



## AMENDMENT NO. 1-69NM5LF

Amendment No. 47 (Client Internal Reference)

THIS AMENDMENT NO. 1-69NM5LF between Cerner Health Services, Inc. ("**Cerner**"), a Delaware corporation having its principal place of business at 51 Valley Stream Parkway, Malvern, Pennsylvania, 19355 and the County of San Mateo, San Mateo Medical Center ("**Client**"), a having its principal place of business at 222 W 39Th Avenue, San Mateo, CA, 94403-4364, is effective as of \_\_\_\_\_, 2018 ("**Amendment No. 1-69NM5LF Effective Date**"),

WITNESSETH:

WHEREAS, Client and Siemens Medical Solutions USA, Inc. ("**Siemens**") were parties to an agreement dated September 23, 2003, (as amended, the "**Agreement**"). In connection with Cerner Corporation's acquisition of the Health Services business of Siemens effective February 2, 2015, Siemens has assigned the Agreement to Cerner.

WHEREAS, Client and Cerner, as successor in interest to Siemens under the Agreement wish to amend the Agreement, specifically Amendment No. 22, dated January 10, 2012, in certain respects and to add Experian Health suite of solutions and services to the Agreement,

NOW, THEREFORE, in consideration of the premises, the parties hereto do hereby covenant and agree as follows:

**Exhibits.** This amendment includes the following exhibits which are attached hereto and incorporated by reference:

- A – New Solutions and Services
- B – Scope of Work
- C – Pass-Through Provisions
- D – Service Level Agreements
- E – Hardware Requirements
- F – Full Network Connectivity Diagram
- G – Experian Solutions Descriptions
- H – Implementation Resource Estimate

1. **Not to Exceed.** Section 16 of Amendment No. 22 of the Agreement is hereby deleted in its entirety and replaced with the following:

**"NOT TO EXCEED AMOUNT.** Section 7.8 of the Agreement, which imposed a not to exceed amount of \$12,000,000 for the original term of the Agreement, has subsequently been amended and hereby deleted in its entirety and replaced as follows:

**Services September 2003 through April 30, 2008.** For licenses, services, expenses, charges, and all other items provided under the Agreement between its initial execution in September 2003 and April 30, 2008, the maximum costs to Customer had a not to exceed amount of \$8,500,000 (the "First Period Not to Exceed Amount").

**Services April 30, 2008 through June 30, 2011.** For licenses, services, expenses, charges, and all other items provided or to be provided under the Agreement between May 1, 2008, and June 30, 2011, the maximum costs to Customer had a not to exceed amount of \$4,517,899.85 (the "Second Period Not to Exceed Amount").

**Services July 1, 2011 through June 30, 2012.** For licenses, services, expenses, charges, and all other items provided or to be provided under the Agreement between July 1, 2011, and June 30, 2012, the maximum costs to Customer had a not to exceed amount of \$3,850,000.00 (the "Third Period Not to Exceed Amount").

**Services July 1, 2012 through December 31, 2020.** For licenses, services, expenses, charges, and all other items provided under the Agreement for the period beginning July 1, 2012, through December 31, 2020, the maximum costs to Customer has a not to exceed amount of \$29,618,914 (the "Fourth Period Not to Exceed Amount").

All travel and living expenses are subject to the applicable not to exceed amount.

The parties will mutually determine, on a case-by-case basis, whether any future amendments will increase the Fourth Period Not to Exceed amount, but any such change must be duly approved in writing and in advance by each party in order to be effective. Contract services under the Fourth Period Not to Exceed Amount shall terminate upon exhaustion of that not to exceed amount or expiration of the contract term, whichever occurs first, in accordance with the provisions of the Agreement unless the Agreement is duly amended in writing by each party to change the not to exceed amount."

2. **New Solutions and Services.** Cerner agrees to sell and Client agrees to purchase the solutions and services summarized in the table below and outlined in Exhibit A of this Amendment No. 1-69NM5LF. Cerner represents and warrants that a portion of these services are to be performed by Cerner (the "Cerner Services") and that for the remaining services and the solutions summarized in the table below and outlined in Exhibit A (collectively, the "Experian Solutions") Cerner is an authorized reseller. Accordingly, Cerner represents and warrants that it has the legal authority to sell the Experian Solutions to Client under this Amendment.

Description	One Time Charges	Monthly Charges
Professional Services		
Fixed Fee	\$ 90,351	-
Fee For Service	\$ 25,410	-
Transaction Services	\$ 4,118	\$ 12,280
Subscriptions	-	\$ 8,951
<b>TOTAL</b>	<b>\$ 119,879</b>	<b>\$ 21,231</b>

**PAYMENT TERMS.** Payment Terms for the solutions and services set forth in Exhibit B are as follows:

**SUBSCRIPTIONS**

**Monthly Fees.** The monthly subscription fees are payable annually beginning upon First Productive Use ("FPU"), estimated to be June 1, 2019.

**TRANSACTION SERVICES**

**One-Time Fees.** The one-time transaction services fees will be paid upon FPU, estimated to be June 1, 2019.

**Monthly Fees.** The monthly transaction services fees are based on the expected monthly transaction volumes set forth in Exhibit A. The monthly fees will be invoiced each month in advance, beginning upon FPU, estimated to be June 1, 2019.

**Monthly Overage Fees.** If Client's transaction volume in any given month exceeds the scope of use limit(s) for the transaction services as set forth in Exhibit A, the additional overage fee(s) set forth in the Exhibit A, Transaction and Overage Fees, will apply. Monthly overage fees are invoiced in arrears, as incurred.

**PROFESSIONAL SERVICES**

The fees for Professional Services are based on the Scope of Work, as further described in the Project Work Plan, and for any work performed in addition to or outside the Scope of Work or Project Work Plan, the Change Order Process in the Agreement's Exhibit A Section 2 will apply.

**Fixed Fee.** The total professional services fees will be paid in 6 equal monthly payments of \$15,059 each, beginning 30 days following project kick-off, defined as the first call or meeting between Cerner and Client taking place regarding the Experian solutions project.

**Fee for Service.** Professional services provided on a "time and materials" basis will be billed monthly at the rates set forth in the Exhibit A.

## **TERM AND TERMINATION.**

**Subscription Services and Transaction Services.** All subscription services and Transaction Services begin upon FPU, estimated to be June 1, 2019 and continue for the Support Term of the Agreement.

3. **Scope of Use Expansion.** If a scope of use limit set forth in Exhibit A is exceeded, Client agrees to pay the additional fees below, which are valid for two (2) years after First Productive Use, and thereafter increase no more than once per year at a rate not to exceed the greater of (a) four percent (4%) per year or (b) the annual percentage increase in the Consumer Price Index (All Urban Consumers).

<b>Solution Description</b>	<b>Scope of Use Metric</b>	<b>Extending Scope of Use Limit by</b>	<b>Additional Licensing Fees</b>	<b>Additional Monthly Support Fees</b>	<b>Additional Monthly Fees</b>
eCare NEXT In-Process Script touchless process -Per Instance	Each	1	-	-	1,607
Passport eCare NEXT - Document Imaging Interface	Each	1	-	-	262
Passport NOA	Annual Encounters	38,816	-	-	257
Passport NOA - Add Fax Payer	Each	1	-	-	714
Passport NOA - Document Imaging Interface (Per Interface)	Each	1	-	-	262
Passport NOA - Remote Posting - Scripting	Each	1	-	-	393
Registration QA - With Passport eCare NEXT	Each	1	-	-	3,143

Scope of use will be measured periodically by Cerner's system tools, or, for metrics that cannot be measured by system tools or obtained through industry available reporting sources (e.g. FTEs or locations), Client will provide the relevant information (including records to verify the information) to Cerner at least one (1) time(s) per year. Client agrees that if an event occurs that will affect Client's scope of use (such as acquisition of a new hospital or other new facility), Client will promptly notify Cerner in writing of such event no later than thirty (30) days following the effective date of such event so that Client's scope of use can be reviewed. Any additional fees due under this Section will be payable within thirty (30) days following Client's receipt of an invoice for such fees. Any additional monthly fees will begin on the date the limit was exceeded, and paid annually (pro-rated for any partial month).

4. **Annual Increases.** Cerner may revise the monthly fees for Subscription services and Transaction Services set forth in Exhibit A beginning on October 1, 2020, but no more frequently than once in any fiscal year of the Client (July 1 through June 30) on thirty (30) days' written notice by the lesser of four percent (4%) or the previous calendar year's percentage increase in the United States Department of Labor Consumer Price Index, All Urban Consumers ("CPI"). All such adjustments shall be effective as of the first day of Client's next fiscal year (July 1), after receipt of such notice. Cerner may increase the monthly fees at any time during the term if Cerner's third-party supplier increases the fees to be paid by Cerner, with such increase being limited to the amount of increase in Cerner's fee to the third-party supplier.
5. **Acceptance.** Acceptance will be in accordance with Section 5 of Exhibit A to the Agreement, but for the Experian Health suite of solutions and services being implemented under this Amendment, the time period for Client to perform acceptance testing as described in that Section 5 will be the time period specified in the mutually agreed Project Work Plan rather than the sixty (60) day period mentioned in that Section 5.
6. **Training.** Three (3) days of training, performed by one (1) trainer, is included in the scope of work. Training can be provided on-site or remote based on client request. Additional training may be purchased at \$2,000 per day. Webex training is available as needed at no charge.
7. **Travel and Lodging expenses.** Travel and lodging expenses for onsite Experian resources are included in the implementation professional services fees for the scope of work.
8. **Support.** All support for the Experian suite of solutions and services provided for in this Amendment No. 1-69NM5LF are the responsibility of Cerner as described in Exhibit B of Amendment No. 22 to the Agreement. Cerner is the primary contact of all support issues and will utilize Experian Health to assist in support issues as required.

9. **Regulated Data.** Client understands that, in accordance with applicable law, Experian Health must evaluate and approve Client's right to receive data regulated by the Gramm-Leach-Bliley Action, 15 U.S.C.A., Section 6801 et. Seq. (2000) GLB Act ("Regulated Data") prior to permitting Client's access to such Regulated Data. As such, Client agrees to complete and return to Experian Health the Experian Membership Agreement, in a timely manner. Client acknowledges and agrees that Client's access to any service containing Regulated Data shall be contingent upon approval of Experian Health. Should Client's access not be approved Cerner's obligations to provide Experian Health's Address Checker is terminated as is Client's obligation to pay Cerner for any related Fees provided for in this amendment.

In all other respects, the Agreement remains unchanged.

IN WITNESS WHEREOF, the parties hereto do hereby execute this Amendment No. 1-69NM5LF as of the Amendment No. 1-69NM5LF Effective Date.

**SAN MATEO MEDICAL CENTER**

By: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print)

Title: President, Board of Supervisors, San Mateo County

Attest By: \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print)

Title: Clerk of said Board

**CERNER HEALTH SERVICES, INC.**

By: \_\_\_\_\_

Teresa I Waller

Title: Sr Director, Contract Management

## EXHIBIT A – NEW SOLUTIONS AND SERVICES

### SUBSCRIPTIONS

Solution Code	Description	Qty	Scope	Term (Mo)	One-Time Fees	Monthly Fees	Solution Description Code	Pass-Through Code
<b>Quote: Solutions - Experian (1-13665328685-R-6)</b>								
07642551	eCare NEXT In-Process Script touchless process -Per Instance	1	Each	19		1,607		
07642577	Passport eCare NEXT - Document Imaging Interface	1	Each	19		262		
07642593	Registration QA - With Passport eCare NEXT	1	Each	19		3,143		
07642122	Passport NOA	388,153	Annual Encounters	19		2,570		
07642619	Passport NOA - Add Fax Payer	1	Each	19		714		
07642635	Passport NOA - Remote Posting - Scripting	1	Each	19		393		
07642643	Passport NOA - Document Imaging Interface (Per Interface)	1	Each	19		262		

### TRANSACTION SERVICES

#### One-Time and Monthly Fees

Solution Code	Description	Qty	Scope	Term (Mo)	One-Time Fees	Monthly Fees	Solution Description Code	Pass-Through Code
<b>Quote: Solutions - Experian (1-13665328685-R-6)</b>								
07642080-MIN	Premium Eligibility Verification Service	100,000	Each	19		10,000		
07642098-MIN	Coverage Discovery	1,000	Each	19		1,800		
07602225-MIN	Pmt Asmt Address Checker Fixed Fee Trx	1,000	Address Verifications	19		480		59800_EXP
07642494	Address Checker	1	Each		4,118			

#### Transaction and Overage Fees

Solution Code	Description	Qty	Scope	Transaction Usage Fees	Monthly Overage Fees	Annual Overage Fees	Solution Description Code	Pass-Through Code
<b>Quote: Solutions - Experian (1-13665328685-R-6)</b>								
07642080-BILL	Premium Eligibility Verification Service Overage Fee	1	Each		0.11			
07642080-TRANS	Premium Eligibility Verification Service Transaction	1	Each					
07642098-BILL	Coverage Discovery Overage Fee	1	Each		1.85			
07642098-TRANS	Coverage Discovery Transaction	1	Each					
07602191-TRANS	Pmt Asmt Address Checker Per Trx Fee							59800_EXP
07602191-BILL	Pmt Asmt Address Checker Per Trx Fee	1	Address Verifications		0.50			59800_EXP

### PROFESSIONAL SERVICES

Phase	Project	**Bill Type	Solution	Rate	Metric	Qty	Fees	Pass-Through Code
<b>Quote: Professional Services - Experian (1-13733847186-R-1)</b>								
1	Consulting Clinicals	FFS	Document Management Consulting					
			Document Management Architect	165	Hour	16	2,640	

Phase	Project	**Bill Type	Solution	Rate	Metric	Qty	Fees	Pass-Through Code
<b>Quote: Professional Services - Experian (1-13733847186-R-1)</b>								
1	ConsultingTechnology	FFS	Technology Consulting					
			Integration Technology Consultant	165	Hour	100	16,500	

Phase	Project	**Bill Type	Solution	Rate	Metric	Qty	Fees	Pass-Through Code
<b>Quote: Solutions - Experian (1-13665328685-R-6)</b>								
1	HDX Consulting	FFS	HDX Consulting					
1	HDX Consulting	FFS	HDX Implementation Consultant				6,270	
1	TP ExperianRevWx AMT	FF	eCare NEXT In-Process Scripting Touchless Processing 07642353				41,765	
1	TP ExperianRevWx AMT	FF	Registration QA - With Passport eCare NEXT 07642437				15,529	
1	TP ExperianRevWx AMT	FF	Passport NOA - Remote Posting - Scripting Interface 07642478				5,882	
1	TP ExperianRevWx AMT	FF	Passport eCare NEXT - Coverage Discovery 07642965				3,529	
1	TP SearchAmerica	FF	Passport eCare NEXT - Document Imaging Interface 07642411				6,471	
1	TP SearchAmerica	FF	Passport NOA Setup Fee 07642213				7,763	
1	TP SearchAmerica	FF	Passport NOA - Add Fax Payer 07642452				2,941	
1	TP SearchAmerica	FF	Passport NOA - Document Imaging Interface 07642486				6,471	

\*\*FF = Fixed Fee / FFS = Fee For Service

Professional services pricing is valid until September 25, 2018. If a Amendment is not executed on or before such date, this pricing is considered null and void and will be subject to revision. Cerner will not schedule resources for implementation services until this Amendment has been executed by both parties and processed by Cerner.

## EXHIBIT B – SCOPE OF WORK

The expected duration of implementation for the Experian suite of solutions and services provided for in this amendment is six (6) months. Prior to commencing any services under this amendment Cerner and Client shall agree in writing on a Project Work Plan. The project plan will detail tasks with due date and assigned resources to complete. Cerner's project manager will coordinate weekly meetings and distribute project status reports to the client.

### TRANSACTION SERVICES

EXPERIAN HEALTH SCOPE OF WORK	
Address Checker (07642494)	
Address Checker validates and returns corrected patient demographic information including name, address, social security number, date and birth and phone number.	
Cerner Tasks/Activities	<ul style="list-style-type: none"><li>• Milestone 1:<ul style="list-style-type: none"><li>◦ Enrollment and administrative set-up</li><li>◦ Project introduction – kickoff</li></ul></li><li>• Milestone 2:<ul style="list-style-type: none"><li>◦ Implementation initiation and project plan scope</li><li>◦ System configuration:<ul style="list-style-type: none"><li>▪ Complete address verification rules</li><li>▪ Customized demographic verification scripting</li><li>▪ Customized batch processing configuration and set up 1 format</li></ul></li><li>◦ Integration set up, configuration, and testing</li><li>◦ Ad hoc transaction access</li><li>◦ User acceptance testing</li></ul></li><li>• Milestone 3:<ul style="list-style-type: none"><li>◦ Super-User training – Provided to super-user during implementation.</li><li>◦ End-user training provided by client based on manual triggers for Address Checker</li><li>◦ Optimization 30 days after go live</li></ul></li></ul>
Client Tasks/Activities	<ul style="list-style-type: none"><li>• Assign a project manager who will organize Client resources as necessary to achieve the implementation of this service</li><li>• Supply any and all data connectivity necessary for Experian Health to deliver these services</li><li>• Membership Application Required for implementation of this product.</li></ul>
Project Assumptions	<ul style="list-style-type: none"><li>• Client has met its Client responsibilities</li><li>• Work is performed remotely unless otherwise noted or agreed upon (such as training)</li></ul>

### PROFESSIONAL SERVICES

**Third Party Services.** Capitalized terms used in third party statements of work shall have the meanings ascribed to them herein, or as set forth in the applicable third party's pass-through provisions. Where there is a conflict between the definitions in third party statements of work and the Agreement, the definitions in this Scope of Services section shall control, but only with regards to the subject matter set forth herein.

**EXPERIAN HEALTH SCOPE OF WORK – PASSPORT ECARE NEXT INTERGRATION**

In-Process Scripting Touchless Processing & Document Imaging Interface  
(07642353, 07642411)

In-Process Scripting enables providers to post-back corrected information directly into their discreet Cerner fields. This allows registrars to verify and correct address and eligibility data before the patient leaves the registration area. Document Imaging Interface will take a screenshot of the eligibility response and send it back into the document management system.

<b>Tasks/Activities</b>	<ul style="list-style-type: none"><li>• All tasks relate to both Passport eCare NEXT - In-Process Scripting + Touchless Processing and Passport eCare NEXT - HL7 + Touchless processing unless otherwise stated</li></ul>
<b>Cerner Tasks/Activities</b>	<ul style="list-style-type: none"><li>• Milestone 1:<ul style="list-style-type: none"><li>◦ Enrollment and administrative set-up</li><li>◦ Project introduction – kickoff</li></ul></li><li>• Milestone 2:<ul style="list-style-type: none"><li>◦ Implementation initiation and project plan scope</li><li>◦ Virtual private network (VPN)/firewall connectivity set up and testing</li><li>◦ Interface connectivity set up and testing</li><li>◦ In Process Scripting (IPS) development workstation connectivity</li><li>◦ System configuration:<ul style="list-style-type: none"><li>▪ Complete build of payer and relationship lists</li><li>▪ Complete eligibility verification rules</li><li>▪ Complete standard alert build list</li><li>▪ Perform alerts review with Client</li><li>▪ Build and test custom alerts per alerts review</li><li>▪ Incorporate alerts from other products installed</li><li>▪ Complete and validate work queue configuration</li></ul></li><li>◦ In process scripting development</li><li>◦ User acceptance testing</li></ul></li><li>• Milestone 3:<ul style="list-style-type: none"><li>◦ User training – Up to 3 days of training with train the trainer approach (onsite option available) Optimizations<ul style="list-style-type: none"><li>▪ Continue weekly status calls and action item review</li><li>▪ Perform 30 day post go live optimization</li></ul></li></ul></li></ul>
<b>Client Tasks/Activities</b>	<ul style="list-style-type: none"><li>• Assign a project manager who will organize Client resources as necessary to achieve the testing and implementation of this service. Supply any and all data, connectivity necessary for Experian Health to deliver these services.</li></ul>
<b>Deliverables</b>	<ul style="list-style-type: none"><li>• Configured Passport eCare NEXT bar</li></ul>
<b>Project Assumptions</b>	<ul style="list-style-type: none"><li>• Client has met its Client responsibilities</li><li>• Work is performed remotely unless otherwise noted or agreed upon</li></ul>



## EXPERIAN HEALTH SCOPE OF WORK

Registration QA  
(07642437)

Registration QA automatically identifies registration errors and displays specific resolution alerts in real-time, allowing management and staff to monitor errors, make corrections, or pass the error to an appropriate resource for resolution. The unique solution informs users of the proper corrective action needed based on customer defined protocols and gives users real-time feedback on the status of their accuracy.

<b>Cerner Tasks/Activities</b>	<ul style="list-style-type: none"> <li>• Milestone 1: <ul style="list-style-type: none"> <li>◦ Enrollment and administrative set-up</li> <li>◦ Project introduction – kickoff</li> </ul> </li> <li>• Milestone 2: <ul style="list-style-type: none"> <li>◦ Implementation initiation and project plan scope</li> <li>◦ Virtual private network (VPN)/firewall connectivity set up and testing</li> <li>◦ Interface connectivity set up and testing</li> <li>◦ System configuration <ul style="list-style-type: none"> <li>▪ Complete standard alert build list</li> <li>▪ Perform alerts review with Client</li> <li>▪ Build and test custom alerts per alerts review</li> <li>▪ Incorporate alerts from other products installed</li> <li>▪ Complete and validate work queue configuration</li> </ul> </li> <li>◦ User acceptance testing</li> </ul> </li> <li>• Milestone 3: <ul style="list-style-type: none"> <li>◦ User training – Up to 3 days of training with train the trainer approach (onsite option available)</li> <li>◦ Optimization – 30 days after live <ul style="list-style-type: none"> <li>▪ Review optimization priorities and requests</li> <li>▪ Work queues</li> <li>▪ Review need for Additional Alerts</li> <li>▪ Review RQA scorecard reports with customer and Data Analytics</li> <li>▪ Identify report receipt method</li> <li>▪ Monitor user experience and payer timing report</li> </ul> </li> </ul> </li> </ul>
<b>Client Tasks/Activities</b>	<ul style="list-style-type: none"> <li>• Assign a project manager who will organize Client resources as necessary to achieve the testing and implementation of this service</li> <li>• Supply any and all data connectivity necessary for Experian Health to deliver these services</li> <li>• Review and approve Best Practice Alerts. Client to provide segment for ADT interface</li> </ul>
<b>Project Assumptions</b>	<ul style="list-style-type: none"> <li>• Either Passport eCare NEXT - In-Process Scripting + Touchless Processing or Passport eCare NEXT - HL7 + Touchless Processing have already been implemented or are being implemented at the same time as this service</li> <li>• Client has met its Client responsibilities</li> <li>• Work is performed remotely unless otherwise noted or agreed upon</li> </ul>

## EXPERIAN HEALTH SCOPE OF WORK Passport NOA (07642213)

Notice of Admission enables healthcare providers to submit accurate patient admission data within the payer's required timeframes. It uses a simple data interface that keeps the NOA process within the user's workflow. It pre-fills the required patient and procedure information and eliminates errors that can occur with manual data entry.

<b>Cerner Tasks/Activities</b>	<ul style="list-style-type: none"> <li>• Milestone 1: <ul style="list-style-type: none"> <li>◦ Enrollment and administrative set-up</li> </ul> </li> </ul>
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**EXPERIAN HEALTH SCOPE OF WORK Passport NOA**  
(07642213)

Notice of Admission enables healthcare providers to submit accurate patient admission data within the payer's required timeframes. It uses a simple data interface that keeps the NOA process within the user's workflow. It pre-fills the required patient and procedure information and eliminates errors that can occur with manual data entry.

	<ul style="list-style-type: none"> <li>o Project introduction – kickoff</li> <li>• Milestone 2: <ul style="list-style-type: none"> <li>o Implementation initiation and project plan scope</li> <li>o Virtual private network (VPN)/firewall connectivity set up and testing</li> <li>o Interface connectivity set up and testing</li> <li>o In-process scripting (IPS) development workstation connectivity</li> <li>o System configuration: <ul style="list-style-type: none"> <li>▪ Admitting Provider NPI file</li> <li>▪ Admission Type mapping</li> <li>▪ Service Type mapping</li> <li>▪ Facility Type and NPI mapping</li> <li>▪ Admitting Provider NPI</li> <li>▪ Admitting Diagnosis mapping</li> <li>▪ Verify MPIN to NPI mapping</li> </ul> </li> <li>o User acceptance testing</li> </ul> </li> <li>• Milestone 3: <ul style="list-style-type: none"> <li>o User training – Up to 3 days of training with train the trainer approach (onsite option available) Optimization 30 days after go live</li> </ul> </li> </ul>
Client Tasks/Activities	<ul style="list-style-type: none"> <li>• Assign a project manager who will organize Client resources as necessary to achieve the implementation of this service</li> <li>• Supply any and all data connectivity necessary for Experian Health to deliver these services</li> </ul>
<b>Project Assumptions</b>	<ul style="list-style-type: none"> <li>• Client has met its Client responsibilities</li> <li>• Either Passport eCare NEXT - In-Process Scripting + Touchless Processing or Passport eCare NEXT - HL7 + Touchless Processing have already been implemented or are being implemented at the same time as this service</li> <li>• Work is performed remotely unless otherwise noted or agreed upon</li> </ul>

**EXPERIAN HEALTH SCOPE OF WORK**

Coverage Discovery  
(07642965)

Coverage Discovery identifies previously unidentified coverage to reduce bad debt write-offs. The unique solution enables healthcare providers find billable Medicare, Medicaid, and commercial accounts that may be submitted for immediate payment as primary, secondary, or tertiary coverage

<b>Cerner Tasks and Activities</b>	<ul style="list-style-type: none"> <li>• Milestone 1: <ul style="list-style-type: none"> <li>o Enrollment and Administrative Set-up for access to eCare NEXT Coverage Discovery</li> <li>o Project Introduction – Kickoff</li> </ul> </li> <li>• Milestone 2: <ul style="list-style-type: none"> <li>o Provide Company Subscriber with configuration options that will drive finalized workflow and work queues</li> <li>o Build product rules, work queues and data mapping based upon finalized workflow and use decisions</li> </ul> </li> <li>• Milestone 3: <ul style="list-style-type: none"> <li>o User Acceptance Testing</li> </ul> </li> </ul>
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### EXPERIAN HEALTH SCOPE OF WORK

Coverage Discovery  
(07642965)

Coverage Discovery identifies previously unidentified coverage to reduce bad debt write-offs. The unique solution enables healthcare providers find billable Medicare, Medicaid, and commercial accounts that may be submitted for immediate payment as primary, secondary, or tertiary coverage

	<ul style="list-style-type: none"><li>o User training – Up to 3 days of training with train the trainer approach (onsite option available)</li><li>o Go-Live – Support provided upon client request</li></ul>
<b>Client Responsibilities</b>	<ul style="list-style-type: none"><li>• Assign a Project Manager who will organize Company Subscriber resources as necessary to achieve the testing and implementation of this service</li><li>• Provide the following information:<ul style="list-style-type: none"><li>o Final workflow, work queue and system configuration decisions</li></ul></li><li>• Supply connectivity necessary for Experian Health to deliver these services</li><li>• Provide HL7 to include self-pay payer to Experian</li></ul>
<b>Assumptions</b>	<ul style="list-style-type: none"><li>• Client has met the Client responsibilities</li><li>• Passport eCare NEXT - In-Process Scripting + touchless processing or Passport eCare NEXT – HL7 + touchless processing have been implemented or being implemented at the same time as this eCare NEXT Coverage Discovery service</li></ul>

### EXPERIAN HEALTH SCOPE OF WORK

Passport NOA + Add Fax Payer, Add Web Capture Payer, Remote Posting, Document Imaging Interface  
(07642411, 07642460, 07642478, 07642486)

Notice of Admission Fax enables healthcare providers to submit accurate patient admission data within the payer's required timeframes. It uses a faxing workflow to communicate with the payer

<b>Supplier Tasks/Activities</b>	<ul style="list-style-type: none"><li>• Milestone 1:<ul style="list-style-type: none"><li>o Enrollment and administrative set-up</li><li>o Project introduction – kickoff</li></ul></li><li>• Milestone 2:<ul style="list-style-type: none"><li>o Implementation initiation and project plan scope</li><li>o Virtual private network (VPN)/firewall connectivity set up and testing</li><li>o Interface connectivity set up and testing</li><li>o In-process scripting (IPS) development workstation connectivity</li><li>o System configuration:<ul style="list-style-type: none"><li>▪ Admitting Provider NPI file</li><li>▪ Admission Type mapping</li><li>▪ Service Type mapping</li><li>▪ Facility Type and NPI mapping</li><li>▪ Admitting Provider NPI</li><li>▪ Admitting Diagnosis mapping</li><li>▪ Verify MPIN to NPI mapping</li></ul></li><li>o User acceptance testing</li></ul></li><li>• Milestone 3:<ul style="list-style-type: none"><li>o User training – Up to 3 days of training with train the trainer approach (onsite option available)</li><li>o Optimization 30 days after go live</li></ul></li></ul>
<b>Client Tasks/Activities</b>	<ul style="list-style-type: none"><li>• Assign a project manager who will organize Client resources as necessary to achieve the implementation of this service</li></ul>

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### EXPERIAN HEALTH SCOPE OF WORK

Passport NOA + Add Fax Payer, Add Web Capture Payer, Remote Posting, Document Imaging Interface  
(07642411, 07642460, 07642478, 07642486)

Notice of Admission Fax enables healthcare providers to submit accurate patient admission data within the payer's required timeframes. It uses a faxing workflow to communicate with the payer

	<ul style="list-style-type: none"><li>• Supply any and all data connectivity necessary for Experian Health to deliver these services</li><li>• Client will procure the necessary server(s) to host the Experian solutions in accordance with the specifications supplied upon request and agrees to have these configured within 60 days of project kickoff.</li></ul>
<b>Project Assumptions</b>	<ul style="list-style-type: none"><li>• Client has met its Client responsibilities</li><li>• Either Passport eCare NEXT - In-Process Scripting + Touchless Processing or Passport eCare NEXT - HL7 + Touchless Processing have already been implemented or are being implemented at the same time as this service</li><li>• Work is performed remotely unless otherwise noted or agreed upon</li></ul>

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## EXHIBIT C – PASS-THROUGH PROVISIONS

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[ATTACHED HERETO]

## PASS-THROUGH PROVISIONS EXPERIAN HEALTHCARE

### ADDRESS CHECKER

- **Patient Demographic Verification Services.** Company Subscriber shall use reasonable measures to identify consumers and will accurately provide Experian Health with complete identifying information about the consumer inquired upon in the form specified by Experian Health. Company Subscriber acknowledges and agrees as follows: the facility must respond to audit requests within 72 hours of notification by Experian Health requiring identification of a specific end user(s); the use of the data is for reference and verification in connection with Company Subscriber's business processes, and shall be limited to required institutional risk control, insurance purposes, or the detection and prevention of fraud. Appropriate steps shall be taken to prevent the misuse of the data. All right, title and interest in and to the data under contractual, copyright, and related laws is retained by Experian Health and any applicable third-party vendors. The data shall not be reproduced, retransmitted, republished, or otherwise transferred for any commercial purpose. The data or results of the data shall not be distributed to the patient or any party acting on behalf of the patient. The data shall be used in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.); the Federal Graham-Leach-Bliley Act, (15 U.S.C.A, Sec. 6801 et seq.); and the Federal Drivers Privacy Protection Act, (18 U.S.C. Sec. 2721 et seq.); and such state and local requirements or any legislation, rules, or regulations as may be enacted or adopted after the date of this Agreement by any federal, state, or local government body. The data is being provided "AS IS," is collected from various sources, including third parties and may or may not be completely thorough and accurate.
- **Gramm-Leach Bliley Act.**
  - Patient Identity Verification – Acceptable Use Certification. Company Subscriber certifies to Experian Health that Company Subscriber has determined that its use of Patient Identity Verification is pursuant to the exception under the Gramm-Leach-Bliley Act, 15 U.S.C.A., Section 6801 et. Seq. (2000) ("GLB Act"), to protect against or prevent actual or potential fraud, unauthorized transactions, claims or other liability.
  - Membership Process. Company Subscriber understands that, in accordance with applicable law, Experian Health must evaluate and approve Company Subscriber's right to receive data regulated by the GLB Act ("Regulated Data") prior to permitting Company Subscriber's access to such Regulated Data. As such, Company Subscriber agrees to complete Exhibit A, as incorporated into the Agreement, in a timely manner. Company Subscriber acknowledges and agrees that Company Subscriber's access to any service containing Regulated Data shall be contingent upon approval of Experian Health.
- **Audit.** Experian Health will have the right to audit Company Subscriber's and its approved agents' use of the Services to assure compliance with the terms of the Agreement, upon thirty (30) days prior written notice to Company Subscriber. Company Subscriber will be responsible for assuring full cooperation with Experian Health in connection with such audits and will provide to Experian Health, or obtain for Experian Health, access to such properties, records and personnel as Experian Health may reasonably require for such purpose. Notwithstanding the foregoing, in the event that Experian Health reasonably believes that Company Subscriber has violated Experian Health's data security requirements, Experian Health may, with reasonable advance written notice to Company Subscriber and at Experian Health's sole expense, conduct, or have a third party conduct on its behalf, an audit of Company Subscriber's network security systems, facilities, practices and procedures to the extent Experian Health reasonably deems necessary in order to evaluate Company Subscriber's compliance with such data security requirements.

## EXHIBIT D – EXPERIAN SERVICE LEVEL AGREEMENT

### SERVICE LEVEL AGREEMENT FOR ADDRESS CHECKER

The following describes Experian Health’s service level standards and commitments for Address Checker (the “Services”). Experian Health understands that system availability and customer service response are key priorities for our customers, and we have invested considerable time and resources to ensure that these standards are met.

#### **System Availability Commitment**

Excluding any downtime related to scheduled or unscheduled downtime and maintenance, Experian Health commits that the system will be available to Customer for user login (“Up-time”) 24 hours per day, 7 days per week, no less than 99% of the time (“Up-Time Commitment”). In calculating the Up-Time Commitment and response time, “Operation Hours” does not include times of Planned Weekly Maintenance (defined below) or times during outages caused by Force Majeure Events occurring without the fault or negligence of Experian Health. For this purpose, “Planned Weekly Maintenance” means (i) the weekly maintenance period on Tuesday and/or Thursday nights from 10 pm - 2 am Central Time and (ii) additional maintenance outside of this time period for which Experian Health has notified Customer at least 48 hours in advance.

#### **Hours of Operation**

Experian Health’s normal business hours are 7 am to 6 pm, Central Time, Monday - Friday. Experian Health performs Planned Weekly Maintenance on Tuesday and/or Thursday nights from 10 pm - 2 am Central Time. For scheduled maintenance outside of this time period which may impact service, Experian Health will notify Customer at least 48 hours in advance.

Customer Support Hotline: (763) 416-1039

Customer Support Emails: [ehccustomer@experian.com](mailto:ehccustomer@experian.com)

#### **Customer Service Response Time Commitment**

Experian Health regards customer service as a truly distinguishing attribute. We define five levels of customer requests and the required time frames for responding to each level of request. Customer calls that are not immediately resolved are escalated and assigned to a specific customer service representative. Subject to scheduled downtime, third party payers’ and other data sources’ downtime, and after hours support timeframes, Experian Health commits to meet the following response times and to using commercially reasonable efforts to meet the target resolution times listed for the priority codes below:

Priority is described as a scale of P1 - P5 (with P1 being the highest priority)				
Priority Code	Response Urgency	Average Response	Triage Time	Target resolution
P1/Critical Example – Experian Health System Global Service Interruption	Immediate, sustained effort using all necessary and available resources until service is restored	Immediate response and updates every hour until resolved	Same business day	Same business day

P2/High Example – Experian Health System Slowness	Immediate response to assess the situation, staff may be interrupted and taken away from low/medium priority jobs	Immediate response	Same business day	Same business day
P3/Moderate Example – Workflow Interruption – Workaround Available	Response using standard procedures and operating within the normal frameworks	Less than 15 minute average response time	1 to 2 business days	1 to 10 business days
P4/Low Example – Code changes for bug fixes	Response using standard procedures and operating within the normal frameworks as time allows	15 minute average response time	1 to 3 business days	Not more than 45 business days *Payer issues or product changes dependent on a third party may be exceptions
P5/Planned/Project Example – Customer-requested project	Response using standard procedures and operating outside the normal framework as time allows	15 minute average response time	3 to 5 business days	Will be scheduled in coordination with Account Management or Customer Support

#### **Customer Service Resolution Timeframe**

All contacts are triaged by Experian Health's first level customer support group. However, software changes, large account changes, or requests that require payer response are assigned to the second-level analyst and prioritized. Response timeframe is dependent on Experian Health's reasonable determination of the criticality of the issue. First contact resolution shall be calculated on an annual basis.

#### **After Hours Support Response Timeframe**

\*P1, P2, P3 and P4 Issues reported after hours and weekend will have the same service level commitments.

### **SERVICE LEVEL AGREEMENT** **FOR COVERAGE DISCOVERY AND NOTICE OF ADMISSION**

The following describes Experian Health's service level standards and commitments for Coverage Discovery and Notice of Admission (the "Services"). Experian Health understands that system availability and customer service response are key priorities for our customers, and we have invested considerable time and resources to ensure that these standards are met.

#### **System Availability Commitment**

Excluding any downtime related to payers whose systems are down or unavailable due to scheduled or unscheduled down time or maintenance, Experian Health commits that the Services will be available to Customer for user login, data input, and reporting functions ("Up-time") no less than 99% of the hours from 6 am - 9 pm Central Time ("Operation Hours") during each business day of each calendar month ("Up-Time Commitment"). In calculating the Up-Time Commitment, "Operation Hours" does not include times of Planned Weekly Maintenance or times during outages caused by Force Majeure Events occurring without the fault or negligence of Experian Health. For this purpose, "Planned Weekly Maintenance" means (i) the weekly maintenance period on Thursday nights from 10 pm - midnight Central Time and (ii) additional maintenance outside of this time period for which Experian Health has notified Customer at least 48 hours in advance.



## Hours of Operation

Experian Health's normal business hours are 6 am to 6 pm, Central Time, Monday - Friday. Experian Health performs weekly maintenance on Thursday nights from 10 pm - midnight Central Time. For scheduled maintenance outside of this time period which may impact service, Experian Health will notify Customer at least 48 hours in advance.

**Customer Service Contact:** customer.support@experianhealth.com | 866-854-6796, Option 1

## Customer Service Response Time Commitment

Experian Health regards customer service as a truly distinguishing attribute. We define five levels of customer requests and the required time frames for responding to each level of request. Customer calls that are not immediately resolved are escalated and assigned to a specific customer service representative. Subject to scheduled downtime, third party payers' and other data sources' downtime, and after hours support timeframes, Experian Health commits to meet the following response times and to using commercially reasonable efforts to meet the target resolution times listed for the priority codes below:

Priority is described as a scale of P1 - P5 (with P1 being the highest priority)				
Priority Code	Response Urgency	Average Response	Triage Time	Target resolution
P1/Critical Example – Experian Health System Global Service Interruption	Immediate, sustained effort using all necessary and available resources until service is restored	Immediate response and updates every hour until resolved	Same business day	Same business day
P2/High Example – Experian Health System Slowness	Immediate response to assess the situation, staff may be interrupted and taken away from low/medium priority jobs	Immediate response	Same business day	Same business day
P3/Moderate Example – Workflow Interruption - Workaround Available	Response using standard procedures and operating within the normal frameworks	Less than 15 minute average response time	1 to 2 business days	1 to 10 business days
P4/Low Example – Code Changes for bug fixes	Response using standard procedures and operating within the normal frameworks as time allows	15 minute average response time	1 to 3 business days	Not more than 45 business days *Payer issues or product changes dependent on third party may be exceptions
P5/Planned/Project Example – Customer-requested project	Response using standard procedures and operating outside the normal framework as time allows	15 minute average response time	3 to 5 business days	Will be scheduled in coordination with Account Management or Customer Support

### Customer Service Resolution Timeframe

All contacts are triaged by Experian Health's first level customer support group. However, software changes, large account changes, or requests that require payer response are assigned to the second-level analyst and prioritized. Response timeframe is dependent on Experian Health's reasonable determination of the criticality of the issue. First contact resolution shall be calculated on an annual basis.

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**After Hours Support Response Timeframe**

\*P1, P2, P3 and P4 Issues reported after hours and weekend will have the same service level commitments.

\*\*Experian Health's 24 hour customer service is available for the below products. After hours average response time is less than 30 minutes.

eCare NEXT

## **SERVICE LEVEL AGREEMENT** **FOR ECARE NEXT ELIGIBILITY VERIFICATION TRANSACTIONS**

The following describes Experian Health's service level standards and commitments for eCare NEXT eligibility verification transactions. Experian Health understands that system availability and customer service response are key priorities for our customers, and we have invested considerable time and resources to ensure that these standards are met.

### **Transmittal and Response Commitment**

#### **Definitions:**

- Inquiry Response Time is the time from when Experian Health receives a response from the data source (e.g. payer), formats it, normalizes it, and returns it to the Customer.
- Initial Inquiry Time is the time from when Experian Health receives the request from Customer's system, parses and validates the request contents (including provider identifiers and content completeness), processes the request through Customer's rules, prepares the request in the format the data source (e.g. payer) requires, and meters the request based on the data source's throughput requirements.
- Data Source Response Time (varies by data source) is the time from when Experian Health sends a request to the data source (payer) in the format required by the data source until the data source returns a response to Experian Health.

#### **Experian Health makes the following commitments:**

1. Excluding any payers whose systems are down or unavailable due to scheduled or unscheduled down time, Experian Health commits that 99% of eligibility verification transactions will have an average combined Initial Inquiry Time and an Inquiry Response Time of 15 seconds or less ("Response-Time Commitment"). The Response-Time Commitment does not apply to transactions embellished with web-capture. Inquiries for a payer whose system is down will be held until such payer is online again and will then be processed.
2. Excluding any downtime related to payers whose systems are down or unavailable due to scheduled or unscheduled down time, Experian Health commits that the Services will be available to Customer for user login, data input, eligibility verification and reporting functions ("Up-time") no less than 99% of the hours from 6 am - 9 pm Central Time ("Operation Hours") during each business day of each calendar month ("Up-Time Commitment"). In calculating the Up-Time Commitment, "Operation Hours" does not include times of Planned Weekly Maintenance or times during outages caused by Force Majeure Events occurring without the fault or negligence of Experian Health. For this purpose, "Planned Weekly Maintenance" means (i) the weekly maintenance period on Thursday nights from 10 pm - midnight Central Time and (ii) additional maintenance outside of this time period for which Experian Health has notified Customer at least 48 hours in advance.

### **Hours of Operation**

Experian Health's normal business hours are 6 am to 6 pm, Central Time, Monday - Friday. However, Experian Health's network and systems, as well as customer support, are available 24 hours a day, 7 days a week, 365 days a year (includes holidays). Experian Health performs weekly maintenance on Thursday nights at 10 pm - midnight

Central Time. For scheduled maintenance outside of this time period which may impact service, Experian Health will notify Customer at least 48 hours in advance.

**Customer Service Contact:** customer.support@passporthealth.com | 866-854-6796, Option 1

### Customer Service Response Time Commitment

Experian Health regards customer service as a truly distinguishing attribute. We define five levels of customer requests and the required time frames for responding to each level of request. Customer calls that are not immediately resolved are escalated and assigned to a specific customer service representative. Subject to scheduled downtime, third party payers' and other data sources' downtime, and after hours support timeframes, Experian Health commits to meet the following response times and to using commercially reasonable efforts to meet the target resolution times listed for the priority codes below:

Priority is described as a scale of P1 - P5 (with P1 being the highest priority)				
Priority Code	Response Urgency	Average Response	Triage Time	Target resolution
P1/Critical Example – Experian Health System Global Service Interruption	Immediate, sustained effort using all necessary and available resources until service is restored	Immediate response and updates every hour until resolved	Same business day	Same business day
P2/High Example – Experian Health System Slowness	Immediate response to assess the situation, staff may be interrupted and taken away from low/medium priority jobs	Immediate response	Same business day	Same business day
P3/Moderate Example – Workflow Interruption - Workaround Available	Response using standard procedures and operating within the normal frameworks	Less than 15 minute average response time	1 to 2 business days	1 to 10 business days
P4/Low Example – Code Changes for bug fixes	Response using standard procedures and operating within the normal frameworks as time allows	15 minute average response time	1 to 3 business days	Not more than 45 business days *Payer issues or Product change dependent on third party may be exceptions
P5/Planned/Project Example – Customer-requested project	Response using standard procedures and operating outside the normal framework as time allows	15 minute average response time	3 to 5 business days	Will be scheduled in coordination with Account Management or Customer Support

#### Customer Service Resolution Timeframe

All contacts are triaged by Experian Health's first level customer support group. However, software changes, large account changes, or requests that require payer response are assigned to the second-level analyst and prioritized. Response timeframe is dependent on Experian Health's reasonable determination of the criticality of the issue. First contact resolution shall be calculated on an annual basis.

#### After Hours Support Response Timeframe

\*P1, P2, P3 and P4 Issues reported after hours and weekend will have the same service level commitments

\*\*Experian Health's 24 hour customer service is available for the below products. After hours average response time is less than 30 minutes.  
eCare NEXT

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## EXHIBIT E – HARDWARE REQUIREMENTS

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[ATTACHED HERETO]

## Hardware Requirements

The *minimum* hardware requirements for the scripting systems are:

For the out-of-process scripting or Touchless Processing scripting configuration, a server dedicated to the remote scripting solution is required. The required hardware is supplied by the client and is not included in the Experian Health product costs.

- 2.8 GHz Processor or higher – Required.
- Dual Processor/Dual Core
- 8GB RAM – Required, 16 GB RAM – Recommended
- 20 GB Operation System HDD Size
- 60 GB Data HDD Size
- SCSI 10,000 RPM or faster dedicated drives (Not separate partitions)
- Dual 1 GB Network Interface Card

## Operating System Requirements

- Microsoft Windows Server 2008 – 2016 may be utilized with a server configuration for Out-of-Process scripting/Touchless Processing.
- Both 32-bit (x86) and 64-bit (x64) architectures are supported.
- Microsoft .NET 4.6.2 is required.

## Browser Requirements

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### Internet Explorer

Internet Explorer 11 or higher is preferred. The newest Internet browsers typically offer improved security, increased performance, and advantages in functionality and browsing experience.

Javascript must also be enabled for eCare™ NEXT. A full installation of Java is not required.

## Additional Installation Requirements

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### User Account/Access Level

Experian Health will require full local administrative rights to the workstation/server. If a domain user is setup for our use, then the domain user must be added to the system's local administrative group. Installation of our development tools and daily development activities require this level of access. Site-to-site VPN connectivity to this system is required.

### Additional Software

The server used for Touchless Processing must be accessible 24/7 through a remote software package for routine maintenance. Experian Health will utilize RDP for this remote connection.

SQL Express and Visual Studio Express (most recent version) will be installed by Experian Health on the server.

## HIS Software

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A thick client (aka FAT client) version of the host system used by registration (Millennium, Soarian, Invision, etc.) should be installed locally on the allocated development system. Any relevant updates to the software should be provided and any future updates and rollouts should be included on this system. User credentials to the HIS system for both test and production environments should be assigned to the developer.

**NOTE:** *Clients that have their HIS system hosted remotely by a vendor will need to arrange for a local installation to be performed on the allocated development workstation. Access to the remote hosted central database/engine will need to be granted for proper operation. Our scripting applications can only be developed when an application is executing within the same memory space of the programmer's development tools. Providing RDC or Citrix access to hosted applications is not acceptable for the purposes of development.*

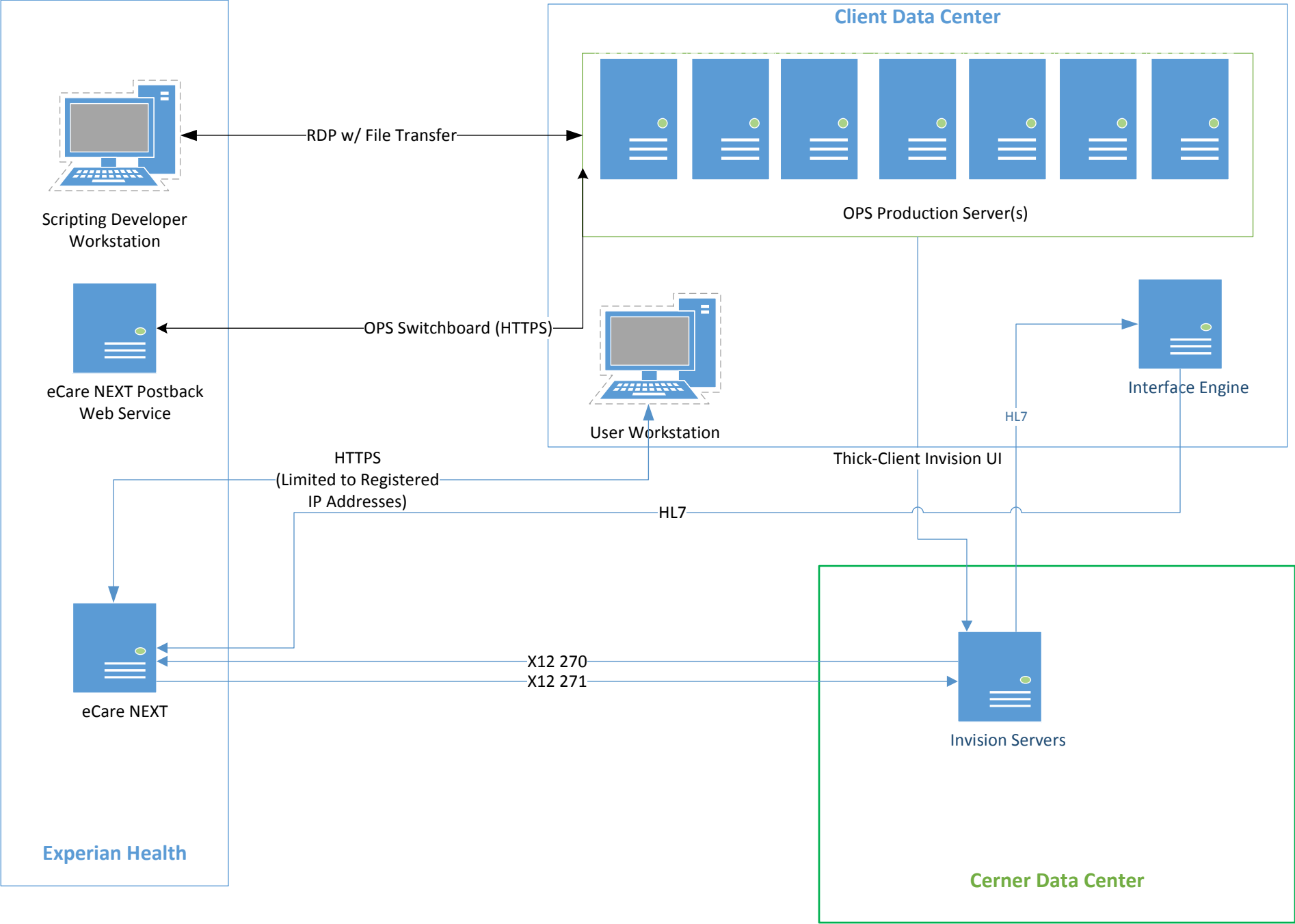
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## EXHIBIT F – FULL NETWORK CONNECTIVITY DIAGRAM

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[ATTACHED HERETO]

# Full Network Connectivity Diagram





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## EXHIBIT G – EXPERIAN SOLUTIONS DESCRIPTIONS

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[ATTACHED HERETO]

**Experian Health Solution Descriptions**

This table provides an overview of current Experian Health solutions including the key features and functions of each. Additional information is available upon request.



Solution	Description	Key Features & Functionality
Coverage Discovery® (CD)	Coverage Discovery® helps reduce overall patient accounts receivable and minimize bad debt write-offs by assisting healthcare providers in finding billable Medicaid, Medicare, and Commercial insurance coverages that were missed due to frequently changing insurances, data entry mistakes and/or patient misrepresentation.	<ul style="list-style-type: none"><li>* Verifies/corrects patient's demographics - name, address, SSN, DOB, phone, and county, for increased likelihood of finding coverage.</li><li>* Provides weighted "Confidence Scoring" that reduces the noise and number of potential "false positives" which ensures staff time is used on accounts most likely to be re-billable to insurance.</li><li>* Implementation includes: Medicaid (multi state), Medicare (for those over 65 only), and up to 5 commercial payers that allow demographic-only searches.</li><li>* Searches Experian Health databases to find insurance that has been used and verified at other locations.</li><li>* Verifies &amp; corrects patient's demographics used in the search.</li><li>* Triggered with criteria-based rules in Passport eCare NEXT.</li><li>* Submits on-demand requests via OneSource links.</li><li>* Sends flat files in standard formats (Batch Source) to query and have results returned in Passport eCare NEXT exception-based work queues.</li></ul>
eCare NEXT	Passport eCare Next is an integrated, rules driven platform that uses Touchless Processing™ to create a more efficient, accurate, and productive workflow by automating manual processes wherever possible. Users work smarter and not harder, managing all orders, scheduling, registration and financial clearance with the help of intelligent automation.	<ul style="list-style-type: none"><li>* Provides an integrated platform for the entire suite of Experian Health solutions, providing one solution for many key revenue cycle activities pre and post patient arrival.</li><li>* Features exception-based work queues that can be used by all members of a Patient Access team to manage a patient's movement through the organization's revenue cycle.</li><li>* Includes work queue follow up features that allow for accounts to be flagged for follow up in the future, as the registrar gathers more information on important registration activities.</li><li>* Provides "Account Statuses" which allow for accounts to be moved from one work queue to another to mimic the patient's movement through the registration workflow.</li><li>* Includes a Queue Manager which allows Superusers at the facility to create, assign, and manage Passport eCare NEXT exception-based work queues.</li><li>* Features a Self Service Portal tool to allow Superusers at the facility to add, delete, and edit facility users and payers.</li><li>* QuickLaunch - Utilizing manual triggers, QuickLaunch can be used during a downtime procedure to provide eligibility and benefits data when the Hospital Information System (HIS) is not available.</li></ul>
In-Process Scripting (IPS)	In-Process Scripting allows for the capture of data from the registration screens while a registrar is entering patient information. At key points in this process, demographic, eligibility and financial assistance transactions can be triggered as well as post-back to the host information system.	<ul style="list-style-type: none"><li>* Uses Experian Health's in-house tools to obtain data from the HIS screens - able to extract information from most static HIS screens &amp; headers.</li><li>* Ability to pre-populate existing patient data, eliminating the need to rekey known data elements.</li><li>* Provides flexibility to customize scripting around a client's preferred work flow.</li><li>* Corrects data discrepancies in real time during registration.</li><li>* Offers optional Bad Plan Code Repair functionality - the ability to automatically repair insurance plan codes in the HIS system based on information in the payer response.</li></ul>
Premium Eligibility	Premium Eligibility is an insurance eligibility and plan-specific benefits confirmation solution that not only leads to fewer claim rejections and denials but also lays the foundation for more effective patient financial counseling. With Passport Eligibility Verification, healthcare organizations can electronically validate patient coverage, co-pay, benefit and deductible information upfront.	<ul style="list-style-type: none"><li>* Ability to manipulate eligibility verification search criteria.</li><li>* Ability to run eligibility in real-time and/or in batch.</li><li>* Runs eligibility based upon best-practice triggers such as: batch eligibility specifically for scheduled patients.</li><li>* Runs eligibility on self-pay patients.</li><li>* Provides enhanced 270/271 transactions by web scraping specific payer websites for missing data elements.</li><li>* Automatically "enriches" eligibility results with complementary information from other data sources such as payer websites and locally-stored data (Franklin Clearinghouse).</li><li>* Applies "intelligent" rules-based processing and actions to analyze eligibility responses and to embed smart alerts and messages which highlight key information.</li><li>* "Normalizes" EDI results so that benefit information is consistently represented across all payers, and more easily interpreted by all users. Includes coordination of benefits information in the response when available (Franklin Clearinghouse).</li><li>* Provides a choice of eligibility response views (both customized by individual user and hard coded/standardized for use by all users) - displays the most important information returned by the payer.</li><li>* Establishes a work queue based system to manage patient access.</li></ul>
Passport NOA (Notice of Admission)	Passport NOA (Notice of Admission) is an automated service that enables healthcare providers to submit accurate patient admission data within the payer's required time frames. Passport NOA uses a simple, user-friendly interface that keeps the notice of admission process within your patient access and registration workflow, enabling you to work smarter and not harder.	<ul style="list-style-type: none"><li>* Directly connects with payers such as Aetna, UHC, Humana, Cigna, Oxford, and Coventry (with others currently in development).</li><li>* Pre-fills the required patient and procedure information and eliminates the errors that inevitably occur with manual data entry.</li><li>* Provides Auto-Fax workflow support for payers that do not have a 278 or website.</li><li>* Grants user access to payer reference numbers specific to each submission.</li><li>* Automatically or manually submit NOAs to agreed-upon payers.</li><li>* Resubmits to payers for up to 24 hours if a response is not received.</li><li>* Advises users on admission notice submissions with missing or improperly formatted data.</li><li>* Web Capture is available</li></ul>
Registration QA (RQA)	Registration QA is a web-based, integrated work center solution that automatically identifies registration errors and displays specific resolution alerts in real time. By monitoring patient access processes and creating an audit process, registration inaccuracies can be quickly corrected prior to the date-of-service.	<ul style="list-style-type: none"><li>* Provides real-time error processing and audit trail of user/error activity.</li><li>* Identifies registration discrepancies using standard and custom business rules and by comparing registration data with payer eligibility responses.</li><li>* Allows providers to create their own custom alerts, ad hoc alerts, as well as a checklist for non-automated functions easily and in real-time.</li><li>* Ability to configure rules in categories, and request that rules be re-categorized as "actionable" or "informational."</li><li>* Uses In-Process Scripting (IPS) post-back integration of verified data, with HIS platform.</li><li>* Leverages a starter set of over 300 standard, best practice registration alerts (many more available in the customer alert library)</li><li>* Use the Rules Management Tool (RMT) to create new custom alerts.</li><li>* Possesses an intuitive interface that is self-educating, directing users to take the approved action to correct the account.</li><li>* Provides a work queue management structure for user alert resolution.</li><li>* Comes standard with reports, registration staff scorecards, and management dashboards.</li></ul>

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## EXHIBIT H – IMPLEMENTATION RESOURCE ESTIMATE

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[ATTACHED HERETO]

## Implementation Resource Estimate

Date: February 2018

**A Note About the Estimates Below:** The hours listed below are estimates and for illustrative purposes only. Actual dates will depend on mutually agreed to work plan or project plan.

**Solutions being Implemented:** eCare NEXT Suite (includes Premium Eligibility, Registration QA, and Passport Notice of Admission), In-Process Scripting, Out-of-Process Scripting, and Coverage Discovery

Client Role/Function	Tasks Examples	Total Hours	Notes/Comments
<b>PROJECT LEVEL ROLES</b>			
<b>Project Manager</b>	<ul style="list-style-type: none"> <li>* Engaging Operations</li> <li>* Project Planning &amp; Management</li> <li>* Documentation/Information Collection</li> <li>* User-Acceptance Testing</li> <li>* End-User Training</li> <li>* Go-Live &amp; Optimization</li> <li>* etc.</li> </ul>	<b>82 - 127</b>	<ul style="list-style-type: none"> <li>* Needed for all products</li> <li>* Note that the Project Manager &amp; Project Analyst roles share several implementation functions, and as such, clients may choose to allocate these hours between the roles.</li> <li>* 60 - 90 Hours (eCare NEXT)</li> <li>* 8 - 15 Hours (Out-of-Process Scripting)</li> <li>* 2 - 4 Hours (Coverage Discovery, Batch)</li> <li>* 12 - 18 Hours (Coverage Discovery, On-Demand)</li> </ul>
<b>Project Analyst</b>	<ul style="list-style-type: none"> <li>* Project Discovery &amp; Planning</li> <li>* Documentation &amp; Information Collection</li> <li>* Build</li> <li>* Testing</li> <li>* Go-Live &amp; Optimization</li> <li>* etc.</li> </ul>	<b>60 - 90</b>	* 60 - 90 Hours (eCare NEXT)
<b>OPERATIONAL ROLES</b>			
<b>Operational Leadership - PATIENT ACCESS DIRECTOR</b>	<ul style="list-style-type: none"> <li>* Scope Sign-off</li> <li>* Communication Plan</li> <li>* Completing Documentation Requests</li> <li>* Workflow and Design Feedback</li> <li>* User Acceptance Testing</li> <li>* End-User Training</li> <li>* Go-Live &amp; Optimization</li> <li>* Serving as a champion for the install</li> <li>* etc.</li> </ul>	<b>90 - 115</b>	<ul style="list-style-type: none"> <li>* 75 - 90 Hours (eCare NEXT)</li> <li>* 8 - 15 Hours (Out-of-Process Scripting)</li> <li>* 2 - 4 Hours (Coverage Discovery, Batch)</li> <li>* 5 - 6 Hours (Coverage Discovery, On-Demand)</li> </ul>
<b>Operational Leadership - BILLING OFFICE</b>	<ul style="list-style-type: none"> <li>* Completing Back-End Documentation Requests</li> <li>* Workflow and Design Feedback</li> <li>* User Acceptance Testing</li> <li>* End-User Training</li> <li>* Go-Live &amp; Optimization</li> <li>* Serving as a champion for the install</li> <li>* etc.</li> </ul>	<b>18 - 24</b>	* 18 - 24 Hours (Coverage Discovery, On-Demand)
<b>Super-User PATIENT ACCESS</b>	<ul style="list-style-type: none"> <li>* Completing Documentation Requests</li> <li>* Project, Workflow &amp; Design Feedback</li> <li>* Testing &amp; Validation</li> <li>* End-User Training</li> <li>* Go-Live &amp; Optimization</li> <li>* etc.</li> </ul>	<b>82 - 120</b>	<ul style="list-style-type: none"> <li>* 60 - 90 Hours (eCare NEXT)</li> <li>* 4 - 6 Hours (Coverage Discovery, Batch)</li> <li>* 18 - 24 Hours (Coverage Discovery, On-Demand)</li> </ul>
<b>Super-User BILLING OFFICE</b>	<ul style="list-style-type: none"> <li>* Completing Back-End Documentation Requests</li> <li>* Workflow and Design Feedback</li> <li>* User Acceptance Testing</li> <li>* End-User Training</li> <li>* Go-Live &amp; Optimization</li> <li>* etc.</li> </ul>	<b>18 - 24</b>	* 18 - 24 Hours (Coverage Discovery, On-Demand)
<b>TECHNICAL ROLES</b>			
<b>IT Analyst</b>	<ul style="list-style-type: none"> <li>* Complete Technical Documentation Requests</li> <li>* Communicate HIS Specific Configurations</li> <li>* Make sure data elements are feeding properly into workflow application.</li> <li>* FTP Scripting (file delivery and retrieval)</li> <li>* etc.</li> </ul>	<b>34 - 56</b>	<ul style="list-style-type: none"> <li>* 10 - 20 Hours (eCare NEXT)</li> <li>* 12 - 18 Hours (Coverage Discovery, Batch)</li> <li>* 12 - 18 Hours (Coverage Discovery, On-Demand)</li> </ul>
<b>IT Desktop Engineer</b>	<ul style="list-style-type: none"> <li>* Next Bar Deployment</li> <li>* User Workstation Set-up &amp; Validation</li> <li>* etc.</li> </ul>	<b>20</b>	* 20 Hours (eCare NEXT)