



A driving force for health equity
Master System Agreement

Between OCHIN Inc. and Solano County

Background: OCHIN has entered into an agreement with Epic Systems Corporation ("Epic") by which OCHIN has obtained certain rights to software (the "Epic Agreement"). This agreement ("Agreement") sets forth the terms on which OCHIN will offer Member access to certain components of the software and technical infrastructure described below (the "System") and related support and training services described below.

General Terms and Conditions

1. Definitions. This Agreement has the following definitions:

- A. Best Practices.** Best practices reflect the means by which to reach the most optimal result and are considered industry leading, which may change from time to time.
- B. Conclusion.** For issues submitted to OCHIN under Section 8 of this Agreement, "Conclusion" will mean the issue has been resolved or until a suitable workaround that will enable use of the System has been built and deployed. Optimization of the solution for efficiency may be released through future releases
- C. Epic.** Epic is the owner of the software licensed to OCHIN and made available to Member under this Agreement as part of the System.
- D. Go-Live.** Go Live is the schedule agreed upon by OCHIN and the Member for implementation and activation of the System.
- E. HIPAA.** HIPAA is the Health Insurance Portability and Accountability Act of 1996 as amended from time to time.
- F. Implementation Plan.** Implementation Plan means the written plan that sets forth the schedule and lists the responsibilities of OCHIN and Member for implementation of the System, including System installation and configuration and data conversion.
- G. Individually Identifiable Health Information.** Individually Identifiable Health Information is information, including demographic information, that: (a) relates to (i) the past, present, or future physical or mental health or condition of an individual person, (ii) the provision of health care to an individual person, or (iii) the past, present, or future payment for the provision of health care to an individual person; and (b) identifies that person (or with respect to which there is a reasonable basis to believe the information can be used to identify the person).
- H. Legacy Database.** means the data or information contained in the existing instance or account of the Epic Software that is used by Member as of the date of this Agreement and which Member intends to have OCHIN transfer to the new instance of the System to be used by Member pursuant to this Agreement.
- I. Limited Data Set.** Limited Data Sets is Personal Health Information that excludes the identifiers as defined by 45 C.F.R. 164.514(e) under HIPAA.
- J. Member.** Signatory to this Agreement and user of the System as defined herein.
- K. Member Data.** Member Data means any data, information, or other materials submitted or uploaded to the System by or on behalf of Member, or transmitted, collected, created, or otherwise processed by Member, or on Member's behalf, through Member or its Permitted User's use of the System. Member Data includes without limitation all data contained in the Legacy Database and that is the subject of the Data Conversion (defined below).
- L. Notice of Patient Privacy.** The Notice of Patient Privacy ("NPP") advises patients of their rights as it relates to how their IIHI or PHI may and may not be used and what the patient's rights and obligations with respect to the PHI and IIHI are. Language provided by OCHIN as part of the OHCA must be included in Member's Notice of Patient Privacy.

- M. OHCA.** The Organized Healthcare Arrangement ("OHCA") signed by all OCHIN Members described herein is established, in accordance with the HIPAA Standards for Privacy of Individually Identifiable Health Information set forth at 45 C.F.R. Subtitle A, Subchapter C, Parts 160 and 164.
- N. Permitted Users** means the following persons: (a) Member and its employees or contractors; (b) authorized agents, students (medical, nursing and other students), volunteers, nurses, physicians, medical staff members, technologists, clinicians, and other personnel on staff or otherwise associated with Member, in each case to the extent involved in any way in the care of any patient involving the System; and (c) any medical practice of a physician who now or hereafter has the privilege to admit patients at, or who provides medical consultation at, Member to the extent involved in any way in the care of any patient involving use of the System.
- O. Production.** Production means the environments that are used by Member's end-users to access the deployed System in which Member's real-time, actual, day-to-day business transactions are conducted.
- P. Protected Health Information.** Protected Health Information means Individually Identifiable Health Information transmitted or maintained in any form or medium as defined by HIPAA.
- Q. Provider Builder** – A Provider Builder is a designated person at Member's facility that will obtain OCHIN training on how to best support provider involvement in on-going optimization of the System during and after Go-Live. The Provider Builder will also help prioritize and communicate clinical optimization requests, improvement of usability and accuracy of the System and assist with overall improvements of the System.
- R. Statement of Work.** A Statement of Work ("SOW") is documentation signed by both OCHIN and Member detailing work to be performed for Member by OCHIN outside of the initial Agreement.
- S. System.** Software modules and technical infrastructure contained in Attachment A, A.1, A.2, B and/or B.1.

2. System User Access. OCHIN will provide Member with access to the System on the terms and conditions specified below.

- A. Software.** Attachment A, A.1 and/or A.2 specifies software modules to which Member will have access pursuant to this Agreement as well as third-party contracts listed in Attachment A.3.
 - B. Technical Infrastructure.** Member will procure and maintain the computer hardware to operate the System, and the networking equipment and telecommunications facilities needed to establish a wide-area network ("WAN") for communication of System data to and from OCHIN. OCHIN will perform an assessment of Member's existing configuration and suggest any changes to increase capacity for the network infrastructure. An initial hardware list is contained in Attachment B or B.1 which may be augmented if OCHIN's assessment indicates a need for more equipment. Member will be responsible for purchasing any additional equipment.
 - C. Connectivity to the System General.** Member is responsible for procuring, maintaining, and paying for a connection from Member's LAN at the Member physical locations to OCHIN's hosting center. Member may connect to OCHIN's hosting center either through an OCHIN managed, private, multiprotocol label switching service ("MPLS"), SD-WAN, an internet service provider ("ISP") or best current practices as determined by OCHIN. OCHIN highly recommends that Member procure a MPLS connection as well as a fully redundant secondary system. Member may obtain a quote for MPLS services by requesting OCHIN to perform the work. If Member chooses to obtain an ISP connection, Member understands and acknowledges that Member may have reduced connectivity and may be assessed additional fees for production use of the internet service. Member, and not OCHIN, will be responsible for any connectivity issues.
 - D. Member Equipment.** As it relates to the purchase of equipment in Attachment B or B.1, Member will provide a number of computers and equipment sufficient for use of the System. Member will be responsible for purchasing, installing, and implementing software maintained on such computers (other than software listed on Attachment A or A.1 or A.2), and upgrades of the software. Member acknowledges that regular implementation of upgrades to such software is necessary for successful operation of the System.
- 2.D.1 Accessories and Peripheral Devices.** Member is responsible for obtaining and maintaining accessories and peripheral devices for Member's computers and equipment, including individual scanning accessories, faxes, biometric equipment, and printers. Member is also responsible for the cost of (a) computer equipment and workstations; (b) equipment necessary to accommodate desktop equipment (such as wall mounts and keyboard trays) as well as laptop computers; (c) construction or renovation expenses relating to computers and equipment; (d) supplies (such as printer cartridges, paper, forms, and labels); (e) all internal network connectivity hardware and installations, including all

LAN hardware and appropriate cabling to connect to the System WAN, such as routers, hubs, servers, and communication lines among and between Member's physical locations; and (f) all medical devices including imaging devices and modalities, laboratory analyzers, pharmacy robots and cabinets.

- E. Connectivity Services Provided by OCHIN.** OCHIN will provide Member with an internet backup connection to the System for the price listed on Attachment D. At Member's request, OCHIN will assist Member with any connectivity issues at OCHIN's then-current applicable hourly staff rates. OCHIN will provide Member with an estimate of the number of hours to resolve the issue, which estimate must be approved by Member in writing before OCHIN begins work. After the service is provided, OCHIN will bill Member based on actual hours expended.

3. OCHIN and Member Implementation Personnel Support.

- A. OCHIN and Member Implementation Support.** In order to properly support implementation of the System, it is imperative that both Member and OCHIN provide adequate resources to support the entire process with personnel from both Member and OCHIN. OCHIN and Member will each provide the following staff:

- 3.A.1 Executive Sponsor** - Oversees project quality and progress toward critical success factors, sets vision and priority and removes internal barriers to success. The Executive Sponsor should be the Member CEO or equivalent senior executive.
- 3.A.2 Executive Level Operational and/or Executive Clinical Person** – This person should be the highest-ranking operational person or clinical person (CMO or CNO) at Member's organization and will work to remove any operational or clinical barriers to implementation at the Member organization.
- 3.A.3 Project Manager** – Full time person responsible for managing resources, timeline and budget for the entire implementation. They will work with the other party's Project Manager and other project management staff to develop and maintain the master project schedule, scope and issue/risk log.

- B. Member Implementation Personnel.** Member will appoint the following additional personnel to support implementation:

- 3.B.1 Provider Builder** – Member will designate two (2) providers to be a Provider Builder and will obtain OCHIN training on how to be a Provider Builder and comply with the requirements of the program.
- 3.B.2 Super User** – Subject matter expert for a specific process, department or set of workflows who participates in user acceptance, provides real time peer support to the Member as well as trains internal personnel for Member.
- 3.B.3 Revenue Cycle Leadership** – Member will designate someone at its organization that will provide support involving revenue cycle management implementation of the System.
- 3.B.4 Senior IT Leadership** – This person will help support any and all technical issues at Members' facilities as it relates to supporting the implementation of the System.
- 3.B.5 EHR Support** – Technical expert for OCHIN Epic system who provides support across all the installed applications and serves as a first line of support as provided for in Section 8. This person manages Member security, builds provider preference list, participates in user acceptance and is the point person for future upgrades or enhancements similar to a Super User for the OCHIN Epic System.
- 3.B.6 Reporting Analyst** – Analyst who works with Member to develop reports in the System for use by Member.

- C. OCHIN Implementation Personnel.** OCHIN will appoint the following additional personnel to support implementation:

- 3.C.1 Clinical Informaticist** – This person will work with the teams to help guide how the System will most efficiently be utilized for the purpose of clinical care.
- 3.C.2 Install Analyst** – Certified Epic application analyst that translates key decisions and workflows into supporting the System build focusing on Best Practices.
- 3.C.3 Third-Party Component Analyst** – Analyst(s) who work with the Member to install third-party components.

- 3.C.4 Interface Analyst** – Analyst who works with the Member and subject matter expert to develop interfaces/integration strategies for Member and Member devices that meet Epic requirements.
- 3.C.5 Data Conversion Analyst** – Analyst who develops and tests extracts to convert data from Member systems.
- 3.C.6 Reporting Analyst** – Analyst who works with Member to develop reports in the System for use by Member.
- 3.C.7 Workflow Engineer** – Develops all model workflows with Member input and educates Member on the use of workflow Best Practices.
- 3.C.8 OCHIN Epic Trainer** – Develops and delivers instructor led training to support Member learning.
- 3.C.9 Operational Consultants** – Epic system learning experts in core areas that support learning and successful implementation of the System
- 3.C.10 Billing Analyst** – Analyst that will focus on implementation of billing practices and workflows to facilitate efficient billing and claims handling as part of the implementation process.
- 3.C.11 Optional – OCHIN Billing Services Director** - The OCHIN Billing Services Director will work with the implementation team to advise and assist in implementing Best Practices to maximize billing and claims handling for Member. This resource will only be part of the implementation team if the Member will be an OCHIN Billing Services client.

D. Personnel Continuity. OCHIN and Member will use reasonable efforts to maintain continuity in their personnel during implementation. Any unavailability of personnel, discontinuity in the project team, or other personnel-related cause will not excuse a party's failure to perform as specified in this Agreement.

E. Member and OCHIN Personnel. Member and OCHIN will allocate sufficient personnel and resources to participate significantly during any implementation and software upgrades or enhancements, which could include implementation on a 24-hour basis. In the event that OCHIN believes that Member is not fulfilling the responsibilities described in this Section, OCHIN will notify Member in writing and Member will thereafter (a) fulfill its responsibilities by allocating sufficient personnel or resources; (b) fulfill its responsibilities by requesting OCHIN's assistance for which OCHIN will invoice the Member at OCHIN's then-current hourly rates for time spent by OCHIN personnel in performing these functions; or (c) notify OCHIN that it disagrees with OCHIN's assessment that Member is not fulfilling the responsibilities described in this Section and the parties will resort to the dispute resolution procedures set forth in Section 25 of these general terms and conditions.

4. Member's Implementation Responsibilities. Member has the following responsibilities in connection with implementing the System:

- A. Implementation Plan** – Immediately after Agreement execution, Member will assign a project manager who within three (3) weeks will populate the OCHIN provided Implementation Plan attached hereto as Attachment A.4 and provide that plan to OCHIN who will verify, modify or work with Member to revise the plan as well as update tasks, monitor progress and hold staff accountable for assigned tasks.
- B. Connectivity Schematic.** Member will provide OCHIN with its MPLS and connectivity schematic for use of the System which will be added as Attachment B.2 to this Agreement.
- C. Executive Sponsor Meetings.** Member will have the required personnel attend the OCHIN scheduled Executive Sponsor meetings as established during implementation.
- D. Project Meetings.** Member will have the required personnel attend the OCHIN scheduled project meetings as established during implementation.
- E. Best Practices** – Member will agree to the adoption or use of Best Practices in implementing the System. Should Member deviate from Best Practices, this will be agreed to in writing with OCHIN.
- F. Live Claims Testing** – During live claims testing for implementation, Member will provide no less than 10 to 15 real claims for each payor plan with which Member is provided reimbursement.
- G. Data Conversion.** OCHIN will convert demographic data as requested using OCHIN's then-standard fields at the time of implementation as represented in Attachment A.5 or Attachment A.5.1 and OCHIN handouts for data conversion for which Member will be charged at OCHIN's then applicable standard hourly rates. Member will review Attachment A.5 or A.5.1 and review for quality assurance after testing. If Member chooses to convert additional data at the time of implementation and hardware must be

acquired as part of the Technical Infrastructure, Member will pay the cost of the additional hardware and any related goods or services. Member is required to staff the required resources needed for data conversion as well as facilitating any agreement for removing Member's Data from Member's Legacy Database as well as facilitating any agreement for removing Member's data from the Member's legacy system. The amount of data converted is three (3) years.

- H. **Integrated Devices.** Member will designate integrated devices as stated Attachment D. Member is responsible for purchasing the hardware necessary for integration into the System.
- I. **Interfaces.** OCHIN will provide Member with interfaces at implementation that include Surescripts, the Social Security Exchange in Member's state as well as Quest/LabCorp lab interfaces as noted in Attachment D. Additional interfaces may be requested from time to time and be built consistent with an SOW or amendment to this Agreement.
- J. **User Acceptance Testing.** Member will designate personnel to test the System to ensure it is able to perform as agreed upon in this Agreement.
- K. **Change Management.** Member will develop and maintain a change management plan or program that will document change requests in a change log as part of implementation of the System. The change management plan at a minimum will designate stakeholders responsible for change decisions and will contain an ongoing log of changes raised and whether the request is approved or denied both during and after Go Live.
- L. **Member Communication.** Member will ensure that information in regard to implementation of the System is properly disseminated through its organization. Additionally, Member will have a documented process as to how Member communicates with its patients as it may relate to responsibilities or changes in use of the System.

5. **OCHIN Implementation Responsibilities.** OCHIN has the following responsibilities in connection with implementing the System:

- A. **Implementation Plan.** Immediately after execution of the Agreement, OCHIN will assign a project manager to oversee implementation for OCHIN and will work with Member's assigned project manager to revise, edit and finalize the Implementation Plan as well as update tasks, monitor progress and hold staff accountable for assigned tasks.
- B. **Executive Sponsor Meetings.** OCHIN will establish, attend, take notes and send a written report out after each Executive Sponsor meeting as established during implementation.
- C. **Project Meetings –** OCHIN will establish, attend, take notes and send a written report out after each project meeting as established during implementation.
- D. **Best Practices –** OCHIN will implement Best Practices in implementing the System. Those Best Practices will be documented and provided to Member.
- E. **Live Claims Testing –** OCHIN will work with Member to perform live claims testing during the implementation process utilizing a minimum of 10-15 actual claims from each actual payor plan utilized by Member
- 5.E.1 **OCHIN Billing Service/Revenue Cycle –** OCHIN will provide revenue cycle Best Practices and if Member is going to be an OCHIN Billing Services ("OBS") client, OCHIN will provide support in implementing the System to optimize Member's revenue cycle with its existing payor mix.
- F. **Interfaces –** OCHIN will provide a lab interface and/or other interfaces as part of the implementation process which can include interfaces with the Social Security Administration, registries as well as HIE's.
- G. **Integrated Devices.** OCHIN will implement integrated devices as designated in Attachment D. Member is responsible for purchasing the hardware necessary for integration into the System.
- H. **Workflows.** OCHIN will provide copies of existing standard recommended workflows and will review key workflows with the Member's implementation team. These key workflows include basic office visit, lab, registration, scheduling, and billing.
- I. **Training.** OCHIN will provide customized workflow specific training and support services described in Attachment C and listed in the training guide handout at no additional cost to Member. OCHIN can provide Member with a complete list of all available training at Member's request. OCHIN will provide Member a Statement of Work for any additional services, which services will be provided by OCHIN's then-current applicable hourly staff rates.

- J. **Reporting** – At Go-Live, OCHIN will provide reports not to exceed 200 different reports and/or customize Member's top utilized reports.
- K. **Go-Live Support** – OCHIN will provide three (3) weeks of Go-Live support that will include staffing and support that are based on actual need. OCHIN will provide Operational Consultants based on organizational need, but the number of Operational Consultants will not exceed three (3) during implementation. Any additional staffing of Operational Consultants will be subject to a Statement of Work between OCHIN and the Health Center.

6. **Member's Maintenance Responsibilities.** Following Go-Live, Member will have the following maintenance responsibilities:

- A. **Support Personnel.** Member will designate sufficient personnel at each Member site to provide support services to Member's users on an ongoing basis. The same individual may be assigned to more than one of these support areas and will serve as a super user for the System.
- B. **OCHIN Help Desk Contacts.** Member will work to ensure that if its super users cannot resolve an issue, then Member's employees will consolidate questions prior to contacting the OCHIN help desk and prioritize those questions and requests when submitted to OCHIN as outlined in Section 8.
- C. **Upgrade and Enhancement Support.** Member will dedicate staff and substantially assist in any upgrades or enhancements and in readying Member's organization for the transition to new releases or hardware changes which will include any necessary planning, testing, or training. Member will implement the upgrades and enhancements releases within time frames specified by OCHIN which will occur three (3) times per year. Member also agrees to have an internal training program for upgrades as well as for new employees with materials provided by OCHIN. Member is responsible for branding the materials for use within its organization.
- D. **Ongoing Table Maintenance and Provider Master File Updates.** Member will be responsible for the quality and timeliness of updates to the master files required for Member's service area and will contribute to the upkeep of tables and master files across all service areas. Member will designate personnel responsible for the tasks as outlined in the OCHIN Workforce Building handout which may change from time to time.
- E. **Workgroup Participation.** Member will designate personnel at each Member site to serve as one member of each OCHIN workgroup. The same person may serve as a member of more than one workgroup. Member will ensure that the assigned personnel will attend the workgroup meetings and meaningfully participate with the workgroup.
- F. **Lab Errors.** Member hereby acknowledges and agrees that, to the extent Member uses the services of any lab ("Lab"), Member shall be solely responsible for all Lab-generated information and demographics. Member will be solely responsible for ensuring that Lab-generated demographic information matches the Epic demographic information for each applicable patient prior to transmission of any Lab information or data and be free of errors. OCHIN will not be responsible or liable for any Lab information that is improperly filled due to mismatched demographic information. Member will be solely responsible for monitoring transmissions of Lab information, for ensuring that such information is accurately filed, and resolving and correcting any errors in a timely manner. Member shall be solely responsible for any errors generated by Member devices in the Member environment and interfaced to System including biometric equipment, laboratory analyzers, imaging equipment, and hand-held devices. Member agrees to monitor interfaces and integrations and address errors in a timely manner to ensure accurate data transmission and filing. Member agrees to create and maintain an accurate and complete lab error pool as it relates to its use of the System that is updated on a regular basis.
- G. **Clinical Content.** Member will designate a practicing provider which should include a Chief Medical Officer, Chief Medical Informatics Officer and/or Chief Nursing Officer to participate in the Clinical Oversight Group or other OCHIN designated committees. This workgroup will be primarily responsible for providing input to OCHIN regarding the clinical content of the System. Member and other users of the System acting through the workgroup, and not OCHIN, will be responsible for the accuracy of such content.
- H. **Internal Guidelines.** Member will be responsible for maintaining its own internal scope-of-practice guidelines governing use of the System at each Member location. These guidelines will specify, without limitation, the scope of authority, responsibility, and oversight of Member's personnel using the System. OCHIN will not be responsible for monitoring compliance with those guidelines.
- I. **Indexing Solution.** Member is responsible for scanning information in paper format at each Member site and for determining the amount of information to be scanned for the System. In the event Member is more than one week behind staying current on scanning information, OCHIN may require Member to provide OCHIN with a written plan for staying current.

- J. **Member System Data.** To the fullest extent possible, Member will ensure that the data it or a third-party hired or contracted with the Member provides to the System is complete and free of errors. Member agrees that it will be responsible for any data correction performed by OCHIN for any Member or Member third-party as a result of data quality issues that will be charged at OCHIN's then-current applicable hourly staff rates. Member also agrees that it will not provide access to the System for any individual or entity outside of the United States for any reason.
- K. **Problem List.** Member agrees to create and maintain an accurate and complete problem list as it relates to its use of the System and is updated on a regular basis.
- L. **Chart Corrections and Patient Duplicates.** Member is responsible for making patient chart corrections and resolving duplicate patient matches. OCHIN makes available chart correction tools and requires each Member to have a certified HIM specialist to manage chart corrections as well as patient duplicates. OCHIN will administer a test to confirm understanding of chart correction tools before granting access to these tools. OCHIN will not enable tools that allow for the complete deletion of records.
- M. **Interfaces –** Member will be responsible for proper maintenance connection to interfaces established during the implementation process and any additional interfaces requested during maintenance.
- N. **Integrated Devices.** Member will be responsible for integrated devices requested as designated in Attachment D and those requested during maintenance. Member is responsible for purchasing the hardware necessary for integration into the System at any time.
- O. **Best Practices.** OCHIN will implement workflows consistent with Best Practices and member will not deviate from Best Practices workflows unless agreed upon and/or designed by OCHIN and Member in writing. Best practices are continually updated by OCHIN and OCHIN will train and coach Member on Best Practices.
- P. **New Staff Training.** Member agrees to provide newly hired or transitioned staff all relevant OCHIN approved training before granting the staff person access to the System. Member is solely responsible for facilitating the training.

7. **OCHIN'S Maintenance Responsibilities.** Following Go-Live, OCHIN will have the following maintenance responsibilities:

- A. **Member's System Access.** OCHIN will ensure access to the System subject to the terms and conditions of this Agreement and Epic's agreement. OCHIN will also provide notices about the System including downtime (scheduled or otherwise), service interruption and System wide issues.
- B. **Help Desk Roles and Responsibilities.** OCHIN will maintain a help desk to assist Member with various technical and non-technical issues as it relates to the System. Training on how to utilize the OCHIN help desk will be provided during implementation of the System. The OCHIN help desk will be available 24/7/365 and OCHIN has the roles and responsibilities as outlined in Section 8.
- C. **Interfaces –** OCHIN will be responsible for proper maintenance of interfaces to the extent necessary to access the System. OCHIN will not be responsible for interface issues to the extent they occur up to the connection to the interface which will be the sole responsibility of Member.
- D. **Integrated Devices.** OCHIN will not be responsible for any issues associated with the performance of the integrated devices requested by Member. Responsibility for the any issues with the performance of the integrated devices will reside with Member unless the performance issues were caused by OCHIN.
- E. **Product Roadmap.** OCHIN will provide a product roadmap for expected enhancements, software or hardware changes or improvements to Member. The roadmap will provide additional products or services that may become available over the ensuing 6 to 12 months.
- F. **Optimization and Continuous Training.** Once the Member is live on the system for thirty (30) days, OCHIN will provide up to sixty (60) hours of optimization and training for best practices.
- G. **Upgrade Training.** OCHIN will provide training materials targeted at Member's needs which can be modified as needed. OCHIN will provide the materials to Member who will utilize the materials in training their own staff. Member can request upgrade training directly by OCHIN at rates agreed to by OCHIN. Unless agreed to in writing, the upgrade training will be provided virtually and/or via e-learning.

8. **Technical Assistance and Help Desk Support Terms and Responsibilities.** To facilitate use of the System, OCHIN and Member will have the following roles and responsibilities as it relates to technical assistance and use of the OCHIN help desk:

- A. Member Tier I Support.** OCHIN members are supported by their organizations' subject matter experts who will provide the initial support for any issues with the System. Member agrees to utilize its own subject matter experts as Tier I support before raising any issue to OCHIN as Tier II support.
- B. OCHIN Tier II Support and Member Responsibilities.** Should Member need to escalate an issue beyond Tier I support, Member will submit a request to OCHIN's help desk for assistance consistent with this Agreement and the OCHIN Help Desk Policies and Procedures Handout. Member will have the following responsibilities as it relates to requesting Tier II support from OCHIN:
- 8.B.1 Member Ticket Initiation.** Use OCHIN's provided platform for work order process including instant messaging, phone and any other designated forum provided by OCHIN which may change from time to time.
- 8.B.2 Member Content and Prioritization.** Member will ensure the following is addressed in the work order:
- Ensure the request is assigned the appropriate priority level (as defined in Section 8.B.3.).
 - Ensure the request is clear and concise as to the nature of the issue.
 - Ensure screen shots are provided if possible.
 - Ensure that similar requests are combined and prioritized for importance.
 - Ensure that the requester and any other appropriate person Member's organization is on the request.
- 8.B.3 Member Prioritization Classification.** Member is responsible for assigning the appropriate priority level to the work order request based on the following criteria:
- **Level 1 – "Critical":** Problem either stops normal processing, is a system-wide outage causing patient safety issues, creates financial or data integrity issues or threatens the quality of clinical data.
 - **Level 2 – "High":** Users are able to access the system but there is a significant financial or operational impact. Payment services are not running correctly and/or claims batches are not running.
 - **Level 3 – "Normal":** Problem is routine and does not substantially impact the use of Epic for more than a few users.
 - **Level 4 – "Low":** Problem is minor and does not substantially impact the use of the System.
- 8.B.4 OCHIN Tier II Support Acknowledgement and Prioritization Expectations/Standards.** OCHIN will use reasonable efforts to respond to Member's request with the following expectations for each priority level:
- **Service Level Agreement for Level 1 – "Critical":** OCHIN will initiate a response immediately and resolve the issue within 8 hours if technically possible by OCHIN staff. OCHIN personnel shall diligently and continuously work on resolving the issue (before, during and after normal business hours) through Conclusion or the issue is determined to be of lower severity. Member will be provided with regular and frequent updates as to the progress in resolving the issue. OCHIN will escalate the issue to a Vendor(s) for assistance as needed.
 - **Service Level Agreement for Level 2 – "High":** OCHIN will initiate action immediately. An attempt to provide a Conclusion within 1 business day will be made if technically possible by OCHIN staff. If a solution takes longer than 4 hours, OCHIN will update Member on anticipated resolution time and will escalate to Vendor(s) for assistance as needed.
 - **Service Level Agreement for Level 3 – "Normal":** Reasonable efforts will be made to acknowledge the problem within 1 business day and initiate action and Conclusion of the issue within 5 business days. Information on next steps for the issue will be provided and timelines will be updated as information is available. Note that Conclusion of the issue may include correction(s) in a future release.
 - **Service Level Agreement for Level 4 – "Low":** Reasonable efforts will be made to acknowledge the problem within 1 business day and initiate action and Conclusion of the issue within 10 business days. Information on next steps for the issue will be provided and timelines will be updated as information is available. Note that Conclusion of the issue may include correction(s) in a future release.

8.B.5 OCHIN Tier II Support Additional Duties. OCHIN reserves the right, after review of the issue, to lower or increase the priority level with any issue. Further, OCHIN reserves the right to consolidate Member's Tier II support requests as necessary or prudent.

C. Tier III Support – Epic. Should Member require assistance beyond Tier I or Tier II support, OCHIN will provide the request directly to Epic for resolution. Any costs associated with Tier III support will be invoiced to Member consistent with Section 13 of the Agreement.

D. Availability Requirements. OCHIN will make the System available, as measured over the course of each calendar month during the term of this Agreement, at least 99.9% of the time, excluding time the System is not available as described in the Exceptions. System availability means the System is available and operable for access and use by Members and its Permitted Users. The System is not considered available in the event of any performance degradation or inoperability of the System, in whole or in part.

8.D.1 Exceptions. No period of System degradation or inoperability will be included in calculating Availability of the System to the extent that such downtime or degradation is due to (1) Member or Permitted Users of Members misuse of the System, (2) failures of Member or Member's Permitted Users internet activity, (3) internet or other network traffic problems other than those problems arising in or from the networks actually or required to be provided or controlled by OCHIN, (4) scheduled maintenance, (5) a catastrophic event and (6) Member or any Member Permitted Users failure to meet any minimum hardware or software requirements as set forth in this Agreement.

9. Professional Judgment and Medical Care. Physicians, providers and other Permitted Users should use the system as a resource in the exercise of professional medical judgment, not as a substitute for that judgment. Member acknowledges that neither OCHIN nor Epic or the System practice medicine and make no clinical decisions and are therefore not responsible for any clinical outcomes. **MEMBER, ITS' PROVIDERS AND PERMITTED USERS, ARE SOLELY RESPONSIBLE FOR ANY MEDICAL DIAGNOSIS, TREATMENT AND ADVICE RENDERED WITH THE ASSISTANCE OF THE SYSTEM. MEMBER CONFIRMS THAT THEY ARE SOLELY RESPONSIBLE FOR ANY MEDICAL JUDGMENT, DIAGNOSIS AND/OR TREATMENT FOR ANY PATIENT. MEMBER IS ALSO RESPONSIBLE FOR COMPLIANCE WITH ALL LAWS AND REGULATIONS ASSOCIATED WITH PATIENT ACCESS TO MEDICAL RECORDS.**

10. Lab Interface Requirements. Member designates OCHIN as Member's representative for transmitting and receiving lab test orders and results with reference laboratories. Member is required to have at least one operational interface with its lab vendor at the time of Go-Live for use of the System and to update OCHIN promptly on at least a monthly basis of any modifications requested by the designated lab vendor. Attachment A.3 lists OCHIN's standard lab interfaces. OCHIN will develop and implement additional lab interfaces only to the extent and on terms agreed between OCHIN and Member in writing.

11. Limited Access. Member will not make the System available to any third party except (a) Permitted Users or (b) as needed by consultants who are assisting Member with respect to its operations (including, but not limited to, information technology and telecommunications), and who are bound by appropriate confidentiality obligations that are no less protective than those imposed upon Member under this agreement and an agreement of the type described in Section 21(k) of the Epic Agreement providing that such third party and its employees will not develop, design, or enhance any software product that has or is intended to have a similar purpose to or overlapping functionality with, or that competes with, or is intended to compete with, any software product offered by Epic now or in the future. Member will provide such access only to the extent such third parties must have access to the System in order to make proper use of or support the System in Member's operations. **Member will not provide access to the System to any individual or entity that licenses software to health care facilities or any other potential competitor of Epic or OCHIN or any person, entity or contractor who is outside of the United States without OCHIN's (which shall not be unreasonably withheld) and Epic's consent.** Member will have the same responsibilities to OCHIN for the actions and omissions of third parties and Permitted Users allowed access to the System by Member as Member has for its own acts and omissions.

12. Member Third-Party Access Requirements.

A. Member Third-Party Vendors. To the extent Member provides third-party access to the System, Member will ensure that any confidentiality provisions contained in this Agreement flow down to the vendor with terms the same or more stringent as contained herein.

B. Member Third-Party System Integration. Should Member request that OCHIN provide integration to a third-party and/or new service, OCHIN will only do so after ensuring that the third-party integration into the System is secure and integration will not hinder, disrupt or cause any issues with management of the System. The determination as to viability of integration into the System will be made solely by OCHIN.

C. Vendor Management; Outsourcing. OCHIN will manage the Epic Agreement and will facilitate and coordinate Member's requests for direct services and support from Epic to the extent Member is entitled to any such direct services and support under the terms of the Epic Agreement. OCHIN may outsource

its service and support obligations under this agreement and will manage third party outsourcing contracts as deemed necessary in OCHIN's sole judgment and discretion.

13. **Payment and Invoicing.**

- A. Implementation Fees.** Member will be charged implementation fees consistent with the pricing in Attachment D which will be paid via electronic funds transfer ("EFT") or wire transfer. If the Member determines that they are unable to meet the agreed upon Go Live schedule, Member will remain responsible for the payment of monthly maintenance fees unless a date change is agreed to by OCHIN. All scheduled payments and the responsibility of the Member are outlined in Attachment D. Member's implementation fee is intended to cover Member's share of access cost to Epic licenses, a portion of fees to third-party vendors, the costs of the Technical Infrastructure, and basic implementation charges. In the event volume exceeds initial projected volume, the initial payment is subject to later adjustment by OCHIN as described in this Section 13.
- B. Access Licenses.** The implementation fee includes the number of access licenses indicated on the pricing information in Attachment D. If Member's level of usage requires additional access licenses at any time, Member will be notified and then billed an additional license fee at OCHIN's then listed cost for each additional access license required.
- C. Ongoing Fees.** Ongoing fees includes fees outlined in Attachment F and F.1 as it relates to acute care and ambulatory activity related fees and costs. Ongoing fees can also include, but not be limited to:
 - 13.C.1** Any additional work requested and agreed to by Member.
 - 13.C.2** Maintenance fees whether charged by OCHIN or a third-party for agreed upon services.
 - 13.C.3** Hardware or software purchase agreed to by Member.
 - 13.C.4** License fees by OCHIN or third-party vendors (including Epic), fees and costs associated with the sending of data to an HIE or any other third-party including government or quasi-government entities and costs contained in Attachment D.
- D. Ongoing Fees Payment.** Member will pay ongoing fees on a monthly basis within 30 days after the end of that month via electronic funds transfer ("EFT") or wire transfer. Any invoices past 60 days will be subject to interest at an annual interest rate of 10%.
- E. Pricebook Changes and Timing of Notice.** OCHIN periodically releases its updated price book to include new services that are being offered. OCHIN reviews its pricing structure on an annual basis and is approved by the Board of Directors in conjunction with the OCHIN annual budget process. Each year OCHIN communicates any changes to the existing pricing structure to members with at least 90 days' notice of when those changes go into effect. If there is development that Member would like to expedite because the collaborative enhancement timeline does not meet Member timelines, this can be pursued through the Statement of Work process to engage in this additional work.
- F. Travel Expenses Reimbursements.** If OCHIN personnel must travel in connection with this Agreement, Member will reimburse OCHIN for reasonable travel expenses, including without limitation: (a) mileage per current GSA rates found at www.gsa.gov and plane fare, car rental, and other transportation charges at costs incurred by OCHIN; (b) reasonable meal and lodging expenses; and (c) for travel more than 60 miles, travel time billed at ½ OCHIN's then-current applicable hourly rate.
- G. Direct Epic Expenses.** Any support services requested by Member directly from Epic or provided directly by Epic to Member will be invoiced directly to Member unless the expenses for such services are covered by the warranties or maintenance program provided under the Epic Agreement.
- H. Third-Party Costs.** Member will be invoiced for any direct costs assessed to OCHIN by third parties related to implementation or support services requested by Member that OCHIN cannot provide through its own personnel.
- I. Adjustments.** Part of the implementation payment for Member has been determined based on estimates of Member's billable visits as set forth in Attachment D. OCHIN will review System usage twice a year and determine if Member's usage activity will need to increase in the next calendar year. OCHIN will inform Member after the mid-year review if OCHIN believes that an increased level of annual volume in excess of purchased access volume will occur in the next year which will be charged at OCHIN's then applicable rates.

14. Service Additions and Adjustments.

- A. **Optional Additional Services.** As requested by Member, OCHIN will provide Member with the optional software and services described on Attachment A, A.1 and/or A.2 and included herein in accordance with the terms of the applicable Statement of Work for an additional fee. Any additional software modules added after the signing of this Agreement will occur via an executed amendment to this Agreement or SOW executed between the Parties. Member will be deemed to have consented to the terms of the applicable amendment or SOW once OCHIN has first provided the software or services to Member.
- B. **Member-Specific Items.** At Member's request, OCHIN may agree to procure or provide for Member additional or customized goods or services, or access related to the System, including customized workflows. Member will pay OCHIN additional amounts for obtaining, implementing, and maintaining such goods or services (including any additional maintenance costs for the System generally that are attributable to such goods or services) at OCHIN's then standard applicable hourly rates.
- C. **Service Adjustments.** Because OCHIN's agreements with various vendors are subject to change without OCHIN's approval, OCHIN may cancel these agreements if vendors fail to offer terms acceptable to OCHIN. If OCHIN decides to cancel a vendor agreement, OCHIN will provide notice and, if feasible, an alternate solution to Member, but Member may lose access to related software and services and may need to contract directly with the vendor if desired.
- D. **Expedited Services.** OCHIN will perform additional services at its standard timing and rates. Should Member need expedited timing on services, Member can pay an additional fee in order to expedite the work. The additional fee will be reflected on the SOW executed between OCHIN and the Member for the work.

15. Ownership.

- A. **Ownership of the System.** Epic and other third-party vendors will retain ownership of any application source code or associated written materials used in the System. OCHIN will maintain complete ownership of the Technical Infrastructure hardware, with the exception of telecommunications facilities owned by third parties, as well as the license extended to Member as part of this Agreement. Member understands and agrees that it is only being licensed access to the System and does not own any part of the System as part of entering into this Agreement.
- B. **Ownership of Patient Information.** Member will retain ownership of Member's patient information. Notwithstanding the foregoing, in order to facilitate continuity of health care and quality assessment activities, the System will utilize a master patient index ("MPI") permitting aggregation of each patient's data in a central patient record accessible by authorized users of the System.
- C. **Funding Sources.** Member will not satisfy any financial obligations incurred in connection with this agreement through use of funds obtained from state or federal governmental entities that give such entities an interest in the System or related property.

16. Compliance with Epic Obligations.

- A. **Compliance with Epic Agreement.** Member's use of the System must in all respects comply with the terms and conditions of the Epic agreement, including, without limitation, covenants relating to limiting access to authorized users, exercising independent professional judgment in providing patient care, and protecting the trade secrets and other proprietary rights of Epic. Member will not be permitted to copy, reverse engineer, or modify code supplied by Epic, except as permitted by OCHIN and the terms of the Epic Agreement. Member will be required to take certain affirmative steps identified by OCHIN to assure that Member's users comply with the covenants set forth in the Epic agreement. Additionally, Member's use of the System must comply with the terms of any agreements between Epic and OCHIN that arise out of, amend, or relate to the Epic Agreement. OCHIN will provide a copy of the Epic agreement to Member upon request.
- B. **Epic MyChart and MyChart Bedside.** MyChart (Epic's patient portal) and MyChart Bedside provides patients access to health information and education in addition to scheduling, payments, and a convenient communication path to their care team. MyChart is a critical component of patient engagement and the successful use of Epic by the Member, providers and patients. MyChart implementation is mandatory and requires the portal to be branded with Member's logo, colors, and contact information in addition to having a designated representative at the Member level that is responsible for ensuring the successful use and education of MyChart within the clinic setting. In addition, patients will be provided with account credentials to activate their MyChart account unless they specifically opt out. Epic will designate a percentage of active MyChart participation by Member as part of using the System which Member agrees to achieve within the timeline provided, if any.

- C. **Business Continuity Access Requirements.** Consistent with Epic requirements, in the event of a failure to access the System, Member is responsible for maintaining and will maintain access to a physical copy of the Member's scheduled appointments and all relevant patient clinical data for each patient on the schedule. The requirements of this section will not apply if Member ceases clinical operations during the access failure.
- D. **Business Continuity Plan and Downtime Procedures.** Member agrees to have a business continuity plan that at a minimum will address how Member will continue services to its patients should a disruptive event occur. The plan needs to include a disaster recovery plan as well as designation to back-up locations to input and transmit data. Member will also have documented downtime procedures. Both the business continuity plan and downtime procedures will be provided to OCHIN at OCHIN's request.
- E. **CareEverywhere and Rule of the Road.** Member's use of the System must comply with Epic's CareEverywhere and Rules of the Road attached hereto as Attachment E. Member understands that Epic can change, alter or amend the CareEverywhere Rules of the Road and Member must abide by any future changes.

17. HIPAA Compliance Terms.

- A. **Purpose.** OCHIN uses and disclosures of Member's Protected Health Information, which includes Limited Data Sets, is intended to meet the requirements of 45 CFR § 164.504(e) and 45 CFR § 164.514(e) of the privacy regulations and 45 CFR § 164.314(a) of the security regulations promulgated by the U.S. Department of Health and Human Services under HIPAA, and all regulations issued under the Health Information Technology for Economic and Clinical Health Act ("HITECH") (collectively the "HIPAA Privacy Rules").
- B. **Security and Confidentiality.** If Member discloses any PHI to OCHIN, or if OCHIN creates or receives any PHI on behalf of Member, OCHIN will maintain the security and confidentiality of such PHI in OCHIN's possession as is required by this Agreement and applicable HIPAA Regulations.
- C. **Use and Disclosure.** OCHIN may use and disclose PHI in a manner consistent with Member's permitted uses and disclosures of PHI as a covered entity under HIPAA and OCHIN's policies. OCHIN shall not disclose PHI other than as permitted herein or as otherwise permitted or required by law and/or OCHIN policy.
- D. **Disclosure Procedure.** Unless such disclosure is required by law, OCHIN may not disclose PHI unless: (a) OCHIN obtains reasonable assurances from the person to whom the PHI is disclosed that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and (b) the person notifies OCHIN of any instances of which the person is aware of breaches of confidentiality of the PHI.
- E. **HIPAA.** In performing their obligations under this agreement, Member and OCHIN will comply with applicable provisions of HIPAA. Without limiting the generality of the foregoing, Member and OCHIN agree to comply with the HIPAA compliance terms set forth herein and the OHCA Terms. In both cases, each party will also comply with any updates to HIPAA or the OHCA terms as applicable.
- F. **Business Associate Status.** Nothing contained in the Agreement causes OCHIN to be a "covered entity" as defined in the HIPAA Regulations or otherwise requires OCHIN to comply with the HIPAA Regulations as a covered entity. Additionally, due to the regulations for the OHCA, OCHIN qualifies as the equivalent of a business associate and a separate business associate is not necessary as Member participates in an Organized Health Care Arrangement consistent with 45 CFR 160.103.
- G. **Responses to Third-Party Requests.** As required by OCHIN's policies, OCHIN will provide Member with notification of any third-party requests for Member's PHI that are otherwise permitted or required by law. Member's failure to object to OCHIN's processing of PHI consistent with any such lawful requests constitutes Member's consent to the uses or disclosures of PHI contained within any such request. OCHIN may charge Member reasonable fees for responding to third party PHI disclosure requests; subject to the mutual agreement of the parties.

18. Organized Health Care Arrangement

- A. **OHCA.** The OHCA is established for the purpose of better serving Member patients and enhancing the benefits of information technology services provided by OCHIN, including joint quality improvement and assessment activities conducted by OCHIN in conjunction with Member and other OCHIN members participating in the OHCA (hereafter collectively the "OHCA Participants").

- i. **Limitations.** The OHCA described herein is established for the sole and limited purpose of meeting the OHCA requirements set forth in the Privacy Rules. Member shall exercise medical judgment free of any direction or control by OCHIN or the OHCA Participants. The OHCA described herein shall not be construed to (a) constitute a partnership, joint venture, or other common undertaking of any kind whatsoever, or (b) allow any party to create or assume any obligation on behalf of the other party for any purpose whatsoever.
- B. **Compliance with OHCA.** Member understands and agrees that compliance with the OHCA is required to permit Member's ongoing use of the OCHIN System. Further, Member agrees that amendments to the OHCA will be binding on Member and Member will include the language herein and any future amendments in Member's notice of patient privacy. Member's notice of patient privacy will be provided to OCHIN at the time the Agreement is signed as well as after any future changes or amendments.
- C. **Compliance with HIPAA.** Member is responsible for Member's own compliance obligations under HIPAA and any other applicable law or regulation including without limitation the obligation to prepare, use, and distribute a notice of privacy practices consistent with the requirements of the Privacy Rules. Other than the limited responsibilities as an OHCA participant described herein, neither OCHIN nor any OHCA participant is undertaking any responsibility whatsoever in relation to compliance obligations of Member.
- D. **Standards and Guidelines.** As a participant in the OHCA, Member agrees to abide by these terms, as well as the standards and guidelines for the development of privacy and security policies that may be approved from time to time by the OHCA participants in consultation with OCHIN.
- E. **Inclusion of OHCA Terms in Notice.** As a condition of Member's participation in the OHCA, Member agrees to include the following terms within Member's notice of privacy practices and to distribute such notices in accordance with the Privacy Rules:

Member Name is part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org as a business associate of MEMBER NAME. OCHIN supplies information technology and related services MEMBER NAME and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by MEMBER NAME with other OCHIN participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operation can include, among other things, geocoding your residence location to improve the clinical benefits you receive.

The personal health information may include past, present and future medical information as well as information outlined in the Privacy Rules. The information, to the extent disclosed, will be disclosed consistent with the Privacy Rules or any other applicable law as amended from time to time. You have the right to change your mind and withdraw this consent, however, the information may have already been provided as allowed by you. This consent will remain in effect until revoked by you in writing. If requested, you will be provided a list of entities to which your information has been disclosed.

- F. **Termination.** A Member's participation in the OHCA described herein shall terminate automatically to the extent this Agreement is terminated. Except as described below, Member shall not be entitled to voluntarily withdraw from the OHCA described herein while maintaining services under the terms of this Agreement.
- G. **Third-Party Beneficiaries.** All OHCA Participants are third party beneficiaries of the obligations set forth in this section, including but not limited to the contractual indemnity provisions set forth in Section 23 herein.

19. System and Data Security.

- A. **OCHIN Disclosure of Patient Information.** OCHIN will not disclose Member's patient information except (a) to administer and manage the business of OCHIN, including administration of the System, (b) to satisfy applicable legal requirements, (c) to comply with the terms of the Epic agreement (including making "de-identified" patient data, which is cleansed of all patient-identifying information under the HIPAA Regulations set forth at 45 CFR § 164.574, available to Epic for use in connection with its Epic Data service), (d) to participate in a state-wide data warehouse in each state where a Member is located, that will contain aggregated and de-identified patient data, (e) in accordance with HIPAA Compliance Terms, (f) in accordance with the OHCA terms, (g) in order to connect to a Health Information Exchange or

Qualified Health Information Network, or (h) in accordance with any Additional Uses and Disclosures stated herein.

- B. Data Center and Disaster Recovery.** OCHIN has established data centers to host the central Technical Infrastructure which includes multiple disaster recovery locations. OCHIN also contracts with third parties to provide and maintain the various data centers. Should an event occur that disables OCHIN's primary data center, Member's access will roll over to a secondary location consistent with OCHIN's security policies and procedure.
- C. Security Provided by OCHIN.** OCHIN (through itself or a third party) will host data servers and other mechanisms that will store, protect, and provide controlled access to Member's patient information. This environment will be physically secure and provide the appropriate technical security measures required for such sensitive information and required by law, including current HIPAA regulations. OCHIN will make commercially reasonable efforts to comply with future HIPAA regulations concerning data security.
- D. Member Cyber Security.** Member will provide OCHIN with the findings of its current HIPAA Security Risk Assessment (SRA) and current when available Cyber Vulnerability and/or Penetration Testing results, conducted either as a self-assessment or by a qualified third-party. In-lieu of a recent (previous 12 months) Security Risk Assessment (SRA) the member shall provide policies, procedures and security plans prior to connecting to the OCHIN platform. OCHIN will review the materials provided and will be entitled to perform vulnerability assessments and/or penetration testing to ensure Member has implemented adequate systems, policies and procedures to ensure Member's cyber security protections are adequate for safe use of the System under a shared responsibility model.
- E. Security Provided by Member.** Because Member is subject to HIPAA, Member is also independently responsible for protecting the privacy and security of PHI contained within the System. To satisfy this responsibility, Member must establish, within the appropriate time frame, any privacy and security policies or procedures that are necessary to ensure that Member's operations satisfy the requirements of HIPAA. Member will ensure that Member's policies and procedures regarding access to patient information stored in the System respect the privacy and confidentiality rights of patients and maintain the integrity of the overall System. These policies and procedures should include, but are not limited to, maintaining current user lists, limiting user access to the minimum access necessary, and managing typical network security processes (such as passwords). Further, Member agrees to implement policies and procedures consistent with any security standards or guidelines approved by the OHCA Participants or OCHIN.
- F. Additional Member Security Responsibilities.** In addition to any other security responsibilities of Member under this agreement, OCHIN will enable Member to set security authorities for Member and its personnel with respect to the System, subject to limitation by OCHIN. Member is not permitted to give more than six (6) individuals the right to set those security authorities. Member is responsible for ensuring that all actions taken by such individuals are in compliance with the Epic Agreement and applicable laws and regulations and will indemnify OCHIN against any misuse of security authority.
- G. Information Security Breach Notification Clause.** Member agrees to notify OCHIN immediately in writing of any discovery by Member of any breach or suspected breach of their network or any loss or unauthorized use, disclosure or access to any OCHIN Confidential Information and/or OCHIN's business systems of which Member becomes aware (any such breach or suspected breach being referred to herein as a "Data Breach"). Such notice shall summarize in reasonable detail the effect on the Member's network and OCHIN, if known, and the corrective action taken or to be taken by Member. Member shall promptly take all appropriate or legally required corrective action(s) and shall cooperate fully with OCHIN in all reasonable and lawful efforts to prevent, mitigate and/or rectify such Data Breach.
- H. Workstation Computer Equipment.** Member will implement the recommended login configurations on shared clinical workstations to provide direct login to Hyperspace. For shared clinical workstations (nursing stations, exam rooms, bedside, and WoWs), users enter a set of credentials no more than once per login workflow regardless of the starting point. All shared workstations used by more than one end user per shift, including connected locations, meet all of the following (1) the workstation either automatically logs uses into the operating system or Member has a process in place for someone to log into the workstations once each shift, (2) use single sign on products to automate logging in, (3) use Warp Drive to either pass through the user credentials to the published application session.
- I. Meaningful Use.** OCHIN will use commercially reasonable efforts to work with Epic to ensure that the System software provided to Member is "Certified EHR Technology" as that term is defined at 45 C.F.R. § 170.102 as of the date of this Agreement. Member acknowledges that whether Member is a "Meaningful EHR user" as that term is defined at 42 C.F.R. § 495.4 ultimately depends on how and the extent to which Member makes use of the EMR software and other factors beyond the control of OCHIN and Epic.
- J. HITECH Compliance.** OCHIN shall comply with the requirements of HITECH, codified at 42 U.S.C. §§ 17921–17954, which are applicable to business associates, and shall comply with all regulations issued

by the Department of Health and Human Services to implement HITECH as of the date by which business associates are required to comply.

20. Data Use.

- A. Data Aggregation.** OCHIN is permitted to use PHI for certain data aggregation services relating to Member's health care operations, including a state-wide data warehouse and the Epic Data Service. "Data Aggregation" means, with respect to PHI disclosed to OCHIN, combining Member's PHI with PHI received by other OCHIN members to permit data analyses that relate to the health care operations of the respective covered entity.
- B. Use of Electronic Health Information Exchanges.** Member wishes to use and disclose PHI as authorized under HIPAA through the use of electronic health information exchanges or Health Information Organization ("HIO" or "HIE"). Member agrees that it will not enter into an agreement with an HIE and has requested that OCHIN do so on Member's behalf in order to facilitate the electronic exchange and disclosure of PHI related to Member's patients by transmitting data through HIEs on Member's behalf. Member authorizes OCHIN to disclose PHI related to Member's patients through HIEs as may be requested and directed by Member. Member authorizes OCHIN to manage Member's requests for, and disclosures of, PHI from and to the other participants in HIEs. Member represents and warrants that all consents required under HIPAA for the transmission of PHI through an HIE shall have been obtained by Member and that the transmissions and disclosures requested by Member will be in furtherance of and in compliance with Member's permitted uses and disclosures of PHI as a covered entity under HIPAA.
- C. Accounting of Disclosures.** Although OCHIN does not anticipate making disclosures other than for the purposes of the Agreement, OCHIN will maintain a record of all disclosures of PHI made otherwise than for the purposes of the Agreement, including the date of the disclosure, the name and address (if known) of the recipient of the PHI, a brief description of the PHI disclosed, and the purpose of the disclosure as necessary to permit Member to respond to a request by an individual for an accounting of disclosures in accordance with 45 CFR § 164.528. OCHIN will make such record available to Member upon request.
- D. Disclosure to U.S. Department of Health and Human Services.** OCHIN will make its internal practices, books, and records relating to the use and disclosure of PHI received from Member (or created or received by OCHIN on behalf of Member) available to the Secretary of the United States Department of Health and Human Services, for purposes of determining OCHIN's and Member's compliance with the HIPAA Regulations.
- E. Limited Data Sets.** In addition to the permitted uses set forth herein, Member authorizes OCHIN to create Limited Data Sets of Member information for certain research activities consistent with applicable law which may require access to such Limited Data Sets. OCHIN may disclose Limited Data Sets to third party researchers, provided that OCHIN obtains and maintains with each such third-party researcher an agreement that is consistent with the requirements for Limited Data Set use agreements under HIPAA. Member understands and agrees that OCHIN will have access to Member's PHI in order to create these Limited Data Sets.
- F. Public Health Data Use.**
- (A) From time to time, Member must report certain health data pertaining to Member's patients, including personal health information ("PHI") for such patients, for public health activities. Member would like for OCHIN to facilitate Member's compliance with such reporting requirements, and to otherwise assist Member with fulfilling requests for PHI for public health activities by permitting OCHIN to use and disclose PHI related to Member's patients on behalf of Member for such purposes.
- (B) OCHIN has entered into an arrangement with the Social Security Administration ("SSA") to assist with SSA's process of confirming a patient's eligibility in the SSA disability program ("Program") and other uses directly related to the Program. OCHIN's arrangement with the SSA for this purpose requires OCHIN to participate in the electronic data exchange known as the National Health Information Network ("NHIN") under that certain Data Use and Reciprocal Support Agreement entered into by OCHIN on August 4, 2010 ("DURSA").¹ Member would like OCHIN to use and disclose PHI related to Member's patients on behalf of Member through the NHIN for purposes of confirming eligibility of Member's patient in the Program and other uses directly related to the Program.
- G. Disclosures for Certain Public Health Activities.** Member authorizes OCHIN to use and disclose PHI pertaining to Member's patients to a public health authority (as that term is defined at 45 CFR § 164.501) on behalf of Member in response to data requests for public health activities in accordance with 45 CFR § 164.512(b)(1)(i) provided that OCHIN provides Member with written notice not less than thirty (30) days in advance of any such proposed disclosure. If Member objects in writing within the thirty (30) day notice period, the disclosure will not be made on behalf of Member, except to the extent OCHIN is required by law

¹ The DURSA entered into by OCHIN on August 4, 2010 is available at : <https://member.ochin.org/documentation>
Agreement # 04035-23 between County of Solano and OCHIN

to make such disclosure. Written notice may be made via email to the Contact for Notices as set forth on the Cover Pages, or to other authorized individual(s) as designated by Member from time to time.

- H. **Disclosures to SSA.** Member authorizes OCHIN to use and disclose PHI pertaining to Member's patients to the SSA for the purpose of confirming a patient's eligibility in the Program and for other uses directly related to the Program. Member acknowledges that OCHIN's use of disclosure of PHI for the foregoing purposes will be performed through the NHIN, and Member specifically authorizes OCHIN to participate in the NHIN for such purposes. OCHIN will not use or disclose PHI pertaining to a patient to the SSA through the NHIN unless the patient has authorized use of the NHIN for communication with the SSA as evidenced by OCHIN's receipt of SSA Form 827 Authorization signed by the patient. A signed SSA Form 827 is considered valid authorization whether transmitted electronically or by facsimile.
- I. **Compliance with Laws and Regulations.** Each party will at all times comply with all applicable laws and regulations including, without limitation, all governmental, Medicare, Medicaid, and whistleblower laws, rules, and regulations governing each party's performance hereunder. Member and OCHIN specifically acknowledge that Member will provide services to beneficiaries of federal and state health care programs, including Medicare, and that OCHIN and Member have an obligation to comply with the requirements of such programs. Additionally, OCHIN shall inform any employees in writing, in the predominate native language of the workforce, that they are subject to whistleblower rights and remedies to the extent applicable under 41 USC 4712. Member will also advise OCHIN of any specific local, county, state or federal regulation, rule or law that it must comply with during the term of this Agreement.

21. Data Use Other Obligations.

- A. **Safeguards.** OCHIN will use appropriate safeguards to prevent use or disclosure of PHI otherwise than as permitted herein. Where applicable, OCHIN will comply with 45 C.F.R. § 164, Subpart C, and implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic personal health information that OCHIN creates, receives, maintains, or transmits on behalf of Member.
- B. **Reports.** OCHIN will report to Member any use or disclosure of PHI by OCHIN or its workforce not provided for herein of which OCHIN becomes aware, including breaches of unsecured PHI as required by 45 C.F.R. § 164.410. In addition, OCHIN shall report to Member any Security Incident of which OCHIN becomes aware in a reasonable time and manner considering the nature of the Security Incident and the information to be reported.
- C. **Agents and Subcontractors.** OCHIN will ensure that any agents and subcontractors that create, maintain, or transmit PHI on behalf of OCHIN agree to the same restrictions and conditions that apply to OCHIN with respect to such PHI.
- D. **Availability.** OCHIN shall make PHI in its possession available to the individual who is the subject of the PHI as required by the HIPAA Regulations.
- E. **Member Review.** If OCHIN has PHI in a designated record set, OCHIN will provide Member, upon Member's reasonable request, access for inspection of OCHIN's books, records, policies, practices, and procedures concerning the use and disclosure of PHI for purposes of assisting Member with its obligations for record keeping and compliance with complaint investigations and compliance reviews as required by the HIPAA Regulations.
- F. **Mitigation.** OCHIN agrees to mitigate, to the extent practicable, any harmful effect that is known to OCHIN of a use of PHI by OCHIN in violation of the terms of this Agreement.
- G. **Member's Obligations.** To the extent that OCHIN carries out Member's obligations under the HIPAA Regulations, OCHIN shall comply with the requirements of the HIPAA Regulations that apply to the Member in the performance of such obligations. Further, Member agrees to have any subcontractor or agent adhere to the same data safety and security measures as generally stated herein.

22. Warranties.

- A. **General.** OCHIN warrants to Member that the software modules described on Attachment A. A.1 and/or A.2 will be free from Substantive Program Errors to the extent those modules are so warranted by Epic in Section 8 of the Epic Agreement. As used in this Section 22, "Substantive Program Error" has the same meaning ascribed to that term in the Epic Agreement.
- B. **Third-Party Vendors.** As to any software module listed for Member's use that is provided through a third-party other than Epic, OCHIN makes the same warranty to Member that the third party makes to OCHIN with respect to the module.

- C. Customized Code.** Any customized code that is added to or modifies the software modules listed on Attachment A, A.1 and/or A.2 is warranted to be free from Substantive Program Errors only on condition, and to the extent, that the customized code is warranted by Epic under Section 8(d) of the Epic Agreement.
- D. Notice, Cure, and Response Time.** Any claim under the warranty set forth in this Section 222 will be subject to the notice requirements, cure periods, and response time expectations set forth in Sections 8(a) through 8(c) of the Epic Agreement; provided, however, that (a) notice of any warranty claim under this agreement shall be made to OCHIN rather than Epic, and (b) the Substantive Program Error may be remedied by either OCHIN or Epic.
- E. Exclusive Remedy.** Member's sole and exclusive remedy for breach of any warranty provided in Section 22(A) through 22(C) above shall be termination of this agreement with respect to the particular software module containing the Substantive Program Error.
- F. Software Performance Expectations.** OCHIN also warrants that the System will meet the performance expectations set forth in Attachment 10 to the Epic Agreement to the same extent that, and under the same conditions under which, Epic has provided such warranties to OCHIN. Member's exclusive remedy for any failure to satisfy this warranty shall be a refund of that portion of Member's Initial Payment attributable to Epic software license fees refunded to OCHIN. Member will cooperate in making all software configuration changes required by Epic pursuant to Attachment 10 of the Epic Agreement and will pay its proportionate share of any deductible required.
- G. Disclaimer.** THE ABOVE EXPRESS LIMITED WARRANTIES ARE EXCLUSIVE AND ANY AND ALL OTHER WARRANTIES, WHETHER EXPRESSED OR IMPLIED, ARE HEREBY DISCLAIMED, INCLUDING WARRANTIES OF MERCHANTABILITY, ACCURACY, FITNESS FOR A PARTICULAR PURPOSE AND TITLE, AND ANY IMPLIED WARRANTY AGAINST INTERFERENCE WITH MEMBER'S ENJOYMENT OF THE SYSTEM OR AGAINST INFRINGEMENT. Member acknowledges that no employee of Epic or OCHIN, or any other party, is authorized to make any representation or warranty beyond that stated in this agreement.

23. Indemnification.

- A. By Member.** Member will indemnify, defend, and hold harmless OCHIN and its officers, directors, employees, and agents from and against all Claims arising from the System and incurred as a result of (a) any third-party Claim (including, without limitation, regulatory investigations or proceedings) to the extent attributable to the negligence or intentional misconduct of Member or its officers, directors, employees, agents, clinics or Affiliates, (b) breach of this agreement by Member or its officers, directors, employees, agents, or Affiliates, or (c) any Claim under third-party contracts and attributable to conduct of Member or its officers, directors, employees, agents, or Affiliates.
- B. By OCHIN.** OCHIN will indemnify, defend, and hold harmless Member and its officers, directors, employees, and agents from and against all Claims arising from the System and incurred as a result of (a) any third-party Claim (including, without limitation, regulatory investigations or proceedings) to the extent attributable to the negligence or intentional misconduct of OCHIN or its officers, directors, employees, or agents or (b) third party Claims relating to infringement of U.S. patent, copyright, or trade secret laws to the extent covered by Epic's indemnification obligations under the Epic Agreement.
- C. Indemnification Procedures.** Any party seeking indemnification under this Section 233 must promptly notify the indemnifying party of the Claim for which indemnification is sought and provide the indemnifying party with the information reasonably required for the defense of that Claim. The party seeking indemnification shall grant the indemnifying party exclusive control over defense and settlement of the Claim.
- D. Claims.** For purposes of this Section 233, "Claims" include, without limitation, all claims, demands, actions, liabilities, losses, fines, damages, and expenses, including, without limitation, settlement costs and reasonable attorneys' fees at or before trial and on appeal or petition for review.

24. Responsibility for Use.

- A. Customer Responsible.** Certain components of the System allow Member to maintain patient medical records in a computerized, digital format. The System is intended to assist with the accuracy of, and improve accessibility to, medical records. The System, however, does not determine the content of medical records. As with manually kept records, records kept using the System may contain errors, whether resulting from incorrect recording of information, software errors, or other causes. Member and authorized users are solely responsible for ensuring that errors that may occur in medical records kept using the System are detected and corrected, and that patient care is not compromised on account of such errors.

25. **Dispute Resolution.** Disputes initiated by either Member or OCHIN that arise out of Member's use of the System or the terms of this agreement will be resolved through the following procedures:
- A. The complaining party will send a written notice to the other party describing the basis of the dispute and stating that the complaining party is initiating the dispute resolution procedures of this Section 25.
 - B. The party receiving the notice will be required to respond in writing or by telephone within 15 working days of receipt. Any party failing to respond within this time frame will be responsible for the full cost of any resulting arbitration proceeding.
 - C. Both parties will be required to meet and negotiate within twenty (20) working days of the date on which the initial notice of the dispute was received. Any party failing to attend this negotiation proceeding (and receiving adequate notice of the proceeding) will be solely responsible for any and all fees and costs of the arbitral tribunal that is convened in any resulting arbitration proceeding unless both parties fail to attend in which case the fees and costs of the arbitral tribunal will not be affected. Items that remain unresolved after negotiation become elements of a bona fide dispute.
 - D. A bona fide dispute will be resolved exclusively through confidential arbitration, except that either party may seek injunctive relief from a court of competent jurisdiction. The award rendered by the arbitrator will be final and binding, and judgment may be entered on the award in any court having jurisdiction. If the dispute involves Epic or another third-party vendor, governing law and venue for the arbitration proceeding will be as set forth in the applicable third-party agreement. Otherwise, the dispute will be governed by Oregon law and arbitration will occur in Portland, Oregon, before a single arbitrator utilizing the rules of Arbitration Service of Portland, Inc.
 - E. **Litigation by Third-Party.** Should OCHIN be named in litigation by a third-party, and that matter is proceeding in a state or federal court, OCHIN shall be allowed to bring Member into that matter (if appropriate) regardless of the arbitration provisions herein.
26. **LIMITATION OF OCHIN'S LIABILITY.** OCHIN WILL BE LIABLE TO MEMBER FOR ANY CLAIM ARISING OUT OF THIS AGREEMENT, INCLUDING, WITHOUT LIMITATION, CLAIMS UNDER SECTION 233, ONLY TO THE EXTENT THAT OCHIN'S INSURANCE CARRIER PROVIDES COVERAGE FOR SUCH CLAIMS. OCHIN WILL PROVIDE CERTIFICATES OF INSURANCE EVIDENCING ITS THEN-CURRENT COVERAGE TO MEMBER UPON REQUEST. OCHIN WILL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, CONSEQUENTIAL, OR PUNITIVE DAMAGES OR LOST PROFITS OR REVENUES RESULTING FROM OR IN ANY WAY RELATED TO MEMBER'S USE OF THE SYSTEM, INCLUDING CLAIMS BASED ON THE NEGLIGENCE OF EPIC, OCHIN, OR OTHER THIRD-PARTY VENDORS. OCHIN WILL NOT BE RESPONSIBLE FOR ERRORS OR DAMAGES CAUSED BY OR RESULTING FROM INPUT ERRORS, CHANGES BY MEMBER TO ANY SOFTWARE PROVIDED BY OCHIN, OR COMBINATIONS OF SOFTWARE PROVIDED BY OCHIN WITH OTHER SOFTWARE.
- A. **INSURANCE.** OCHIN and Member agree to have workers' compensation coverage consistent with the statutory obligations in which each party maintains employees or staff. Each party agrees to maintain a commercial general liability policy, listing the other party as an additional insured, with a minimum of \$3,000,000 of total coverage with \$1,000,000 per incident. Each party also agrees to maintain cyber insurance coverage, again naming the other party as an additional insured, in an amount not less than \$3,000,000 of total coverage and \$1,000,000 per incident.
27. **Termination.**
- A. **For Default.** Either party may terminate this agreement if the other party defaults in the performance of its material obligations and does not cure the default within 30 days after notice describing the default. In addition, either party may terminate this agreement if the other party defaults in the performance of the same or substantially the same material obligation more than two times in any 12-month period, regardless of whether the defaults are cured. In addition, and without limiting the foregoing, OCHIN may terminate this agreement with respect to a particular Member location immediately in the event a default is material with respect to that Member or Member's site use of the System or that Member's obligations under this agreement, even if the default would not be considered material in relation to Member's total use of the System or obligations under this agreement.
 - B. **By Member for Convenience.** Member may terminate this agreement on 12 months' written notice. Member will be responsible for funding any services or expenses incurred by OCHIN directly or indirectly as a result of activities related to Member's exit, including expenses related to facilitating the removal of the System, guaranteeing the privacy and security of System data, and converting System data to a new format.
 - C. **By OCHIN.** OCHIN may terminate this agreement on no less than 24 months' notice to Member unless an earlier timeframe is agreed upon by OCHIN and Member in writing.

- D. Termination For HIPAA Breach.** In the event of a material breach of the HIPAA Compliance Terms by OCHIN or Member, the non-breaching party shall provide the other notice and provide thirty (30) days opportunity to cure. If the breach is not cured, the non-breaching party may terminate the Agreement.
- E. Procedure Upon Termination.** Upon termination of this Agreement, OCHIN will make commercially reasonable attempts to transition Member to a new system by:
- Continuing to provide access to the System for a time not to exceed twelve (12) months.
 - Working with the new system personnel to transfer Member's data to the new system.
 - Provide commercially reasonable assistance to Member and/or its subcontractors in order to transfer Member to the new system.
 - The scope and costs for the transition work will be agreed upon in writing between OCHIN and Member.
- F. Termination Procedures for OCHIN Billing Services.** If Member is an OCHIN Billing Services client, Member may terminate the Billing Services (but not use of the System) on at least 90 days' written notice to OCHIN specifying the termination date. In the event the Billing Services are terminated, for whatever reason, OCHIN will (a) discontinue, as of the agreed last day of service, processing Member's accounts receivable; (b) at Member's request, provide all of Member's paper documents and source work then in OCHIN's possession back to Member at Member's expense; and (c) have no further obligation hereunder. Member is responsible for coordinating and updating any payor agreements and subsequent billing demographics. All reports or other documents provided by OCHIN to Member at termination will be in the medium selected by OCHIN. Upon request by Member, OCHIN will cooperate with Member to deliver such reports and documents in electronic media; provided that converting data to electronic media and delivering in electronic form will be at the sole expense of Member. As of the termination date, OCHIN will remove, and Member will permit OCHIN to remove without hindrance or delay, all equipment and other property of OCHIN that is located at the practice locations.

- 28. Assignment.** OCHIN may assign this agreement to any successor organization that acquires substantially all the assets of OCHIN. Neither Member nor OCHIN may otherwise assign any rights or obligations under this agreement without the other party's written consent. This agreement shall be binding upon and inure to the benefit of the parties' respective successors and permitted assigns.
- 29. Notices.** Notices and other written communications under this agreement shall be deemed effectively given when delivered in person or by fax or email, four days after being deposited for delivery by certified mail, return receipt requested, or one business day after being deposited for delivery by overnight courier, addressed as stated herein. The original of any notice sent by fax or email shall be sent promptly by certified mail or overnight courier to the recipient. Either party may change the address at which it receives notices by giving notice of the change to the other party.
- 30. Governing Law.** This agreement shall be governed by Oregon law without regard to conflicts of law principles.
- 31. Force Majeure.** Neither party shall be held responsible because of any delay in performance or noncompliance with any provisions of this agreement that results from an unforeseeable act, event, or omission beyond its reasonable control and without its fault or negligence, including but not limited to, negotiation deadlock, strikes, walkouts, regional or national pandemics, civil commotion, riots, wars, fires, explosions, floods, earthquakes, embargoes, or acts of civil or military authorities.
- 32. Severability and Amendment.** If any provision of this agreement is held invalid or unenforceable in any jurisdiction, then, to the fullest extent permitted by law, (a) the affected provision shall remain in full force and effect in all other jurisdictions and (b) all other provisions shall remain in full force and effect. Additionally, amendments to this Agreement must be in writing and signed by both parties.
- 33. Independent Contractor.** The relationship created by this Agreement is one of independent contractors. Nothing in this Agreement will be construed to create any other relationship between OCHIN, its employees or agents and Member.
- 34. Books and Records.** OCHIN will maintain Member's data in its hosted system during the term of this Agreement. OCHIN reserves the right to archive Member's data after seven (7) years. The data will still be available to Member at Member's request.
- 35. No Third-Party Beneficiaries.** Other than as stated in the OHCA, there are no third-party beneficiaries to this Agreement.

36. **Taxes.** Member is responsible for all taxes arising out of this agreement or Member's use of the System, including sales taxes, use taxes, business and occupation taxes, digital use taxes, gross receipts taxes, and personal property taxes, including any assessments or taxes imposed by foreign governments, but excluding corporate franchise taxes imposed on OCHIN, taxes based on OCHIN's gross or net income, and taxes required to be paid with respect to OCHIN's officers, employees, and agents engaged in the performance of this agreement (including unemployment insurance, social security, and payroll tax withholding). If OCHIN is required to pay any such taxes or penalties or interest relating to items allocated to Member in the preceding sentence, Member will promptly pay to OCHIN an amount equal to any such amounts actually paid or required to be collected or paid by OCHIN. If Member is exempt from paying applicable sales or use taxes, then Member agrees to provide OCHIN, upon OCHIN's request, with a copy of Member's tax exemption certificate or other evidence satisfactory to Member demonstrating that Member is exempt from state, county, city or other local sales or use taxes. Member also agrees to notify OCHIN in a timely manner of any change in Member's sales or use tax status.

Attachment. Attachment marked below are part of this agreement:

<input checked="" type="checkbox"/> Attachment A	General Software Modules
<input checked="" type="checkbox"/> Attachment A.1	Reserved
<input checked="" type="checkbox"/> Attachment A.2	Software Modules Ambulatory Care and Site Navigators
<input checked="" type="checkbox"/> Attachment A.3	Third-Party Contracts
<input checked="" type="checkbox"/> Attachment A.4	Template Implementation Plan
<input checked="" type="checkbox"/> Attachment A.5	Data Conversion Template Ambulatory
<input checked="" type="checkbox"/> Attachment A.5.1	Reserved
<input checked="" type="checkbox"/> Attachment B	Reserved
<input checked="" type="checkbox"/> Attachment B.1	Ambulatory Care Hardware Requirements
<input checked="" type="checkbox"/> Attachment B.2	MPLS and Connectivity Schematic
<input checked="" type="checkbox"/> Attachment C	Training Plan and Support Models
<input checked="" type="checkbox"/> Attachment D	Pricing and Milestones (Ambulatory)
<input checked="" type="checkbox"/> Attachment E	CareEverywhere and Rules of the Road
<input checked="" type="checkbox"/> Attachment F	Reserved
<input checked="" type="checkbox"/> Attachment F.1	Invoiceable Visit - General
<input checked="" type="checkbox"/> Attachment G	Reserved
<input checked="" type="checkbox"/> Attachment H	Inventory of OCHIN Handouts

This agreement and the agreements expressly referenced herein are the entire agreement between OCHIN and Member regarding the System and supersede all prior written or oral proposals, agreements, or other communications relating to the System.

OCHIN:

By:

Abby Sears, Chief Executive Officer and President

Date:

5/23/23

Member:

Bill Emlen

By:

Name: Bill Emlen

Title: County Administrator, Solano County

Address: 275 Beck Avenue, Fairfield, CA 94533



05/26/2023
11:27 AM EDT

Attachment A General Software Modules

After implementation of the practice management component of the System, Member will have access to the following software modules:

Patient Access and Patient Flow
Cadence Enterprise Scheduling
HIM Chart Tracking
HIM Release of Information
Resolute Professional Billing System
Electronic Remittance
Health Information Management – Chart Tracking
Identity Embedded Master Person Index
Clarity and Analyst Reporting Package
Business Objects Enterprise Server
InterSystems Cache *
KB Systems SQL
ICD-10 Codes (Diagnostics Data)
IMO-SMO-MED
CareEverywhere
ADA Codes
Prelude Ambulatory Registration
UB-4
Release of Information (ROI)
Tapestry Utilization Management

Reporting:
HealthyPlanet
Signal
Pulse

Mobility:
Haiku
Canto
Limerick for Physicians
Rover

Patient Experience:
MyChart
MyChart Spanish

Ancillary Applications:
Wisdom Dental-Optional
Tableau - Optional
Advanced Scheduling - Optional
Willow Ambulatory – Optional
Welcome - Optional

Attachment A.1
Software Modules for Acute Care
Reserved



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Attachment A.2 Software Modules for Ambulatory Care And Visit Navigators

EpicCare Ambulatory Clinical System

EpicCare Ambulatory EMR
Hyland OnBase Document Management Solution Software
First Databank Medication Database
One Pharmacy Interface with SureScripts
IMO Personal Health Terminology
ABN Software (All states except Florida, Puerto Rico and the U.S Virgin Islands)
Care Everywhere
Charge Router
Epic Secure Chat
Medical Records Software

Ancillary Applications:

EpicCare Link** Reporting Workbench

OCHIN Visit Navigators

OB/GYN with Custom Results Console - Visit Navigator to support prenatal and postnatal care. Special tracking tools for pregnancies are incorporated into the tool for reporting, alerts and health of mom and baby. Special build has been done for our members in California to support their government funded CPSP program.

BH Primary Care Navigator - Offers behavioral health-specific content for several key areas of clinical charting including medical history, chief complaint and visit diagnosis. Is intended for short-term treatment that would not typically include a formal enrollment into a behavioral or mental health program. Follows closely with the typical office visit workflow.

BH-Specialty Mental Health Navigator - Offers behavioral health-specific content for several key areas of clinical charting including medical history, chief complaint and visit diagnosis and is intended for longer-term treatment that would require enrollment and tracking to meet specific program guidelines. Includes a structured biopsychosocial assessment and service plan:

- Both tools offer separate sign-off workflows for therapist, supervisor and medical prescriber
- Both tools can be printed separately from encounter notes
- Both tools include aging reports to assist in managing review dates for therapist, supervisor and medical prescriber

Utilizes an Episode of Care to quickly link all relevant encounters (those included in program) back to the formulated diagnoses from assessment.

HIV Navigator - The HIV navigator supports the needs of our members that serve both HIV and AIDS populations. Very specific tools for HIV mutation tracking and charting tools to help with these complex patients.

Ophthalmology/Optometry - Navigator to support Optometry departments and some ophthalmology tools. Mostly for Optometry. Allows for ease in prescribing eye-glasses and contacts as well as documenting basic eye care



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Attachment A.3 Third Party Contracts

Core Third-Party Contracts:

License agreement with Gateway EDI (Trizetto) dated 3/7/2011 to provide electronic clearinghouse services.
CPU-to-CPU Interface Agreement with Quest Diagnostics Incorporated/LabCorp or Laboratory Services HUB
Agreement with Quest Diagnostics Incorporated (relating to lab interface)
First Databank Standard License Agreement (relating to medication file)
Master Software License, Services and Support Agreement with Hyland Software, Inc., and related business associate agreement (relating to document management)
License Agreement by and between OCHIN, Inc., and Intelligent Medical Objects (relating to Personal Health Terminology product)
Services Agreement with Pentaho Corporation (relating to online reporting)
Software License and Services Agreement with 3M Company (relating to medical necessity dictionaries)

Additional Third-Party Solution Partners include the following which may change over time and with notice to the Member:

Remote Monitoring/Visits:

Raziel Health
BrightMD

Video Services:

Stratus
Zoom
MS Teams
Doximity

Patient Portal/MyChart:

MyChart (tools)
MyChart (branding)
Mayo Clinic's Self-Triage Tool
MyChart Care Companion Content

Patient Engagement:

Well Health
CareMessage

Scheduling:

DocASAP

Self-Check In/Out:

Epic Welcome

Consultation/Referral:

Safety Net Connect
Arista MD

Rubicon

Medication Management:

Imprivata EPCS
Duo EPCS
Duo ePA
Appriss PDMP
Accuvax
Medication Reference Information
Surescripts

Clinical Monitoring:

MidMark
Hillrom
Clinical Device Integration

Quality Care:

Order Management
Discharge/checkout materials
Content Linking
Dietetics Terminology Content
Clinical Content
ACS uploader
Imaging Decision Support

Patient Education:

HealthWise

Provider Efficiency:

Scribe America
Nuance Dragon Medical One
Imprivata SOS
Epic Canto/Haiku

Nurse Triage:

Schmitt Content and protocols
Thompson Content and Protocols

Document Management Systems:

RightFax
OnBase
SmartFiler

Eligibility and Billing:

Address Verificatoin
APC Grouping Software
TriZetto (RTE)
TriZetto (Statement Vendor)
Hospital Billing Payer Contract Management System

Coding:

CPT-ASA crosswalk
Coding Cross Reference Table
Hospital Coding – Encoder
Outpatient Claims Scrubber
AMA and CMS Billing Codes
ADA Dental Procedure Codes

Revenue Cycle:

General Ledger/AP
Materials Management
HRIS

Communication:

Admission Notification

Payments:

TriZetto (lockbox – EOB Scanning DMS)
Sphere (credit card integration)

Claims:

Wolters Kluwer (Health Language)
Experian (Medical Necessity Guidelines)
TriZetto (Clearinghouse)

Terminology:

SNOMED
IMO
OR Procedure List
Dietetics Terminology

SSRL (Done by Non-Clinicians):

Aunt Bertha
Unite Us
NowPow (UniteUs subsidiary)

Lab:

POCT Middleware
Lab Instrument Middleware
Quest/LabCorp

Willow:

Two Points (Prescription Conversion)
OmniCell (IVR)
Point of Sale
Relay Health and Change Health (Rx adjudication interface)
First Databank (Drug DataBase)
RemoteScan (remote Rx Scanning)

Note: The above list of third-party vendors are subject to change. Please refer to the current Products and Services guide for a current list of vendors.



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**Attachment A.4
Template Implementation Plan
Example Only**

At Risk	Scope	% Complete	Task Name	Duration	Start Date	End Date	Predecessors	Actual Date	Assigned To	OCHIN Resource	Member Resource
			Key Project Information								
			Install Project Manager								
			Member Project Manager								
			Member State(s)								
			Install Supervisor	Jesse Lankin							
In Scope		0%	SAXXX[SA Name] Project Plan: Link to Project JIRA	532d	12/06/21	12/19/23					
In Scope		0%	Inception	165d	12/13/21	07/29/22					
In Scope		0%	Contracting / Discovery	155d	12/13/21	07/15/22					
In Scope		0%	New Member Assessment Completed	5d	12/13/21	12/17/21					
In Scope		0%	Business Development sends Organizational Readiness Assessment to Potential Member	1d	12/13/21	12/13/21	244SS -77w			Business Development Member & Network Success	
In Scope		0%	Business Development sends completed assessment to New Member Advisor (Title pending)	1d	12/13/21	12/13/21	244SS -77w			Business Development Member & Network Success	
In Scope		0%	New Member Advisor Completes Analysis	5d	12/13/21	12/17/21	244SS -77w			Business Development Member & Network Success	
In Scope		0%	Business Development/New Member Advisor complete initial meeting with Member	0	12/17/21	12/17/21	244SS -77w, 12			Business Development Member & Network Success	
In Scope		0%	Discovery Document Completed	90d	12/17/21	04/22/22				N/A	Project Manager
In Scope		0%	Data Collection Workbooks (DCW & Hardware Inventory) Sent to/Received by Member	90d	12/17/21	04/22/22				Business Development Project Manager	
In Scope		0%	Wave 1 (DCW)	30d	12/20/21	01/28/22	9			Business Development Project Manager	Project Manager

In Scope	0%	Hardware Inventory Tracker Distributed	0	12/17/21	12/17/21	9	Project Coordinator Project Manager	IT (Systems/Network/Hardware) Workstream Project Manager
In Scope	0%	Wave 2 (DCW)	30d	01/31/22	03/11/22	16	Business Development Project Manager	Project Manager
In Scope	0%	Wave 3 (DCW)	30d	03/14/22	04/22/22	16, 18	Business Development Project Manager	Project Manager
In Scope	0%	IT Walkthrough (Virtual)	30d	12/20/21	01/28/22			
In Scope	0%	Hardware Gap Analysis Complete [inventory tools distributed with DCWs]	30d	12/20/21	01/28/22	17	IT (Systems/Network/Hardware) Workstream	
In Scope	0%	Master Service Agreement (MSA) Contract Signed	0	04/22/22	04/22/22	16FS +60d, 17FS +60d, 18FS +30d	Business Development	Project Sponsor
In Scope	0%	Review Signed Contract & DCWs	1d	04/25/22	04/25/22	18, 22	Project Manager	Project Manager
In Scope	0%	Integration Statements of Work (SOWs) Completed	60d	04/25/22	07/15/22		Business Development Project Manager	Project Manager
In Scope	0%	Innovations & Improvement (I&I) SOWs Completed [link subtask lines to lines in integration specific project plans]	60d	04/25/22	07/15/22		Business Development	Project Manager
In Scope	0%	SOW Completed: XXX	60d	04/25/22	07/15/22	22	Business Development	Project Manager
In Scope	0%	Innovations & Improvement (I&I) Member/Vendor Contracts Completed [link subtask lines to lines in integration specific project plans]	60d	04/25/22	07/15/22			
In Scope	0%	Member/Vendor Contract Completed: XXX	60d	04/25/22	07/15/22	22	N/A	Project Manager Project Sponsor
In Scope	0%	NEW (to OCHIN) Integrations & Interfaces ONLY OCHIN/Vendor Contracts Completed [link subtask lines to lines in integration specific project plans]	60d	04/25/22	07/15/22			
In Scope	0%	Vendor/OCHIN Contract Completed: XXX	60d	04/25/22	07/15/22	22	Innovation & Improvement Workstream SOW	N/A
In Scope	0%	Interfaces Statements of Work (SOWs) Completed [link subtask lines to lines in interface specific project plans]						
In Scope	0%	SOW Completed: XXX: Quest/Labcorp					Business Development	
In Scope	0%	SOW Completed: XXX: Immunization					Business Development	

In Scope	0%	SOW Completed: XXX: Care Everywhere Referral Management						Business Development	
In Scope	0%	SOW Completed: XXX: CMT (???)						Business Development	
In Scope		SOW Completed: XXX: <unique row for each>						Business Development	
In Scope	0%	Preferred Technology Partners (PTP) Statement of Work Completed (SOWs) Completed [link subtask lines to lines in integration specific project plans]	60d	04/25/22	07/15/22			Business Development Project Manager	Project Manager
In Scope	0%	SOW Completed: XXX	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: 3M: 3M Coding Solutions: Coding	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: CareSelect: CareSelect decision support: Imaging decision support	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: CPT-ASA Crosswalk CPT-ASA: Coding	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Data Innovations: DI Lab Middleware: Lab Middleware	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: First Databank: Drug database	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: ??? Hillrom Vitals or Phillips (will it include EKG, Vitals, Spiro)	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: ??? HRIS	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: IMO: IMO Medical Dictionary	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Micromedex: Micromedex:Medication Ref Solution	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: ??? Mindray: Mindray Vitals ((will it include EKG, Vitals, Spiro))	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: ??? Phillips Vital (will it include EKG, Vitals, Spiro)	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Arista MD: Arista MD e-consult: e-consult	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Bamboo Health: Bamboo PDMP: Med Management	60d	04/25/22	07/15/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Imprivata SSO: SSO & EPCS	1d	06/06/22	06/06/22	22		Business Development	Project Manager
In Scope	0%	SOW Completed: Imprivata SSO: SSO	1d	06/06/22	06/06/22	22FS +30d		Business Development	Project Manager
In Scope	0%	SOW Completed: Imprivata: Imprivata EPCS: EPCS	1d	06/06/22	06/06/22	22FS +30d		Business Development	Project Manager

integration specific project plans]									
In Scope	0%	Member/Vendor Contract Completed: XXX	60d	04/25/22	07/15/22	22		N/A	Project Manager
In Scope	0%	Data Conversion Statement of Work [link subtask lines to lines in data conversion specific project plans]	1d	04/25/22	04/25/22				
In Scope	0%	Data Conversion Statement of Work Completed (SOW)	1d	04/25/22	04/25/22	22		Data Conversion Workstream Project Manager	Project Manager
In Scope	0%	Data Conversion Extract Delivery [link subtask lines to lines in data conversion specific project plans]	14d	04/26/22	05/13/22				
In Scope	0%	Initial receipt of SA Data Copy #1	14d	04/26/22	05/13/22	80		Business Development Data Conversion Workstream IT (Systems/Network/Hardware) Workstream Project Manager	IT (Systems/Network/Hardware) Workstream Project Manager
In Scope	0%	Initial receipt of Continuity of Care Documents (CCDs)	14d	04/26/22	05/13/22	80		Business Development Data Conversion Workstream IT (Systems/Network/Hardware) Workstream	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hold Internal Knowledge Transition from Business Development to Project Team (include workstream leads and New Member Assessments)	92d	12/20/21	04/26/22			Business Development Data Conversion Workstream Innovation & Improvement Workstream Interface Workstream Member & Network Success Preferred Technology Partners Workstream Project Coordinator Project Manager	N/A
In Scope	0%	Internal Knowledge Transition Meeting	1d	04/26/22	04/26/22	12, 14, 9, 23		Business Development Data Conversion Workstream Innovation & Improvement Workstream Interface Workstream Member & Network Success Preferred Technology Partners Workstream Project Manager	N/A
In Scope	0%	Organizational Readiness Assessment Review	1d	12/20/21	12/20/21	12		Business Development Project Manager	N/A
In Scope	0%	Warm Handoff Business Development, Install PM, and Member Sponsor/Project Manager	0	05/20/22	05/20/22	84FS +18d		Business Development Project Coordinator Project Manager	Project Manager Project Sponsor

In Scope	0%	Transfer Project from Business Development to OCHIN Project Manager	0	05/20/22	05/20/22	84, 87	Business Development Project Coordinator Project Manager	N/A
In Scope	0%	Design Team Planning	10d	05/23/22	06/03/22		Epic Application Workstream Project Coordinator Project Manager	
In Scope	0%	Internal OCHIN Meeting - Review Design Team Processes and Owners (Workstream Leads, Application Leads)	1d	05/23/22	05/23/22	88, 108SS -28d	Epic Application Workstream Project Coordinator Project Manager	Project Manager
In Scope	0%	Design Team Meetings cadence scheduled on calendar	3d	05/24/22	05/26/22	88, 90, 108SS - 12d	Epic Application Workstream Project Coordinator Project Manager	Project Manager
In Scope	0%	Member Design Team Owners (OCHIN) Identified	1d	05/24/22	05/24/22	88, 90, 108SS - 12d	Epic Application Workstream Project Coordinator Project Manager	N/A
In Scope	0%	Member Design Team Owners (Member) Identified	5d	05/30/22	06/03/22	108	Epic Application Workstream Project Manager	Project Manager
In Scope	0%	Project Initiation	50d	05/23/22	07/29/22			
In Scope	0%	FINANCIAL MILESTONE: Router and Hardware build and testing	14d	05/23/22	06/09/22	88	IT (Systems/Network/Hardware) Workstream Project Manager	Project Manager Project Sponsor
In Scope	0%	Project Charter Complete	14d	05/23/22	06/09/22	87, 88		
In Scope	0%	Smartsheet Template Set [includes but not limited to Project Plan, Deliverable Matrix, Stakeholder List, RAID Log, Resource Sheet, Roles & Responsibility Matrix Etc]	45d	05/23/22	07/22/22		Project Manager	
In Scope	0%	Smartsheet Template Set Created	1d	05/23/22	05/23/22	88	Project Coordinator Project Manager	N/A
In Scope	0%	Smartsheet Project Plan Updated [project specific information updated and links to project plans completed]	1d	05/23/22	05/23/22	88	Project Coordinator Project Manager	N/A
In Scope	0%	FINANCIAL MILESTONE: PROJECT PLAN DEVELOPMENT/UPDATES COMPLETE	5d	07/18/22	07/22/22	8, 88	Project Manager	Project Manager
In Scope	0%	Build Tools Updated	5d	07/25/22	07/29/22			
In Scope	0%	FINANCIAL MILESTONE: Project Specific JIRAs Created, Updated and Linked	5d	07/25/22	07/29/22	100	Project Coordinator	N/A
In Scope		Collect All Staff List from Member					Project Coordinator	Project Manager
In Scope	0%	FINANCIAL MILESTONE: Ella Setup Complete						

In Scope	0%	Project Organizational Chart Complete					
In Scope	0%	OCHIN Project Specific Org Chart				Project Manager	N/A
In Scope	0%	Member Project Specific Org Chart				N/A	Project Manager
In Scope	0%	Project Kickoff	5d	05/23/22	05/27/22	Business Development Coordinator	IT (Systems/Network/Hardware) Workstream Project ManagerP Sponsor
In Scope	0%	FINANCIAL MILESTONE: Core Team Training Complete [link to lines in training specific project plans]	3d				
In Scope	0%	Workflow Workshops	5d	05/23/22	05/27/22	Acute Training Workstream Ambulatory Training Workstream	Project Manager
In Scope	0%	Workflow Workshop Complete	5d	05/23/22	05/27/22	Workflow Workstream	Project Manager
In Scope	0%	Workflow Signoff [link % complete to workflow tracker]				Workflow Workstream	
In Scope	0%	New Member Setup Complete					
In Scope	0%	Hold New Member Setup (Patient Access and Revenue Cycle)				Epic Application Workstream	
In Scope	0%	Hold New Member Setup (Clinical)				Epic Application Workstream Project Manager	
In Scope	0%	Pillars Kickoffs Complete					
In Scope	0%	IT Kickoff				IT (Systems/Network/Hardware) Workstream	
In Scope	0%	Training Kickoff				Acute Training Workstream	
In Scope	0%	Data Conversion Kickoff				Data Conversion Workstream	
In Scope	0%	User Role Kickoff				Epic Application Workstream	
In Scope	0%	Change Management Kickoff				Member & Network Success	
In Scope	0%	Stakeholder Vision				Project Manager Project Sponsor	
In Scope	0%	Proven Architecture					
In Scope	0%	Lessons Learned Complete [Inception Phase]				Project Manager	Project Manager
In Scope	0%	PROJECT INCEPTION PHASE COMPLETE				Project Manager	Project Manager

In Scope	0%	Validation	435d	12/06/21	08/04/23			
In Scope	0%	Pre-work design teams	20d	04/25/22	05/23/22	22SS +1d		Epic Application Workstream Project Manager
In Scope	0%	Design Teams	100d	06/20/22	11/04/22			Epic Application Workstream Project Manager
In Scope	0%	Build Design Teams	90d	05/23/22	09/26/22	127	11/04/22	Epic Application Workstream Project Manager
In Scope	0%	Abstraction/Backload Plan						Project Manager Project Manager Project Sponsor
In Scope	0%	Network/Connectivity	76d	06/29/22	10/12/22			
In Scope	0%	FINANCIAL MILESTONE: Router and Hardware build and testing	1d	06/29/22	06/29/22			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Connectivity Verified	1d	06/29/22	06/29/22			IT (Systems/Network/Hardware) Workstream
In Scope	0%	MPLS Circuit Install	76d	06/29/22	10/12/22			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware (Prep for TDR)	230d	05/23/22	04/07/23			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware inventory complete	40d	05/23/22	07/15/22	22FS +20d	09/30/22	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware gap analysis	35d	07/18/22	09/02/22	136	10/06/22	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware Ordering Complete [Procurement Freeze]	1d	09/02/22	09/02/22	137FF	10/20/22	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware Deployment Complete	60d	10/10/22	12/30/22	22FS +120d	12/15/22	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Hardware Configuration & Initial Testing Complete	130d	10/10/22	04/07/23		01/16/23	IT (Systems/Network/Hardware) Workstream
In Scope	0%	Workstations Installed	60d	10/10/22	12/30/22			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Workstations Tested	60d	10/10/22	12/30/22			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Citrix Installed	60d	10/10/22	12/30/22	141SS		IT (Systems/Network/Hardware) Workstream

In Scope	0%	Citrix Tested	10d	01/16/23	01/27/23	213		IT (Systems/Network/Hardware) Workstream
In Scope	0%	Printers Installed	60d	10/10/22	12/30/22	141SS		IT (Systems/Network/Hardware) Workstream
In Scope	0%	Printers Tested	10d	01/16/23	01/27/23	213		IT (Systems/Network/Hardware) Workstream
In Scope	0%	Ancillary Hardware Configured	130d	10/10/22	04/07/23	141SS		IT (Systems/Network/Hardware) Workstream
In Scope	0%	Ancillary Hardware Tested	130d	10/10/22	04/07/23			IT (Systems/Network/Hardware) Workstream
In Scope	0%	Downtime Business Continuity (BCA) Workstations Installed and Tested by SA						IT (Systems/Network/Hardware) Workstream
In Scope	0%	TDR Script Prep	30d	01/09/23	02/17/23			
In Scope	0%	Epic Build [this includes the start and end of iterative build related to Epic build]	105d	05/02/22	09/23/22			
In Scope	0%	Finalize Overall Build Structure (Fac/Org)	15d	05/02/22	05/20/22	87SS -15d		Epic Application Workstream
In Scope	0%	FINANCIAL MILESTONE: SERVICE AREA STRUCTURE & DELIVERY OF REL ENVIRONMENT	1d	05/23/22	05/23/22	152		Epic Application Workstream
In Scope	0%	Build Buckets	90d	05/23/22	09/23/22			Epic Application Workstream
In Scope	0%	Build Bucket 1	20d	05/23/22	06/17/22	152	06/10/22	Epic Application Workstream
In Scope	0%	Ambulatory Build Bucket 1	20d	05/23/22	06/17/22	152	06/10/22	Epic Application Workstream
In Scope	0%	Build Bucket 2	25d	06/20/22	07/22/22	155	08/01/22	Epic Application Workstream
In Scope	0%	Ambulatory Build Bucket 2	25d	06/20/22	07/22/22	155	08/01/22	Epic Application Workstream
In Scope	0%	Build Bucket 3	20d	07/25/22	08/19/22	157	09/30/22	Epic Application Workstream
In Scope	0%	Ambulatory Build Bucket 3	20d	07/25/22	08/19/22	157	09/30/22	Epic Application Workstream

In Scope	0%	Build Bucket 4	25d	08/22/22	09/23/22	159	11/04/22	Epic Application Workstream
In Scope	0%	Ambulatory Build Bucket 4	25d	08/22/22	09/23/22	159	11/04/22	Epic Application Workstream
In Scope	0%	Epic Application Scope Lock	0	08/29/22	08/29/22	246SS -200d		Epic Application Workstream
In Scope	0%	Preferred Technology Partner Build	160d	04/11/22	11/18/22			Preferred Technology Partners Workstream
In Scope	0%	Build Bucket 1	20d	08/01/22	08/26/22	166SS -20d		Preferred Technology Partners Workstream
In Scope	0%	Build Bucket 2	20d	08/29/22	09/23/22	167SS -20d		Preferred Technology Partners Workstream
In Scope	0%	Build Bucket 3	20d	09/26/22	10/21/22	168SS -20d		Preferred Technology Partners Workstream
In Scope	0%	Build Bucket 4	20d	10/24/22	11/18/22	217FF -20d		Preferred Technology Partners Workstream
In Scope	0%	Preferred Technology Partner Scope Lock	0	04/11/22	04/11/22	246SS -300d	10/06/22	Preferred Technology Partners Workstream
In Scope	0%	Interface/New Integrations Build	143d	06/01/22	12/16/22			Interface Workstream
In Scope	0%	Contracting and SOW Complete	92d	06/01/22	10/06/22		10/06/22	Interface Workstream
In Scope	0%	100% of Test Systems Connected	88d	06/01/22	09/30/22		10/14/22	Interface Workstream
In Scope	0%	Primary Interface Functional Testing (Interfaces and functions needed for SIT)	45d	10/17/22	12/16/22			Interface Workstream
In Scope	0%	Functional Testing Bucket 1	15d	10/17/22	11/04/22			Interface Workstream
In Scope	0%	Functional Testing Bucket 2	15d	11/07/22	11/25/22	174		Interface Workstream
In Scope	0%	Functional Testing Bucket 3	15d	11/28/22	12/16/22	175		Interface Workstream

In Scope	0%	Interface Scope Lock	1d	10/07/22	10/07/22		Interface Workstream
In Scope	0%	Hyperdrive Upgrade Project Status	435d	12/06/21	08/04/23		
In Scope	0%	Scoping Phase	174d	12/06/21	08/04/22		
In Scope	0%	Preliminary Testing (Pre-Work)	166d	04/01/22	11/18/22		
In Scope	0%	Development/QA-UAT Phase	190d	11/14/22	08/04/23		
In Scope	0%	Go Live Phase - New AMB Sites	39d	03/21/23	05/12/23		
In Scope	0%	Go Live Phase - New Acute Sites	25d	06/05/23	07/07/23		
In Scope	0%	Data Conversion Loads [link subtask lines to lines in data conversion specific project plans]	280d	04/11/22	05/05/23		Data Conversion Workstream
In Scope	0%	Legacy Data Received					Data Conversion Workstream
In Scope	0%	Legacy Data Uploaded					Data Conversion Workstream
In Scope	0%	Data Conversion Scope Lock	0	04/11/22	04/11/22	246SS -300d	Data Conversion Workstream
In Scope	0%	Initial Data Mapping Complete	1d	09/23/22	09/23/22	09/29/22	Data Conversion Workstream
In Scope	0%	Small Scale Testing	16d	09/26/22	10/17/22	188	Data Conversion Workstream
In Scope	0%	Small Scale Validation	5d	10/18/22	10/24/22	189	Data Conversion Workstream
In Scope	0%	Small scale fixes and approval	16d	10/25/22	11/15/22	190	Data Conversion Workstream
In Scope	0%	Large Scale Testing & Validation	48d	11/16/22	01/20/23	191	Data Conversion Workstream

In Scope	0%	Full Scale Testing and Validation	75d	01/23/23	05/05/23	192	Data Conversion Workstream
In Scope	0%	Training [link subtask lines to lines in training specific project plans]	125d	08/15/22	02/03/23		
In Scope	0%	Curriculum Development	80d	08/15/22	12/02/22		
In Scope	0%	Curriculum Bucket 1	20d	08/15/22	09/09/22		Acute Training WorkstreamAmbulatory Training Workstream
In Scope	0%	Curriculum Bucket 2	20d	09/12/22	10/07/22	196	Acute Training Workstream Ambulatory Training Workstream
In Scope	0%	Curriculum Bucket 3	20d	10/10/22	11/04/22	197	Acute Training Workstream Ambulatory Training Workstream
In Scope	0%	Curriculum Bucket 4	20d	11/07/22	12/02/22	198	Acute Training Workstream Ambulatory Training Workstream
In Scope	0%	Identify Super Users	50d	09/26/22	12/02/22		
In Scope	0%	Acute/Inpatient Training Curriculum Development Updated/Complete	45d	12/05/22	02/03/23		
In Scope	0%	MST Pre-Copy Tasks	20d	12/05/22	12/30/22	199	Acute Training Workstream
In Scope	0%	Acute/Inpatient Master Training Environment (MST) Build (Patients for net new apps)	15d	01/02/23	01/20/23	202	Acute Training Workstream
In Scope	0%	Acute/Inpatient Master Training Environment (MST) Testing	10d	01/23/23	02/03/23	203	Acute Training Workstream
In Scope	0%	Ambulatory/Outpatient Training Curriculum Development Updated/Complete	25d	01/02/23	02/03/23		

In Scope	0%	Ambulatory/Outpatient Master Training Environment (MST) Build (Patients for net new apps)	15d	01/02/23	01/20/23	202		Ambulatory Training Workstream
In Scope	0%	Ambulatory/Outpatient Master Training Environment (MST) Testing	10d	01/23/23	02/03/23	203		Ambulatory Training Workstream
In Scope	0%	Application Scope Lock (Epic Apps, 3rd Party Apps, Integrated Devices, Data Conversion)	0	08/29/22	08/29/22	187, 169, 163, 246SS -300d	10/06/22	Project Manager
In Scope	0%	Lessons Learned Complete [Validation Phase]						Project Manager
In Scope	0%	PROJECT VALIDATION PHASE COMPLETE						Project Manager
In Scope	0%	Transition	322d	09/26/22	12/19/23			QA Workstream
In Scope	0%	System Integration Testing (SIT)	100d	09/26/22	02/10/23			QA Workstream
In Scope	0%	Systems Integration Testing 1 (end to end Epic testing)	80d	09/26/22	01/13/23			QA Workstream
In Scope	0%	SIT 1 Scripts Finalized	60d	09/26/22	12/16/22	215SF		QA Workstream
In Scope	0%	SIT 1 Script Execution	20d	12/19/22	01/13/23			QA Workstream
In Scope	0%	Systems Integration Testing 2 (end to end 3rd Party testing w/Epic)	100d	09/26/22	02/10/23			QA Workstream
In Scope	0%	SIT 2 Scripts Finalized	60d	09/26/22	12/16/22	215SF		QA Workstream
In Scope	0%	SIT 2 Script Execution	20d	01/16/23	02/10/23	215		QA Workstream
In Scope	0%	Training	147d	09/29/22	04/21/23			Acute Training Workstream
In Scope	0%	100% of Training Registration Complete [link lines to lines in training specific project plans]	147d	09/29/22	04/21/23			Acute Training Workstream
In Scope	0%	Super User Training [link lines to lines in training specific project plans]	10d	02/06/23	02/17/23			Acute Training Workstream
In Scope	0%	End User Training [link lines to lines in training specific project plans]	5d	04/03/23	04/07/23	245SS -45d	04/17/23	Acute Training Workstream
In Scope	0%	User Settings Lab (Personalization)						Acute Training Workstream
In Scope	0%	Training Adjacent Events (I.e. Day in the Life)						Acute Training Workstream
In Scope	0%	User Acceptance Testing	40d	02/20/23	04/14/23			
In Scope	0%	User Acceptance Testing [link lines to lines in UAT testing project plan]	40d	02/20/23	04/14/23	221		Epic Application Workstream Project Manager

In Scope	0%	Introduction to Account Management / Member Care Team Complete (Include second pull of Baseline metrics for stabilization)	5d	03/13/23	03/17/23	244SS -60d	Project Coordinator Project Manager Project Sponsor
In Scope	0%	Technical Cutover Plan/Abstraction & Backload Plan (Including for LCT)	232d	01/30/23	12/19/23		Epic Application Workstream IT (Systems/Network/Hardware) Workstream Interface Workstream
In Scope	0%	Parallel Revenue Cycle Testing (PRCT)	30d	02/13/23	03/24/23		
In Scope	0%	PRCT Script Execution	30d	02/13/23	03/24/23		Epic Application Workstream QA Workstream
In Scope	0%	IT Lead Path	15d	02/13/23	03/03/23	218	Epic Application Workstream QA Workstream
In Scope	0%	Operations Lead Path	15d	03/06/23	03/24/23	231	Epic Application Workstream QA Workstream
In Scope	0%	Live Claims Testing (LCT): [link to lines in QA specific project plans] added lines for reference	45d	01/30/23	04/01/23		
In Scope	0%	Validation of Workstations Setup for LCT	1d	04/01/23	04/01/23		Epic Application Workstream QA Workstream
In Scope	0%	Live Claims Testing Process Review with Member					Epic Application Workstream QA Workstream
In Scope	0%	Hold Claims from Top Payors	5d	01/30/23	02/03/23	234SS -45d	Epic Application Workstream QA Workstream
In Scope	0%	Post Claims for LCT to SFTP Site					Epic Application Workstream QA Workstream
In Scope	0%	Complete Claim Form Alignment					Epic Application Workstream QA Workstream
In Scope	0%	Dress Rehearsal/Technical Dress Rehearsal (TDR) [link subtask lines to lines in training specific project plans]	92d	02/13/23	06/20/23		
In Scope	0%	Conduct Initial Dress Rehearsal	5d	02/13/23	02/17/23	218	IT (Systems/Network/Hardware) Workstream QA Workstream
In Scope	0%	Conduct Technical Dress Rehearsal	50d	03/13/23	05/19/23	245SS -60d	IT (Systems/Network/Hardware) Workstream QA Workstream

In Scope	0%	FINANCIAL MILESTONE: TECHNICAL DRESS REHEARSAL COMPLETE	0	05/19/23	05/19/23	241	IT (Systems/Network/Hardware) WorkstreamQA Workstream
In Scope	0%	Go-Live Week	13d	06/04/23	06/20/23		Project Manager
In Scope	0%	Integrated Project Date	13d	06/04/23	06/20/23		Project Manager
In Scope	0%	Go-Live					
In Scope	0%	Conduct Acute Go-Live	13d	06/04/23	06/20/23		Project Manager
In Scope	0%	Conduct Ambulatory	12d	06/05/23	06/20/23	244SS	Project Manager
In Scope	0%	Go-Live					
In Scope	0%	Lessons Learned	5d	06/14/23	06/20/23	246FF	Project Manager
In Scope	0%	Complete [Transition Phase]					
In Scope	0%	FINANCIAL MILESTONE: GO-LIVE COMPLETE	0	06/20/23	06/20/23	245FF	Project Manager
In Scope	0%	Stabilization	135d	04/24/23	10/27/23		
In Scope	0%	Stabilization	60d	06/21/23	09/12/23	244	
In Scope	0%	Send member post GoLive survey at 30days	5d	08/02/23	08/08/23	244FS +30d	
In Scope	0%	Post Live [link to post go live project plan if applicable]	1d	07/11/23	07/11/23	244FS +14d	
In Scope	0%	Optimization	133d	04/24/23	10/25/23		
In Scope	0%	Registration Optimization	133d	04/24/23	10/25/23		
In Scope	0%	Optimization Discovery	1d	04/24/23	04/24/23	244SS -30d	
In Scope	0%	Scheduled					
In Scope	0%	Optimization Sessions	1d	08/02/23	08/02/23	255, 244FS +30d	
In Scope	0%	Complete					
In Scope	0%	Optimization Reports	30d	08/03/23	09/13/23	256	
In Scope	0%	Delivered					
In Scope	0%	Optimizations Adopted	30d	09/14/23	10/25/23	257	
In Scope	0%	Clinical Optimization	133d	04/24/23	10/25/23		
In Scope	0%	Optimization Discovery	1d	04/24/23	04/24/23	244SS -30d	
In Scope	0%	Scheduled					
In Scope	0%	Optimization Sessions	1d	08/02/23	08/02/23	260, 244FS +30d	
In Scope	0%	Complete					
In Scope	0%	Optimization Reports	30d	08/03/23	09/13/23	261	
In Scope	0%	Delivered					
In Scope	0%	Optimizations Adopted	30d	09/14/23	10/25/23	262	
In Scope	0%	BH Optimization (if applicable)	133d	04/24/23	10/25/23		
In Scope	0%	Optimization Discovery	1d	04/24/23	04/24/23	244SS -30d	
In Scope	0%	Scheduled					
In Scope	0%	Optimization Sessions	1d	08/02/23	08/02/23	265, 244FS +30d	
In Scope	0%	Complete					

In Scope	0%	Delivered	Optimization Reports	30d	08/03/23	09/13/23	266
In Scope	0%		Optimizations Adopted	30d	09/14/23	10/25/23	267
In Scope	0%		Reporting Optimization	133d	04/24/23	10/25/23	
In Scope	0%	Scheduled	Optimization Discovery	1d	04/24/23	04/24/23	244SS -30d
In Scope	0%	Complete	Optimization Sessions	1d	08/02/23	08/02/23	270, 244FS +30d
In Scope	0%	Delivered	Optimization Reports	30d	08/03/23	09/13/23	271
In Scope	0%		Optimizations Adopted	30d	09/14/23	10/25/23	272
In Scope	0%		Billing Optimization	133d	04/24/23	10/25/23	
In Scope		Scheduled	Optimization Discovery	1d	04/24/23	04/24/23	244SS -30d
In Scope	0%	Complete	Optimization Sessions	1d	08/02/23	08/02/23	275, 244FS +30d
In Scope	0%	Delivered	Optimization Reports	30d	08/03/23	09/13/23	276
In Scope	0%		Optimizations Adopted	30d	09/14/23	10/25/23	277
In Scope	0%		Review First Invoice	1d	08/02/23	08/02/23	244FS +30d
In Scope	0%		Hold End of Month Reporting Training [Link to training plan]				
In Scope	0%	Signoff	Obtain Sponsor and Member	1d	10/26/23	10/26/23	250SS -1d, 253
In Scope	0%	Learned Complete	Stabilization Phase: Lessons	1d	10/27/23	10/27/23	281
In Scope	0%		FINANCIAL MILESTONE: STABILIZATION COMPLETE (READY TO HANDOFF TO MEMBER CARE TEAM)	0	10/25/23	10/25/23	250, 253

Attachment A.5 Data Conversion Template - Ambulatory

Data Conversion

Engagement Overview

The purpose of this project is to import legacy clinical data from Members xxx EMR & xxx EDR to OCHIN Epic to ensure the continuity of information between the legacy system and OCHIN's Epic system (the target).

Planning for Your Data Conversion:

Data Conversion involves moving data that's stored in one system platform to another where there may be significant technical differences in storage structure and content. Conversions must be carefully planned and resourced to be successful and ready for delivery prior to onboarding to OCHIN's Epic EHR.

- To reduce data integrity issues, data cleanup is a best practice in supporting a clean conversion. If there are data integrity issues, OCHIN will work with Member to address collectively.
- If there are any identified data integrity issues within the legacy system, OCHIN can work with Member to review the identified issues and how to proceed.
- Identifying this early-on during or immediately following the completion of Scoping can help eliminate surprises during the project life

Successful conversions rely upon the full attention and support of Member Clinical and Technical leads in partnership with OCHIN SME's and staff. Data conversions partnership between OCHIN and Member and includes the need for Member to both participate in data conversion project calls but also provide quality assurance reviews of the data after each data load. QA of the data by Member should be performed by resources that can identify data integrity issues and typically these resources are leads on the clinical, quality, and registration and billing leads. The Data Conversion engagement starts approximately six months prior to go-live and includes multiple cycles of data transfer, load and user acceptance testing. See timeline for details.

Data Conversion Scope Overview – Medical:

The Core look-back for the scope of import of Legacy data into Ochin Epic is a 3-year lookback from the Go Live Date. Any elements that have a further lookback than 3 years is called out in-line.

Please check all items for which Member will be converting from xxx:

- ☐ Patient Demographics for Active Patients* – Includes Legacy MRN
 - ☐ Additional Identifiers or Custom Patient IDs: Please Specify
- *Active patients are defined as having an encounter or visit within the 3-year lookback from Go Live date.*
- ☐ Medical Progress Notes
- ☐ Problem List via CCD – active problems at time of extraction
- ☐ Allergies via CCD – active allergies at time of extraction
- ☐ Medications via CCD – active medications at time of extraction
- ☐ Immunizations via CCD – all historical immunizations at time of extraction
- ☐ Labs – must have LOINC codes to be imported
- ☐ Vitals
- ☐ Behavioral Health Flowsheets – PHQ-2, PHQ-9, & GAD-7

Optional: Please check all optional data to be converted and include a description. All optional data listed below has been discussed during scoping and has been confirmed by OCHIN as convertible data:

- ☐ Extended Patient Demographics: Review and Specify scope within table underneath Approach & Assumptions
- ☐ Guarantors & Coverages – Adults 18+ only

- ☐ Future Appointments
- ☐ Obstetrics Episode - Active Pregnancies only

Data Conversion Scope – Dental

Please check all items for which member will be converting from XXX EDR: Specific Elements within each are listed in Approach and Assumptions and reviewed during scoping between OCHIN and member

- ☐ Patient Demographics
 - Current EDR Interfaced with EMR?
 - Are all Dental Patients in EMR?
 - If yes, we will indicate within medical scope section that patients from EMR include Dental patients
 - Will you need the Legacy Dental ID imported in addition to the main Legacy ID?
 - If no, is there a universal identifier between both current systems for patients?
- ☐ Dentition/Anatomy - Dentition & Anatomy Logic:
 - For Dental patients Ages 8 and Under We load all Primary teeth (A-T) as erupted
 - For Dental patients Ages 8 – 12 We load the following teeth as erupted:
 - Permanent teeth: 3,7,8,9,10,14,19,23,24,25,26,30
 - Primary teeth: a, b, c, h, l, j, k, l, m, r, s, t
 - For Dental patients Ages 13 and over – We load all teeth (1-32) erupted
- ☐ Planned Treatments

Approach & Assumptions

- Member will provide source data, in the requested, acceptable format for ingestion into OchIn Epic at least 6 months from contracted Go Live date.
- Source data Member supplies will be driven based upon agreed upon scope, and is reflected in this scope of work as the source of truth
- Duplicate, test patient and erroneous data must be removed by source before being provided to OCHIN Data Conversion Team
- Member will complete required Mappings and Deliverables as part of conversion to ensure delivery on scope meets expectations and continuity of care as outlined in this SOW

Data Format Requirements, Delivery Process:

- All data provided to OCHIN must be decrypted and in a readable, usable, and a format OCHIN can easily access.
- We will need a full back-up copy of your Databases; Data must be provided in an MS 2019 or lower version SQL Database.
- Patient Level CCDs containing a minimum of Problems, Allergies, Medications, and Immunizations
 - Data continuity of care document (CCD) can be processed through a live Care Everywhere document exchange or using the Bridges Patient Abstractor to bring documents from a source system into Epic.
- **Data can be delivered via the 2 below Transfer Methods** – Driven by size:
 - Electronic Transfer:
 - OCHIN SFTP site - Zipped/compressed data file size limit: 100GB or less
 - External Hard Drive – File Size Limit: up to 4TBs
 - OCHIN requires drives to be shipped priority overnight with a tracking number
 - Upon Request/If specified – Drives and prepaid shipping labels can be provided, please provide enough notice to meet data delivery due dates



A driving force for health equity

**Attachment A.5.1
Data Conversion Template - Acute Care**

Reserved

Attachment B
Acute Care Hardware Requirements

Reserved

Attachment B.1

Ambulatory Hardware Requirements

OCHIN Hardware Recommendations

The following product recommendations are compatible variations exist but need to be tested extensively prior to a solutions that have not been supported in issues that operations. the past on the OCHIN system could cause

with the OCHIN delivery system;
clinic's go-live. Use of other
may delay or impair your

March 10th 2023

Important: This list is subject to change without notice. Please contact your project manager for the latest version prior to ordering new or replacement hardware.

Prices and availability can change at any time.

[The latest version can be found here.](#)

Many of our customers use Zones as a vendor. Because of this, we give the manufacturer and Zones part numbers. The reduced prices quoted below can be accessed by emailing teamochin@zones.com. In Addition the OCHIN procurement department can assist in finding additional pricing options, you can reach them at procurement@ochin.org.

For more information on hardware recommendations please contact your OCHIN Account Manager or call our main telephone number and ask to speak with a member of the Business Development team.

Workstation Minimum Requirements

- Intel Core i3 2.7 GHz processor
- 4 GB of system memory
- LCD 24" Widescreen display with 1920x1080 resolution
- Windows 10 (Professional or Enterprise)
- Citrix Workspace 1912 LTSR

To allow for future expansion of the desktop interface from our primary EMR vendor, OCHIN recommends purchasing monitors and computers that support a minimum resolution of 1680x1050 and widescreen monitor size of LCD 24". Please verify that they will fit in the area where your staff are working.

From Epic's Monitor Recommendations

As resolution and monitor size increase, the system automatically enables widescreen features that will make the user more productive. The available features for differing monitor sizes are illustrated in the following chart. The dual-pane navigator is enabled only if a clinician opts to use the widescreen view.

Resolution	Typical Size	Behavior
1920x1080 or 1920x1200	24 inches	Dual-pane navigator and sidebar (in widescreen view)
1680x1050	20-22 inches	Dual-pane navigator and sidebar (in widescreen view)
1280x800	17 inches	Single-pane navigator and sidebar
1024x768	15 inches	Single-pane navigator and no sidebar

Although monitors 20 inches and larger support the dual-pane navigator and sidebar, a typical 24-inch monitor displays a larger clinical workspace than a 20-inch monitor because it supports a resolution of 1920x1080 (or 1920x1200).

Recommendations and Considerations

The following product recommendations are 100% compatible with the OCHIN delivery system, however variations exist, and a product may be made obsolete over time. Because of this, any product not explicitly listed in this guide will need to be tested extensively prior to a clinic's go-live. Use of other solutions that have not been supported in the past on the OCHIN system could cause issues that may delay or impair your operations.

Staff mobility and working from home have become large considerations recently so we encourage members to assess if an approach of using laptops with docking stations may better meet the needs in the current landscape. While upfront costs will be slightly higher, this strategy it does allow for greater flexibility.

In addition, if your organization is considering a "virtual go-live" engagement we strongly recommend that staff have access to workstations that have a webcam and a headset for virtual support via the OCHIN Zoom and Teams channels.

If you would like to discuss any special considerations with your hardware deployment and strategy please

work with your Install PM, Account Executive or use the JIRA process and meeting can be scheduled with the OCHIN IT Team.

Acute Care Considerations

OCHIN recognizes that each acute care environment is unique in its size and suite of services offered. Some of the following considerations may not be applicable to your organization based on implementation decisions and may be disregarded in those cases. If there are any questions concerning these topics, please reach out to your OCHIN team for further guidance or clarification.

Workstations – For areas with shared workstations, such as fixed computers in patient rooms, consider use of barcode reader or other supported SSO tool to enable faster logins.

Provider Workstations – For areas with fixed workstations, consider dual screen monitors. This is very helpful for provider workflows when reviewing clinical information and images while placing orders and writing notes.

If corded dragon mics used for Dragon, recommend evaluating quantity based on current (or future) workflows. Consider other user workstations/locations where Dragon may be used.

Workstations on Wheels (WOW) – WOWs are computers or laptops mounted on mobile carts. In patient care areas where medications are administered, barcode scanners will need to be added. Computer carts need to support specs i.e., large & sturdy enough to handle the 24-inch screens and contain sufficient battery for mobile documentation.

Consider quantity of WOWs to support documentation needs during periods of maximum census.

Additionally, consider allocation of WOWs for isolation rooms to maintain continuity of barcode scanning in the medication administration process. Configuration of WOWs for printing can become a challenge when they are used to move between different hospital units. Consider planning for WOWs to remain in a consistent unit area.

Unit Printers - Consider adding color printers to inpatient care areas. Best practice is color printing when printing the discharge instructions (AVS -After Visit Summary).

Label Printers - For inpatient care areas, label printers are used to create labels for lab specimens in conjunction with specimen scanning, when nurses collect specimens or when lab is out on the unit and orders are added/changed. For best practice - consider placing label printers close to where specimen is collected i.e., patient room or nearby nursing station.

Medication Barcode Scanners - Cord length and cord clutter are important considerations to ensure consistent barcode scanning of medications and patient's armbands. For inpatient care areas with mounted in-room computers, recommend wireless scanners. If computer carts (WOWs) used for inpatient care areas, then wired scanners will work.

Rover - Consider adding Rover as a mobile device for nursing and ancillary staff to support wound care image capture and mobility with documentation and secure text messaging.

While there are additional features that can be enabled in rover in the future, such as medication administration and lab phlebotomy, these functions require additional configuration and setup of the Rover device to enable bar code reading and printing of specimen labels.

Device Integration - Device integration improves efficiency and documentation accuracy. Recommend using device integration in specialty areas i.e., ED, OR, PACU, ICU as well as Med/Surg.

MyChart Bedside - If MyChart Bedside implementation planned, consider mobile tablet devices for patient use on hospital units.

Workstations

Description	Mfg. Part and Zones Part Numbers:
Dell OptiPlex 3090 Micro - Core i3, 4 GB RAM, 500 GB HDD, UHD Graphics 630, GigE, WLAN 802.11 a/b/g/n/ac, Bluetooth 4.1, Win 10 Pro 64-bit, 3-year onsite warranty	Mfg. Part: O 00162805 SPO Zones Part: O 0162805 SPO Price: \$741.87

Monitors

Description	Mfg. Part and Zones Part Numbers:
Planar PLN2400 widescreen Full HD LED backlit LCD-HDMI-VGA	Mfg. Part: 998-1330-00 Zones Part: 006935144 Price: \$186.00
Planar PZN2410 24" IPS HDMI/DPort/VGA LED monitor	Mfg. Part: 998-1443-00 Zones Part: 007322838-NEW Price: \$195.00

Laser Printers

Description	Mfg. Part and Zones Part Numbers:
HP LaserJet Enterprise M611x, monochrome, duplex, laser printer	Mfg. Part: 7PS85A#BGJ Zones Part: 007769865-NEW Price: \$1,686.00
HP 550 sheet paper feeder for M611x	Mfg. Part: L0H17A Zones Part: 04857640-NEW Price: \$288.99
HP LaserJet Enterprise M507dn - printer - monochrome – laser, 5-15 users, Up to 45 ppm, 1200 x 1200 dpi	Mfg. Part: 1PV87A#BGJ Zones Part: 006850965-NEW Price: \$799.00
HP 550-sheet paper tray for M507	Mfg. Part: F2A72A Zones Part: 003345178 Price: \$191.00
Brother HLL5200DW printer, monochrome, duplex, laser, A4/Legal, laser, 1200 dpi, 42ppm, capacity 250 sheets, Wireless 802.11 b/g/n, Ethernet, Hi-Speed USB 2.0, 50K monthly duty cycle	Mfg. Part: HLL5200DW Zones Part: 003645279-NEW Price: \$229.99

Brother LT6500 520-sheet optional paper tray for HLL5200DW	Mfg. Part: LT6500 Zones Part: 003593512-NEW Price: \$170.00
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Multi-function Printers

- Note that OCHIN supports the following MFP devices for printing; not faxing or scanning.

Description	Mfg. Part and Zones Part Numbers:
Kyocera ECOSYS M3655idn A4 Mono Multifunction Laser Printer	Mfg. Part: 1102TB3NL0 Zones Part: 008821870-ALT Price: \$1356.00
Kyocera 1203SA0KL0 M3655idn Pf3110 500 Sheet Tray	Mfg. Part: 1203SA0KL0 Zones Part: TBD Price: \$232.32

Label Printers (Only These Models Will Work)

- You only need to purchase one brand of label printer. OCHIN recommends the Zebra ZD621-HC, ZD-421, or the Intermec PC43t (300dpi).
- Separate Ethernet print module is required for Intermec printers.

Zebra ZD621-HC

Description	Mfg. Part and Zones Part Numbers:
Zebra ZD621-HC, Performance Healthcare Desktop Label Printer, monochrome, direct thermal	Mfg. Part: ZD6AH42-D01L01EZ Zones Part: 008627136-NEW Price: \$600.44
Zebra Z-Select 4000D - labels - 2.25 in x 1.25 - 2100 LABELS/ROLL 12 ROLLS/CA	Mfg. Part: 10015341 Zones Part: A 03573073 Price: \$142.00

Zebra ZD421

Description	Mfg. Part and Zones Part Numbers:
Zebra ZD421, DIRECT THERMAL PRINTER, 203DPI	Mfg. Part: ZD4AH42-D01E00EZ
Zebra Z-Select 4000D - labels - 2.25 in x 1.25 - 2100 LABELS/ROLL 12 ROLLS/CA	Mfg. Part: 10015341 Zones Part: A 03573073 Price: \$115.00

Intermec

Description	Mfg. Part and Zones Part Numbers:
Intermec PC43t – 300dpi (203 dpi is not compatible)	Mfg. Part: PC43TB00100301 Zones Part: 004714511-NEW

	Price: \$569.00
Intermec Ethernet Print Module – Print Server	Mfg. Part: 203-183-410 Zones Part: 004628004-NEW Price: \$106.00
Intermec Duratherm III - labels – 2.25 in x 1.25 in - 9600 pcs	Mfg. Part: E15532 Zones Part: 01527257 Price: \$91.66

Wristband Printers (Only This Model Will Work)

Description	Mfg. Part and Zones Part Numbers:
Zebra ZD510-HC, Healthcare Wristband Printer, Zebra ZD510-HC, Direct thermal, 300 dpi, 2 ips, USB/USB Host/Ethernet/Wi-Fi, ZPL2	Mfg. Part: ZD51013-D01B01FZ Zones Part: 006084718-NEW Price: \$488.81
Adult Wristband: Zebra Z-Band Direct - perforated Polypropylene, 1 in x 11 in, 200 bands per cartridge, 6 cartridges	Mfg. Part: 10006995K Zones Part: A 02528249 Price: \$270.08
Child Wristband: Zebra Z-Band Direct - perforated Polypropylene, 1 in x 7 in, 300 bands per cartridge, 6 cartridges	Mfg. Part: 10006999K Zones Part: A 02622056 Price: \$367.64
Infant Wristband: Zebra Z-Band Direct - perforated Polypropylene, 1 in x 6 in, 350 bands per cartridge, 6 cartridges	Mfg. Part: 10006998K Zones Part: 000738428-NEW Price: \$400.72

High Capacity Scanning

- Contact OCHIN for the OnBase Scanning and Indexing licensing costs.
- Any TWAIN Certified scanner is supported

Description	Mfg. Part and CDW Part Numbers:
Fujitsu fi-8170	Mfg. Part: PA03810-B055 Zones Part: 009729646-NEW Price: \$ 1071.70

Front Desk Scanning

- Contact OCHIN for the OnBase Front Desk Sca
- Any TWAIN Certified scanner is supported

ning licensing costs.

Description	Mfg. Part and Zones Part Numbers:
Xerox D35 - document scanner	Mfg. Part: XD35-U Zones Part: 009195116 Price: \$299.99

Electronic Signature Pad (Only This Model Will Work)

- Note that this is the only supported e-signature pad
- Needs to be associated with a specific COM Port on the computer

Description	Mfg. Part and Zones Part Numbers:
Topaz Model #: T-LBK462-BSB-R-SigGem 1X5 LCD	Mfg. Part: T-LBK462-BSB-R Zones Part: 05432178 Price: \$388.05

Medication and Immunization Barcode Scanner for Ambulatory and Inpatient

Description	Mfg. Part and Zones Part Numbers:
Zebra DS8108 (wired)	Mfg. Part: DS8108-HCBU2104ZVW Zones Part: 004716334-NEW Price: \$261.04
Zebra DS2208 USB Bundle(wired)	Mfg. Part: DS2208- SR6U2100AZW Zones Part: 004549082-NEW Price: \$ 154.45

Webcams for Patient Photos

- Needs to be a TWAIN-enabled camera or utilize generic TWAIN video driver that recognizes any webcam source and makes it TWAIN:

http://eztwain.com/generic_video_twain.htm

Description	Mfg. Part and Zones Part Numbers:
Microsoft LifeCam HD- 3000 Webcam	Mfg. Part: T4H-00002 Zones Part: 03501302 Price: \$29.00
Microsoft LifeCAM Studio	Mfg. Part: Q2F-00013 Zones Part: 03837631 Price: \$71.03

BCA PC – Uninterrupted Power Supply (UPS) solutions

- This is a combo set and must be purchased together.
- This solution will provide up to 1 hour of back-up power for 1 BCA computer and 1 BCA printer.
- For inpatient a BCA PC is recommended per department or approximately 20 beds
- In acute care settings ensure BCA PC are plugged into (red) emergency power outlets

Description	Mfg. Part and Zones Part Numbers:
APC Smart-UPS SRT 1000VA - UPS - 900 Watt - 1000 VA	Mfg. Part: SRT1000XLA Zones Part: 004952969-NEW Price: \$872.00
APC Smart-UPS SRT 48V 1kVA 1.5kVA Battery Pack - battery enclosure - I	Mfg. Part: SRT48BP Zones Part: 004952980-NEW Price: \$619.00

Hillrom Vitals Integration

The following Hillrom devices are supported

- Connex Spot Monitor (CSM)
- Spot Vitals Lxi 45 – this model has been discontinued but is still supported
- Connex Vital Signs Monitor (CVSM) and the Connex Integrated Wall System

Midmark Integrations

- Supported Midmark Vitals devices ○ IQvitals
- Supported Midmark ECG devices ○ IQecg
- Supported Midmark Spirometry devices ○ IQspiro

Zoom Virtual Visits

Zoom System Requirements can be found at <https://support.zoom.us/hc/en-us/articles/201362023-System-Requirements-for-PC-Mac-and-Linux>

Sphere Credit Card

The following Credit Card devices are supported, must be purchased directly from Sphere

Payment Module	Device Name	Manufacturer	Availability	EMV Chip Card Reader	USB Cable Connection to Workstation	Contactless Payment Option	Electronic Signature Capture (For Credit Card Processing Only)	Price
Front Desk	IPP320	Ingenico	Available	Yes	Yes	No	No	\$396
Front Desk	iSC250	Ingenico	Available	Yes	Yes	No	Yes	\$743
Front Desk	P200	Verifone	Available with Fall 2022 Sphere Upgrade	Yes	Yes	Yes	No	\$300
Front Desk	M400	Verifone	Available with Fall 2022 Sphere Upgrade	Yes	Yes	Yes	Yes	\$853
Back Office	M100	ID Tech	Now	No - encrypted 10 key pad only	Yes	No	No	\$125

Dragon

PowerMic 3ft or 9ft corded (optional if member purchases PowerMic Mobile - cell phone access)

<https://www.dictationstore.com/Nuance-PowerMic-III-for-Dragon-and-Powerscribe-p/0powm3n9.htm>

TruMed Systems

Accuvax and/or AccuShelf units are supported

<https://www.youtube.com/watch?v=6NWuvDtygoU>

Imprivata Single Sign On (SSO)

Imprivata SSO consists of two Virtual machine appliances for management, configuration, and integration with your internal Authentication platform. It also consists of an agent installed on each endpoint utilizing SSO with hardware devices allowing ease of sign-on, our recommendation is to use a badge reader compatible with your current badge systems, there is also an optional Biometric Fingerprint Reader.

- Imprivata appliances (required) 2 Virtual Machines
 - CPU: 2 vCPUs
 - RAM: 8GB allocated memory
 - Disk: 258GB available disk space on the hypervisor for vmdk/vhd and vswp/bin files
 - Notes: The operating system is a virtual appliance provided by Imprivata, thin provisioning is allowed
- Badge Readers, recommended on each endpoint
 - The choice of badge readers for Imprivata are dependent on the members' current badge systems (like for building access). Imprivata offers 4 models. They are all plug-and-play.

Imprivata PC ProxNano (for laptops)	HDW-IMP-NV60
IMP 80 Reader - Badge Tap (OneSign)	HDW-IMP 80
IMP 75 Reader - Badge Tap (OneSign)	HDW-IMP 75
IMP 60 Reader - Badge Tap (OneSign)	HDW-IMP 60
○ Biometric Readers, optional on each endpoint	
Fingerprint Reader (OneSign)	HDW-IMP-1C

- ID Badges to support badge readers if not already in place

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Imprivata EPCS

Optional: hard tokens/fobs

Hardware DigiPass Go7 Series Token	HDW-IMP-80-BLE
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Welcome Hardware

What are the hardware specifications?

- Supported Windows-based tablets ○ Most including: HP ElitePad 1000, Surface 3, Surface Pro, Pro 2, Pro 3, Samsung Series 7 and/or any Intel Atom Z2760 1.8 GHz or better 4GB RAM
- Supported iOS tablets: iOS 14
- Supported Android tablets: Android OS 8-11
- Tablet Welcome Feature Comparison:

Features	Windows Based Tablets	IOS / Android Tablets
Sign-In: Appointment status set to "Present" when workflow is complete	✓	✓
Check-In: Appointment status set to "Arrived" when workflow is complete	✓	✓
Check-Out	✓	⊘
Post Check-In Questionnaire(s) - Barcode	✓	✓
Questionnaires	✓	✓
○ Health History Questionnaire	✓	⊘
Consents	✓	✓
MSPQ	✓	⊘
MyChart – Sign Up	✓	✓
Demographic Verification	✓	⊘
Allergy Verification	✓	⊘
Medication Verification	✓	⊘
Problem List Verification	✓	⊘
Emergency Contact Updates	✓	⊘
Follow-Up Appointments: Requires one-click algorithm	✓	⊘
Multiple Languages	✓	✓
Collect Payments	⊘	⊘
Coverage Updates	⊘	⊘
Guarantor Account Updates	⊘	⊘
FPL Information	⊘	⊘

Large Screen Track Board for Acute Care

- 50"+ display running at least 1920 x 1080 resolution, 60hz or higher refresh rate that can be wall-mounted
- Track Board monitors require a desktop PC connected that meet the minimum hardware requirements above for an Epic workstation

Workstation on Wheels for Acute Care

- Requires a PC connected that meet the minimum hardware requirements above for an Epic workstation
- Requires a monitor that meets the above display requirements

Epic Mobile App (Rover)

- Mobile application for nursing and ancillary staff to communicate, capture pictures, and document in the EHR using a handheld device, such as a smartphone.
 - Rover runs on Android or iPhone devices
 - Android recommended version is Android OS 8-11, Android OS 12 is currently being tested and will be supported in Epic version Nov 2021
 - iOS recommended version is iOS 14, iOS 15 is currently being tested and will be supported in Epic version Nov 2021
- The below chart shows the Epic version and support for Android and iOS versions

			Future Client Version Status Projections										
			<div> <div>Exploratory</div> <div>Target</div> <div>Transitional</div> <div>Off Target</div> </div>										
			<div> <div>Latest Epic Release</div> </div>										
Epic Product	OS vend	Operating System	9.6 (Feb 2021)	9.7 (May 2021)	9.8 (Aug 2021)	9.9 (Nov 2021)	10.1 (Feb 2022)	10.2 (May 2022)	10.3 (Nov 2022)	10.4 (Feb 2023)	10.5 (May 2023)	10.6 (Aug 2023)	10.7 (Nov 2023)
Rover	Google	Android OS 8	✓	✓	✓	✓	⇒	⇒	⇒	⇒	⇒	⇒	⇒
Rover	Google	Android OS 9	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rover	Google	Android OS 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rover	Google	Android OS 11	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rover	Google	Android OS 12	⇒	⇒	⇒	✓	✓	✓	✓	✓	✓	✓	✓
Rover	Apple	iOS 12	⇒	⇒	⇒	⇒	⇒	⇒	✗	✗	✗	✗	✗
Rover	Apple	iOS 13	⇒	⇒	⇒	⇒	⇒	⇒	✗	✗	✗	✗	✗
Rover	Apple	iOS 14	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rover	Apple	iOS 15	⇒	⇒	⇒	✓	✓	✓	✓	✓	✓	✓	✓

Epic Mobile Apps (Haiku and Canto)

- Haiku runs on Android or iPhone devices, and Canto runs on iPads
 - Android recommended version is Android OS 8-11, Android OS 12 is currently being tested and will be supported in Epic version Nov 2021
 - iOS recommended version is iOS 14, iOS 15 is currently being tested and will be supported in Epic version Nov 2021
- The below chart shows the Epic version and support for Android and iOS versions

			Future Client Version Status Projections									
			<div> <div>Exploratory</div> <div>Target</div> <div>Transitional</div> <div>Off Target</div> </div>									
			<div> <div>Latest Epic Release</div> </div>									
Epic Product	OS vend	Operating System	9.8 (Aug 2021)	9.9 (Nov 2021)	10.1 (Feb 2022)	10.2 (May 2022)	10.4 (Nov 2022)	10.5 (Feb 2023)	10.6 (May 2023)	10.7 (Aug 2023)	Off Target Date	Epic Testing Status
Haiku	Google	Android OS 6	✖	✖	✖	✖	✖	✖	✖	✖	Client 9.6 Release	Previously Tested
Haiku	Google	Android OS 7	➡	➡	✖	✖	✖	✖	✖	✖	Client 10.1 Release	Active Testing
Haiku	Google	Android OS 8	✓	➡	➡	➡	➡	✖	✖	✖	Client 10.5 Release	Active Testing
Haiku	Google	Android OS 9	✓	✓	✓	✓	➡	➡	➡	➡	Client 10.9 Release	Active Testing
Haiku	Google	Android OS 10	✓	✓	✓	✓	✓	✓	✓	➡	Client 11.4 Release	Active Testing
Haiku	Google	Android OS 11	✓	✓	✓	✓	✓	✓	✓	✓	TBD	Active Testing
Haiku	Google	Android OS 12	📊	✓	✓	✓	✓	✓	✓	✓	TBD	Active Testing
Haiku/Canto	Apple	iOS 12	✖	✖	✖	✖	✖	✖	✖	✖	Client 9.6 Release	Previously Tested
Haiku/Canto	Apple	iOS 13	➡	➡	✖	✖	✖	✖	✖	✖	Client 10.1 Release	Active Testing
Haiku/Canto	Apple	iOS 14	✓	✓	✓	➡	➡	✖	✖	✖	Client 10.5 Release	Active Testing
Haiku/Canto	Apple	iOS 15	📊	✓	✓	✓	✓	✓	➡	➡	Client 10.8 Release	Active Testing

Revision History:

- 05-10-16: Added Windows 10 Pro or Enterprise as supported operating systems
- 07-13-16: Added details from Epic's Monitor Recommendations for Outpatient Clinics guide
- 08-26-16: Updated vendor email address, refreshed pricing and availability for all recommended devices, removed stand-alone Ethernet print servers (all recommended devices other than PC43t have built in)
- 12-15-16: Replaced Dell B2360dn laser printer with Dell S2380dn, updated related info for additional tray for this printer
- 06-16-17: Replaced Xerox Travel Scanner 150 with Xerox Duplex Travel Scanner, added section on supported devices for MiPACS
- 10-10-17: Updated contact information in introduction, updated part number for Intermec label printer
- 03-27-18: Removed HP m605, replaced by HP m608
- 04-23-18: Updated Zones and Mfg part numbers for Fujitsu fi-7160
- 01-09-19: Refreshed all hardware and prices; removed Kofax licensing as it is no longer required
- 05-21-19: Added notes that only specific label printers and e-sig pads are supported
- 3-16-20: Added barcode scanning device
- 5-14-20: Updated pricing for multiple items, descriptions and SKUs for HP Printer and Planar Monitors
- 05-22-20: Added additional MiPACS recommendations and guidance on mobility and virtual go-lives
- 02-01-21: Updated Barcode scanners and created a new heading for them
- 02-01-21: Updated label stock for label printers
- 02-22-21: Updated Zebra DS2208 to be a bundle with USB cable
- 06-20-21: Added label size to Intermec label description
- 10-22-21: Updated Citrix requirement to Workspace 1912LTSR
- 10-22-21: Updated Zebra Label printer from ZD620-HC to ZD621-HC due to previous model being phased out
- 10-22-21: Removed MiPACS requirements
- 10-22-21: Updated HP Laserjet models due to previous ones going end of sale
- 10-22-21: Updated pricing on all devices to match Zones current price sheet
- 10-22-21: Updated OptiPlex 3090 to replace previous model
- 10-22-21: Updated monitors to be current models
- 10-26-21: Updated Barcode scanner to include Ambulatory and Inpatient in the title
- 10-26-21: Added Monitors for Large Screen Truck Board for Inpatient
- 10-26-21: Added Workstation on Wheels for Inpatient section
- 11-18-21: Added Epic Mobile App supported mobile OS versions
- 12-21-21: Updated manufacturer part # for Zebra printer
- 12-26-21: Updated titles of Scanning section
- 12-26-21: Added Midmark and Hillrom integration notes
- 12-25-21: Added Welcome Tablet recommendations and comparison table

03-02-22: Added Imprivata SSO requirements
03-02-22: Added Imprivata EPCS requirements
03-02-22: Added Dragon requirements
03-02-22: Added TruMed Systems information
03-02-22: Added Zoom Virtual Visits
requirements 03-02-22: Added Sphere
Credit Card requirements
03-17-22: Added label printer Zebra ZD-421
03-23-22: Added NetSuite Mobile scanning requirements
04-06-22: Added Acute Care considerations text
04-06-22: Added Epic Mobile App (Rover) section
04-06-22: Added procurement@ochin.org contact information
04-06-22: Updated pricing on monitors, printers, scanners, barcode scanners, and UPS
04-06-22: Updated Kyocera 500 sheet tray part number
04-06-22: Removed Xerox Duplex Portable Scanner as it is now end of sale
06-17-22: Updated Sphere Credit Card Requirements
08-09-22: Updated pricing from Zones on barcode scanners and labels
08-09-22: Replaced end of sale Xerox scanner with replacement Xerox D35 model
08-09-22: Removed Netsuite requirements
01-19-23: Added wristband printers for acute care
03-10-23: Replaced previous backoffice scanner model with updated model

Attachment B.2
Connectivity and MPLS Contract Information

Attachment from Member



A driving force for health equity

Attachment C Training Plan and Delivery Models

1. **General.** OCHIN will utilize online training delivery models to provide training to Member's staff who will be utilizing the System on a day-to-day basis during implementation. This will include, but not be limited to, providers, nurses, front desk staff and billers. OCHIN will not provide training to any third-party billing groups working with Member.
2. **Training Exclusions.** OCHIN will not provide training to staff who will not utilize OCHIN Epic software on a day-to-day basis, such as your human resource, IT, marketing, or payroll staff. OCHIN members are responsible for providing Epic training to their own staff after the install period is complete, whether by hiring internal Epic training staff or by contracting with OCHIN to meet your ongoing Epic training needs.
3. **Current Go-Live Training Modules.** OCHIN will provide the trainings from the following list which are applicable Member's organization:
 - a. **Practice Management ("PM") Super User Training.** This training prepares super users and super users for assisting with practice management workflow decision-making, facilitating practice management end user training and for assisting Member with providing Go-Live support to peers. Course length is approximately 24 hours.
 - b. **PM End User Training.** This training prepares front desk end users to use the Prelude application for patient registration and the Cadence application for patient scheduling. Occurs immediately prior to Go-Live and is approximately 8 hours in length.
 - c. **PM Ancillary Training.** Provides training to Member staff with the following work duties:
 - i. **Scheduling Templates.** Training is approximately 8 hours;
 - ii. **Referral Work Queue.** Training is approximately 4 hours;
 - iii. **Release of Information.** Training is approximately 2 hours;
 - iv. **Scanning and Indexing.** Training is approximately 2 hours;
 - d. **Electronic Health Record ("EHR") Super Training.** Prepares clinical super users for assisting with clinical workflow decision-making, facilitating EHR end user training, and providing Go-Live support to peers. Training is approximately 24 hours.
 - e. **EHR End User Training.** Prepares providers and clinical support staff (nurses and medical assistants) to use the EpicCare application for medical charting. Occurs immediately prior to Go-Live and is approximately 8-10 hours.
 - f. **EHR Navigator Trainings.** Prepares specialists to use one of the Behavioral Health, Case Management, HIV, OB or Optometry Navigators. Each training is approximately 4 hours in length.
 - g. **Wisdom Scheduling.** Prepares front desk staff to schedule dental appointments and procedures and to send dental x-rays. Occurs immediately prior to go-live. *Dental scheduling staff must complete PM End User prior to taking this course.* Training is approximately 2 hours.
 - h. **Wisdom Back Office End User Training.** Prepares dentists and dental support staff (hygienists and dental assistants) to use the Wisdom application for dental charting. Occurs immediately prior to Go-Live. Training is approximately 6 hours.
 - i. **Live Claims Testing.** Prepares billing super users for testing the billing system with real claims. Occurs 90 days prior to Go Live and is presented in the following series:
 - i. Live Claims Testing 1: Registration training which takes approximately 8 hours;
 - ii. Live Claims Testing 2: Charges with training lasting approximately 24 hours;

- iii. **Live Claims Testing 3: Payment Posting** with the training lasting approximately 8 hours;
- j. **Billing Foundations I.** Prepares billing staff to use the Resolute application for billing and claims processing – Part One. Occurs the week of Go-Live and takes approximately 28 hours.
- k. **Billing Foundations II.** Prepares billing staff to use Resolute – Part Two. Occurs three weeks after Go-Live and takes approximately 24 hours.
- l. **Billing Manager Training.** Prepares billing leadership to use the Professional Billing Management Dashboard, Finance Dashboard, and Financial Cubes to effectively manage your clinic's revenue cycle and takes approximately 6 hours.
- m. **Reporting Training.** Prepares reporting staff to use Reporting Workbench and Healthy Planet to author and run reports. Occurs before Go-Live and takes approximately 16 hours.
- n. **Clarity 1: General Tables.** Prepares report writers to use Clarity and Business Objects to author and run reports. This course is only provided to Business Objects Designer license holders; participants should take all four Clarity courses. This training takes approximately 3 hours.
- o. **Clarity 2: Clinical Tables.** Prepares report writers to use Clarity and Business Objects to author and run reports. This course focuses on clinical tables specifically. This course is only provided to Business Objects Designer license holder; participants should take all Clarity courses and this training takes approximately 5 hours.
- p. **Clarity 3: Financial Tables.** Prepares report writers to use Clarity and Business Objects to author and run reports. This course focuses on financial tables specifically. This course is only provided to Business Objects Designer license holder; participants should take all Clarity courses and takes approximately 4 hours.
- q. **Super User Orientation.** Prepares new Super User's for their role and for using OCHIN's Wiki and JIRA tools and take approximately 2 hours.
- r. **Super User Foundations.** This approximate 28-hour training prepares super users to use super user only areas of Epic including:
 - i. User Security
 - ii. WebTools: Workstations, Printers, Order Transmittal, and Destination Maps
 - iii. Printer Troubleshooting
 - iv. Preference Lists
 - v. Patient Letters
 - vi. Smart Phrases
 - vii. Patient Merge
 - viii. Lot Manager
 - ix. Smart Lists
 - x. Record Viewer
 - xi. Fee Schedule
 - xii. Provider Master File
 - xiii. Chart Corrections
 - xiv. Referral Rules (optional)
 - xv. In Basket Pools (optional)
 - xvi. Visit Types (optional)
- s. **Cadence** – This is the Epic scheduling module that is applicable to both ambulatory and acute care settings. Typical attendees include front desk staff, schedulers and staff involved in registration. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 3 hours to 25 hours depending on staff role. Please see the attached Training Handout for more detail.
- t. **Prelude** – This is the billing module that supports revenue cycle and includes training on billing to outside payors. It is applicable to both the ambulatory and acute care settings. Typical attendees include patient registrars, staff with financial duties as well as registration basics. The amount of time consists of pre-class, in-class, after-class and post-Go Live training can range from 7 hours to 15 hours depending on staff role. Please see the attached Training Handout for more detail.

- u. **Grand Central ADT** – This training module includes training on bed management and planning and is provided to those in the acute care setting only. This training is typically attended by bed planners, transfer manager and staff as well as EVS staff. The amount of time consists of pre-class, in-class, after-class and post-Go Live training and can range from 1 hour to 5 hours depending on staff role. Please see the attached Training Handout for more detail.
- v. **EpicCare InPatient** – This is training for the Epic designated clinical module as it relates to medical care for patients. Typical attendees include clinical staff including nurses, dieticians, case managers and social workers. The amount of time consists of pre-class, in-class, after-class and post-Go Live training can range from 3 hours to 20 hours depending on staff role. Please see the attached Training Handout for more detail.
- w. **ASAP** – This training module includes training for typically back-end functions in the acute care setting. Typical attendees include charge reviewers, emergency room staff and trauma registry users. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 3 hours to 20 hours depending on staff role. Please see the attached Training Handout for more detail.
- x. **Beaker** – This training module includes training for specialized medical testing in the acute care setting. Typical attendees include pathologists, cytotechnologist and transcriptionists. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 2 hours to 10 hours depending on staff role. Please see the attached Training Handout for more detail.
- y. **Bugsy** – This training module includes training on both viral and bacterial testing in the acute care setting. Typical attendees include infection preventionists and abstractors. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 2 hours to 50 hours depending on staff role. Please see the attached Training Handout for more detail.
- z. **OpTime OR/Anesthesia** – This training module includes training for surgical staff for the operating room as well as for anesthesia administration in the acute care setting. Typical attendees include anesthesia technicians, staff, OR managers, surgery schedulers and OR staff. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 1 hour to 55 hours depending on staff role. Please see the attached Training Handout for more detail.
- aa. **Radiant Radiology** – This training module includes training in regard to radiology and imaging in the acute care setting. Typical attendees are those involved in radiology including lung screening coordinators, breast image technologists and radiology front desk staff. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 2 hours to 7 hours depending on staff role. Please see the attached Training Handout for more detail.
- bb. **Specialist Training** – These modules include training for all medical specialties in the acute care setting. The typical attendees are all specialty providers including surgeons, pathologists and neurologists. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 5 hours to 25 hours depending on staff role. Please see the attached Training Handout for more detail.
- cc. **Willow** – This training module focuses on pharmacy in both the acute care and ambulatory setting. Typical attendees include pharmacists, pharmacy technicians and pharmacy inventory managers. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 2 hours to 18 hours depending on staff role. Please see the attached Training Handout for more detail.
- dd. **Resolute Hospital Billing** – This training module focuses on all aspects of billing in the acute care setting. Typical attendees include hospital billers, billing customer service and insurance payment staff. The amount of time consists of pre-class, in-class, after-class and post-Go Live training that can range from 3 hours to 18 hours depending on staff role. Please see the attached Training Handout for more detail.

4. Post Go-Live Available Training Modules. OCHIN has the current modules available for training post Go-Live at OCHIN's then current costs:

- a. **Epic Training for Open Cohort and Closed Cohort.** Role-specific end user and Super User virtual training courses covering recommended workflows and functionality in key domains, including practice management, clinical, billing, and reporting:
- i. Open Cohort trainings are pre-scheduled and available to the Collaborative; multiple members may attend one course section. Offerings subject to OCHIN's course schedule.
 - ii. Closed Cohort trainings will be coordinated with you directly and attended only by your organization's staff. Minimum of five participants in a Closed Cohort training.
- b. **Clarity Training.** A series of courses for report designers to exploring Epic's database structure and tables to prepare them to write custom reports for their organization. Content is provided in an On Demand course plus a review workshop session with a trainer. Participants must have a Clarity Designer License to attend and are broken up as follows:
- Database Concepts (On Demand course)
 - Clarity General Tables
 - Clarity Clinical Tables
 - Clarity Financial Tables
 - Clarity Wisdom Tables
- * * Clarity Wisdom Tables is available to members using Wisdom.
- c. **Epic Proficiency Training.** Member staff can obtain an Epic Self-Study Proficiency by attending training courses facilitated by OCHIN. Proficiencies offered include Prelude and Cadence, EpicCare Ambulatory, and Resolute Professional Billing and are subject to OCHIN's course schedule.
- Note: Participants must meet Epic course, exam, and project requirements to obtain Self-Study Proficiency status.
- d. **Enhanced Support.** Revenue Cycle Bootcamp, Practice Operations and Quality Reporting, and Super User Trainings are currently no cost. Ad-hoc SOWs for individual consults and one-on-one webinars or in-person sessions are charged hourly staff rates.
- e. **Billing Coaching and Consulting.** Billing and Revenue Cycle workflow sessions customized to meet member needs, blending the How and Why of completing tasks in the Epic billing system using the member's live charges/claims/accounts. Can include Financial and Operational reporting and dashboards in a one-on-one or group setting.



**Attachment D
Pricing and Milestones (Ambulatory)**

Go Live Date: 09/24/2024

Summary Costs and Payment Schedule:

Summary Costs				
Description		Install		Annual Maintenance
Total	\$	974,571	\$	TBD based on usage
Payment Schedule				
Initial Payment: Within 10 days of Contract Signing	50%	\$	487,285	
2nd Payment: 90 days prior to Go Live	25%	\$	243,643	
3rd and Final Payment: At Go Live and User Acceptance	25%	\$	243,643	
Note: Maintenance begins at Go Live				

Attachment E
CareEverywhere and Rules of the Road

1. **Care Everywhere Module.** Epic and OCHIN are parties to the Epic Agreement, pursuant to which OCHIN has obtained the right to offer Member access to the Care Everywhere module ("Care Everywhere") as an additional component of the System. Member's employees may query patient records of any Care Everywhere patient. For purposes of this Agreement, means an organization, other than OCHIN and its members that participates in Epic's Care Everywhere community. Member's clinicians may view patient records from Care Everywhere Members. Care Everywhere Members may query and view Member's patient records. Member consents to the uses of patient data described above.
2. **Fees.** Initially, there is no additional fee for implementation and use of Care Everywhere. If, in the future, Epic determines to impose fees on OCHIN for use or maintenance of Care Everywhere, OCHIN and Member will either reach an agreement with all members on an appropriate fee structure and amount or will cease the use of Care Everywhere. If OCHIN chooses to cease use of Care Everywhere for any reason, OCHIN shall give Member 60 days' notice of the intent to cease use of Care Everywhere, and, subject to approval by Epic, OCHIN will continue to allow Members' access to Care Everywhere at no charge to Member for 60 days from the date of notice by OCHIN.
3. **OCHIN Care Everywhere Responsibilities.** OCHIN will:
 - Create reports of requests by Care Everywhere Members for Member's patient records.
 - Comply with requirements of the Epic Agreement relating to Care Everywhere and the attached Rules of the Road established by Epic for use of Care Everywhere (together, as may be amended or supplemented from time to time, the "Epic Requirements"), to the extent applicable to acts or omissions of OCHIN in providing Member access to Care Everywhere.
 - Comply with the requirements of the attached Rules of the Road relating to reporting of violations. OCHIN will provide audit reports of Care Everywhere violations as requested by Member.
 - Prior to agreeing to or voting on amendments, changes or supplements to the Rules of the Road established by Epic as specified in Section 7 of Rules of the Road, OCHIN shall consider such proposed amendments or changes at the OCHIN Board level and thereby seek to obtain input from OCHIN members regarding the appropriate response to Epic.
4. **Member Care Everywhere Responsibilities.** Member will:
 - Implement procedures, as reasonably requested by OCHIN, to facilitate audit of Member's personnel.
 - Take reasonable steps to prevent misuse of Care Everywhere by Member's personnel.
 - Comply with the Epic Requirements, to the extent applicable to acts or omissions of Member and its personnel as users of Care Everywhere.
5. **Termination.** OCHIN may terminate Member's access to and use of Care Everywhere upon termination of this agreement by OCHIN or at any time if Care Everywhere is no longer available from Epic on the terms set forth in the Epic Agreement as of the date of this Agreement. If, however, Epic elects to impose fees on OCHIN for use or maintenance of Care Everywhere and Member and OCHIN are unable to agree on an appropriate fee structure and amount, the termination of Care Everywhere will be pursuant to the termination procedures as stated herein. Member will terminate its access to and use of Care Everywhere upon termination of this agreement.

6. **Description of OCHIN's Obligations to Epic.** Under the Epic Requirements, OCHIN, Care Everywhere Members, and Epic are expected to create an Ombudsman Committee, which, along with Epic will help oversee compliance with the Epic Requirements, including without limitation, validating users of Care Everywhere, recommending modifications to the Rules of the Road, determining violations of the Rules of the Road, and establishing appropriate remedies for such violations (such as limiting or removing a Care Everywhere customer's access to Care Everywhere) (collectively the "Oversight Activities"). The Ombudsman Committee may include representatives

from Member's organization, OCHIN, Care Everywhere Members, and Epic. Epic would like to protect those customer representatives, their organizations, and Epic from liability for agreeing to help with the Oversight Activities. Therefore, to the extent permitted by the law applicable to OCHIN, OCHIN has agreed to hold harmless, indemnify, and defend Ombudsman Committee Members (and to the extent Epic is providing any Oversight Activities, Epic), and each of their officers, employees, contractors, and agents (collectively the "Indemnitees") from and against any Claim brought by OCHIN, OCHIN's End Users or OCHIN's Patients asserted against the Indemnitees or any of them, arising out of, or in any way connected with the Oversight Activities including without limitation claims based on an Indemnitees' negligence. For purposes of this exhibit: (a) "Claim" means a claim, damage, liability, claim of loss, lawsuit, cause of action, or other claim and includes without limitation, reasonable attorneys' fees; (b) "OCHIN's End Users" means any individual or entity to whom OCHIN provides access to any Program Property (as defined in the Epic Agreement) if the Claim relates to any situation in which the individual or entity had or would have had access to the Program Property through OCHIN; and (c) "OCHIN's Patients" means any patient of OCHIN or OCHIN's End Users or any person making a claim as a result of financial or familial relationship with such patient, in each case if the Claim relates to any situation in which the patient was receiving or seeking medical care from OCHIN or OCHIN's End Users. Capitalized terms used in this paragraph without definition have the meanings given in the Epic Agreement.

7. **Epic Rules of the Road for Care Everywhere.** Care Everywhere ("CE") is a tool that allows Epic customers to make patient data available to other Epic customers that also license CE ("CE Customers"). These Rules of the Road ("Rules") are meant to establish the framework for the exchange of patient information between CE Customers, including circumstances under which You may seek patient information from another CE Customer.

For purposes of these Rules, the CE Customer requesting patient information is the "Receiving Customer" and the CE Customer providing the patient information is the "Sending Customer".

You agree that patient information You obtain using CE will only be used for the treatment of patients. By making a request for a patient's information using CE, you warrant and represent to the Sending Customer that the patient information You are requesting will be used only for the treatment of that patient. You understand that You may not request patient information using CE for any other purpose, including without limitation, research, marketing, or fundraising purposes. For purposes of these Rules, "treatment" will have the meaning assigned to it under HIPAA (see 45 CFR 164.501), which is currently defined as follows: "Treatment means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination of management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another."

If a CE Customer requests a review of their patient records accessed by You using CE, You agree to fully cooperate with the review, including providing detailed information as to what information You accessed, who accessed it, and why it was accessed, and will provide the requested information within five (5) days of the request.

You agree to implement HIPAA compliant security and access measures with respect to providing access to CE functionality which will include, at a minimum:

- a. training CE end-users regarding the appropriate (and inappropriate) use of CE
- b. using individual logins and passwords for each user of the CE functionality; You will not create any shared or public logins or passwords used to access the CE functionality
- c. using and monitoring the audit capabilities of CE

- d. requiring that all patient information obtained using CE be treated as any of Your other clinical documentation/patient information
- e. appointing one employee as Your Care Everywhere Coordinator who will act as Your liaison with other CE Customers and Epic regarding CE, and whose responsibilities will also include timely communication and deployment of information regarding CE within the liaison's organization.

You agree that You will not restrict any other CE Customer from obtaining any of the patient information available through the CE Item with the following exceptions:

- Information for a patient You have marked in the system as having opted out of the use of Care Everywhere to transfer Your records for such patient;
- Information for a patient marked by You in the system as having a specific status that is available in Care Everywhere (e.g. VIP patients) to restrict the transfer of information for patients having such status; or
- Encounter Summary reports for a patient if You have chosen not to make such information available for any patient via Care Everywhere.

CE creates a community of users, all with the same goal of improving patient care by making additional patient information available to other providers. It is critical that all CE Customers cooperate with each other regarding issues that may arise regarding use of CE. As such, it is not Epic's role to act as a policing authority to enforce these Rules. At the request of a majority of the CE Customers, Epic and the CE Customers will work together to define and create a committee to oversee compliance by CE Customers with the Rules of the Road (the "Ombudsman Committee"). However, until such time as an Ombudsman Committee is created and implements a new procedure to enforce the Rules of the Road, if You believe that another CE Customer has violated these Rules and are unable to resolve the issue with such customer, then the following procedure will apply ("Review Procedure"):

- You may file a petition with Epic that identifies the CE Customer allegedly in violation and includes a complete description of the alleged violation and any supporting documentation.
- All CE Customers named in the petition agree to cooperate with any investigation conducted concerning violations.
- For purposes of the use of CE only, Epic will determine, in its sole discretion, whether a violation occurred and the appropriate CE remedy for such violation, which may include, without limitation, permitting individual CE Customers to elect to discontinue exchanging information with the individual who violated the requirements (if possible) or with the CE Customer in violation or entirely removing the CE Customer in violation from the CE community (either permanently or for a specified period of time). You agree to accept Epic's decision and to permit Epic to modify any configurations in Your system to carry-out its decision. You agree not to sue Epic, its officers, employees, contractors, or agents with respect to Epic's action or inaction in the Review Procedures, including without limitation, Epic not removing a CE Customer from the CE community, or Epic removing You or another CE Customer from the CE community, or any harm to a patient because You or Your end users do not have access to the patient's information as a result of Epic's action or inaction.
- You will use disciplinary procedures with respect to inappropriate use of CE information in the same manner as You do for inappropriate use of Your own similar information.

You acknowledge and agree that any Epic customer using CE is a third party beneficiary of these Rules of the Road and shall have the right to enforce any violations of them in the same manner as if such Epic customer had a direct contract with You containing these Rules of the Road. Each CE Customer's rights with respect to a violation of the Rules of the Road are not limited by any remedies provided in the Rules of the Road. This provision may not be modified by the Ombudsman Committee.

These Rules of the Road are expected to be continually refined. Changes to the Rules of the Road may be proposed by Epic, or the Ombudsman Committee if one is created, from time to time and put to a vote of all the CE Customers. Epic, or the Ombudsman Committee, will inform the Care Everywhere Coordinator of each CE Customer of the results of the vote, and if Epic and a majority of the CE Customers approve a proposed rule (at an advisory committee, at UGM, or otherwise), then the Rules of the Road will be amended to include the proposed changes and will apply automatically to all CE Customers. Each Care Everywhere Coordinator will communicate the result and effect of the vote within the coordinator's organization. The updated Rules will be posted on Epic's user web Member for use of CE and generally will be effective forty-five (45) days after the date of posting unless the change, in Epic's determination, is meant to address an issue of immediate concern.

Attachment F
Invoiceable Visit Acute Care
Reserved

Attachment F.1

Invoiceable Visit - General

OCHIN Epic Ambulatory Invoiceable Visit Summary

OCHIN invoices member clinics that use OCHIN Epic based on the number of patient visits providers see. Some visits in your clinic are considered OCHIN Invoiceable, while others are not. This white paper describes the basic definition of an OCHIN Invoiceable Visit, as well as several scenarios to help you determine if a patient visit is considered an OCHIN Invoiceable Visit. Please note, this document is a guide and is not intended to replace or override the contract between OCHIN and the member clinic. OCHIN Epic Invoiceable visits are dependent on how OCHIN is billed by Epic, and in the event of any discrepancies, the contract between OCHIN and the member always prevails.

An OCHIN Invoiceable Visit is defined as:

The first visit by a patient in a department on a given day
with either, an Invoiceable provider or non-zero charges.

There are OCHIN Invoiceable Visits for both PM and for EHR. OCHIN Invoiceable PM visits are created when the OCHIN Epic system is used for billing. OCHIN Invoiceable EHR visits are created when OCHIN Epic system is used for clinical documentation. Usually, but not always, there is a one-to-one relationship between OCHIN Invoiceable PM and EHR visits.

It is important to note that some OCHIN Invoiceable Visits for both PM and EHR may be generated for visits for which there are no charges. Please note, any time non-zero charges are dropped, or anytime a patient is seen by a Invoiceable provider, an OCHIN Invoiceable Visit is created for that patient the first time they were seen in a specific department on a given day.

Lastly, please note that department in the definition above refers to a department record in the OCHIN Epic system. Departments in Epic are setup to help manage provider schedules and for reporting.

Departments built in Epic will be similar to, but not always exactly map to, an organization's existing clinic departments. We have flexibility in designing department structures, and typically recommend using only as many Epic Departments as you need to meet your operational needs. OCHIN implementation staff will review with new clinics recommended Epic Department structures during their New Member Setup process.

The table on the next page lists various common scenarios and identifies the number of OCHIN PM and EHR Invoiceable visits that would be created by each situation.

SCENARIOS

Category	Scenario	Description	OCHIN PM Invoiceable Visits, AND	OCHIN EHR Invoiceable Visits
A Visit to One Department on One Day Could Result in an OCHIN Invoiceable Visit	1	If Susie visits a mental health provider and charges drop, this would be considered an OCHIN Invoiceable Visit.	1	1
	2	If Yvonne visits a specialist in your clinic as a follow up appointment to a primary care visit she had last week, and is seen by a Invoiceable provider and charges drop, this is considered an OCHIN Invoiceable Visit.	1	1
	3	If Kevin has a dental visit, and the clinical documentation is tracked in Dentrrix, but billing is done in OCHIN Epic and charges drop, an OCHIN Invoiceable Visit is created for this dental visit.	1	0
Visit to One Department on One Day That Doesn't Result in an OCHIN Invoiceable Visit	4	If Harry has an enabling visit and there is no Invoiceable provider, and no charges drop, no OCHIN Invoiceable Visit would be created.	0	0
	5	Harry has a dental visit. He is registered in OCHIN Epic, the clinical notes are in Dentrrix, and billing is handled in Dentrrix. No charges drop in OCHIN Epic, no OCHIN Invoiceable Visit is created.	0	0
	6	If Jane has a telephone-only visit that generates no financial transaction in the Accounts Receivable, an OCHIN Invoiceable Visit would not be generated.	0	0
Multiple Visits to Same Department on the Same Day Create at Most One OCHIN Invoiceable Visit	7	If a patient Joe visited your Internal Medicine department in the morning, was seen by a Invoiceable provider, and called in the afternoon for a follow up appointment the same day in the same department, Joe's multiple visits to the same department would result in a single OCHIN Invoiceable Visit, even if charges dropped at both visits.	1	1
Visits to Multiple Different Departments in the Same Day – Could Result in more than one OCHIN Invoiceable Visit	8	Patient Joe Smith visits your Family Medicine department and then visits with your Specialty Mental Health department later the same day. If each visit is with a Invoiceable provider two OCHIN Invoiceable Visits would be generated.	2	2
	9	If a Joe Smith has a primary care visit in the morning with his PCP, and come back in for a lab draw, and that lab draw occurs in a different department, an OCHIN Invoiceable Visit would be created for each visit that has charges dropped.	2	2
Patient Comes in Multiple Days – Multiple OCHIN	10	A patient comes in for a primary care visit, has a Invoiceable encounter, and comes in the next day for a follow-up lab-only visit and is seen by a Invoiceable provider, two OCHIN Invoiceable Visits would be created.	2	2

Category	Scenario	Description	OCHIN PM Invoiceable Visits, AND	OCHIN EHR Invoiceable Visits
Invoiceable Visits Might Be Created	11	A patient comes in for a primary care visit, has a Invoiceable encounter, and comes in the next day for a follow-up lab-only visit. If lab-only visit is by a non-Invoiceable provider and no charges drop, would not result in an OCHIN Invoiceable Visit.	1	1
Pharmacy Only Visit	12	If the Pharmacy Only visit generates no financial transaction in the Accounts Receivable, it does not create an OCHIN Invoiceable Visit.	0	0
	13	If a visit with a program of Pharmacy Only does generate a financial transaction in the Accounts Receivable it is an OCHIN Invoiceable Visit.	1	1
OB Visit Example	14	If a clinic has OB visits for existing patients and hospital visits that are utilizing the charge entry process, they do create an OCHIN Invoiceable Visit.	1	0
	15	If the hospital OB visit is charged in the OCHIN Epic system, and if clinical documentation is entered into the OCHIN Epic chart, it creates an OCHIN Invoiceable Visit.	1	1
Nurse Visits Examples	16	A clinic does many nurse visits (for triage, blood pressure readings, etc.) that are being entered as encounters, but do not generate any billings and are not by an OCHIN Invoiceable Provider, then these are not considered OCHIN Invoiceable Visits.	0	0
Telephone only visits	17	If the Telephone Only visit generates no financial transaction in the Accounts Receivable, it is not considered an OCHIN Invoiceable Visit.	0	0
	18	If a visit with a program of Telephone Only generates a financial transaction in the Accounts Receivable, then it is an OCHIN Invoiceable Visit.	1	0
Group Visits	19	If a group visit occurs (e.g., healthy cooking class), and there are no charges and the visit is by a non-Invoiceable provider, no OCHIN Invoiceable Visit is created	0	0
	20	If a group visits for three patients occurs and charges are dropped, an OCHIN Invoiceable Visit is created for each patient.	3	3
Specialty Mental Health	21	If a patient comes in for a specialty mental health visit and sees a Invoiceable provider or if there are non-zero charges dropped for the visit, this visit creates both an OCHIN Invoiceable PM and an OCHIN Invoiceable EHR visit.	1	1

Attachment G

OCHIN Billing Service

The General Terms and Conditions are Incorporated Herein

Reserved



A driving force for health equity

**Attachment H
Inventory of OCHIN Handouts**

1. OCHIN Ambulatory Data Conversion Fields
2. OCHIN Building the Workforce to Support You
3. OCHIN Help Desk Process and Procedures
4. OCHIN Training Delivery Plan and Modules