XXX

ATTACHMENT C

State of Mississippi, Division of Medicaid (DOM)

XXX EMR Aaa and EHR Portal Solution

-Statement of Work v1.0

Prepared by XXX Inc.

Commercial in Confidence

For more information regarding this Statement of Work, please contact:

XXX Inc.

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Contents

1. Executive Summary

This Statement of Work (SOW) defines the effort involved in implementing the XXX EMR Aaa and XXXEHR Portal solutions for DOM. This SOW is made part of, and incorporated into Amendment Number Two to the Agreement by and between the State of Mississippi, Division of Medicaid (DOM) and XXX Inc. (Orion) (the "Agreement"), as Appendix C thereto. To the extent that there is any inconsistency between this SOW and the Agreement, the Agreement shall control. Capitalized terms used but not defined herein shall have the meaning given to such terms in the Agreement.

Key objectives for DOM includes:

- Provide EMR Aaa functionality to Mississippi Medicaid practices necessary for achieving Meaningful Use Stage 1 and subsequent requirements for Meaningful Use.
- Provide aggregation of patient data from practices as required by the Mississippi DOM (Division of Medicaid) in a central portal
- Provide integration with data from YYY for viewing in the EHR Portal and sending of agreed data from EMR Aaa to YYY

A key constraint of this project is the tight timeframe dictated by the fact the current vendor, Shared Health, is eliminating support of the existing MEHRS/eScript Version 7 Product as of June 30, 2013. This elimination of support for the existing Version 7 Product creates an exceptionally firm deadline for this project.

To work with the DOM to achieve these objectives, XXXwill be providing XXX EMR Aaa and an EHR Portal, which includes software installation, configuration, implementation, change management and outreach services, project management, hosting, application management services and help desk services, as set forth herein.

The XXXEMR Aaa and XXXEHR Portal includes deployment of the XXX Portal, YYY Integration Engine, centralized Clinical Data Repository (CDR), Enterprise Master Patient Index (EMPI), Direct Secure Messaging and the EMR Aaa module. In addition, integration between the YYY reporting database and the Solution will include the messaging of claims data to the XXX Portal and messaging of identified EMR data to YYY.

DOM requires the XXXEMR Aaa functionality to be presented to up to 80 Providers within the first 90 days of the project and to receive their commitment to implement and transition to the XXXEMR Aaa product. The implementation and outreach activities will focus on the enrollment and implementation of the XXXEMR Aaa. The XXXEHR Portal module and integration to YYY will be completed in parallel with deployment to production.

XXXEMR Aaa and XXXPortal functionality will be delivered over a 90 day period from the project kick off date agreed to by DOM and XXX(the "Project Kick Off"), and will be deployed in the XXXSaaS environments providing hosting and Application Management Services (AMS). The data migration from YYY to the Solution (as will begin 45 days after project kickoff date and is expected to be completed within the same window as the XXXEMR Aaa and Portal. Additional fall back scenarios will be developed during the Implementation Planning Study in the event the migration effort exceeds the estimation.

XXXEMR Aaa functionality includes:

- Templates and data entry functions for the following forms:
- Patient Registration
- Encounter History
- Nursing Assessment

    - Clinic Visit Note
    - Tobacco Use
    - Immunizations
    - Care Plan
- Problem and Allergy List
- Growth Charts
- Upload documents stored locally
- Electronic prescribing
- Educational Resources (MedlinePlus)
- Meaningful Use (MU) Quality and Utilization Reporting dashboards

EHR Portal functionality: (includes view only access for the practice user for the following)

- Audit Log access and review, User Management (create, remove and update), Authentication and Patient Consent Management and Patient Opt In/Out management.
    - Standard Portal views will include:
    - Clinician home page: my worklist, recent patients, received messages
    - Patient lists: patient demographic search, favorite searches, search results in context, recent patients
    - Patient Summary: Display of the aggregated patient data including demographics, problems, procedures, diagnosis, allergies, laboratory and pathology results, radiology reports, transcribed documents, medications, vitals, immunizations and smoking
    - Worklists
    - Ability to download documents displayed in the results view to users individual file folders for non-MEHRS users

Additional Solution functionality

- YYY Integration Engine with Health Languages for code normalization
- Direct Secure Messaging capabilities to users of the Portal and to direct email addresses outside of the Portal (HISP to HISP communications with Medicity, the State HIE vendor – MS-HIN)
- Clinical Data Repository (CDR) for central storage of clinical information (HL7/CCD)
- CCD exchange – Ability to receive and display a CCD from practices and create a CCD from the XXXCDR which can be sent back using DIRECT functionality
- EMPI Patient Index using NextGate
- End user and administration “train–the-trainer” courses.
- User Outreach and Training Services for EMR Aaa
- Video presentation of XXXEMR Aaa functionality to up to 80 Providers in order to receive approval to adopt within the first 90 days of Go Live. The Outreach team will begin deployment and transition of the approved Providers to the XXXEMR Aaa module post Go Live and data migration.
- Implementation and transition of up to 80 Providers on to the XXXEMR Aaa by June 30, 2013
- Application Managed Services (AMS) – Refer to Appendix D for Services involved in AMS
- Level 1 Help Desk Support Services

Onboarding of the remaining Providers (total 910) on to the EMR Aaa module will be completed after the first group of Providers have been transitioned. A deployment and outreach schedule will be completed by the XXXOutreach team in conjunction with DOM.

The YYY implementation will be completed in parallel with the 90 day deployment timeline of the XXXEHR and XXXEMR Aaa solution. Bi-directional integration with the existing YYY solution for the purposes of display in the XXXPortal and EMR Aaa. This will include data migration from YYY to the XXXCDR. Additional fall back scenarios will be developed during the Implementation Planning Study in the event the migration effort exceeds the estimation.

Future functionality which will be deployed based on DOM approval to proceed following the initial EMR Aaa and Portal deployments have been included. (See section 5)

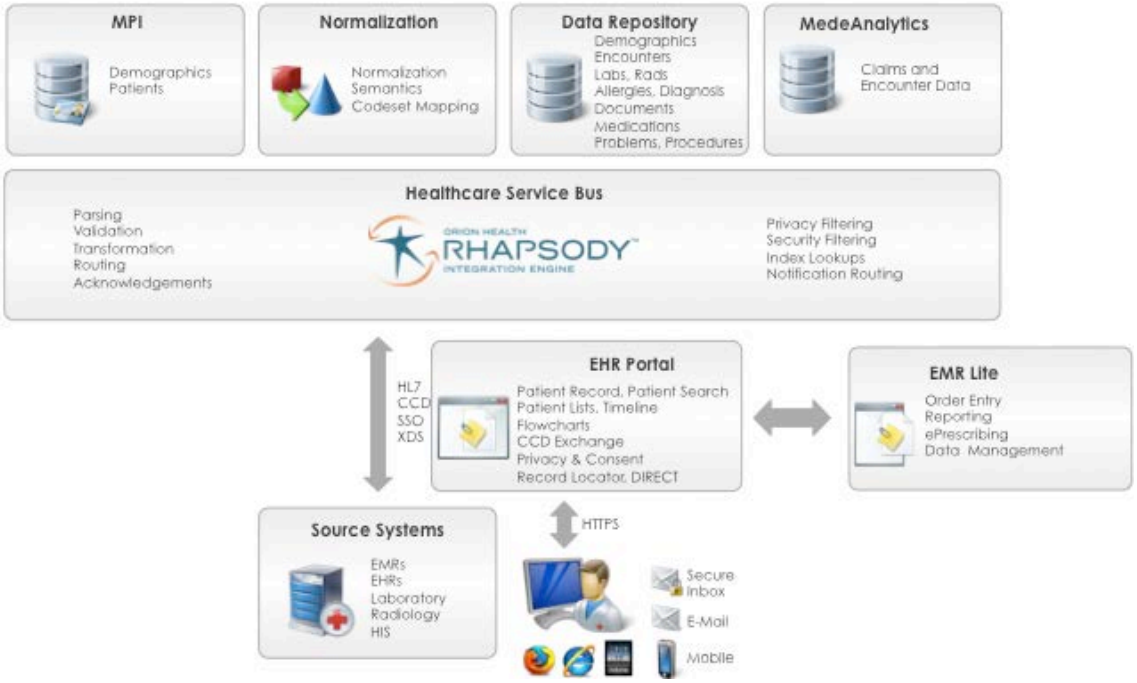
The parties have agreed the most current version numbers of Software (set forth below) will be utilized with the Solution provided under the Agreement. XXXwill provide the most current versions of Software based on a schedule to be determined by XXX. Upgrades will be provided up to three times per year according to Orion's General Availability (GA) Release schedule.

Software versions:

- XXXEMR Aaa v1.0
- XXX Clinical Portal v 7.3 (including Results Viewer v 5.0)
- XXX HIE Module
- XXX YYY Integration Engine v5.0
- XXX Clinical Data Repository v8.0
- Direct Secure Messaging v1.0
- Next Gate EMPI v7.0
- Next Gate Provider Registry v7.0
- Health Languages v5.2

2. Solution Description

2.1 Solution Diagram



2.2 XXX Software Modules

The following XXX Software Modules are included in the Solution:

XXXEMR Aaa

XXXEMR Aaa utilizes components of XXX technology to record a patient's health information and perform actions such as prescribing and ordering tests. The current release has been configured to support Stage 1 Meaningful Use certification in December 2011. The foundation of XXXEMR Aaa is based upon existing XXX technologies using Portal, Case Management, Orders, and Problem List, as well as partner technologies for electronic prescribing (Emdeon), and educational resources via MedlinePlus Connect. For ONC certification Portal is certified up to Portal 7.3. XXXEMR Aaa which utilizes Portal satisfies several objects and is listed as "Additional Software Required".

XXXEHR Portal (Portal)

Portal and Results Viewer is a web based module that provides a single point of entry to view patient specific information, including Demographics, Encounters[1] and Allergies, Medications, Laboratory, Radiology, Problems and Procedures, Transcribed documents, Vitals, Diagnosis, Immunizations and Smoking status. The portal also manages and maintains the authentication and authorization, privacy and security and auditing of user actions. The Portal supports bi-directional document exchange in CCD-format via DIRECT.

XXXYYY Integration Engine (YYY)

YYY will be used as the central messaging hub, communicating directly with YYY and completing lookups to the Health Language engine and NextGate EMPI. YYY is also utilized as part of the CCD document exchange

ONC Certification

ONC-Authorized Testing and Certification Body (ONC-ATCB) ICSA Labs, an independent division of Verizon, has certified two key components of the XXX Portal and YYY solutions against Stage 1 Meaningful Use objectives. The following XXX products have completed Certification for MU EHR modules:

- XXX Clinical Portal v7.3
- YYY Integration Engine v5.0

XXX Clinical Portal version 7.0 has attained both Complete Ambulatory EHR Certification and Modular EHR Inpatient Certification under the ONC-ATCB 2011/2012 EHR Certification Program. XXX YYY Integration Engine version 4.1 has attained Modular EHR Inpatient, and Modular EHR Ambulatory Certification. EMR Aaa which utilizes Portal satisfies several objects and is listed as "Additional Software Required"

XXX Clinical Data Repository (CDR)

The CDR will store clinical information, using standard models, received via YYY for the purpose of making it available for viewing within the Portal when a request to query a patient has been completed via EMR Aaa or the XXXEHR.

The XXXCDR will also be utilized to store data received from YYY via HL7 messaging to provide an aggregated patient record in the Portal. Phase One deployment of CDR will include the data identified in section 4.2.6. An additional phased deployment will include the ability to breakdown inbound CCDs. Refer to Section 5 Future Scope

XXX EMPI

The Enterprise Master Patient Index (EMPI) will reconcile patient information from multiple source systems for use in the XXX solution. All patient identifiers sent through will be stored in the EMPI and

[1] Encounter: *Any procedure, diagnosis, medication, lab result or other event that shares the same primary diagnosis for the same day from the same provider.*

algorithms and tuning will be completed in order to provide a Record Locater Search. Note the EMPI deployed by YYY will be the source of truth for all patient identifiers integrating to the XXXEMP.I. Both XXXand YYY understand that there will potentially be a MSDOM eMPI installed in the future. Integration to this eMPI is not part of this SOW.

Direct Secure Messaging

Utilizing the Portal User Messaging function, a user may send a secured message with attached detailed patient information and selected documents or results from the document tree. The secured message may be sent to another identified DIRECT user of the Portal, and to DIRECT email addresses outside of the Portal to other recognized, certified HISP locations (HISP to HISP communications). Connectivity to MS-HIN and the Medicity HISP will be included in the initial deployment

3. Approach

The XXXSaaS Services and tasks identified in this SOW will be deployed using 4 full-time Implementation Consultants, a Project Management team including Project Director and Project Manager and the XXXChange Management/Outreach group. The team will work predominately off-site at XXXfacilities but are available to be on-site during those project phases that are best done as a group. On-site as follows; Project Kick Off, outreach and training activities and user acceptance testing and 6 monthly meetings in the initial 6 months of the project. For additional travel see Appendix H for DOM travel policy. The project start date will be the Project Kickoff Date, unless otherwise agreed to in writing by the Parties.

Onsite Meetings	XXXParticipants - Role
Project kickoff, including Implementation Planning Sessions	Project Sponsor, Project Manager, Solution Technologist
Outreach and Training	As needed or defined by the Outreach team
User Acceptance Testing	Project Manager, Solution Technologies, Member of the outreach team,
Monthly Project Status Meetings	Project Sponsor, Project Manager, Solution Technologist

In deploying the SaaS Services most of the activities associated with a typical project approach are already complete or are pre-determined based on the SaaS installation and the pre-packaged functionality which is deployed i.e. Orion's Solution is deployed with preconfigured user interfaces and YYY routes and the EMR aaa module is deployed with standard forms and reporting dashboards. The standard product set and functional capability reduces the project implementation timeline, where based on the readiness of the practices, integration testing can begin soon after Project Kick Off. Practices can be migrated in parallel once the core solution is deployed in test depending on resource availability and readiness.

The initial project focus will be outreach activities to a group of up to 80 Providers to receive their attestation and intent to use the MSDOM solution. Outreach activities for this initial group of providers will begin as early as possible after Agreement execution starting from the Project Kick Off Date. This activity will run concurrent to the technical implementation of the DOM solution.

Implementation of the initial group of Providers (up to 80), onto the EMR Aaa solution will be completed post the production deployment of EMR Aaa and when the data migration has been completed. All Providers (total 910) are targeted to be supported on EMR Aaa by a date agreed upon in writing by the Parties.

In parallel to the XXXEMR Aaa rollout, and the implementation of the XXXPortal the integration of the XXX Portal to the YYY solution will be completed within the 90 day implementation period. This will include data migration from YYY to the XXXCDR. Note: A former MEHRS user will not be able to see their patients until the XXXPortal is functioning there is no data migration planned a the practice level.

Both project streams will follow the implementation approach below.

EMR Aaa Outreach and End User training for providers will be provided by the XXXOutreach team and will lead with a "Train the Trainer" approach – Explained further, if a practice has a viable trainer

in-house, the outreach team will train that single person in the practice. Otherwise, the outreach team will train the entire staff of the practice. EMPI administration training and end-user training will be provided to DOM support staff that will be responsible for Portal end user training to DOM portal users and for administration of the EMPI. Training will include EMR Aaa, EHR Portal and EMPI Administration Training and YYY Technical training.

Implementation Approach

1. **Implementation Planning Study (IPS):** An IPS is designed to gather customer specific parameters for the XXXSolution, analyze user workflow at a high level, and specify any additional interfaces required for the Solution. Please note that this workflow analysis is not the process reengineering work that will be completed by the PSAM team (Section 7.2, Phase 2). This is more technically focused. The IPS takes the form of on-site workshops and interviews with a range of key stakeholders from the DOM. The specifications are captured in a structured format and reviewed with DOM prior to being finalized and signed off. The IPS and Project Kick Off also signify the start of the SaaS Services deployment.

   The key outputs of an IPS are:

   - Set up and installation of the XXXSaaS environment and XXXSoftware
   - An Implementation Planning document including: an executive summary documenting the objectives, any differences in scope from the SOW, governance, and approach to the project
   - Updated project plan with detailed tasks, milestones and resource plan
   - A list of potential enhancements or configuration modifications that are not part of the Solution. This list will be reviewed and priced separately, as desired

   The IPS and project plan form a blueprint for the management and monitoring of the project by the Project Manager and the Steering Committee.

2. **Scope and Requirements Definition**: During this stage the material gathered during the IPS is documented and distributed for review, resulting in a baseline functional design specification against which the Acceptance Testing will be measured.

3. **Implementation (Integration and Configuration):** This stage involves configuration of the XXXEHR and EMR Aaa solutions in the SaaS development environment. Set up of EMR Aaa practices and integration testing can begin once the configuration is completed. Deployment and transition of providers from the Shared Health solution onto the XXXEMR Aaa solution will be the initial focus with the XXX Portal deployment and integration to the YYY Solution managed as a parallel work stream. It is understood that all streams must be delivered together in order for providers to view their patient's data. During this stage the XXXteam will work with DOM to test EMR Aaa functionality before transitioning the Providers to EMR Aaa. Integration testing will be completed with YYY and DOM for the XXXEHR. Any approved custom configuration identified in the IPS will be implemented at this stage. Any interface testing will be completed in the SaaS TEST environment and a Site Specific Configuration document will be created and updated throughout the implementation. At this point all aspects of the SaaS Services will be tested including all SaaS Service features, and the start of performance, and system failover testing.

4. **Customer Verification:** Once the interfaces are enabled and tested, verification by DOM begins. This is not a traditional User Acceptance Test process as the SaaS Service installation is pre-determined. Instead, this is a verification step for the DOM to view the implementation prior to the production deployment to check 1: the SaaS configuration is operational; 2: the customer configuration has been implemented correctly and 3: the data is displaying correctly and the integration to the YYY solution has been completed successfully. Verification takes place against the functional specification produced in the scoping and requirements phase.

5. **Outreach and Training:** This will include outreach and end user training for all providers; and administration training of the EMPI functions for DOM support staff. All training will lead with a "Train-the-Trainer" approach. For providers who do not have a viable trainer in-house,

XXXOutreach team will train all staff at the clinic/practice. The Train-the-Trainer approach will be used to train internal DOM users.

6. **Production Roll-Out:** Following verification the Solution will be migrated to production, in particular EMR Aaa. The sequencing of practices to production will be agreed during the IPS stage and based on approval of acceptance testing for each practice.

7. **Production Support:** Once the production environment is available 24x7 supports of the applications, interfaces, and infrastructure begins via the AMS team, refer to Appendix D for details on the AMS Team activities. Tier 1 Help Desk support activities will also be made available from the Go Live with a period of 30 days post Go Live to allow for the transition between the XXXProject teams to the AMS and Helpdesk teams. Contact details for both support services will be provided to DOM IT staff as a point-of-contact for all issues associated with the performance and operation of Orion's SaaS Service.

4. Scope

The following functionality is in scope for the DOM SaaS Service implementation. The scope includes the XXXEMR Aaa and EHR Portal set up installation, configuration and implementation of the SaaS Service as set forth in Agreement; and functionality as documented in this SOW. Implementation of software and functionality for the initial deployment has been agreed between DOM and Orion:

4.1 EMR Aaa Scope

EMR Aaa functionality includes:

Patient Registration: Document a patient's key demographics including name, gender, DOB, contacts, next of kin, preferred language, race and ethnicity. Also capture insurance and guarantor information if known using a registration form. The actual method of initial registration will be determined during the IPS. YYY configuration can be set up to automatically register a patient in EMR Aaa while the patient is being registered in the EMPI. For former MEHRS v7 users, the registration information will be made available in the XXX Portal.

- Encounter History: Display and manage a list of a patient's inpatient and outpatient encounters
- Immunization History: Display and manage a patient's immunization history and provide the ability to add new
- Clinical Documentation: Create patient-specific notes using template driven screens, following the standard Subjective, Objective, Assessment and Plan (SOAP) format. Includes documentation of vital signs, smoking status, and immunizations
- Growth Charts: Display trended height and weight information for adults and children
- Document Upload: Add documents to the patient's medical record using Document Upload
- Standard Portal Views: View of the longitudinal patient record, worklists, results viewer, CCD exchange and other relevant functions using Portal (Refer section 4.2)
- Educational Resources: one-click access to trusted health information resources about problems/diagnoses, medications, and results in English and Spanish provided by MedLinePlus Connect.
- Problem List: Provide the ability to manage a patient's problem list and record problems using structured terminology such as SNOMED CT or ICD9 using Problem List.
- Electronic Prescribing: Provide electronic eligibility and formulary checking, drug-drug, drug-allergy checking, medication prescribing and prescription renewals through the Surescripts electronic prescribing network. The Solution will use the DOM proprietary formulary
- Reporting: Provide pre-built dashboards that measure quality metrics, and technology utilization.
    - Automated measures: Dashboards that measure a clinician's compliance and utilization of certified healthcare technology, to assist with their self-attestation for Meaningful Use.
    - Quality measures: Dashboards that calculate and support submission of quality measures. A total of nine quality measures are certified and will be deployed.

4.2 XXXEHR Portal (Portal)

4.2.1 Enterprise Master Patient Index (EMPI)

EMPI - Ability to provide a patient demographic search via the Portal. The patient demographic search will utilize the XXXEMPI including frequency analysis and other data quality analysis performed on the demographic data in the matching and tuning of the individual field algorithms and weights. The tuning is an iterative process as more demographic data is loaded. Distilled demographics data will be sent from the YYY EMPI to the XXXEMPI, with the XXXMPI acting as a 'slave' to the YYY MPI..

MPI to MPI data exchange will be investigated with more detail during the IPS sessions held during project kickoff.

- **4.2.2 Clinical Portal – Centralized Solution**
  - Access to a Provider's Homepage showing the Provider's recent patients and worklists
  - Patient Demographic search results – display first name, last name, date of birth, gender and patient IDs and identify primary care physicians
  - Patient Summary - Access to view a patient's related clinical information in the patient summary showing demographics, encounters, allergies, medications, laboratory, radiology, problems, procedures, transcribed documents, diagnoses, immunizations, vital signs, and smoking status which will be received via YYY from the DOM practices and stored in the XXXCDR.
  - Document Tree - Display of a patients related clinical documentation in the document tree for textual reports including Radiology reports, Clinical documents (e.g. transcribed reports), Pathology reports and access to laboratory results which will be received via YYY from the practices, stored in the XXXCDR and viewed in the Portal Results Viewer
  - Access to view cumulative and graph/flow sheet numerical laboratory resultsas the cumulative view of tests of the same test code via the Portal Results Viewer
  - Access to the timeline view that gives users an overall perspective of a patient's medical history using a linear visual representation of encounters, documents and problems available for that patient
  - Ability to view identified reports from YYY via the EHR Portal. The reports that are required to be made viewable in the EHR Portal are to be determined
  - Disclaimer to be added for relationship declaration. The disclaimers are based on user and patient relationship. XXXcan show one disclaimer for EHR users only or the same disclaimer for all users regardless of EHR and/or EMR Aaa roles. Note: XXXwill utilize the "Break the glass" functionality

4.2.3 Direct Secure Messaging (The Direct Project)

Direct Secure Messaging (the Direct Project) allows healthcare providers and patients to communicate with each other (point-to-point) using secure email standards. Communication is achieved via Direct secure email, the Healthcare Internet Service Provider (HISP) and the use of certificates to encrypt the information (S/MIME). Direct Secure Messaging will send encrypted information between subscribers (DOM users), including the ability to browse and search a trusted directory of providers when selecting secure email recipients. Additional services include the ability to securely send automatic notifications about patient events from the solution to the Provider's Direct inbox, ability to send a CCD or other documents viewed within the Portal to the Direct inbox, and also accept inbound secure documents and data from trusted providers and send notification of new Direct message to a non-secure email address for a user. All users need to have a direct email address in order to utilize this functionality. Connectivity to MS-HIN and the Medicity HISP will be included in the initial deployment

4.2.4 CCD Exchange

Allows the Solution the capability to

- Display a Continuity of Care Document (CCD) received from an external system
- Generate a CCD from information available in the patient's record stored in the CDR. A generated CCD (or 'Patient Snapshot') will gather patient demographics, allergies, encounters, medications, laboratory results, procedures, and problems into a CCD-compliant format the user can view, save (in XML format), print, or send via DIRECT.

4.2.5 Audit, Identity Management and Authentication, Consent Management

- Audit - Ability to audit user logins, logouts, and applications used, security overrides, and patient selections and individual documents viewed are recorded, with the date and time. Audit log data is stored in a separate audit database, which can be extracted to flat text files or Excel spreadsheets.
  - **Clinical Log** - Provides an audit log of all events performed by users in the portal, e.g., Logging in, changing password, or overriding a patient privacy restriction.
  - **Current Activity Log -** Provides an audit log of all events currently taking place in the system.
  - **System Log** - Provides an audit log of the times that an event has occurred on the portal server, e.g., shut down or start up, and the User ID of all users who have completed any activity relating to the portal database
  - **Snapshot of CCD** – DOM requires the ability to audit a CCD at the point and time the user took a snapshot of the CCD for a particular patient at any given time. i.e. the ability to go back and reconstruct the data in the CCD format that was viewed originally. Note requirement is not part of the standard SaaS deployment and requires configuration to complete the effort XXXto confirm design and impact assessment during the planning process. Change Request to be completed for approval following design completion. Delivery of this functionality is included in the price but not a priority for the initial June Go live . Timelines for implementation will be agreed during phase one.

- Consent Management - Patient consent flags are set manually in the XXXPortal or are received via HL7 ADT transactions (via YYY). The ability to opt-in and opt-out is recommended to be supported through an electronic flag via the demographic information stored in the Next Gate EMPI. The opt in/out flag can also be manually completed via the XXXPortal (by MS DOM Staff) using a consent UI screen. The opt in/opt out indicator will be provided in the messages received from YYY. The XXX solution supports both opt in and opt out and for the initial deployment it is assumed the policy will be opt out, i.e. all patients have opted in unless they specifically request to opt out. Any Opt- Out or Opt-In performed at the XXXportal will be transmitted back to Mede

- Identity Management and Authentication - Portal authorization and authentication when logging into EMR Aaa and the Portal will be utilized. Authorized users can log directly into the XXXEHR. User authorization is used to define what groups or roles the user belongs to in the XXXEHR, which can restrict or allow access to certain functions within the portal. A standard groups and roles matrix is shown in Appendix A. In addition the HealthCare Operations role for MS DOM will be able to see patient related data for eligible patients only. A Case Manager role can be configured based on codes considered sensitive. Roles can also be based on source i.e. claims that came from DOM will be the only data visible for all DOM users. Authentication in the XXXsolution is implemented using username and password, XXXwill provide the standard password policy and the roles and groups will be determined as part of the design phase. Bulk loads of user data can be completed. Refer to Helpdesk activities in Appendix D of this SOW
- Inactive users should be disabled after 90 days without use, and the number of **active** users should be used against the target of 910 total users.

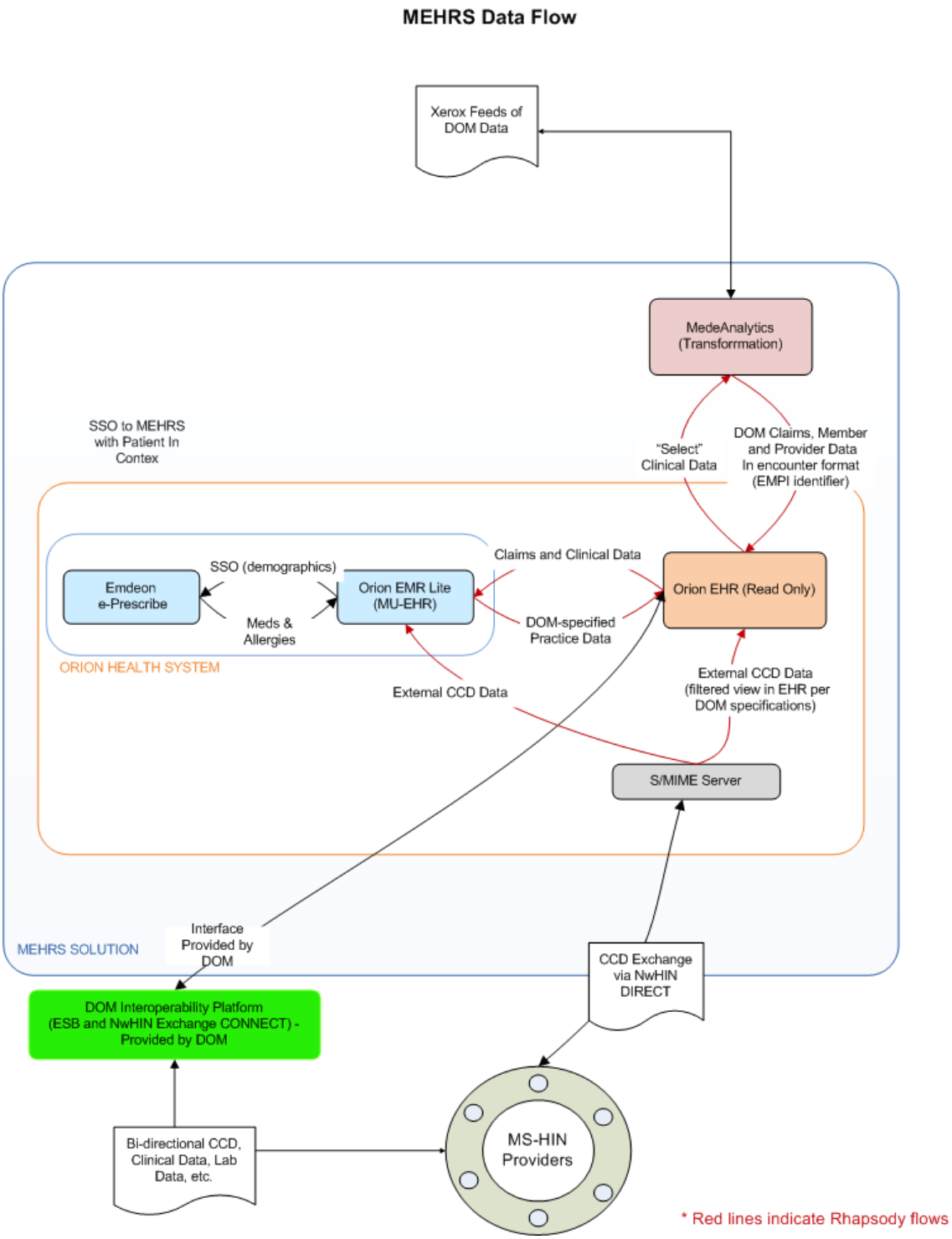
- DOM utilizes a smart card two factor authentication system that internal DOM users would need to integrate access. Integration with the two factor authentication system will be completed as part of the Portal deployment. Delivery of this functionality is not a priority for the initial June go live . Timelines for implementation will be agreed during phase one.

4.2.6 XXXEHR Portal Clinical Data Repository (CDR) and YYY Integration

The XXXEHR CDR, will store the following HL7 v2.x message types ADT, ORU, ORM, MDM, RDE VXU and CCD message, which include data for demographics, encounters, allergies, medications, laboratory, radiology, problems, procedures, transcribed documents, diagnoses, immunizations, vital signs, and smoking status with a Record Routing/Return Receipt and Transaction Logging using YYY. EMR Aaa has a separate database for each Practice set up. The following Clinical data will be stored and messaged:

- Clinical data entered into EMR Aaa from each Practice will be sent via YYY and stored in the XXXCDR.
- Data stored in the CDR from EMR Aaa users will be sent via YYY to YYY the format can be HL7 or CCD. Note: the YYY supplied record is the source of truth for demographic data. Clinical data to be sent back from the XXXCDR to YYY is yet to be determined and will be confirmed as part of the implementation planning and design phase.
- Claims and other clinical data types currently stored in YYY will be sent via YYY to the XXXCDR via HL7 v 2.x. Refer to Appendix C for data currently stored in YYY. The types of data to be sent to the XXXCDR will be confirmed as part of the implementation planning and design phase.
- Data Migration of Claims - The system shall load three years (36 months) of MMIS and PBM claims line history per patient and shall permanently retain all lifetime claims and 7 years of eyeglass claims. YYY will provide the claims information to the XXXCDR, a data migration from YYY to the XXXCDR will be required to be completed for the current data held by YYY. Up to 36 months data will be available in the XXXCDR and available to display via the Portal sent from YYY
- Source will be displayed for all clinical information in the portal if received from YYY or from a CCD or via EMR Aaa

The proposed data flow between the XXXand YYY solution is shown below.



Note: Items in the green box are future state and are out of scope for this project.

The table below shows the standard data sets the CDR initially deploys with as part of the standard SaaS Services. YYY will be sending claims data which is in addition and includes other clinical data types to the XXXCDR via YYY using HL7 v 2.x messages types. The version of HL7 will be defined during the project's requirements phase.

Terminology Services using Health Language content sets and mappings will be deployed for normalization of the following:

- LOINC – Labs
- RXNorm with NDCs – Medications
- ICD 9/10 and/or HCPCS and/or CPT4 - Procedures
- ICD 9/10 and/or SNOMED - Problems

Mappings available are:

- ICD9 to Snomed CT
- Snomed CT to ICD9
- Snomed CT to CPT4
- CPT4 to Snomed CT

XXXwill support ICD9 and ICD10 codes, which are sent through via messaging. Depending on what code-set is sent through in the messaging either code will be displayed. In regards to mapping from ICD9 to ICD10 this is currently out of scope.

Type of Data	HL7/message Type – HL7v2.x	User Interface (Front end View)
Patient Demographics	HL7 v2.x– ADT Demographics to EMPI	Homepage Patient Search Patient Summary - Demographics & Emergency Contacts
Encounter History	HL7 v2.x – ADT (PV1 segment) Inbound	Patient Summary – Encounter History Windowlet
Laboratory Orders &Results	HL7v2.x– ORU/ ORM	Document Tree/Results Viewer Lab Results normalized to LOINC
Radiology Orders &Reports	HL7 v2.x– ORU/ORM	Document Tree/Results Viewer
Allergies	HL7 v2.x - ADT (AL1 segment) Inbound	Patient Summary - Allergies Windowlet Normalized to SNOMED
Diagnosis	HL7 v2.x – ADT (DG1 segment) Inbound	Patient Summary – Encounter History Windowlet
Medications (Current Inpatient	HL7 v2.x- RDSO13, RDEO11, RAS017 and	Patient Summary – Medications Windowlet Normalized to RXNorm (NDC)

Type of Data	HL7/message Type – HL7v2.x	User Interface (Front end View)
and historical)	OMPO09 – Inbound	
Immunizations	CVX	Patient Summary – Immunizations Windowlet
Problems	HL7 v2.x - PPR	Patient Summary – Problems Windowlet Normalized to ICD 9/10 or SNOMED
Procedures	HL7 v2.x - ADT (PR1 Segment)	Patient Summary – Procedures Windowlet Normalized to ICD 9/10 or CPT4
Claims	HL7 v2.x 837	Patient Summary – Claims Windowlet Member and Provider Data in Encounter format
Vital Signs - Smoking Status	HL7v2.x – ORU (OBX Segment)	Vital signs Windowlet

4.3 New Practices to EMR Aaa

New practices connecting to EMR Aaa will be required to complete a Readiness Task Order that will set out specific guidelines for how the Practice will join. A readiness task order will be completed by the PSAMs. It is anticipated a minimum of two weeks should be allowed for set up of the practice with EMR Aaa. The XXXOutreach team will provide direction to the practices for joining, DOM will work with the XXXOutreach team to determine priorities for on-boarding the Practices and provide the list of the initial group of Providers (up to 80) which will be contacted and prepared for the transition to EMR Aaa by June 1, 2013 solution Go Live. During the project implementation planning study phase the Task Order template will be validated and improved upon as appropriate. DOM's target is to have the initial group of Providers (up to 80) identified and approved to use EMR Aaa as per MU requirements for Practices to be touching and using the system by June 30, 2013 of their training and on-boarding activities. The remaining Providers will be transitioned to EMR Aaa by a date agreed upon in writing by the Parties. Refer to section 7 for further outreach and training activities.

4.4 Differences between EMR Aaa and XXXEHR

XXX's EMR Aaa is designed to support physicians and other clinicians in managing their patient records electronically. The XXX EMR Aaa also enables the physician to meet Federal Meaningful Use criteria. It is a browser-based solution, tightly integrated into the EHR clinical portal interface and provided as a Software as a Service (SaaS) model, meaning there is no installation or maintenance necessary. The EMR Aaa leverages XXX's standard EHR functionality such as: the ability to view the longitudinal patient record, contribute to the patient record, order laboratory and radiology tests, manage allergies and problem lists, as well as prescribe medications. EMR Aaa also includes preconfigured dashboards for measuring adherence to several Clinical Quality Measures and automated measures that clinicians must report for Meaningful Use incentive payments. As it is modular in design, it offers a flexible solution that can be deployed and subscribed to as needed for each provider.

Feature	XXX EHR	XXX EMR Aaa
View of longitudinal record, aggregated from multiple sources	x	
Patient worklists	x	x
Notifications	x	
Results Viewer	x	x
CCD Exchange, Generation	x	x
Patient registration via feeds	x	
Patient registration via form input		x
Patient appointments	x view	x entry
Encounter history	x view	x entry
Immunization history	x view	x entry
Immunization exchange to registry		x
Clinical Documentation (visit note, vitals, care plan, tobacco etc.)		x
Growth charts		x
Document upload		x
Patient educational resources		x
Problem list	x view	x entry
Allergy list	x view	x entry
Procedure list	x view	x entry
Medication list	x view	x entry
Electronic prescribing		x
Order entry		x
Task Management		x
MU Dashboards		x

Note: For Problems, Procedures and Medications. This data will be received from Mede and processed to populate the XXXCDR. The XXXEHR will pull this CDR data for a view only display (as indicated in the table). In addition the user will also have the ability to manually enter this data into the system via the EMR Aaa functions. The information will be sent back to Mede via a YYY route.

5. Future Scope

Future functionality identified to be deployed following the EMR Aaa and XXXPortal deployments include the following functionality. Note these items are out-of-scope and are not part of this SOW or pricing provided by XXX. A Change Request or new SOW will be completed for each item based on a formal request from DOM

- Implementation of MS-HIN interfaces such as ADT, Lab results, Rad results, MIIX (immunization registry at Public Health).
- The capability to receive inbound CCDs with trusted and untrusted data to be broken apart.
- DOM will add an EMPI later in the timeline.

6. Testing

Interface Testing
All interfaces configured by XXXwill be tested with DOM to ensure data transfer is working properly and following the established security protocols. Testing will be completed by the DOM team in the SaaS test environment provided by Orion. XXXwill conform to the testing and governance processes established jointly by XXXand DOM, which will include validation and verification of the data received through the interfaces and displayed in the XXXsolution. Upon successful conclusion of testing, DOM will be requested to formally accept the interfaces and agree to move forward with Acceptance Testing.

Acceptance Testing
Upon completion of the SaaS Services at agreed milestones during the implementation or at such other date mutually agreed to in writing by the parties, XXXshall certify in writing that the Solution is functioning properly and is ready for acceptance/verification testing in accordance with the Acceptance Test Criteria. DOM will be required to complete acceptance testing in the test environment and shall have no more than twenty (20) business days from receipt of such certification ("Notification Period") to test and inspect the Solution before the move to production is completed. In the event the DOM's time to test and inspect impacts any other delivery by Orion, the DOM understands that additional charges may be required to complete the work by the current time lines required by DOM. In the event DOM reasonably determines that the Solution does not conform substantially to the Specifications, DOM shall notify XXXin writing during the Notification Period detailing how the System does not substantially conform to such Specifications. XXXshall re-perform such non-conforming services or correct such deficiencies at no additional charge. In the event DOM notifies XXXof any deficiencies within the Notification Period, the acceptance procedure set forth in this Section 6 shall be repeated for a reasonable period of time until substantial conformance with Specifications has been achieved.

Acceptance Date means the earlier of (i) the date that DOM provides XXXwith written notification that the Solution substantially conforms to the Specifications or (ii) the end of the Notification Period in the event DOM fails to notify XXXthat the System does not conform during the Notification Period.

Acceptance Test Criteria Acceptance Test Criteria will be defined based on the following:

- Specific Acceptance Test criteria will be agreed to in writing by DOM and XXXprior to the start of acceptance testing, including provisions for assigning priority levels and dispositions to issues
- Standard functionality described in this SOW will have its own test script and validation process
- XXXwill provide expertise and testing support during test cycles to adjust the SaaS Service configuration needed in order to expedite problems or issues that arise during the test cycles
- Test results will be documented and DOM will provide final acceptance of performance and verification of data of the SaaS Service
- It is expected that not all use cases will be tested at the same time. Those use cases that are added incrementally and made available to the SaaS Service but are not implemented during this phase will be expected to go through an Acceptance Test process prior to general release

Exception Handling—Resolution of Problems not identified by Testing

XXXand DOM acknowledge that there will be situations in which the implemented and operational Solution may fail due to elements of the solution not working or behaving in the way anticipated. To address properly, each situation must be reviewed and categorized according to assessment findings. Each category of problem has been associated with a resolution strategy.

Category	Resolution Strategy

Requirement Not Identified	Change Order to add requirement and complete the implementation
Requirement Not Defined Properly	Change Order to add and/or revise requirement and complete the implementation
Software Defect	Assess Cause; Utilize defects management approach if DOM project team needs to correct or if a Change Order issued to fix
Incomplete/ Incorrect Configuration and/or Coding	Utilize defects management approach if XXXto correct
Error on Part of practices	Change Order to add requirement and complete the implementation: Note Practices will not be involved in adding requirements any additional requirements will be provided by DOM for an impact assessment and approval

7. Outreach and User Adoption

The XXXOutreach team will provide outreach and training activities for DOM internal users and the external providers.

High Level Milestone List	
Date	Description
April 30, 2013	Solicitation with EMR Aaa presentation complete for first 80 providers
June 30, 2013	Process Analysis and Training completed for first 80 providers
July 31, 2013	Revisit 80 providers and provide additional support to use EMR Aaa
Nov 30, 2013	160 providers solicited and potentially on the solution
March 30, 2014	240 providers solicited and potentially on the solution
June 30, 2014	320 providers solicited and potentially on the solution
August 30, 2014	500 providers solicited and potentially on the solution
November 30, 2014	580 providers solicited and potentially on the solution
March 30, 2015	660 providers solicited and potentially on the solution
June 30, 2015	910 providers solicited and potentially on the solution

7.1 DOM Staff Training

Training for deployment of the XXXEHR Portal to DOM staff will be completed by the XXXChange Management and Outreach team and includes:

- End User Training for EMR Aaa and XXXEHR Portal
  - Train the trainer – training roles that will access and work with the system as part of their day-to-day workflow including internal DOM users (72) for the XXXEHR Portal
  - Training manuals for end-users
- XXXAdministration Training will be provided to identified DOM Support Users for the following
  - EMPI administration
  - Auditing logs
  - Patient opt out process

7.2 Provider Engagement

The EMR Aaa Clinical Adoption & Change Management Services offering is divided into two phases for the DOM implementation across the five districts of Mississippi, including a Provider Outreach phase, and a Solution Adoption Phase.

XXX will assign five (5) Provider Services Account Managers (PSAM) to the implementation activities in the state of Mississippi. They will report to the Director, Clinical Adoption & Change Management

Services, and are responsible for Provider adoption of XXXEMR Aaa. Each Provider Services Account Manager will be assigned their own regions and will have their own Providers to target; however, the Provider Services Account Managers may also be shared with other regions based on the successful marketing outreach and numbers of appointments set. The primary responsibility of the Provider Services Account Manager is to make initial contact, enlist interest in using XXXEMR Aaa (part of the Provider Outreach Phase), and follow through on the Solution Adoption Process outlined below, which includes process reengineering, training, clinical integration and follow up support (part of the Solution Adoption Phase).

Scheduling and delivery of these activities are the responsibility of the Provider Services Account Managers, with the support, as required, of the extended Clinical Adoption and Change Management Services team in North America, to meet deadlines. Follow up training and/or support will be provided through webinars, onsite visits, phone calls, and email correspondence with the Provider Services Account Manager staff and XXX 1 Help Desk.

The Provider Services Account Managers will track all of their Provider information within the XXX WOKI (Where XXXKeeps Information) dedicated space. All contact attempts and logs with providers will be documented within the WOKI. The WOKI is accessed through the XXX servers and is accessible 24/7/365 via secure VPN connection for all Provider Services Account Managers. This documentation will be used to provide reporting to the XXX Project Management Structure, Division of Medicaid, and Providers.

Engagement Strategy:

The Provider Services Account Managers will be assigned quotas (or goals) and will be monitored to ensure project success. The goals are specific numbers of providers who will be registered and taken through the Provider Approach and Solution Adoption process (as described below) of EMR Aaa. Specific individual / regional goals are defined as follows:

The five (5) PSAMs will complete Provider Outreach within their designated region for (up to a total of) 80 Providers cumulatively over the 90 days of implementation and data migration. They will complete the Solution Adoption phase for these initial Providers over 3 months post implementation.

Thereafter, the PSAMs will be responsible for completing the Provider Outreach and Solution Adoption process for up to a further 830 Providers cumulatively within the Term. The roll-out plan will be forthcoming during the implementation phase.

The two phases of Provider Outreach and Solution Adoption are described below:.

Phase 1 : Provider Outreach

The first phase includes provider outreach to explain XXXEMR Aaa by the PSAM team. A demonstration of the capability, functionality and positive impact of the solution will be provided using a PowerPoint presentation. In addition, information to equip the Providers to make a decision to sign up for XXXEMR Aaa will be provided. The main goal of this phase is to interest the Providers in the XXXMeaningful Use certified XXXEMR Aaa and acquire commitment to implement and use the XXXEMR Aaa.

Phase 2: Solution Adoption

The second phase involves several components of a clinical adoption plan. Some providers will be moving from an existing legacy system to the EMR Aaa MU certified XXX Solution. Other providers will be moving from an entirely paper based system to the electronic system. Tailored transformation service is required for each type of scenario. The overview of components in the clinical adoption plan is as follows:

- *Kick-Off Meeting:* Demonstrate solution capability with a demo (live) solution to the providers.
- *Readiness Assessment:* Determining the readiness of the practice to accept the new solution, and creating an plan for solution adoption with key staff at the site.
- *Education:* Educating on every step in the process to successful adoption of the solution resulting in the signing of a Agreement that would be used for the Incentive Payment attestation.
- *Process Reengineering:* Analysis and recommendations for moving seamlessly from As-Is to To-be processes
- *Clinical Integration (unique to each site):* Configure Clinic Visit Note, Superbill (if desired), Ordering Items
- *Key Clinical Data Aggregation and Transfer:* Templates for consolidation; support with transfer of data
- *Training:* Train the trainer; training of staff at the site as required
- If data migration is required by a Provider the service may be offered at the Provider's expense and based on availability of the PSAMs and scheduling needs of DOM. The PSAM will work with the Provider to scope and estimate their needs.
- Prioritize the list of Providers into three buckets, High (delivered no later than June 30) Medium, and Low.
  - Current user of the eprescribe component of MEHRs / escript.is High priority
  - Current user of MEHRs because of no other EMR or PMS is High priority

Each of these components is explained in more detail with the information provided below.

- **Education:** The following modules are seen as critical to successful adoption of EMR Aaa. In addition, these modules walk the staff at the site through what they can expect every step of the way:

  a. EMR Aaa and Meaningful Use Certification
  b. Aggregation of key clinical data and readying it for transfer
  c. Maintaining the EMR Aaa and avoiding slipping back to paper filing of clinical data (as per site requirement)
  d. Data Quality – educating on good data quality in the EMR Aaa and how to maintain this.

- **Process Reengineering:** The basic pieces of process reengineering are as follows and are required to ensure that new processes are reflective of seamlessly integrating the new EMR-Aaa solution in to the environment:
  a. Capture As-Is processes at the clinic
  b. Work with clinic staff to create To-Be processes with EMR Aaa as the source of truth
  c. Understand and complete necessary logistical changes at the clinic
  d. Eliminate paper filing/ legacy system for clinical data
  e. Confirm EMR Aaa can be maintained as the single source of truth for clinical information.

- **Clinical Integration:** This is a unique exercise in configuration of the solution for each site.
  a. Clinic visit note
     - What parameters the nurse/physician want to record, assess
     - What automatic fields need to be generated

b. Superbill configuration (if requested)
    - Do rendered services need to be reflected in the options
    - ICD codes matching for healthcare claims
c. Order Lists
    - If there are generic configurable order sets (by role or site)
    - Specific orders that have to appear on the list as options

Training: Will fall in the following categories and services. The approach is to lead with Train the Trainer. However, if the practice or site does not have a viable trainer, the PSAM is responsible for training all staff.

a. Basic Train the Trainer Training on using EMR Aaa or direct training by the PSAMs
b. User Manuals for EMR Aaa
c. Training outline and agenda for trainers use in future
d. One pager cheat sheet on using EMR Aaa
e. Registration of users to the online XXXEMR Aaa resulting in the signing of a Agreement that would be used for the Incentive Payment attestation.
f. DOKI (XXX client documentation repository) space with information updates and a place to post questions regarding EMR Aaa.

8. Scope Exclusions

The following services are identified as being out of scope for the DOM implementation:

- Historical data migration or back-loading of data from EMR Aaa users source systems is excluded from this SOW. It is assumed any data currently held by the providers in their existing systems will be manually entered into EMR Aaa by the practices based on each practices needs. Note: Former MEHRS users will have their data in the XXXPortal as passed over by Mede. This situation will apply to non-MEHRS users, and will be handled on a case-by-case basis.
- Reporting and Analytics on the clinical data will be completed using YYY for MS DOM data from DOM and for data sent from the XXXCDR
- Changes requested to the existing Solution (and Software incorporated therein) will need to be submitted separately, if required, by DOM as a Change Request. XXXwill estimate the work effort and provide an anticipated delivery timeline for approval by DOM before any modifications are made. This includes, but is not limited to, the following:
- Any additional functional changes not stated in this SOW i.e. customizations to standard EMR Aaa or Portal standard views
- Any additional source systems not stated in this SOW
- Any additional reports not stated in this SOW
- Changes to existing Solution (and Software incorporated therein) deployed for DOM. XXXSoftware releases are completed every four months. Software changes will need to be completed separately if required by DOM as a Change Request and scheduled into one of the three-yearly Software releases.
- Implementation of additional XXXSoftware modules will be documented in a separate SOW as requested.

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9. Assumptions

The parties understand that if any of the following assumptions prove to be incorrect or if DOM does not fulfill any DOM obligations, then a Change Request may be initiated in order to adjust the scope and/or pricing if applicable. The parties will work together to address any impacts to this SOW, which will be documented via the change process.

The following assumptions have been made:

- Messages will be sent through in HL7 v2.x or CCD HITSP C32from YYY to the XXXCDR
- XXXwill procure and maintain the hardware of their choosing for all environments based on the ability to adhere to the parameters established in the SaaS Service Levels in Schedule 7of the Agreement
- DOM will provide production quality data to XXXfor testing purposes. The format and quantity will be agreed by both parties
- Performance testing of the overall integrated solution is part of Orion's SaaS Service and is included in the scope of this SOW
- DOM will be responsible for any development, if necessary, on their existing software and systems to effectively integrate the Software.
- For MS DOM internal users XXXwill provide Train the Trainer sessions and documentation for XXXcomponents. DOM will then complete internal DOM user training
- DOM will provide timely acceptance of all deliverables and responses to the XXX Project Team when information, assistance or access to resources is requested, all in accordance with the Project Plan
- Signature approval and acknowledgements are required by DOM for the following deliverables:
    - Acknowledgement of the installation and configuration of SaaS Service
    - Completion of Acceptance Testing for each agreed milestone
- Additional functionality or integration requirements not captured in this SOW will require formal acceptance to proceed by both parties through a Agreement addendum or approved Change Request.
- DOM will provide the appropriate project resources including but not limited to Project Manager, Technical Lead, Technical and Clinical Subject Matter experts, and End User Trainer (for internal DOM Users), as needed. The resources will be confirmed following agreement to proceed with the implementation
- In deriving the estimates and project schedule, it was assumed that DOM will be providing an overall Project Manager for this effort. As such, it was determined that XXX will appoint a Project Manager (100%) to work in conjunction with the DOM Project Manager
- Data Stewardship of the EMPI i.e. for administration of merges, duplicates will be owned by DOM. XXXwill provide an Administration role to access the SaaS Service production environment to complete these administration tasks
- XXXwill provide a Technical Support Organization for DOM IT personnel in regards to the SaaS Service
- The project start date will be Project Kick Off Date unless otherwise agreed to in writing by the Parties

- It is assumed all parties will work in unison to achieve the agreed project plan and delivery timeline. Delays caused by DOM during the project may adversely affect Orion's ability to deliver and may result in additional expenses
- No change to this SOW will be made by DOM or XXXunless mutually agreed to in writing by both Parties
- If XXXfails to complete its obligations in a timely manner, and such failure directly results in DOM's ability to fulfill its obligations as agreed to hereunder, DOM will not be in breach of this SOW
- No work or activity except that which is specifically set forth herein shall be considered within the scope of this SOW, except that XXX will also be responsible for any work or activity reasonably related and necessary to the performance of any of the Services and reasonably anticipated to be within the scope of the Services.

10. Project Deliverables and Responsibilities

10.1 XXX

XXXis responsible for the following deliverables as per the information presented in this SOW:

- Provide a Project Manager (100%) and project team and provide written progress reports each week detailing the status of the implementation services
- Coordinate and complete XXXimplementation tasks as specified in this Statement of Work or otherwise agreed to by the parties, including implementation and delivery of the Solution in substantial conformance with the Specifications
- Data hosting for the Solution, Health Languages and EMPI
- Fully managed and monitored services for all SaaS Service environments and configured products as specified in this Statement of Work and the related Agreement
- Provide Outreach and User Adoption services identified in Section 7
- Provide Tier 1 Help Desk Support to support both DOM internal users and Providers refer to Appendix D

Document Name	Description
Product Documentation	Detailed product documentation for the solution to be installed at DOM. Access to the XXX Doki (Doki is the XXX portal for access to all XXX product documentation) will be provided to DOM resources. The Doki holds both product, user, system administration and technical training administration guides. Note: User training guides can be distributed to relevant stakeholders. Technical documentation needs to remain within DOM
Readiness Task Order	Task list for determining readiness of Practices to join EMR Aaa – Note readiness assessments will be completed by the PSAMs
Implementation Planning Study	System Requirement Specification Interface Specification Implementation Plan
Site Specific Configuration Document	Describes all the solution configuration elements used to deliver the functionality and make it DOM specific. Will be provided following Acceptance Configuration management Solution design document
Project Management Plan	
Project Management Reporting	Weekly Project Progress and Budget Reporting Monthly Staffing Report (additions/turnover)
SSAE16 Audit report	SSAE16 Audit report on Orion's hosting partner to be completed annually and provided to DOM on request pending a NDA signed between DOM and Orion's hosting partner - Logicworks. Refer to Appendix D for AMS responsibilities
Training Materials	**a.** Training Plan **b.** Documentation for the Train the Trainer sessions **c.** Application Overview

	d. Features & Benefits **e.** MEHRS eScript CDS **f.** MEHRS eScript System **g.** MS Division **h.** eScript
Project Transition to Operations	
Hosting	Information Security Business Continuity and DR Plan Test Plan
Separation Plan	A detailed plan to transition at the end of the Agreement, regardless of how it is terminated; This would not be written 'til termination is near

10.2 DOM Responsibilities

Managing Patient Opt-out Flagging a patient as “Opt Out” requires administrative access to the security module of the SaaS Service. As such, it is not possible for practices and users to identify a patient as “Opt Out” the administrator capability will exist with DOM personnel only. Thus, DOM will need to be responsible for processing all “Opt Out” requests in the Solution based on the provided Consent management screen.

Managing Patient Consent is the responsibility of DOM as per the consent requirements in this SOW

Data Stewardship As part of the identify management function, reconciliation of the patient and provider identify conflicts that may occur is the responsibility of DOM. Periodically, the EMPI may not be able to reconcile patient and provider identities and conflicts will occur. As such, manual review and resolution will be required by DOM to correct these conflicts. XXX will provide administrative access to the EMPI and training to DOM so these conflicts may be resolved. In addition, periodically, Participating Organizations may add new clinical codes to their system that are not recognized by the Health Language terminology engine. As these conflicts occur, DOM will be asked to work with the Participant to reconcile the coding.

11. Project Teams

11.1 Project Roles

The following table displays Orion's proposed project team and their associated areas of responsibility. The roles listed below include key staff members who provide leadership for the team. Other members will be added as required, to work with these individuals.

Role	Responsibilities
Project Director	Manages the customer relationship Represents the escalation point. Coordinates and builds relationship to meet the needs of the Account Manager and DOM from a project perspective Provides senior leadership and guidance to the project team, as required. Provides oversight of all planned deliverables and issue resolution.
Project Manager	Responsible for all Project deliverables and timing as outlined in the Project Schedule and the Project Charter Serves as the main point of contact regarding any day-to-day Project activities.
Solution Architect	Defines cohesive solutions to support defined requirements. Oversees the Solution build out and Solution verification.
Implementation Consultant(s)	Assists in requirements gathering of customer specific parameters for the Solution offering, analyzes user requirements at a high level, and specifies any interfaces required for the Solution. Performs configuration, unit testing and system testing tasks. Documents Project configuration in the Site Specific Configuration Guide.
Trainer (s)/Change Management	Creates the Training plan, all training documentation and tools for training, and facilitates the training sessions. Delivers the Train-the-Trainer training on XXXdeliverables. Works with DOM on the User Adoption Strategies

Orion's approach is to form a joint project team of DOM and XXXresources. The roles required on DOM part are listed below. These are all part-time roles, required periodically during the course of the implementation.

Role	Skills/Competencies
Executive Sponsor/Business Owner	Responsible for business relationship, resolving escalated issues from project team
Project Manager	Experience in managing project teams Experience in successfully delivering large projects Experience in estimating Experience in risk management Strong communication skills Primary Point of Contact for Orion

Role	Skills/Competencies
Technical Architect	Responsible for overall architecture of the Solution and how it fits within the established DOM framework and best practices.
Trainer	Experience with training both technical IT staff and end users Willingness to be involved in the project to gain "super user" knowledge Good relationship with both clinical and IT staff
Testers	Knowledgeable of the needs and requirements of the project Good attention to detail Ability to make validate functioning solution
Clinical experts – Doctors, Nurses	Knowledgeable of the needs and requirements of the project Clinically respected by peers Interest and/or competence in clinical informatics and technology Ability to make decisions that are representative of the general clinical view Strong communication skills Have time available to be involved in the pilot projects
Authorized Technical Support Contact	Serves as single point of contact after the transition to support; commonly participates in the project as an analyst or developer.

11.2 Project Team Communications

XXXand DOM will establish and maintain regular team meetings and reporting. Frequency of these meetings may be adjusted relative to the project and the tasks and expectations at hand. But, communications will also be adjusted so that open communications are efficient, expedient, and identifies, reports, and resolves issues in a responsible and transparent manner with team leaders and management, and with users and executives.

Early in the project, it will be essential that meetings, communications channels, and reporting be appropriately frequent. On a project management level, daily, weekly, and bi-weekly communications will be established. Meetings with selected practices will be established as needed.

- **Weekly Meetings** – Weekly meetings will be held, facilitated by the Project Managers with the Technical Team Leads. These meetings will summarize weekly progress, status, and adjust and/or determine strategy for the coming week. Risks and road-blocks should also be raised at this point if not resolved prior to the weekly meeting. Project Manager will summarize weekly reports to be distributed to Project Executive Directors. Minimally, on a bi-weekly basis, Executive Directors can participate in these sessions as needed.
- **Kickoff Meeting** –Project Kick off will be held onsite at a determined DOM location on the Project Kick Off. The Project Kick off will go through the following:
    - Review of the SOW and Solution, demonstration of the Software
    - An IPS documenting the objectives, scope, governance, and approach to the project and any changes to scope not included in the SOW
    - A project plan with detailed tasks, milestones and resource plan
    - Project Resources, Communication, Risks and Issues and Change management
- **Initial Technical meetings** are held at this point to determine integration for the Practices identified for the initial deployment and starts documentation of the Functional Design Specification

As part of the project kick off both XXXand Mede will produce a collaborative project plan and be reviewed to ensure they are in sync with resources, dependencies and timeframes. Conflicts will be discussed and alternative plans will be created. Change Requests will be created as appropriate to track the impact, effort and cost.

12. Risk Factors

- The pricing in this engagement assumes the participation of various DOM resources to ensure a smooth implementation such as system administration, networking, testing assistance, user acceptance, and steering committee or stakeholder areas. Inaccessibility of these individuals impact on the project and may result in delays or additional costs.
- The successful implementation of the DOM initiative is dependent upon active participation and the prompt response time from all practices including all committee members and the project team. Delays by any Participant will have a negative effect on the overall delivery schedule.
- Signature acknowledgement on all customer, Project or Departmental Deliverables must be obtained in an expedient manner to ensure the project stays on schedule.
- Regular meeting attendance by all key stakeholders will be required to keep the timeline moving forward and reduce any delays which may be caused from scheduling multiple or redundant meetings.
- The scope of the project as provided in this document is finite. Any increases or decreases to the scope over time for whatever reason – new features, expanded features, complexity increase, etc. – will likely have an adverse impact to the project schedule and cost structure.
- Unforeseen illness, equipment failures, or natural disasters may negatively affect the delivery schedule.
- Development Environment availability – Ensure development and test environments are set up and made available to XXX Project team before implementation begins including remote access.
- Lack of Clinical input and representation effective uptake and usage of EMR Aaa– Ensure clinical representation is included on steering committees and during implementation.
- Test data not provided or not up to production quality – DOM Integration team will assess readiness and will communicate the need to provide production quality data.
- EHR and other system vendors are unwilling or unable to work with the DOM /XXXTeam to incorporate into physician workflow (i.e., additional tab on screen, single sign on, data feed).

13. Change Control Process

12.1 Project Change Request Management

If DOM requests modifications that deviate in any material respect from the specifications herein, including any changes to the scope of work, resource availability or timing of decisions, DOM shall submit to XXX a written Change Request containing (a) description of need and expected results of deliverable, (b) such revisions in detail, (c) a request for a price quote for each change and (d) a request for impact to schedule. XXX shall evaluate the Change Request and submit to DOM for its written acceptance a proposal for undertaking the applicable tasks including (w) XXX's understanding of the requested need and expected results of the deliverable (x) a price quote reflecting all associated fees (y) the timeframe to do the request and (z) impact to the project. The Change Request procedure set forth in the Agreement shall govern.

Change Requests will be priced in accordance with the blended hourly rate listed in the Agreement. XXX shall not be obligated or authorized to perform, and DOM shall not be obligated to pay for, tasks related to changes until mutually agreed to in writing by the parties in an amendment or change process form to this SOW.

12.2 Environment Control and Software Change Management

XXXwill be responsible for change management for the Software, including reporting and tracking of changes to the Software, conducting and attending change management meetings with DOM as the parties mutually agree, performing changes during a designated maintenance window (or other time period and duration agreed upon in advance with DOM), notifying DOM of any planned outages of the SaaS Service with sufficient lead time for DOM to prepare all participating entities for the outage if not in an emergency situation, testing and certifying all Software changes prior to implementing them in the SaaS Services, including to assure the integrity of the data used in the Solution. XXXwill follow a formal process for changes that could affect the Software ("Change Management"), which has been agreed upon in writing by DOM. This process will be designed to (i) ensure that changes occur in a controlled environment so that all parties understand the potential impact of an impending change, and (ii) identify potentially affected systems and processes prior to implementation of the change(s). DOM must authorize, and XXXwill implement, all changes that affect the Software implemented and accessible through the SaaS Services as specified in the standard Change Management procedure. DOM agrees to cooperate with XXXin connection with providing reasonable and appropriate maintenance windows and participating in the testing as reasonably required. Nothing herein shall be interpreted to prohibit or otherwise affect XXX's right to make changes to protect the system against security breaches, in the case of alleged infringement or when necessary to continue the functioning of the Solution

14. Pricing

Rates and Pricing

See Agreement for rate structure and pricing. Change Requests will be priced on a Time and Materials basis at $175per hour blended rate.

Travel and Expenses

Travel and expenses are separate charges. XXXwill invoice DOM monthly for pre-approved travel and related expenses. All fees, expenses and taxes are due in accordance with the terms of the Agreement and this SOW. Expenses for meals and incidentals will be charged in accordance with Appendix H (Vendor Travel Policy).

All pre-approved travel, accommodation and expenses are additional to the pricing provided and will be charged to DOM. Any international flights outside of North America will not be charged, only flights within North America and related US accommodation. Expenses that are unrelated to meals and incidentals require the prior written approval of DOM Project Manager.

Appendix A – Portal Functionality

Summary	Detail
Clinician Homepage • **My Worklist** • **Recent Patients** • **Received Messages**	• **My Worklist** - identifies the worklist that will appear on the user's Homepage • **Recent Patients** - a list of patient records that the user has recently accessed within the Portal • **Received Messages** - a list of messages that the user has received from another user. This window will only display messages created within the Portal
Patient Lists • **Favorite Searches** • **Search Results in Context** • **Recent Patients**	• A **Favorite Search** is a saved set of criteria that can be recalled for later re-use by the logged in user. A favorite search is created by performing a search then entering a name for the criteria set into the **Enter a new favorite search** field • **Search Results in Context** the names returned by a search are held in memory when an individual is selected. This allows an alternative patient to be selected without having to repeat the search • **Recent Patients** list is automatically populated with the names of the 40 most recent patients as they are seen by the user. It is subdivided by how long ago the record was viewed; e.g. *Today, Last 7 Days, Last 4 Weeks or Last 12 Months*
• **Patient Search**	• **Patient Search** enables a clinician to find a patient or patients by searching on their personal details. A Patient search will return all patients that that match the criteria within the DOM EMPI • **Patient Demographic** search results – needs to display patient's address, city, and state, in addition to first name, last name, Date of Birth, gender and patient IDs
Patient Summary • **Patient Context Bar** • **Demographics** • **Encounter History** • **Medication History** • **Allergies** • **Procedures** • **Problems** • **Diagnosis**	• **Patient Context Bar:** Once a patient has been placed in context, their identification details are displayed in the Patient Context Bar. These include the patient's MRN or primary identifier, the patient's family name in capitals, followed by their first and other names, the patient's gender and date of birth, displayed in smaller text, and an indicator that the patient is deceased • **Demographics:** displays key demographic information for the patient including next of kin • **Encounter History:** displays a list of all inpatient and ED visits for the patient including Ambulatory • **Medication History:** displays a list of current and historic

Summary	Detail
	medications for the patient • **Allergies:** displays a list of current and historic allergies for the patient • **Procedures:** displays a list of procedures performed for the patient • **Problems:** displays a list of current and historic problems for the patient • **Diagnosis:** displays diagnosis for the patient All clinical data on the Patient Summary should display the source.
Document Tree Displays a categorized list of : • **Laboratory Results** • **Radiology Reports** • **Transcribed Reports**	• **Viewing Documents** – Documents are stored in a hierarchy of folders in the document tree and can be filtered by the following metadata if available: o Category - document's type; e.g. X-ray or Chemistry o Date - document was either created or received from an external system such as a laboratory. When viewed by date, the folder names change to reflect the age of the documents they contain; e.g. Today, Last Week, Last Month o Service - lists the folders and documents by the service with which they are associated o Author - lists the folders and documents in ascending alphabetical sort order of the name of the clinician responsible for ordering or creating the document • **Document Display Options** - Folders and documents are listed in the document tree with the most recently created document appearing first. The number of documents in a folder is indicated by the bracketed numbers after the folder's title. The first number is the number of unread (by the current user) documents in the folder; the second is the total number of documents, both read and unread. If there are any documents in the folder which have not been viewed, the folder's title will be displayed in bold • **Abnormal and Critical Abnormal Values** - When a numerical result is returned from a laboratory that contains abnormal or critically abnormal values, that result's entry in the document tree is colored orange or red respectively. Note other values outstanding Abnormal and Critical Abnormal e.g. panic flags can be displayed • **Document Tool Tip** - Each document listed in the document tree has an associated tooltip, which can be viewed by hovering the mouse pointer over the document's title • **Look for Filter** - Any text appearing in the tooltip can be entered into the Look For filter; this action immediately restricts the documents listed in the tree to only those which have the matching text in their tooltip • **Source** – messages with the source included will be displayed within the portal

Summary	Detail
Results Viewer displays the observation details for a result or report. • **Radiology Results** • **Laboratory Results** • **Numerical Lab Results** • **Abnormality Flag** • **Cumulative Views** • **Charting** • **Data Normalization**	**Textual Documents** The Results panel displays the text of the report and includes report's Status: Interim, Final or Updated Each result contains the following data in the header: • Time Collected – date/time the investigation was requested • Time Received – date/time the request was received • Time Reported – date/time the report was returned to the hospital • Order Number - the unique order number associated with the report • Ordering Provider -name of clinician who requested the investigation • Placer Notes - identifier associated with request when it was received • Filler Notes -identifier associated with the request when it was filled **Numerical Results** Each result contains the following data in the header: • Latest Version • Source System - (or other text) identifies the name of the source system • Time Collected – date/time the test specimen was collected • Time Received - date/time the test specimen was received by the laboratory • Time Reported - date/time the results were returned to the hospital • Order Number - the unique order number associated with the test • Status - the status of the results (Updated, Final, Interim) • Location - (optional) the location where the test was performed **Cumulative Views** - The same laboratory test may be requested for a patient a number of times during the course of their treatment. The Cumulative screen displays, for example, a table of results in age order, with the current result displayed with a colored background **Charting** - A Chart can be generated to reveal any trends or patterns that may be present in the results. Individual values are selected for inclusion in the chart by clicking their corresponding checkboxes. **Microbiology Results** The main report message contains the header information and usually provides an update with the micro-organisms found in the specimen. Each of the child report messages contains the full information for a particular organism. The main report message and

Summary	Detail
	children report messages are linked together to provide the complete micro-biology report. Cumulative views and charting are not applicable to microbiology. Some microbiology results are received in textual format and in this case the Portal will simply display the report. **Abnormality flag** identifies test values outside the reference range. An associated description will be displayed in red: for example Above upper panic limits. XXX Clinical Portal does not determine whether or not this flag is displayed; this is determined from the contents of the message returned by the laboratory **Data normalization** is achieved using Health Language's Language Engine (LE). Lab results presented in the results viewer will be normalized using the LOINC content set, allowing a cumulative view and charting across multiple source systems.
Worklists	• Six worklists are available • Personal to the clinician who created the worklist • Up to 50 patient names can be added to a worklist; if this number is exceeded, the names that have been on the list the longest are automatically removed • Patient names can be added to a worklist either from the results of a search, or from the Patient context bar
Access Levels - Roles and Groups	The following roles and groups will be made available to manage privacy; additional roles and groups can be added and managed as necessary by an Administrator Function by DOM staff. These roles will be identified during the Implementation Planning Study. Internal DOM employees need a role that allows view only, no access to ePrescribe, and some of them can view sensitive date, and others cannot. Level 1 – Primary Provider Level • e.g. Doctor, Nurse Practitioner, Clinician • Can see all clinical views • Can access all clinical applications • Cannot access application administration screens Level 2 - Secondary Provider level – Note Some of these roles may need to be able to prescribe medications on behalf of the doctor. The doctor would then need to approve in a separate step. • e.g. Registered Nurse, Physician Assistant, Phlebotomist, Occupational Therapist • Can see all clinical views • Can access some clinical applications • Cannot access application administration screens Level 3 - Care Support level

Summary	Detail
	• e.g. Medical Assistant, Clinical Unit Clerk, HIM, Clinical Coder • Can see all clinical views • Cannot access clinical applications • Cannot access application administration screens Level 4 - Front Desk level • e.g. Billing Clerk, Registration Clerk • Cannot see clinical views • Cannot access clinical applications • Cannot access application administration screens Level 5 - Systems Administrator level • e.g. IT applications specialist • Cannot see clinical views • Cannot access clinical applications • Can access user administration and auditing screens Level 6 - XXXProfessional Services Group (PSG)level • Cannot see clinical views • Cannot access clinical applications • Can access all application administration screens
Browser Support	**Full Support** Firefox 3.5, 3.6, 4 on Windows & Mac OS X IE 7, 8 and 9 on Windows iPad iOS 4, iOS5 and iOS6 **Limited Support** Safari, Chrome (YYY Administrator, & Conductor)
iPad	iPad support is available to view the Portal
User Messaging	Portal users will be able to send messages to and receive messages from other Portal users via the Portal's User Messaging. Notifications will also arrive as a user message within the Portal. • Filtering Received Messages by selecting one or more of the options from the navigation bar: • Urgent Messages: Allows a user to view all urgent messages • Unread Messages: Allows a user to view all messages that have not been read • User Messages: Allows a user to view all messages sent by other Clinical Portal users • System Messages: Allows a user to view all messages sent by the Administrator

Summary	Detail
	• Reset: Allows the user to reset the filter criteria Users may also perform a text search to identify text in the message's subject line. Users may enter the text and select the Search button. The following six columns appear on the Received Messages screen: Icons: The  icon indicates an unread message. The  icon indicates a read message. The  icon indicates an attachment is included in the message. • From: Provides the name of the Clinical Portal user who sent the message. Note: Users may sort this column by clicking the From link. • Subject: Displays the subject line of the message. Note: Users may sort this column by clicking the Subject link. • ID: Shows the identification of the patient e.g. name or MRN. Note: Users may sort this column by clicking the ID link. • Event: Indicates the type of event e.g. blood test, scan etc. Note: Users may sort this column by clicking the Event link. • Received: Displays the date the email was received. Note: Users may sort this column by clicking the Received link. From this screen, a user may also delete a message that is no longer required, or send a new message to a Clinical Portal user. When the message is selected, the user may reply to the received message, forward the received message, print the received message and/or mark the message as unread. New Messages - Users may send new messages to other Clinical Portal users. The recipient's User ID can be typed directly into the To: field or, by clicking the To: button. A recipient can be identified from the resulting User Search screen. Sent Messages - Users may view messages they have sent to other Clinical Portal users. Deleting a Message - A message can be deleted by selecting its associated checkbox and clicking the Delete button. Deleting a message must be confirmed and cannot be undone.

Appendix B – EMR Aaa Functionality

Features	Detail
Data Storage	Data recorded in EMR Aaa is stored in a separate database instance reserved for EMR Aaa data. All data is associated with a specific EMR Aaa facility/practice and is searchable and editable by users of that EMR Aaa facility/practice only. New patients can be registered and are stored in the underlying database. New documents and medical data is associated with these records.
Data Exchange	Information recorded in EMR Aaa is automatically contributed to the HIE where it is aggregated with other HIE data and presented as read- only information. EMR Aaa is treated like any other source of HIE information, using standard XXX YYY Integration Engine routes to populate the HIE. Data Exchange includes patient demographics, appointments, encounters, allergies, problems, procedures, medications, orders, immunizations and PDF-based documents.
Patient Registration	Patient Registration enables clinicians to create or update patient records in EMR Aaa. Authorized users have the ability to register a patient, capturing or updating demographics, preferred contact information, next of kin, emergency contact, primary care physician, insurance, and guarantor details
Patient Appointments	Patient Appointments can be automatically populated from an external appointment scheduling system using HL7 messages, or manually entered using a simple appointment booking form
Encounter History	Encounter History enables users to perform simple actions to check-in patients, view and record details about a patient's encounter.
Immunization History	Immunization History enables users to display and manage a patient's immunization history, record new immunizations and optionally electronically transmit those immunizations to an immunization registry.
Electronic Prescribing	Electronic Prescribing provides medication prescription and renewals through the US Surescripts electronic prescribing network using a partner solution from Emdeon. Electronic Prescribing includes formulary benefit checking to identify preferred drugs covered by the patient's insurance plan, and Drug Utilization Review warnings designed to prevent potential adverse reactions

Features	Detail
	caused by therapeutic duplication, drug interactions, incorrect dosages, ingredient duplication, or contra indications for gender, age, pregnancy, or disease
Clinical Documentation	Clinical Documentation provides a quick way for a clinician to create a variety of patient specific notes using Forms and template driven screens created using Case Management Forms Designer. Clinical documentation Forms include: • Nursing Assessment- for documenting a patient's vital signs, including height, weight, blood pressure, BMI and respiratory rate. • Procedure Note- for documenting a patient procedure, related findings, diagnosis and complications. • Tobacco Use- for documenting the patient's use of tobacco products, smoking status, start and quit dates, years smoked and smoking cessation interventions. • Visit Note- for documenting the patient's visit with their doctor, including the History of Present Illness, past medical history, social and family history, current problems medications and allergies, examination details, assessment and plan of care. The visit note is template driven and uses pre-configured narrative templates to speed completion of the form. The visit note can be customized at implementation time to support different narrative templates depending upon the needs of the implementing practice. • Superbill- for documenting the details of the patient's encounter for communication to a billing systems or coders. The form includes the patient's insurance, coded office visit, coded office procedures, diagnoses, next steps including follow-up appointments and referrals. The Superbill can be customized at implementation time to support different coded office visits and procedures depending upon the needs of the implementing practice.
Document Upload	Document Upload enables users to add documents to a patient's electronic record. These documents can be shared with the patient via XXX Patient Portal.
Patient Flow Manager	The Patient Flow Manager provides a simple patient and provider task reminder workflow solution that can

Features	Detail
	facilitate simple office communication about a patient. This module allows users to create simple tasks, notes and reminders for the patient, assign tasks to others and track, update and complete tasks.
Growth Charts	Growth Charts display trended height and weight information for children between the ages of 2 and 20 years.
Educational Resources	Educational resources provide seamless, one-click access to trusted health information from the National Library of Medicine (NLM), the National Institutes of Health (NIH) and other US government agencies via the MedlinePius Connect service. Health topic pages contain key resources to inform patients about their health including overviews, information on symptoms and treatment, recent health news, clinical trials and more. MedlinePius Connect provides up-to-date information in both English and Spanish.
Problem List	Problem List provides a centralized web-based interface for entering and managing a wide range of patient health problem types, such as medical, nursing or mental health diagnoses, as well as allergies to foods, drugs, or environmental agents, and procedural events with lasting impact on the patient such as surgeries. Problem List search is integrated with the HLI Language Engine **(LE)** to provide searches against structured terminologies such as ICD-9 and SNOMED-CT.
Orders	Orders is a web-based application that enables clinicians to rapidly create and send individual or grouped electronic orders for radiology, laboratory and ancillary services. This fully customizable ordering tool permits organizations to configure screens to match their current clinical ordering process and communicate electronically with the performing laboratory using standard HL7 messaging
Care Plan	Care Plan provides an historical listing of and capability to manage interventions and educational materials provided to the patient.
Continuity of Care Documents	EMR Aaa includes the ability to generate, display, customize, download, print or securely send a standard

Features	Detail
	Continuity of Care Document (CCD) comprised of data entered in the EMR Aaa record.
Public Health Reporting	Healthcare organizations wishing to communicate with public health agencies can do so using XXX Health YYY Connect via EMR Aaa. A patient's immunization record can be recorded, modified and optionally shared with an immunization registry in a standard format. YYY also supports electronically recording, modifying and retrieving syndrome-based public health surveillance and reportable laboratory results.
Reporting Dashboards	EMR Aaa includes preconfigured dashboards for measuring utilization of certified technology and adherence to Clinical Quality Measures. These dashboards calculate the percentages that clinicians need to report in order to qualify for Meaningful Use incentive payments.

Appendix C – Help Desk

See external document

Appendix D – XXXApplication Management Services

The XXX Application Management Services (AMS) team will provide ongoing monitoring / maintenance for the applications identified in this SOW. This will continue on a month-to-month basis for the duration of the Agreement and will entail provision of the following Services:

Description	Frequency
Release Management & Production Migrations	As required
Change Management including • Change Order Mgmt. • Documentation of any software changes • Participation in Change Mgmt. board • Oversight of the completion of any Change Work by the appropriate XXX personnel for XXX Managed Software	As required
Monitoring Application Health & Performance • Monitoring of all XXX software, database schemas and interfaces • Notification to DOM of issues within XXX Applications per the SLA and communication plans. • Utilize monitoring tools as detailed in Implementation Planning Phase to identify and troubleshoot issues.	24x7x365
Test Backups with Restores, coordinating with DOM Operations Staff. • Request test restores from backups • Verify XXX applications function correctly after restore has been completed. • Provide feedback to DOM , in the event the validation failed	As required
Management and Maintenance • Perform on-going system maintenance to applications and associated databases schemas • Provide any applicable database maintenance • Performance Tuning of XXX applications and database schema i. Troubleshoot performance issues exposed by Orion's monitoring toolsets. • Application log maintenance and archive	As required
Issue Identification & Resolution (Incident Management and Problem Management)	As required

Description	Frequency
• Proactive trouble shooting of issues within the Software identified in Section 1.2 • Coordination with DOM and proactive adjustments/corrections for the Software • Upon DOM request, active participation with DOM (and other DOM subs) to trouble shoot (triage) and resolve general environment issues within the Hosting environment • Active participation in post-mortem reviews of issues • Support general system trouble-shooting of issues with unknown origin There are no additional charges to DOM for general trouble-shooting and triage activities. However, should the resolution include XXX activities that are outside this SOW, there may be additional charges to DOM as reviewed and agreed between XXX and DOM.	
Governance • Participate in regularly scheduled status and planning sessions.	As required

1. AMS Service Levels

The XXX AMS is offered to DOM as a 24 hour, 7 day per week support Service for the Software.

1.1 Issue Prioritization

XXX agrees to comply with the following definitions for issue prioritization and the associated resolution times as it relates to XXX Services and the Software being supported as described in this SOW.

The prices for XXX Services provided in this SOW assume the following definitions will be used.

Definition for Problems (PR0x) and Service Requests (SR0x)

Severity	Notification	Resolution	Incident Update
PR01	15 minutes	4 hours	every 15 minutes
PR02	60 minutes	4 hours	hourly
PR03	24 hours	72 hours	daily
PR04	2 business days	10 business days	every 48 hours
SR01	4 hours	1 business day	
SR02	8 hours	3 business days	
SR03	8 hours	10 business days	

SLAs shall apply to the Production and Disaster Recovery environment only. The Definitions are as follows:

"**Notification**" is the act of communicating an event has happened. The duration of the Notification period starts at the timestamp of the system event and stops at the time when XXX has notified DOM that an event has occurred or is occurring.

"**Resolution**" consists of a remedy that either returns the Software to the normal production state or provides an acceptable and appropriate alternative as agreed to by DOM. The duration of the Resolution period starts at the timestamp of the system event and stops at the time when XXX has remedied the situation as above.

"Problem" ("Incident" as defined under ITSM/ITIL) is an event occurring on the CDR System - defined as any component of the system, namely CDR, EMR Aaa, HIE/EHR or Emdeon applications - which has been validated by DOM to impact or, in its reasonable judgment, potentially impact availability/fitness for use. If a Problem on the CDR System constitutes more than one severity Problem, as set forth below, the Problem will be solely categorized in the higher severity level and will not be deemed to consist of more than one severity level. XXX may in its reasonable discretion and after discussion with DOM, downgrade a Problem from a higher severity level. A Problem can be any one of the following:

- "**Severity 1 Problem**" or "PR01" means the CDR system is not available.

- "**Severity 2 Problem**" or "PR02" means CDR system is Available but is experiencing performance limitations.
- "**Severity 3 Problem**" or "PR03" means Component Availability is impacted.
- "**Severity 4 Problem**" or "PR04" means DOM has determined that a known condition might become a Severity 1, Severity 2 or Severity 3 Problem in the future. A Severity 4 Problem may also mean that a DOM tool is not functioning as intended by DOM on the CPCHS System.

"**Service Requests**" consist of:

- **"SR01""** requires that an administrative action (e.g. log file rotation, user administration) or information request be completed in a specified timeframe in order to avoid a business impact (e.g. user management modifications as a result of a termination);
- **"SR02**" requires that an administrative action (e.g. log file rotation, user administration) or information request be completed within a specified timeframe (see Service Level Agreement) in order to serve a defined business need;
- **SR03""** requires that an administrative action (e.g. log file rotation, user administration) or information request is characterized by multiple activities (for example, a request for monitoring modification).

1.2 Trouble Ticket Stop Clock Conditions

Stop Clock is defined as a period of time in which the service provider's performance is not being measured with a time criteria. The Stop Clock criteria include the following: (Note: in this section, the term "End-User" includes DOM and DOM (customers), whichever is applicable.)

1) Periods when a restoration or testing effort is delayed at the specific request of DOM. The Stop Clock condition shall exist during the period XXX was delayed, provided that reasonable and documented efforts are made to contact DOM during the applicable Stop Clock period.

2) Time after a service has been restored, but DOM requests ticket be kept open for observation. If the service is later determined by DOM to not have been restored, the Stop Clock shall continue until the time DOM notifies XXX that the service has not been restored.

3) Time after a service has been restored, but DOM is not available to verify that the service is working. If the service is later determined by DOM to not have been restored, the Stop Clock shall apply only for the time period between XXX's reasonable attempt to notify DOM that XXX believes the service has been restored and the time DOM notifies the Subcontractor that the service has not been restored.

4) Any problem or delay to the extent caused by DOM' staff that prevents or delays XXX's resolution of the problem. In such event, XXX shall make a reasonable request to DOM staff to correct the problem or delay.

5) DOM applications or tools that interfere with repair of the trouble.

6) Repair/replacement of equipment (e.g. servers) not provided by XXX if the problem has reasonably been isolated to the equipment.

7) An outage directly related to any properly performed scheduled maintenance or upgrade. Any such Stop Clock condition shall not extend beyond the scheduled period of the maintenance or upgrade.

SLAs will apply for any maintenance caused outage beyond the scheduled maintenance period. Outages occurring during a scheduled maintenance or upgrade period and not caused by the scheduled maintenance shall not be subject to this paragraph Stop Clock criteria.

8) Any problem or delay caused by DOM or the Provider, not reasonably preventable by XXX.

9) Any problem or delay caused by a third party not under the control of XXX, not reasonably preventable by XXX. XXX's affiliates, subsidiaries, or subcontractors shall be deemed to be under the control of XXX with respect to the Services to be provided under this SOW.

10) Force Majeure / excusable delay events, as defined in the terms and conditions of this Agreement.

1.3 Communication Plan

XXX and DOM will develop a mutually agreed upon Communication Plan as part of the Implementation Planning Phase activities.

1.4 Ticketing Procedures

XXX and DOM will utilize the XXX support tracking system, Support Tracker. All support requests (either for product issues, support requests, or change requests) will be logged by DOM in Support Tracker..

If XXX is required to use a ticketing process and procedure different than the XXX Support Tracker system, DOM will provide access to this system and will provide commercially reasonable training for all XXX personnel assigned to the AMS team on the proper use of the system and process. DOM will provide the training on DOM tools and processes to XXX personnel at no charge for the training itself. XXX costs for travel, salaries, administrative, and other related costs to attend the training will be at DOM's expense.

2. AMS Service Features

2.1 Monitoring

For each application identified in this SOW XXX will monitor these attributes to ensure the health of the XXX managed Software:

Component	Comment
Infrastructure	
CPU Utilization (OS & Application)	This includes the OS and the applications (User, System, Idle, Java and DB processes). Measurements out of the ranges established during the Implementation Planning Phase can generate alerts.
Memory Utilization (OS & Application)	This includes the OS and the applications (User, System, Paging, including Java and DB processes). Measurements out of the ranges established during the Implementation Planning Phase can generate alerts.
File System Space Utilization	Monitor required space and each partition identified as critical to system function. Measurements out of the ranges established during the Implementation Planning Phase can generate alerts.
File System I/O Utilization	Monitor for Disk I/O saturation on servers with applications in scope.
Error Logs (app)	Application error logs will be monitored and corrective action taken as needed
Threads	For Httpd and Java processes
Disk space availability	For disks supporting XXX solution
Page load time comparison and Application Response Time (time required to bring a specified page up)	Using a commonly used page, establish a baseline application response time. This will then be used during troubleshooting procedures when performance is at issue. Representative page to be identified during the Implementation Planning Phase.
Database – Average time for transaction	Monitor database usage and alert on degradation.
Webservice - response time from a particular entry point	Representative entry points to be identified during the Implementation Planning Phase

Component	Comment
Applications	
Performance Tuning for the Database – initial and reoccurring	Review the database performance and make recommendations as appropriate for the solution. Ongoing - continue to monitor this to ensure it continues to perform.
Database availability	Monitor database availability for XXX managed applications and generate alerts should it not be available.

Working to agreed protocols documented during the Implementation Planning Phase, the XXX AMS team will notify DOM of fatal errors or system degradation, while also taking immediate action to address any issues in accordance with the stated Service Level Agreement contained in this SOW.

2.2 Hardware Support

As long as hosting services are being provided by XXX, the following features will be provided:

Hardware:

- Hardware of any kind including Upgrades - CPU, Memory, Disk, etc.
- Hardware Failures
- Power Redundancy
- I/O Health
- SAN/NAS Disk Arrays – IOPS, Throughput, Disks, Upgrades, Management

- Ownership of OS level specifics
  - OS Logs – Error, Access, Audit, Info, All
  - Access Control – Active Directory, Open Directory, Local Accounts
  - VMware – Uptime, Management, Patching, Snapshots, etc.
  - OS Level Patching
  - OS Kernel/Drivers
  - OS Performance – Uptime, System Processes, etc.
  - OS Processes
  - OS Backup & Restore
- Ownership of Network level specifics
  - QOS
  - Bandwidth errors
  - Firewalls – Management, Uptime, Configuration
  - SSL – Management, Renewal, Certificates, Uptime
  - Load Balancers
  - Network I/O – Throughput, Switch Configuration, etc.
  - DNS – Management, Resolution, TTL
  - SMTP – Allow relay of AMS alerts
  - WAN Connectivity

- Network - VPN Health and Connectivity
  - Network Connectivity between environments and all application servers in scope

    - Network Connectivity from Integration engines to remote interfaces
    - Network Connectivity for AMS Staff to access Environments
    - Network Connectivity for AMS Monitoring tools
- CDR application environment Internet Health and Connectivity
- Security Monitoring
    - Including IDS and firewall anomaly detection
    - Access logs – OS, Network, All Access Control
    - HIPPAA

2.3 Reporting

The XXX AMS team will regularly report back to DOM of what is occurring with the system and what action has been taken to ensure continued operation as defined in the Communication Plan to be established during the Implementation Planning Phase.

XXX will provide the following AMS reports as part of the pricing outlined in this SOW:

Weekly

- **Events Report** – Provides an overview of significant events over the period prior and scheduled for the coming weeks.
- **Priority Issue Report** – Outlines any issues that came up during the reporting period.
- **Downtime Report (Scheduled & Unscheduled)** – Provides a summary of any downtime experienced over the reporting period.

Monthly

- **Downtime Report (Scheduled & Unscheduled)** – Provides a summary of any downtime experienced over the reporting period.
- **Performance Profile** – Provides a high level overview of the system performance profile, to include data points, such as:
    - User Access Count
    - Usage Profile
    - System Load graph
- **Full Issues Report** – Summary of issues during the monthly reporting period

These reports may be substituted for alternative reports as defined in the Communication Plan as agreed upon by DOM. XXX will work with DOM to define and provide other reporting as may be required. Any additional reports would constitute a Change Request including additional costs.

2.4 Release Management / Change Management

XXX will provide appropriate Release and Change Management Services under the umbrella of DOM's CDR Release and Change Management process and procedures, including input and/or providing changes to the design or as-built documentation. The specifics of this process will be defined during the Implementation Planning Phase. The Stage environment will be used to validate all changes before migration into the Production environment. Access control for DOM Stage and Production environments will be given to XXX AMS.

XXX will undertake regular updates / upgrades of the Software being managed, but in agreement with DOM. XXX will provide no more than three upgrades per calendar year to any one Software component with the exception of any upgrades for major security or operational incidents/threats.

XXX will manage all releases of the Software supported by the XXX AMS team across the agreed upon supported platforms.

3. AMS Scope Exclusions

The Parties agree that the provision, monitoring, or management of the following services are considered outside the scope of the AMS Services provided by XXX as defined in this SOW.

- Services not specified in this SOW which are related to the acceptance, configuration, and customization of the Software being supported by XXX including but not limited to:
    - Data migrations or back loading of historical data for EMR Aaa providers
    - Acceptance Testing software & processes
    -
    - Enhancement to the XXX, NextGate, or HLI products
- All services related to any Software components not identified in this SOW.
- All services and activities not expressly identified as part of XXX's AMS Services in this SOW.

4. XXX AMS Project Team

The following table displays XXX's Managed Services organization. These resources are shared resources that support all of XXX's Managed Services Customers. The specific individuals dedicated to support DOM will vary over time but the responsibilities will be maintained. XXX will provide DOM with specific names of the individuals for the roles in the table below. These specific functional resources are included in the pricing offered by XXX. Any change in personnel will ensure an appropriate level of knowledge transfer and similar experience level to ensure a seamless transfer of resources.

Role	Responsibilities
AMS Director	• Manages the XXX-customer relationship • Responsible for the commercial portfolio of the project
AMS Sr. Consultant	• Manages the technical team and responsible for all systems included in the XXX AMS Agreement
AMS Consultant	• Setup and maintain system monitoring items • Add monitor items, as needed, in the system • Actively monitor systems in scope as agreed upon
DBA	• Specify XXX's database schema monitoring capabilities for implementation by DOM • Periodically review XXX performance reports and recommend configuration changes to the customer • Provide tuning and related support to the project team
Infrastructure Engineer	• Builds out initial SaaS environment • Monitors Infrastructure environment for performance and uptime • Provide all Infrastructure upgrades

5. **SaaS System Environments**

The most project types will require a **minimum** of five separate system environments. Additional environment may be required based on information uncovered during the IPS sessions.

Environment Name	Location	Responsible Grp	Implementation Team Access
Development	SaaS Environment	AMS	Full
Test	SaaS Environment	AMS	Full
Stage	SaaS Environment	AMS	AMS Only
Production	SaaS Environment	AMS	AMS Only
Disaster Recovery	SaaS Environment	AMS	AMS Only

Delivery Environment Descriptions

Development environment:

The role of the development environment is three fold. In the initial stages of the project this environment serves as the “development” environment where one to three integration consultants typically work to investigate, configure, prototype, integration, test, and consolidate a solution. As such it requires sufficient capacity to service this moderate work-load without impacting project timelines. The secondary purpose of development environment is as a debugging environment post go-live. Problems are destructively replicated and beta patches are installed and trailed, i.e. a sandbox. Its third purpose is an initial staging ground for any future project work and/or upgrade/service pack exercises.

The system will be provided by XXXand shall mimic where possible the final hosting environment, without High Availability (HA) or VIP abstractions. The XXXproject team is responsible for all software and hardware to manage the environment.

Test Environment

The test/staging environment is proposed to satisfy a number of goals. These are:

- Develop, test, and verify configuration migration items and procedures as a pre cursor to additional environment setup
- Develop and test failover, load balancing, and virtual IP/DNS configuration
- Provide an environment for interface testing. That is to check the compatibility of the developed solution with internal and external test data feeds.
- Subject to hardware and data volume comparisons provide an early performance evaluation environment
- Provide an intermediate stage to verify processes such as application service packs,

configuration upgrades or amendments, and other system changes prior to going into production

This system will be provided by the hosting partner and mimics the production system. Including all incoming and outgoing data feeds, connections to other test systems.

The XXX implementation and project team will have complete and full access at all times to conduct build, testing and other tasks necessary before the solution can be qualified for a PreProduction system release.

Stage Environment

A system that is used by the XXX GMS team to test the solution on a production like environment. The system will be provided by the hosting partner and be an exact image of the intended production environment.

This is used to independently test the solution and migration instructions before deployment to the production system. Projects that call for a performance testing cycle utilise this environment for stress testing and benchmarking as a baseline for production.

Access is limited to application and operations support teams. A mutual agreed upon change management process should be developed during the Solution Design phase of the project.

This environment can also be available for customers to run demonstrations and conduct training as it is the most stable and most similar to production, environment.

This environment can be made available for advanced performance analsysis and simulation if complex production environment arise. Being product like all the appropriate PHI and access guards are in place and a equivalent hardware foot print can be achieved.

Production Environment

The general available and commercial use of the solution. Access to the system will be limited to the application and operations team. A mutual agreed upon change management process should be developed during the Solution Design phase of the project.

Disaster Recovery Environment

This is scaled down replica of the production environment which is made available in the scenario of a complete production failure. It provides sufficient load balanced elements to me service load agreements but excludes full HA (cold stand by/passive nodes) as a cost mitigation.

Appendix E – DOM YYY Data Concepts

DOM Data Concepts by Entity Type	
CONCEPT	ENTITY TYPE
Addresses (Home, Work, Other)	Patient Demographics
Communications Preference	Patient Demographics
Date of Birth	Patient Demographics
Email (Personal and Work)	Patient Demographics
Ethnicity	Patient Demographics
First Name	Patient Demographics
Gender	Patient Demographics
Language	Patient Demographics
Last Name	Patient Demographics
Middle Name	Patient Demographics
Name Suffix	Patient Demographics
Patient ID Source	Patient Demographics
Patient Opt Out Indicator	Patient Demographics
Patient's Plan Eligibility Begin Date	Patient Demographics
Patient's Plan Eligibility Termination Date	Patient Demographics
Payer Plan ID	Patient Demographics
PCP NPI	Patient Demographics
Phone (Home, Mobile, Work, Emergency, Other, FAX, Extensions)	Patient Demographics
Race	Patient Demographics
DOM EMPI ID	Patient Demographics
Source	Patient Demographics
Source Patient ID	Patient Demographics
Source Patient ID Label	Patient Demographics
Source Type	Patient Demographics
SSN	Patient Demographics
Billing Provider NPI	Event
Date Event Reported	Event
Date of Onset for Event	Event
Document ID (Claim Number)	Event
Event Comment (Unstructured)	Event
Event Sensitivity Value	Event
Event Terminology Code	Event
Event Terminology Code Description	Event

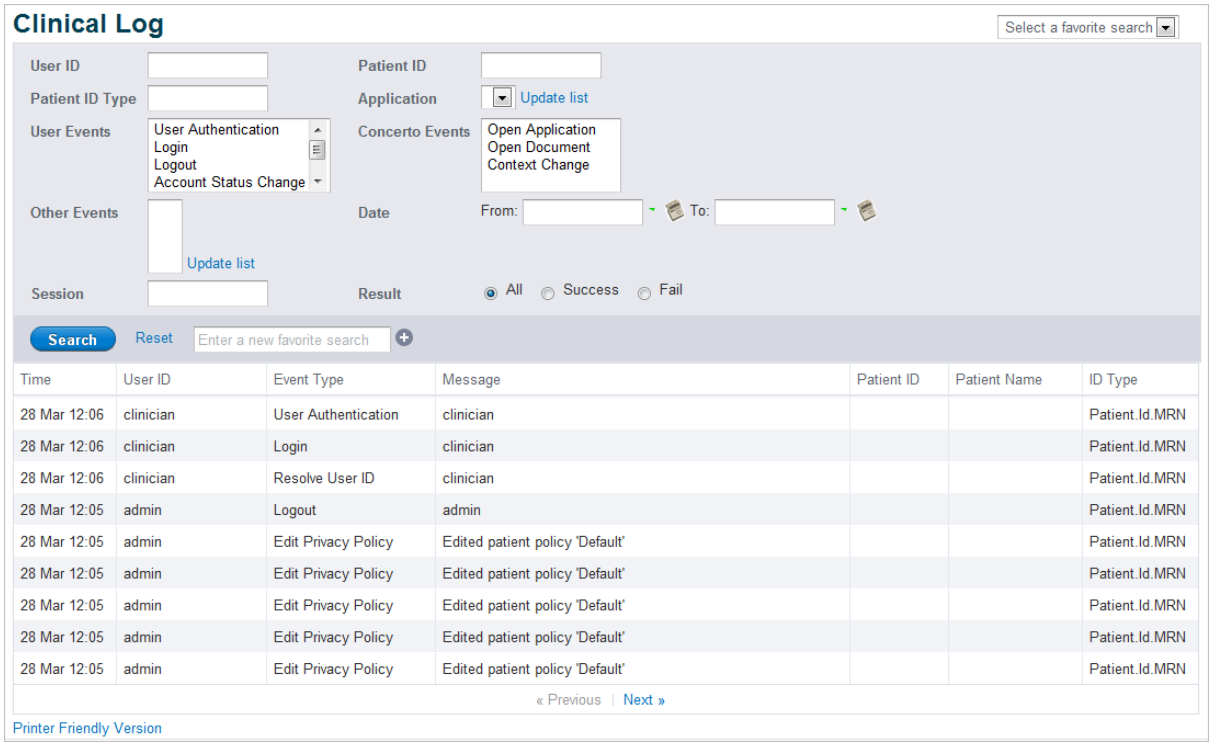
DOM Data Concepts by Entity Type	
CONCEPT	ENTITY TYPE
Event Terminology Type	Event
First Date of Service for Event	Event
Is Problem Chronic Indicator	Event
Last Date of Service for Event	Event
Medication Drug Class	Event
Place of Service CMS Terminology Code	Event
Place of Service CMS Terminology Code Description	Event
Provider Full Name (FN MN FN Suffix) Document	Event
Service Location (Address)	Event
Servicing Provider (Treating Clinician) NPI	Event
DOM EMPI ID	Event
Source	Event
Source Type	Event
Allergen Detail Event Terminology Code	Allergen Event
Allergen Detail Event Terminology Code Description	Allergen Event
Date Allergen Event Reported	Allergen Event
Date of Onset for Allergen Event	Allergen Event
Allergen Detail Event Reaction Severity Terminology Code	Allergy Reaction Event
Allergen Detail Event Reaction Severity Terminology Code Description	Allergy Reaction Event
Allergen Detail Event Reaction Terminology Code	Allergy Reaction Event
Allergen Detail Event Reaction Terminology Code Description	Allergy Reaction Event
Date Allergen Reaction Event Reported	Allergy Reaction Event
Date of Onset for Allergen Reaction Event	Allergy Reaction Event
Event - Detail - Allergen - Reaction - Code	Allergy Reaction Event
Event - Detail - Allergen - Reaction - Severity - Code	Allergy Reaction Event
Event - Detail - Allergen - Reaction - Severity - Value	Allergy Reaction Event
Event - Detail - Allergen - Reaction - Value	Allergy Reaction Event
Event Terminology Type	Generic Event Detail
Generic Detail Event Clinical Statement (Structured and unstructured)	Generic Event Detail
Generic Detail Event Terminology Type	Generic Event Detail
Immunization Detail Event Site Terminology Code	Immunization Event
Immunization Detail Event Site Terminology Code Description	Immunization Event
Immunization Detail Event Vaccine Lot Number	Immunization Event

DOM Data Concepts by Entity Type	
CONCEPT	ENTITY TYPE
Immunization Detail Event Vaccine Manufacturer's Code	Immunization Event
Immunization Detail Event Vaccine Manufacturer's Value	Immunization Event
Immunization Detail Event Vaccine Terminology Code	Immunization Event
Immunization Detail Event Vaccine Terminology Code Description	Immunization Event
Medication Detail Event Terminology Code	Medication Event
Medication Detail Event Terminology Code Description	Medication Event
Medication Dosage	Medication Event
Medication Duration	Medication Event
Medication Fill Date	Medication Event
Medication Form	Medication Event
Medication Number of Refills	Medication Event
Medication Prescribed Date	Medication Event
Medication Prescriber NPI	Medication Event
Medication Qty (Filled)	Medication Event
Medication Route	Medication Event
Medication Strength	Medication Event
Vitals Detail Event Diastolic Blood Pressure	Vitals Event
Vitals Detail Event Head Circumference	Vitals Event
Vitals Detail Event Height	Vitals Event
Vitals Detail Event Oxygen Level	Vitals Event
Vitals Detail Event Pulse	Vitals Event
Vitals Detail Event Respiration	Vitals Event
Vitals Detail Event Systolic Blood Pressure	Vitals Event
Vitals Detail Event Temperature	Vitals Event
Vitals Detail Event Temperature Method	Vitals Event
Vitals Detail Event Waist Circumference	Vitals Event
Vitals Detail Event Weight	Vitals Event
Care Opp Detail Event Condition	Care Opp Event
Care Opp Detail Event Author Description	Care Opp Event
Care Opp Detail Event Author Link	Care Opp Event

Clinical Log Search Screen

Menu Path: Monitoring>Clinical Log

The **Clinical Log** provides an audit log of all events performed by users on the Clinical Portal server, for example logging in, changing password or overriding a patient privacy restriction.



The following table describes the search fields.

Field	Description
User ID	Enter the User ID of the user that performed the event. If this option is specified, the results include all events the user has performed in the system.
Patient ID	Enter the Patient ID associated with the patient whose clinical record has been accessed. If this option is specified, the results display the details of all users who have accessed this patient's clinical record.
Patient ID Type	Enter the type of Patient ID associated with the patient. For example, `MRN`, `NHI`. If this option is specified, the results display the details of all users who have accessed clinical records of patients associated

Field	Description
	with this type of Patient ID.
Application	Select the application accessed by a user. For example, Context Manager. If this option is specified, the results display the details of all users who accessed this application along with the event performed on the application. For a new installation, this list is initially empty. To populate the list, click the **Update List** link. As populating this list is a resource-intensive operation, XXX recommend that the list is not updated during normal business hours, and when the value you are searching for is not present.
User Events	Select the event that the user performed. Hold down the **Ctrl** key to make multiple selections. If this option is specified, the results display the details of all users who performed this event. The events in this list include: • `User Authentication` - the user was authenticated to the Clinical Portal server. • `Login` - the user logged onto the Clinical Portal server. • `Logout` - the user logged out from the Clinical Portal server. • `Account Status Change` - the user changed their account status. • `Password Change` - the user changed their Clinical Portal login password. • `Security Change` - the user changed their Security preferences.
Concerto Events	Search for events that were performed specifically within Clinical Portal. Selecting one or more options identifies all users who have performed the associated action. • `Open Application` - open an application. • `Open Document` - open a document from the Document View. • `Context Change` - switching between applications and/or patients.
Other Events	Search for any other events that the user performed. Hold down the **Ctrl** key to make multiple selections. If this option is specified, the results include all users who performed this event. The items in this multi-selection drop-down list are configurable, so the number of events may vary at different sites. For a new installation, this list is initially empty. To populate the list, click the **Update List** link. As populating this list is a resource-intensive operation, XXX recommend that the list is not updated during normal business hours, and when the value you are searching for is not present. The most common events are:

Field	Description
	• `Account Validation` - the user changed the configuration of their Account Policy in the **Concerto>User Details** page. Refer to Account Policy for details. • `Create User` - create a new Clinical Portal user account. • `Edit Privacy Policy` - change the details of a patient privacy policy. • `Join common context` - the user joined the common context between Context Manager and compatible applications, including Clinical Portal. • `Leave common context` - the user broke the common context between Context Manager and compatible applications, including Clinical Portal. • `Privacy Override` - the user has overridden a Privacy Policy to view a patient's details. The log includes the reason provided by the user at the time. Refer to Selecting a Patient with an Associated Privacy Policy for details. • `Search Performed` - the user performed a generic search within Clinical Portal. Refer Generic Search for details. • `Start Up` - the Clinical Portal session started.
Date	Click the **Calendar** icon to specify a date range to refine the search for events. Alternatively, manually enter the date range using the format `mm-dd-yyy` into the respective **From** and **To** fields. If this option is specified, the results include all events that occurred within this date range.
Session	Search for a Session ID that corresponds to the Clinical Portal session in which the event took place.
Result	Select the radio button corresponding with the level of detail to be included in the search results: • `All` - if selected, all results obtained by a Clinical Log search are returned, for example all successful and failed user login and/or search attempts. • `Success` - if selected, only successful authentications to the portal and the successful Clinical Log search attempts are listed in Search Results. • `Fail` - if selected, only the results of unsuccessful authentications to the portal are listed in Search Results.  By default, a Clinical Log search returns *all* results.

Field	Description
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Appendix H – DOM Vendor Travel Policy

GUIDELINES FOR TRAVEL AND EXPENSE REIMBURSEMENT

See external document

MSDOM Appendix H - TravelManual