FIRST AMENDMENT TO AGREEMENT

between

COUNTY OF SANTA BARBARA

and

OCHIN, INC.

for

PRACTICE MANAGEMENT SYSTEM AND ELECTRONIC MEDICAL RECORD SYSTEM

FIRST AMENDMENT

Effective January 23, 2018

THIS IS THE FIRST AMENDMENT (hereafter referred to as First Amendment) to the Master System Agreement for Practice Management System and Electronic Medical Record System for the period July 1, 2017, through March 31, 2020 (hereafter Agreement), by and between the County of Santa Barbara (MEMBER) and Oregon Community Health Information Network (hereafter OCHIN).

WHEREAS, the Agreement is effective through March 31, 2020 unless otherwise directed by Member or unless earlier terminated; and

WHEREAS, the parties desire to amend the Agreement to revise the Go-Live date, replace Exhibit P, and add Exhibit J and Exhibit AA.

WHEREAS, this First Amendment incorporates the terms and conditions set forth in the Agreement approved by the County of Santa Barbara;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. **<u>Definitions.</u>** Capitalized terms used in this First Amendment, to the extent not otherwise defined herein shall have the same meanings as in the Agreement.

2. **Amendments.**

- a. The Agreement is amended as follows:
 - 3.1. INITIAL PAYMENT AND IMPLEMENTATION: Member will be charged an initial payment for implementation up to an amount not to exceed \$1,237,197.00 calculated in the manner and based on the projected volume of billable visits indicated on Exhibit P. The Initial Payment is payable by Site as follows: 50% upon execution of the Agreement; and 25% payable no later than 90 days after the execution of the Agreement with the remaining 25% due and payable within 14 days after Effective Date February 26, 2018 and with the completion of User Acceptance. OCHIN agrees to provide Member a Proper Invoice prior to each and every payable occurrence under this agreement. In the event volume exceeds initial projected volume, the Initial Payment is subject to later adjustment by OCHIN as described in Section 11 of Exhibit B. Maintenance fees will become subject to be paid 90 calendar days beginning 90 days prior to Go Live. If the Member determines that they are unable to meet the agreed upon Go Live schedule, the Member will remain responsible for the payment of monthly maintenance fees starting 90 days prior to the original Go Live date. In the event actual volume ever exceeds projected volume, the Initial Payment is subject to later adjustment by OCHIN as described in Section 11 of Exhibit B. All scheduled payments are the

responsibility of the Member as outlined in Exhibit P and shall be paid by Member after receipt of Proper Invoice and in accordance with Exhibit B, Section 36. Volume is determined in accordance with the Billable Visit Decision Tree in Exhibit Q.

- 3.3. MAXIMUM AMOUNT: The maximum amount payable under the terms of this agreement, including cost reimbursements, shall be up to but shall not exceed \$3,595,000 over the initial 3 year term.
- 12. IMPLEMENTATION TIMELINE: The System will be implemented at the facilities identified in the implementation project plan (the "Implementation Project Plan") that will be attached as Exhibit U once a project manager has been assigned from OCHIN to SBCPHD. Member will make reasonable efforts to complete dress rehearsal on February 26, 2018 and go live on February 27, 2018 according to the scheduled implementation plan which will be completed after the execution of this agreement. If the scheduled implementation dates are not met due to delays by Member, OCHIN reserves the right to begin charging maintenance fees, including those described in Section 3, based upon projected annual billable visits as of the agreed upon effective date. Any revision to the implementation dates must be mutually agreed to by OCHIN and Member in writing and with signed approval by the PHD Director.
- b. Agreement, Exhibit AA shall be added as attached hereto and incorporated herein by reference.
- c. Agreement, Exhibit J **TELEVOX** shall be added as attached hereto and incorporated herein by reference.
- d. Agreement, Exhibit P **PRICING** shall be replaced in its entirety and incorporated herein by reference.
- 3. <u>Counterparts.</u> This First Amendment may be executed in several counterparts, all of which taken together shall constitute a single agreement between the parties.
- 4. **Effectiveness of Agreement.** Except as explicitly modified by this First Amendment, all of the terms and provisions of the Agreement and all previous modifications and amendments, if any, are and remain in full force and effect.

First Amendment to Agreement for Practice Management and Electronic Medical Record System between the **County of Santa Barbara** and **OCHIN**, **Inc.**

IN WITNESS WHEREOF, the parties have executed this First Amendment to be effective

| ATTEST: | COUNTY OF SANTA BARBARA: |
|---|--|
| Mona Miyasato County Executive Officer Clerk of the Board | |
| Ву: | Ву: |
| Deputy Clerk | Chair, Board of Supervisors |
| | Date: |
| RECOMMENDED FOR APPROVAL: | APPROVED AS TO ACCOUNTING FORM: |
| Van Do-Reynoso, MPH, PhD Public Health Director | Theodore A. Fallati, CPA Auditor-Controller |
| Ву: | Ву: |
| Department Head | Deputy |
| APPROVED AS TO FORM: | APPROVED AS TO FORM: |
| Michael C. Ghizzoni County Counsel | Risk Management |
| Ву: | By: |
| Deputy County Counsel | Risk Management |

First Amendment to Agreement for Practice Management and Electronic Medical Record System between the **County of Santa Barbara** and **OCHIN**, **Inc**.

| IN | WITNESS | WHEREOF, | the | parties | have | executed | this | First | Amendment | to | be | effective |
|--------|---------|--------------|-------|---------|------|----------|------|-------|-----------|----|----|-----------|
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| Dy. | | | | | | | | | | | | |
| | _ | Authorized I | Rep | resenta | tive | | | | | | | |
| Nam | e: | Abby Sears | | | | | | | | | | |
| Title: | - | Chief Execu | ıtive | Officer | | | | | | | | |

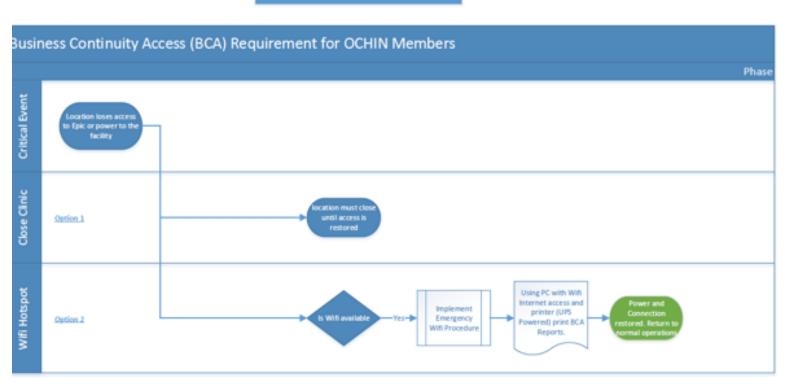
Exhibit AA Business Continuity Access Requirements

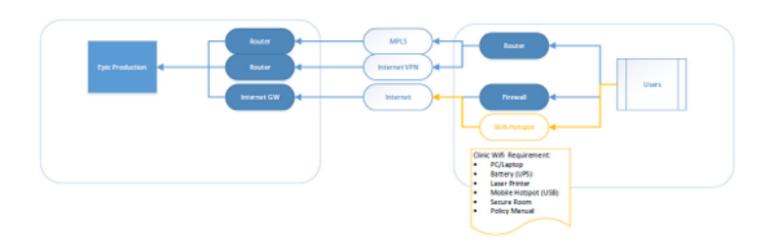
Unless otherwise defined, capitalized terms in this Exhibit have the meanings given on the Cover Pages or the other exhibits.

- 1. Purpose. The purpose of this exhibit ("Exhibit") is to identity Member's obligations for responding to an emergency or other occurrence that damages or destroys Member's access to patient information maintained using the System ("Access Failure"). It is the intent of OCHIN and Member that this Exhibit will meet Epic requirements regarding the access to patient data in the event of an Access Failure and will also meet Epic's Good Maintenance and Accreditation requirements.
- 2. Business Continuity Access Requirements. In the event of an Access Failure, and for so long as the Access Failure continues, Member is responsible for maintaining and will maintain access to a physical copy of the Member's scheduled appointments and all relevant patient clinical data for each patient on the schedule. The requirements of this Section 2 will not apply if Member ceases clinical operations during the Access Failure.
- **3.** Business Continuity Plan. In addition to the requirements of Section 2, Member hereby adopts and implements the Business Continuity Plan as indicated by Member below:

Member shall obtain and maintain a workstation and printer connected to an uninterruptable power supply (UPS) or a cellular service and Internet mobile access device, in accordance with and as more thoroughly described in the attached workflow and Wi-Fi hotspot diagram ("Attachment 1"). In the event of an Access Failure, Member will use the workstation and printer or cellular service and Internet mobile access device to meet the requirements of Section 2.

Attachment 1 to Exhibit AA Workflow and Wi-Fi Hot Spot Diagram





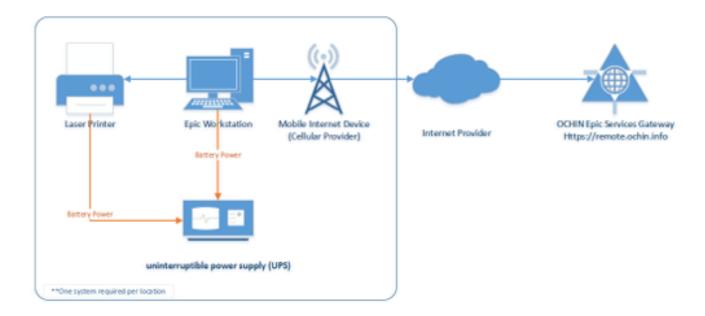


Exhibit J TeleVox ASP Service Amendment

- **A. Background.** Member desires to obtain services offered by TeleVox Software, Inc. ("TeleVox"), for contacting Member's patients by telephone, SMS message, and email (hereafter collectively referred to as "Contact") and reporting patient responses (the "TeleVox Services," as described further in Section 1 below). OCHIN has entered into an agreement with TeleVox for the TeleVox Services (the "TeleVox Agreement"), and this exhibit sets forth the terms on which OCHIN will provide Member with access to the TeleVox Services.
- **B.** Agreement. The parties agree as follows:
 - 1. The TeleVox Services. In providing the TeleVox Services, TeleVox will:
 - 1.1.Contact Member's patients to remind patients of, confirm, and reschedule appointments, at times and frequencies to be determined by Member and OCHIN.
 - 1.2.Confirm patient information, including name and phone number, of patients with whom contact is established.
 - 1.3. Provide reports to Member of attempted, completed, and failed calls, including any patient responses, at Member's request.
 - 1.4. Deliver specified health-related messages to patients of Member at times and frequencies listed below:

| | | | | TIME ZONE | PST |
|--------------|----------------------------------|-----------------------------|-----------------------|------------------------------|--------------------------|
| Initial Call | Days Out: 2 | Business Day(s) | | Initial Call Time: | 6:00-8:30 PM |
| Retry Call | Days Out: 1 | Business Day(s) | | Retry Call Time: | 9:00 - 11:00 AM |
| | CALLING DAY Initial Attempt | CALL FOR APPOINTMENTS ON | | CALLING DAY Retry Attempt | CALL FOR APPOINTMENTS ON |
| | Monday | Wednesday | | Monday | Tuesday |
| | Tuesday | Thursday | | Tuesday | Wednesday |
| | Wednesday | Friday | | Wednesday | Thursday |
| | Thursday | Saturday & Monday | | Thursday | Friday |
| | Friday | Tuesday | | Friday | Saturday & Monday |
| | Saturday | N/A | | Saturday | N/A |
| | Sunday | N/A. | | Sunday | N/A |
| | "Daily Retries will only call "C | Called - No Answer and | d "Phone too busy" ca | Il statuses. " | |

- 2. <u>Member Responsibilities</u>. Member is responsible for:
 - 2.1.Providing OCHIN with information regarding Member's patients as required by TeleVox or OCHIN to provide the TeleVox Services. Member will provide the information in the form and at times specified by OCHIN.
 - 2.2.Designating adequate personnel to provide the patient information described above, monitor reports from TeleVox, initiate and coordinate any customer service calls made by Member under this exhibit, and answer technical questions regarding Member's information systems as required to implement and provide the TeleVox Services.
 - 2.3. Educating Member's patients about use of the TeleVox Services.
 - 2.4. Member will not be responsible for obtaining any additional software or equipment for the TeleVox Services currently covered by the TeleVox Agreement.
- 3. <u>Customer Service</u>. TeleVox personnel will be available by toll-free telephone call from 7:00 a.m. to 8:00 p.m. (CST) (or other regular support hours established from time to time by TeleVox) to answer questions regarding the TeleVox Services, including questions regarding procedures for the TeleVox Services, diagnosing and correcting problems with TeleVox equipment, software, and telephone lines comprising the System, use of reports, and the interface for the TeleVox Services. When calling TeleVox for support, Member personnel are required to provide a reference number issued by TeleVox for identification.

- 1 - PDXDOCS:1466253.2

- 4. **Payment**. Member will pay OCHIN an implementation charge of \$990 within ten days of executing this exhibit. Thereafter, Member will pay OCHIN monthly fees equal to OCHIN's direct per Contact cost under the TeleVox Agreement (or any amendment, extension, or renewal thereof) for Contact made that month on behalf of Member, currently \$0.15 per contact. Monthly fees will be invoiced on a monthly basis for Contact made in the previous month and are due and payable in accordance with Exhibit B, Section 33.
- 5. Termination. OCHIN may terminate the TeleVox Services upon termination of this agreement pursuant to Section 26 of Exhibit B, or at any time if the TeleVox Services are no longer available from TeleVox on the terms set forth in the TeleVox Agreement, whether by expiration, termination, nonrenewal, or breach of the TeleVox Agreement or otherwise. Member may terminate the TeleVox Services (a) upon termination of this agreement pursuant to Section 26 of Exhibit B, (b) upon renewal, amendment, or extension of the TeleVox Agreement resulting in a material price increase to Member, or (c) within 30 days written notice to OCHIN. OCHIN agrees to provide Member 20 days' advance written notice of any material renewal, extension, or amendment of the TeleVox Agreement, and Member's right to terminate the TeleVox Services pursuant to preceding clause (b) is conditioned upon Member providing OCHIN with written notice of Member's intent to terminate within ten days of receiving notice of the renewal, extension, or amendment. If the TeleVox Services are terminated by Member pursuant to Section 26 of Exhibit B, Member will be responsible for (without limiting any amounts payable under Section 26 of Exhibit B) immediate payment of an amount equal to the minimum monthly fees specified in clause (b) of Section 4 above through the expiration of the TeleVox Agreement (including any one-year renewal period that has commenced at the time of termination).
- 6. <u>Disclaimer of Warranties</u>. Except as expressly provided in this exhibit, OCHIN makes no express or implied warranties or representations with respect to the TeleVox Services, whether oral or written, express, implied, or statutory. Without limiting the foregoing, any implied warranty of merchantability, and the implied warranty of fitness for a particular purpose, are expressly excluded and disclaimed.
- 7. **Effect of Amendment**. This exhibit sets forth the terms and conditions for provision of the TeleVox Services only, and does not otherwise alter or modify terms and conditions set forth in the Cover Page and the other exhibits of this agreement.
- 8. **Counterparts**. This exhibit may be executed in counterparts, which together will constitute one exhibit . Fax or other electronic transmission of any signed original document, and re-transmission of any signed fax or other electronic transmission, will be deemed equivalent to delivery of an original. At the request of either party, the parties will confirm fax or other electronically transmitted signatures by signing an original document.

- 2 - PDXDOCS:1466253.2

| Total Contracted Due to OCHIN on Master Contract | Total Budget | Budget for Unanticipated Items (additional hardware, workstations, etc.): Will be drawn upon only with approval. Estimate is based upon 15% of OCHIN implementation cost | Data Archiving Solution: HealtheFormatics - subcontract under OCHIN Master Contract - pass through | Travel for OCHIN staff (reimbursed at cost) - Rebursed to OCHIN | Sub-Total - Forecasted Annual Maintenance Fee payable to OCHN - Please refer to Page 1 of Contract including changes to fees based upon annual increases and actual utilization | Sub-Total - Implementation Fee payable to OCHIN - Please refer to Page 1 of Contract | Data Conversion (placeholder estimate) | Epic PM and EMR Licenses/Interfaces/Set Up Fees which includes all Cache and Scanning and Other applicable | Description | | | |
|--|--------------|--|--|---|---|--|--|--|-------------------------------|-----------------|--|--|
| | | | | | | | | PM and EMR visits | Volume | | OCHIN: F | |
| | | | | | \$ 606,070 | \$ 1,339,670 | | | | | roposed Budget for Santa | |
| \$ 1,339,670 | \$ 1,665,149 | \$ 185,579 | \$ 64,900 | \$ 75,000 | | | \$ 87,625 | \$ 1,252,045 | Implementation One- Time)* | | OCHIN: Proposed Budget for Santa Barbara County Health Depar | |
| | | | | | | | | | | Proposed Budget | epartment | |
| \$ 606,070 | \$ 510,270 | | included in above maintenace | S | | | \$ | \$ 510,270 | Maintenance (Annual) | | | |
| | | | sub contract | | | | Please see and complete Conversion Guide - we will | Estimate based upon current visit volume | Notes | | | |

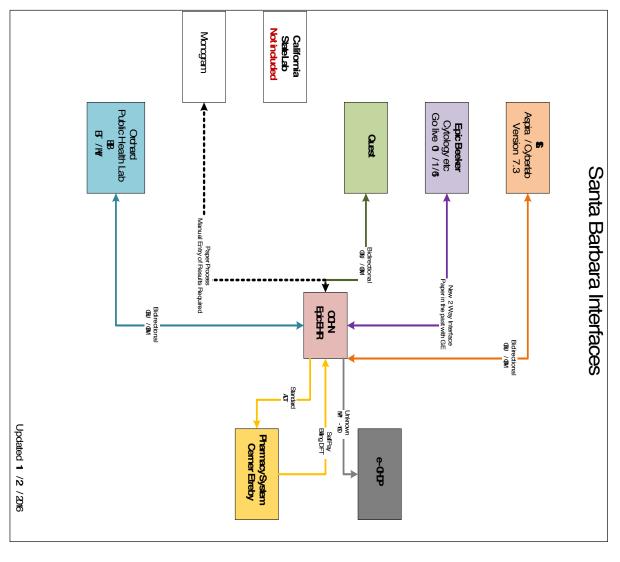
| Navigator | Information |
|------------------------------------|---|
| OB/GYN with Custom Results Console | Visit Navigator to support prenatal and postnatal care. Special tracking tools for pregnancies are incorporated into the tool for reporting, alerts and health of mom and baby. Special build has been done for our members in California to support their government funded CPSP program |
| BH Primary Care Navigator | |
| Behavioral Health/Mental Health | Navigators to support both specialty mental health practices as well as clinics that provide integrated behavioral health service in primary care. |
| HIV Navigator | The HIV navigator supports the needs of our members that serve both HIV and AIDS populations. Very specific tools for HIV mutation tracking and charting tools to help with these complex patients. |
| Ophthalmology/Optometry | Navigator to support Optometry departments and some ophthalmology tools. Mostly for Optometry. Allows for ease in prescribing eye glasses and contacts as well as documenting basic eye care. |
| | |
| | |

| | \$ 500 | \$ 500 | | | | | | OCHINLINK INTERFACE |
|------------------|-----------------------|------------------|-------------------------|---------------------------|---------------------------------------|--|---|--|
| | \$ 960 | \$ 960 | | | | | NINTERFACE | California STATE IMMUNIZATION INTERFACE |
| | | in App | | | | | ADT from Epic to Cemer DFT from Cerner to OCHIN Flat File Provider Monthly to | |
| see below | 2,200 | 2,200 | _ | | | | | CAIR Immunization Interface Sun-RX Pharmacy Interface |
| | 20,350 12,650 | 20,350 12,650 | | | Cottage Internal-Public Health lab | | | Beaker Lab (Cottage Hospital) Orchard Lab (Public Health) |
| | 17,600 | 17,600 | - | - | Internal-clinical lab | - | | Aspyra Quest Lab - Included in Install |
| | | | | | | | year. (LS) | Maintenance will be \$4,800 per year. SEE INTERFACE TAB FOR DETAILS |
| | | | | | COTES | | LAB IN INHACES 1 Quest ONLY interface is included in the implementation price. If the organization | 1 Quest ONLY interface is include |
| | | | | | | | | AD LATER OF THE PARTY OF THE PA |
| 0 | | - | _ | | | | al users | Release of Information to external users Needed to run OCHIN I ink |
| | | | | | | | | ROI MODULE |
| Not paid to OCHI | \$ 11,550 \$ 4,050 | 11,550 | 25 9 | | | \$462 \$450 | out 6 users per 25,000 visits) | Concurrent viewing licenses (about 6 users per 25,000 visits) Kofax Licenses |
| | | | # of license | | | Each concurrent user | | This is used to scan ID cards, Insurance Cards, Consents, etc. |
| | \$ 54,000 | 54,000 | 36 | | | \$ 1,500 | License - 1 Seat using this function | Front Desk Integrated Scanning License - 1 Seat I license needed per workstation using this function |
| | | | | | | | | |
| | (S | | 0 | | - | \$ 711 | (1 needed per scanner used) (+25,000 visits) | 1 "Indexing Only" station license |
| | \$ 21,960 | 21,960 | 9 | | | \$2,440 | Includes Hyland's Workstation Client, Disconnect Scan Client and NOT Kofax licenses | Includes Hyland's Workstation Cl |
| | | | # of license | | | Each scanning station | | DOCUMENT MANAGEMENT SOLUTION 1 High Capacity Scanning station license |
| | | | | | | | also a scrieduler ricerise. Ochrin carrinelo determine your needs. | aiso a scheddier license. Ochin |
| | | | | | | | they may want to purchase more designer licenses and | Depending upon clinic desires, the |
| | \$ 2,415 \$ 6,900 | | | 3 \$ 2,415 12 \$ 6,900 | er License Iler License | \$805 Designer License \$575 Scheduler License | REPORTING (CLARITY DESIGNER & SCHEDULER) Under the contract, the clinic is required to purchase at least one designer license. | REPORTING (CLARITY DESIGNE Under the contract, the clinic is re |
| | | | | # of license | #of li | | Inerefore, when you add EMH, you only have to buy an incremental number or additional licenses | Inerefore, when you add EMH, yo |
| | \$ 256,163 | \$ 85,388 | | \$ 170,775 | | | Client Access License and Citrix License fee. These are concurrent licenses. | Client Access License and Citrix |
| | \$ 256,163 | \$ 85,388 | 63 | 127 \$ 170,775 | | \$ 1,350 Each | Vindows Client Access License Terminal Server | LICENSE PACKS |
| | | | | | | | | |
| | | | # of license | #of license | # of ii | | and billed separately. Additional nodis incurred may result in | additional costs. |
| | 170000 | II Cidada | | ii cia ce | | | This fee does not include OCHIN travel and out of pocket costs. These costs will be | This fee does not include OCHIN travel at |
| | Included | 5000 | | | | | POR ADDE | IMPI EMENTATION TRAINING DA |
| | Included | Included | | Included | | | CENTRAL HARDWARE CENTRAL HARDWARE OCHIN has one centralized hardware configuration used for all OCHIN members. This allows you to not have to maintain hardware at your site and allows for a Master Patient Index. | CENTRAL HARDWARE OCHIN has one centralized hard you to not have to maintain hardy index. |
| | | | | | | | product is EpicCare. The data agregation software Acuere is also implemented. | product is EpicCare. The data ag |
| | | | | | | | purchase is Prelude (registration), Cadence (scheduling), Resolute (Claims). Epic's EMR | purchase is Prelude (registration) |
| | \$ 715,000 | \$ 440,000 | \$ per visit \$ 4.00 | 2.50 \$ 275,000 | \$ per visit \$ 2.50 | | e of products. Included in the practice management | EPIC APPLICATION SOFTWARE |
| | | | | | d for the additional visits. | ne number of visit usage will be nased, the clinic will be invoiced | The initial well purchase is based upon your best estimate of the number of wells your clinic has. The number of wish usage will be reviewed the first calendar quarter of each year. If the clinic is using more visits than originally purchased, the clinic will be invoiced for the additional visits reviewed the first calendar quarter of each year. If the clinic is using more visits than originally purchased, the clinic will be invoiced for the additional visits reviewed the first calendar quarter of each year. If the clinic is using more visits than originally purchased, the clinic will be invoiced for the additional visits reviewed. | The initial visit purchase is basec reviewed the first calendar quarter |
| 0 | Į. | | # of Visits | # of Visits 110,000 | # 0 | | | |
| | TOTAL | nMD | | Div | | | MENTATION FEE | LICENSE PURCHASE & IMPLEMENTATION FEE |
| | | | | | | | | Dec-17 |
| | | | つつエ | | | | Santa Barbara County Public Health | Pricing for |
| | | | | | | | | OCHIN |
| | | | | | | | | |

| MYCHART HAIKU HE | This information includes, bhysical address of circuit location, an onsite thore number (ex. fax/bloor number) and contact person and related information for ensure optimum connectivity. OCHM requires the use of an MPLS circuit as a primary means of connectivity. The monthly cost will vary based on the physical location of the member. INTERNET BACK UP CONNECTIVITY | CONNECTIVITY FEE (TBD) Billed at Actual Information is needed to assess the proposal representative fee and begin the proposal at the time of DCHIN popularia is natural. | MEDICATION FILE MAINTENANCE First DataBank - medication file fee - per provider/year | CERNER Pharmacy (ADT/DFT) CenCal - Patient eligibility load | Orchard Lab (Public Health) CAIR Immunization Interface | Aspyra Quest Lab - Included in Install Rester Lab (Cottons Hospital) | CA STATE IMMUNIZATION INTERFACE LAB INTERFACE MAINTENANCE: | Scanned material Storage fee (based on vis | Front Desk Integrated Scanning Concurrent viewing annual licenses maintenance | Covers indexing station annual license maintenance | TANDUMATE AND SUF INANTE MAIN I ENANGLE FEE (FIM & EININ) COMES MAINTEANCE OF BTO, Central Hardware and Software Maintenance OCHIN central hardware staff and hardware replacement. TOO WIFE AND MODERNING THE COMMENT OF THE COMMEN | | MONITHLY ON-GOING MAINTENANCE CHARGES | | Data conversion is clinic specific and is billed at time and materials. OCHIN can help the clinic estimate this charge. Standard demographic information is included in the implementation fee | DATA CONVERSION | FACILITIES CHARGE This fee is in recognition of the Capital Investment made by OCHIN | CLEARINGHOUSE MANAGEMENT FEE (PM) One Time Covers maintenance of direct connects and E-Remits, all eligibility loads (270/271) | MYCHART INSTALLATION | RightFax | TELEVOX DRAGON (Nuance) | CenCal - Patient eligibility load | Medical Devices Named Here | OTHER INTERFACES and INTEGRATED DEV |
|---|---|--|--|---|--|--|---|--|---|--|--|-----------|---------------------------------------|----------------------------------|--|--------------------------------|--|---|----------------------|---|-------------------------------|-----------------------------------|------------------------------|-------------------------------------|
| Handheld Mobile Access for Android & iPhone iPad Mobile Access | of circuit location, an ons ires the use of an MPLS | connectivity fee and her | vider/year | | | | | t volume- see grid in cor | ance | tenance | are and Software Mainte replacement | | RGES | | d at time and materials. mographic information is | | ment made by OCHIN |) One Time E-Remits, all eligibility lo: | | | | | ACES | 0000 |
| or Android & iPhone | ite phone number (ex: fax circuit as a primary mean | rin the process at the time | \$ 100 | | | | | tract) | | | nance | | | | OCHIN can help included in the implemen | | | | | | | | | |
| \$ 2.60 | phone number) and contains of connectivity. The mont | Billed at Actual | Providers | | | | | | Scanning Station Concurrent (6) | Scanning Station Scanning Station | | | | | ltation fee. | | \$2,500 | 20.00 85 | | | \$990 | | | |
| per Annual active patient license Set up on a per Provider basis Set up on a per Provider basis | hly cost will vary | | 85 | | | | | \$2,500 | \$ 300 | \$ 249 | 0 | ÷ | | | | | | | | | 0 | | | |
| ent license der basis der basis | nformation | | | | | | | | | | 2.23 | | | | | | | | | | | | | |
| | | | | | | | | | | | 20,020 | 3 | | | φ. | | | ₩ | | | | | | |
| 5,000 | | | | | | | | | | | 247,300 | | | | 456,790 | | | 1,700 | | | | | | |
| patient volume | | | ₩ | | \$ \$ \$ | o 60 60 | · · · · · | e 6 | 60 60 | ↔ ↔ | | Per Visit | | | | | | | | | | | | |
| | | 350 | 708 \$ | | 211 \$ 100 \$ | | | | 900 \$ | 187 \$ | 14,007 | ÷ [] | | | | | | ₩ | | | | | | |
| | | 4,200 | 8,500 | | 2,530 1,200 | 3,520 4,800 | 1,200 | 2,500 | 10,800 2,075 | 2,241 | 170,000 | ANNUAL | | | 882,880 | 87,625 | 2,500 | 1,700 | 1,700 | 8,000 | 5,000 | \$7,370 | | |
| | | ₩ | ₩ 6 | 9 69 69 | \$\$ \$\$ \$\$ | e ee ee | ÷ + + | 9 69 | 69 69 | ₩ ₩ | \ | MONTHLY | ₩ | • | 6 | | ↔ | 69 | Included | | €9 | | | |
| φ | | 350 \$ | 00 | 257 \$ | | | | | 900 \$ | 187 \$ | 35,292 | | 1,479,570 Total Implementation Costs | 64,900 HealtheForma | BUD 1,339,670 Core Implementation | 87,625 See Data Conversion Tab | 2,500 | 3,400 | be here | 8,000 One time imp | 990 One time imp 5,000 | \$7,370 | - IO DE SOPPE | To be sconed |
| 13,000 | | 4,200 | 8,500 | 3,079.92 | 2,530 1,200 | 3,520 4,800 | 1,200 | 2,500 | 10,800 2,075 | 2,241 | 423,500 | ANNUAL | entation Costs | HealtheFormatics SOW - Pass thru | BUDGET entation | າversion Tab | | | | One time implementation payment to OCHI | implementation payment to OCH | | lo be scoped at a later time | at a later time |

| ↔ | | | | | | | | | | Total Paid to OCHIN |
|----------|--------|------------|--------------|----------------------------|-----------|---|------------------|------------------------|-------------------------------------|---|
| ↔ | | | | | | | | | | Total Budget |
| | | | | | | | | | | illyologo ale dde williin 10 days o'i leceipt. |
| | | | | | | | | | the end of the month. | Monthly invoices are usually sent 15 days following the end of the month |
| 57 \$ | 51,857 | 229,636 \$ | \$ 19,136 \$ | \$ 255,164 | \$ 52,877 | | | | | |
| 156 \$ | 15 | 69 | | 1,872 | 156.00 | | cense | \$13 per license | ANCE | EPIC CLARITY SCHEDULER MONTHLY MAINTENANCE |
| \$ | | 6 | | 792 | 66 | | cense | \$22 per license | NOE | EPIC CLARITY DESIGNER MONTHLY MAINTENANCE |
| 50 \$ | 477.50 | \$ | | | | | | or each additional pag | .50 per patient statement and \$.00 | Depends on the volume and make up of payors; \$.50 per patient statement and \$.09 for each additional page |
| 30 \$ | 1,530 | €9 | | | Trizetto | \$18 per provider per month from Trizetto | | Billed at Actual | | CLEARINGHOUSE FEE |
| 30 | 1,530 | € | | | | | 2,500.00 | ↔ | Annual Support and Maintenance | Annual |
| 30 | | €9 | | | | | 5,000.00 | €9 | License | Annual License |
| | | | | | | | | | | Patinet Archive-Health e formatics |
| 2500 | 25 | | | 25,000 monthly page volume | 25,000 | | \$0.10 | | | RIGHTFAX |
| 3000 | 30 | | | 30 providers | 30 | | \$100 | | | DRAGON (Nuance) |
| 1,050 \$ | | €9 | | | 7,000 | act | 0.15 per contact | 69 | | TELEVOX |

| 2. Work with Informative Not to complete setup 3. Midmark (x) to complete the device setup 3. Midmark will notify OCHIN once setup is complete 5. OCHIN will create a SOV for the integration 4. Member returns approved SOW and list who will be accessing the machine 5. OCHIN will complete the integration and security template setup 5. OCHIN will complete the integration and security template setup 5. OCHIN will complete the integration and security template setup 5. OCHIN will complete the integration and security template setup 5. OCHIN will complete the integration 5. Sub-Total Setup Fees 5. Sub-Total Annual Maintenance 5. Sub-Total Setup Fees 5. Sub-Total Se | | | 0 N/A Midmark D | 0 N/A Midmark D | QUANTIT ITEM # DESCRIPTION | OCHIN Midmark Integration Fees | | 0 Annual Si | 0 Midmark | 0 Midmark | QUANTIT ITEM # DESCRIPTION | Midmark Cublicance Coffware | 0 Midmark | 0 Midmark | QUANTIT ITEM # DESCRIPTION | Midmark Device Setup | 0 Midmark | | IIEM# | vice Cost | | | 0 # of Spirometers (new) | 0 # of Spirometers (existing) | 0 # of EKG's (new) | O # OI ENG'S (existing) |
|--|----------|--------------|---|--|----------------------------|--------------------------------|--------------|---|--|--|----------------------------|-----------------------------|-----------------------------------|---|----------------------------|----------------------|-------------------|-----------------|-------|-----------|--|-----------------------|--|--|---|---|
| Sub-Total Se Total Annual Maint | | Sub- | Midmark Device Integration (EKG or Spiromiter) - Annual Maintenance | Midmark Device Integration (EKG or Spiromiter) | TION | | | Annual Sublicense and Support Program Fee \$250 per Device Type | Midmark EPIC SPIRO Device Type Integration | Midmark EPIC ECG Device Type Integration | TION | | EPIC SPIRO Device Virtual Channel | Midmark EPIC ECG Device Virtual Channel | TION | | EPIC SPIRO Device | EPIC ECG Device | ION | | 5. OCHIN will complete the integration and | | 5. OCHIN will create a SOW for the integra | 3. Midmark will notify OCHIN once setup is | 2. Work with Midmark CX to complete the | Complete the Midmark license older form |
| | Total Se | Sub-Total Se | | | PI | lotal Annual Maini | Sub-Total Se | | | | PI | Sub-Total Se | | | PI | Sub-Total Se | | | | | security template se | who will be accessing | tion | complete | device setup | |



| | | | | | | | Medicaid Assignment eligibility check | Request | Additional Request: | NOTE: Request for Monogram is being met via paper | Total | SUNKX 3400 WITH FIRE FILE | Cencal - Patient eligibility load | | CERNER Pharmacy (ADT/DFT) | E-CHDP | CAIR Immunization Interface | Orchard Lab (Public Health) | Beaker Lab (Cottage Hospital) | Quest Lab - Included in Install | Aspyla | | | | |
|--|--|--|--|--|---|--|---------------------------------------|-----------------------|---------------------|---|-------------|---------------------------|-----------------------------------|----|--|---|-----------------------------|---|-------------------------------|--------------------------------------|--|--|---|-----------------------|---------------------------|
| | | | | | | | Flat file for eligibility checks | Description | | ng met via paper | רומנ רווכ | | | | DFT from Cerner to OCHIN Flat File Provider Monthly to Cemer | This request may not be able to be met. Still in discovery. ADT from Enic to Cemer | Unidirectional Interface | ADT Interface out to Pharmacy/DFT Interface back into Epic. NOTE: OCHIN cannot provide insurance matching at this time. | Standard | may result in additional labor costs | Standard Any requests for unique workflow or changes | Have done this interface once but problematic. Will need | | Description | Interfaces: Santa Barbara |
| | | | | | | | | Hours | | | 912 | 3 | 6/ | 67 | 140 \$ | 225 | | 115 | 185 | ı | 100 | 200 | | Hours | |
| | | | | | | | | Rate | | | - - | | 011 | | \$ 110 | ⇔ | \$ 960 | \$ 110 | \$ 110 | 1 | 0 | | | Rate | |
| | | | | | | | | Total | | | \$ 84,030 | | \$ 7,370 | | \$ 15,400 | \$ 7,500 | \$ 960 | \$ 12,650 | \$ 20,350 | | \$ 17,000 | | | Total | |
| | | | | | t | | | Annual Maintenance | | | 69 6 | A | | | ↔ | ↔ | ↔ | ↔ | ↔ | ↔ | ¥ | 9 | | Annual Maintenance | |
| | | | | | | | _ | | | | 19,100 | 7 00 00 | | | 3,080 | 500 | 100 | 2,530 | 4,070 | 4,800 | 3,520 | 3 3 5 | L | | |
| | | | | | | | | Comments | | | | | | | 3,080 Includes 30 hours of data mapping | OCHIN is going to deploy this across California. Santa Barbara will need to pay the vendor cost | | | | | | | | NOTES | |
| | | | | | | | | | | | | | | | Flat file inte | | | | | | | | | | |

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| | | | | | | | | |
| | | MiPac | s lı | maging F | Pric | ing | | |
| | | | | | | | | |
| | Workstatio ns / Licenses | Volume | Dr | ice | се | intenan Fee | ce F | ntenan ee nthly) |
| | | | | | · . | nnual) | , | • • |
| | Tier 1 (1-5 v | | \$ | , | \$ | 713 | \$ | 59 |
| | Tier 2 (6-9 v | | <u> </u> | 8,393 | \$ | 1,223 | \$ | 102 |
| | Tier 3 (10-1 | - | - | 11,193 | \$ | 1,631 | \$ | 136 |
| | Tier 4 (20-3 | by tier | \$ | 12,593 | \$ | 1,835 | \$ | 153 |
| | | | L | | | | | |
| | | | | | | | | |
| | | MiPa | acs | - Pros/C | on | S | | |
| | | | | | | | | |
| | MiPAC | S Pros | | Oth | ner | PACS C | ons | |
| | + Integratio | n in Wisdom | - | No In | tegr | ation | | |
| | + OCHIN H | as central st | - | Custo | m I | ntegratio | n (\$) |) |
| | + OCHIN S | upports Pro | · | Custo | m۱ | Norkflow | /s (\$) | |
| | + Non-Dent | al image int | - | No O | CHI | N suppo | rt for | Dexis |
| | + Future HI Integration central!) | (must be | - O(| Highe | | upport co | st fro | om |
| | + Future My (must be ab out of MyC | ole to pull | - | No C | linic | al Image | es (Xi | ray, eye |
| | + Backup a Term Archiv (business c and disaste | ve continuity | _ | No H | IE Ir | ntegratio | n | |
| | + Sensors v from Dexis/ new sensor | other (NO costs) | _ | | _ | nart/ROI | | |
| | + Upgrade | support for E | - | | | does bad | • | |
| | + Systems | Monitoring (| | Upgra d PACS CHIN | | support supporte | | |

| | | | | OCHIN | |
|------|-------------|--------------------|------------|-------------------------------------|--------------|
| | | | | Pricing for | |
| | | | | 12/14/17 | |
| | | | | (subject to change) | |
| | E-Signatur | e | | | |
| | | | | | |
| | OCHIN Pri | ce | | | |
| Each | | Per Consent For | m | Additional Consents requested beyor | nd |
| 189 | 6 \$ 31 | Annual Maintena | ance | initial 3 provided by OCHIN | |
| | Signature I | Pad | | | |
| | <u> </u> | | | | Zones Part # |
| Each | \$ 354.97 | Topaz Signature | Pad | Bought through Zones | 05432178 |
| | \$ 114.99 | 2 Year Maintena | | Bought through Zones | |
| | Web Came | era | | | |
| | | | | | Part # |
| Each | \$ 48.97 | Microsoft HD -60 | 000 | Bought through Zones | A03022185 |
| | \$ 5.99 | Annual Usage M | laintenar | c Bought through Zones | |
| | Front Desk | Scanner | | | |
| | . | D 11 DO 11 | | | Part # |
| Each | \$ 139.97 | Brother DSmobil | | Bought through Zones | A03049426 |
| | \$ 21.99 | 2 Year Maintena | nce | Bought through Zones | |
| Each | \$ 1,500 | Software for Sca | nner | Bought from OCHIN | |
| | Fax Server | | | Bought through Zones or Open Text | |
| | | | | | |
| | | Price determine | d through | n conversation with | |
| | | Open Text to det | termine r | ight fax and determine | |
| | | the desired bill o | of materia | ils. Range \$8K - \$25K. | |
| | Note: | Related workflow | v redesic | in from OCHIN has no charge. | |