices, or quitting medicine entirely.

They did as they were told at great expense, but *still can't access a patient's complete record when they need it.* Many feel they're no closer to total interoperability today than when they maintained paper charts! This has led to a *vast and expanding chasm between what providers want and need to deliver better, lower-cost care, and what government legislation and mandates force them to do. The difference is like night and day!*

Thus, the second major need we must meet is to *make record systems work for care providers not against them.* They want EMR systems that are easy to use, always accessible, save them time, and give them access to their patient's complete medical record when and where they need it.

Most regulators, vendors and tech people creating and installing EMR systems acknowledge that today's EMR systems are works in progress. But they take great satisfaction in the gains they've made to date, believe they are on the right path and look optimistically towards the future.

But most providers see the situation very differently. They feel they were bullied into adopting an EMR system, and were fooled about the costs. While the government reimbursed them for

the cost of their EMR systems, they had to cover other costs, including training and lost revenue, that some say totaled six or more times the cost of their system.

And they have found many of the government's Stage 2 Meaningful Use rules very difficult to satisfy. In fact, many providers simply can't. (In response, the government recently pushed the required compliance date several years into the future. Stage 3, which is even more difficult, may be dropped altogether.)

Thus, providers increasingly find that their EMR systems do not meet their needs or the government's changing requirements. They complain that their systems are too hard to use, too complex, limit the time they have to talk with their patients, slow them down, and are not accessible during power and Internet outages or in natural disasters. Making matters worse, *their EMR systems reduce their revenue* because they can't see as many patients per day as before — yet they must spend an extra two or more hours per day as data entry clerks feeding their EMR systems.

Patients

Today's provider–focused systems preclude patients from participating the way they would like. And even the fact that they can access summaries of their providers' notes on their providers' portals, doesn't satisfy them.

Thus, *the third major need we must meet is to bring patients and their families into their healthcare equation.*

While there is a wide disparity between how older and younger patients view their relationship with their care providers, *patients increasingly want access to their records to understand their issues, participate in their care management and decisions, and minimize rising deductibles and copays.* Similarly, providers increasingly want their patients to participate in their own care management.

These conclusions are strongly supported by the success of programs like OpenNotes (which gives patients access to their providers' *complete* notes rather than summaries), the growing number of websites dedicated to health information, and the emergence of organizations like the Society for Participatory Medicine.

The MedKaz® Solution Meets Everyone's Needs

Given these three major "needs," our goal is to meet all three in one fell swoop, if possible. And by dramatically changing course, we can do just that, today!

To the best of our knowledge, our groundbreaking MedKaz patient-focused system is the only system that provides total interoperability today, bridges the chasm between providers and government rule makers, benefits patients, providers and everyone else in the healthcare equation, and provides the basis for major changes in public health and the way care will be structured, delivered and paid for tomorrow. (See Appendix C.)

MedKaz succeeds where others fail by turning the government's approach upside down. Instead of building mid-20th century-like infrastructure and focusing on *provider* systems and how records are stored, MedKaz uses 21st century technology and focuses on how records are *managed and delivered* — and achieves total interoperability today.

Just as we no longer need large numbers of offices, big organizations, or to run thousands of miles of wire to provide telephone service in a developing country, or thousands of post offices, trucks and airplanes to send emails, we do NOT need HIEs, national patient identifiers, registries or other infrastructure to make a patient's complete record available to any provider at the point of care.

MedKaz puts the patient center-stage and lives alongside provider EMR systems — and the problems plaguing the linking-silo approach, disappear. (See Appendix D.)
- MedKaz aggregates a patient's personal information, picture, *complete* medical record — both paper and electronic — from all his or her current and past providers, and the application to manage them, in *one place*, on an encrypted MedKaz mini-drive. The patient carries it on a keychain, in a wallet, or wears it, and gives it to any provider at the point of care anytime, anywhere. It is updated for the patient after each encounter.
- With two or three clicks the patient or a provider can search its contents for specific records, even during power outages, natural disasters or without Internet access — all they need is a charged computer. (For more details visit the MedKaz website, watch the video, read the Q&A Sections.)
- Following an encounter, the provider's notes are uploaded as PDF documents to our MedKaz Server which *makes them searchable and formats them in XML* as well, emails the patient to download them, and erases them after the patient has done so — all without HIEs, identifiers, registries or large costly organizations.

6

- MedKaz includes easy-to-use Backup/Recovery procedures in case it is lost, damaged or corrupted, and an Audit Trail identifying who accessed it, when, and the records and information viewed or changed.

Unique Advanced Features

MedKaz is deceptively simple to use, yet extremely powerful. Anyone who can log on to a computer and search a document or database can use MedKaz — which is why it works for even the least computer-savvy provider or patiient!

MedKaz contains a patient's records, both paper and electronic, from all his or her providers.
- Both providers and patients can *search* it using a familiar Google-like search function.
- The search results are *displayed* in a familiar PDF format in a familiar browser with the search term *highlighted*.
- With *single clicks*, they can *move from highlighted search term to highlighted search term* within a document and from document to document to quickly find the information they are looking for — even if the patient's MedKaz has massive numbers of records and pages.
- When a patient finds a mistake in a provider's note, he or she can *attach a correction* by clicking a button on the browser and creating an addendum.

By storing records in both PDF and XML formats, a care provider with his patient's permission and when his vendor has created an interface with our MedKaz API, can directly download his patient's record as structured data to his own EMR system! Even without an interface, he (or his patient) can always print another provider's record or download it to their computer as a PDF document.

By storing a patient's records on their portable MedKaz, not in the Cloud or on an Internet- or web-linked server, MedKaz is the most convenient and safest system available. Patients' records move with them, are instantly accessible at the point of care — even during Internet or power outages, and cannot be easily breached or infected with viruses, malware, or ransomware.

By using flash drives rather than smartphones, more consumers/patients can enjoy the benefits of MedKaz, and security risks are minimized.
- Flash drives have virtually unlimited capacity, are inexpensive, secure and everyone can use them — including the 73% of adults over 65, and 50% with incomes less than $30K per year — who are heavy healthcare users but at the end of 2015 did not own

smartphones. (As smartphone adoption increases and more of these heavy healthcare users have them, we'll consider offering MedKaz as a smartphone app.)

- When providers use the MedKaz drive as we recommend (with a stand-alone computer rather than their networked computers), it is the safest most secure system available.

The unique MedKaz business model aligns the interests of all parties, *provides major financial incentives to providers*, and is *financially self-sustaining*. Consumers/patients subscribe to MedKaz and our *Update & Support Services* for $9.00/month the first year; this drops to $7.00 per month the second year. (Family-packs and group purchases are less.) These *costs are easily recouped* when a provider avoids mistakes, visits, tests or procedures because the information he needs is on his patient's MedKaz. (See Appendix E: Case Studies.)

- MedKaz is *free* to providers; *generates important new income* for them. We pay them each time an assistant uploads their notes to our MedKaz Server. These *payments can add $50K/year to a PCP's annual income, and depending upon their size, hundreds-of-thousands to tens-of-millions of dollars in new revenues and profits* to group practices, hospitals and ACOs. *For hospitals and clinics struggling financially, this new income can make the difference between survival and bankruptcy!*
- When employers, insurers and government see the benefits and cost savings MedKaz generates, we believe they'll give MedKaz as a wellness benefit to their employees/insureds and happily pay the modest subscription fee.

The Consequences

For Providers MedKaz is free, actually increases provider income, is easy to use, HIPAA compliant, plug and play, blends seamlessly into provider workflows, saves providers time with each patient, enables them to search for and read specific records from their patient's other providers, coordinate care and avoid mistakes and unnecessary visits, tests, procedures and care, and deliver better, lower-cost care.

Physicians and nurses who have seen MedKaz and how it works, generally react the same: they're surprised to learn that a product like MedKaz actually exists and say "Wow, I wish my patients had a MedKaz. I could treat them better" — and then add "I'd love each member of my family to have one."

Administrators and ClOs, however, may fear MedKaz will harm their systems or require costly support. They can dispel these concerns by trying it with a few providers and cohorts of their patients. When they see for themselves that MedKaz delivers as promised, including generating new revenue, they will feel comfortable extending it to all their patients.

For Patients Patients enjoy *peace of mind* knowing any provider can coordinate their care and avoid costly mistakes. They can read their providers' notes, *create addenda* to correct mistakes, *participate* in their care management and decisions, and *save* deductibles and copays. Perhaps most satisfying of all, they no longer have to answer the same questions over and over! As the Chief Medical Information Officer of a major teaching hospital describes it *"[MedKaz] gives the patient real power in accumulating their record from any location they receive care. It is a simple, inexpensive, and straightforward solution to a complex problem."*

For Others As healthcare costs are reduced, employers, insurers and government *save serious money*. Their health insurance costs will drop dramatically – with the *savings dropping right to their bottom line*. They'll all save money and government, which insures more than 125 million Medicare and Medicaid patients plus millions of military personnel and their dependents, can *save tens of billions of dollars annually* by embracing MedKaz!

Bottom line: by taking a patient– rather than provider–focused approach and not requiring extensive and costly infrastructure, MedKaz accomplishes what no other system can accomplish today or tomorrow. It provides total interoperability today, spans the chasm between rule makers and providers, meets the disparate needs of all parties, and provides the foundation for dramatic improvements in the structure, functioning and financial stability of our healthcare system.

* * * * * * * *

MedKaz is a simple–appearing yet extremely powerful high–tech solution that provides total interoperability today, meets the needs of all parties — providers patients, employers, insurers, government today — and will change healthcare for the better tomorrow.

You can't beat that. It's just what the doctor ordered!

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APPENDIX A: The Law

The government's approach was initiated in 2004 when President George W. Bush established the Office of the National Coordinator for Health Information Technology (ONC) under the Department of Health and Human Services. It was codified in 2009, when the Health Information Technology for Economic and Clinical Health Act (HITECH Act) established ONC by law and gave it both power and funding. Its stated mission was — and continues to be — coordination of nationwide efforts to implement and use the most advanced heath information technology and the electronic exchange of health information [commonly referred to as interoperability]. These objectives were to be met by 2014.

The HITECH Act also provided $25 billion in funding (subsequently increased to $35 billion) to incentivize and support the adoption of EMRs by physicians and hospitals if they agreed to meet certain meaningful use requirements (MU) established by ONC. The Act also mandated that Medicare reimbursement rates be cut for providers who did not adopt EMR systems and meet MU Requirements. (Note that it does not apply to other care facilities such as assisted living and nursing homes.)

At the risk of oversimplification, the MU program established three increasingly difficult levels of meaningful use, Stages 1, 2 and 3, which were to be implemented over several years, and it reimbursed care providers over those years (one third each year) for the cost of their EMR systems when they demonstrated they met the MU requirements.

This carrot and stick effort was intense and massive and overwhelmed most care providers. It was like a forced march — do it or else!

APPENDIX B: Health Data Organizations

In recent years, a number of trade groups and standards organizations have emerged to foster health data interoperability. Some of groups are creating networks that foster data sharing, and others are working on tech standards allowing providers to share data among themselves. Organizations attempting to make health data sharing possible include:

CommonWell Health Alliance: CommonWell, which was founded in 2013, operates a health data sharing network which allows providers to share data across differing vendor platforms. Its founding members include Allscripts, athenahealth, Cerner, Evident, Greenway Health, McKesson and Sunquest.

Carequality: Like CommonWell, Carequality has created technology to enable national data sharing between providers and connecting disparate vendors. It has built a common interoperability framework which includes not only tech specifications, but also legal terms, policy requirements and governance processes. Vendors supporting health information exchange via the framework include Epic, athenahealth, eClinicalWorks, GE Healthcare, Surescripts and NextGen Healthcare. It's a project of non-profit HIE vendor The Sequoia Project.

The Direct Project: Unlike Carequality and CommonWell, The Direct Project isn't attempting to build a national data-sharing network for healthcare. Instead, it's focused on creating technical standards needed to push content securely from a sender to a specific receiver. These standards can enable direct communication between EMRs, personal health records or via browser- or client-based email.

Standards bodies

There are also a number of initiatives focused on creating technical specifications allowing for free data sharing between providers. These initiatives are focused on making data digestible for both sender and receiver, regardless of the vendor or technology each uses. Examples include:

Health Level Seven (HL7): The granddaddy of health data sharing efforts, HL7 is a non-profit, ANSI-accredited standards organization dedicated to providing a technical framework and standards for exchange, integration, sharing and retrieval of electronic health information. It has more than 1,600 members from over 50 countries.

FHIR (Fast Healthcare Interoperability Resources): FHIR is a new specification, based on existing HL7 standards, which attempts to make implementation healthcare data exchange simpler. The idea behind the FHIR project is to build a base set of resources which address roughly 80 percent of standard health information exchange needs. Its architecture includes application programmable interfaces (APIs) to provide health information where its need in the form its needed.

SMART Health IT: SMART is an open, standards-based technology platform allowing developers to create apps that run seamlessly across the entire healthcare system. If a provider's EMR or data warehouse supports the SMART standard, patients, doctors and researchers can access a broad range of health data.

Health Information Exchanges (HIEs): Efforts to establish health information exchange networks have been underway in the US for more than twenty years. As things currently stand, HIEs are typically run by a non-profit intermediary, which either creates a centralized database or helps providers share decentralized data. Many have launched with state or federal funding, but couldn't create a sustainable business model and failed when the funding ran out, but a number of large HIEs remain. (For example, Great Lakes Health Connect links up 128 Michigan hospitals and 4,000 primary, specialty and allied care organizations.)

APPENDIX C: Record System Comparisons

Problems Limiting Nationwide Record Sharing	MedKaz®	EMR HIE/FHIR	Paper
• Data Incompatibility	No	YES	YES
• Patient Identification	No	YES	No
• Summarized Data; Incomplete Notes	No	YES	No
• Security and Privacy	No	YES	No
• Legal Issues — Consents; Sending Records Across State Lines	No	YES	No
• Multiple Patient Portals	No	YES	YES
• Uncertain Financing	No	YES	No
Content			
• Patient's COMPLETE record from ALL providers	YES	No	No
• Complete progress notes, test results, operative/discharge reports, etc. from all providers	YES	No	No
• Generates comprehensive health summary from all providers	YES	No	No
Ease of Use			
• Intuitive, plug and play	YES	No	YES
• Providers and patients can electronically sort, search, manage all records, including paper	YES	No	No
• Access any detailed record with only two or three clicks	YES	No	No
Financial			
• Patient, Employer, or Payer purchases and subscribes; cost-free to providers	YES	No	No
• Generates substantial new revenue and income for providers	YES	No	No
• Reduces cost of care for patients, employers, payers, government	YES	No	No
• Financially self-sustaining	YES	No	YES
Access, Control, Security			
• Patient identification easy and accurate	YES	No	YES
• Patient controls complete record	YES	No	No
• Moves with patient; available at point of care, anytime, anywhere; in or out of network	YES	No	No
• Patient can access, read, amend records; addenda or corrections automatically sent to providers	YES	No	No
• Patient's complete record accessible even in power outages, natural disasters, without Internet or web access, or electronic networks	YES	No	No
• Access is password controlled to two levels	YES	No	No
• Patient can lock individual records	YES	No	No
• Emergency providers can access critical information/records	YES	No	No
• Records not stored in Cloud or on Web servers; not subject to large scale theft or breaches	YES	No	YES
• Provider updates for patient	YES	No	No

APPENDIX D: How to Use MedKaz

How to use medkaz®

Care Provider instruction sheet by Health Record Corporation (HRC), creator of the MedKaz.

1 Plug in and open MedKaz

2 Read Time-Saving Documents: Referral Request, Complaint Report, Health Summary
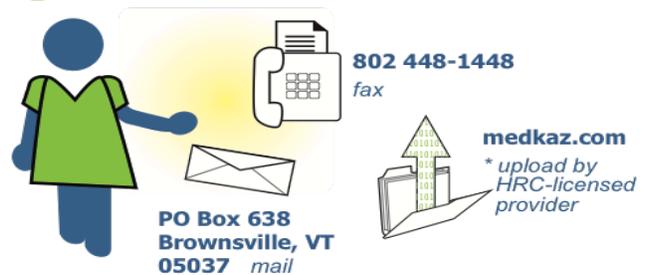
3 Treat patient as usual

4 Sort/Search/Read records as needed

5 Complete Progress Notes and Encounter Summary

6 Fax/ Mail/ Upload* copies of all documentation to HRC

802 448-1448
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medkaz.com
* upload by HRC-licensed provider

PO Box 638 Brownsville, VT 05037 *mail*

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14

APPENDIX E: Case Studies
Savings Resulting From Patient Having MedKaz®

Case I: Tissue Biopsy and Office Visit Avoided

Situation

Patient has a papule on his left foot. Says it looks the same, feels the same and is in the same place as a papule he had surgically removed two years earlier.

Plastic surgeon examines papule; is unsure what it is. Says he must remove tissue for a biopsy so he knows what it is before he can remove it completely.

Patient tells surgeon he has a biopsy of the tissue that was removed two years earlier. Surgeon reads biopsy on patient's MedKaz, decides a new biopsy is unnecessary, removes the entire papule, closes the incision, instructs the patient to return in ten days to have the stitches removed.

Patient returns in ten days. Surgeon tells him papule, indeed, was same as two years earlier, removes stitches, discharges the patient.

Total Costs Saved by Avoiding Second Office Visit & Biopsy

Insurance claims avoided	$521.52	
Patient copay	25.00	
Lost wages @ $25/hr	$50.00	$596.52
Lost productivity		$$
Patient's Savings		
Deductible and copay saved*	$50.00	
Lost wages	$50.00	$100.00
Employer's/Insurer's Savings		
Insurance claims avoided (less deductible*)	$496.52	
Productivity loss avoided	$$	
Employee goodwill	$$	

  * *Assumes $25.00 deductible and $25.00 copay*

Appendix E: Case Studies (continued)
Savings Resulting From Patient Having MedKaz®

Case II: Office Visit and Delay in Surgical Procedure Follow-Up Avoided

Situation

Patient had Iridotomy in both eyes to preclude problems from Glaucoma.

Patient returns four months later for checkup by ophthalmologist. Is prepped with drops and prepared for examination by the physician. Physician tells patient the hospital's computer is down so he has to reschedule visit (the earliest he could see the patient was in two or three months.)

Patient tells physician he has a copy of the physician's progress notes from before the procedure and the notes describing the procedure. Physician reads both sets of notes on patient's MedKaz, examines the patient's eyes, tells patient all is well and to return in another year for a checkup.

Total Costs Saved by Avoiding Second Office Visit

Insurance claims avoided	$162.69	
Patient copay	25.00	
Lost wages @ $25/hr	$100.00	$287.69
Lost productivity		$$

Patient's Savings

Deductible and copay saved*	$50.00	
Lost wages	$100.00	$150.00
Avoided delay knowing outcome of procedure		$$

Employer's/Insurer's Savings

Insurance claims avoided (less deductible*)	$137.69
Productivity loss avoided	$$
Employee goodwill	$$

  * *Assumes $25.00 deductible and $25.00 copay*