



Stratusi AAOE Integration Package

Integration Package

athenahealth, Inc.

Last Updated: August 2020

# Project Information

Please fill the following to the best of your ability. While not all contacts are required, you should be able to submit at least two contacts at the onset of a new interface project.

|  |  |  |
| --- | --- | --- |
| General Information |  |  |
| athenahealth Practice Context ID | |  |
| athenahealth Interface Project Manager Name | |  |
| athenahealth Interface Project Manager Contact Information | |  |
| Event Number (provided by Interface Project Manager, for internal athenahealth tracking) | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact | Role | Details |  |
| Project Business Contact | Responsible for overall success of the project | Name: |  |
| Phone: |  |
| Email: |  |
| Project Interface Contact | Interface expert, responsible for continuing interface support | Name: |  |
| Phone: |  |
| Email: |  |
| Project IT Contact | Networking and security expert, responsible for overall connectivity | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #1 | Role: | Name: |  |
| Phone: |  |
| Email: |  |
| Vendor Contact #2 | Role: | Name: |  |
| Phone: |  |
| Email: |  |

Project Overview:

This is a standardized integration between athenahealth and Stratusi AAOE. athenahealth sends appointment information to Stratusi.

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| **Technical Overview** | | |
| Third Party System | Stratusi AAOE | |
| Interface Type | Outbound Appointments | |
| Schematic | A screenshot of a cell phone  Description automatically generated | |
| Product Description | | |  |  |  | | --- | --- | --- | | Use Case | Event | Default Message | | Schedule Appointment | Appt SCHEDULED in athenaNet | SIU S12 | | Update Appointment | Appt UPDATE in athenaNet | SIU S14 | | Check - In | Appt CHECKIN in athenaNet | SIU S14 | | Check - Out | Appt CHECKOUT in athenaNet | SIU S14 | | Cancel Appointment | Appt CANCELLED in athenaNet | SIU S15 | |
| Data Transfer Direction | Outbound Appointments | |
| Connectivity Method | Point-to-Point VPN | |
| Format & Frequency of Data Transfer | HL7 Real Time | |
| HL7 Message Type(s) | Outbound (from athenaNet): SIU | |
| Filtering | You can filter outbound messages, so the interface sends them only for particular providers or departments. Should the interface filter outbound messages?  If yes, please provide the names of the providers or departments you would like to filter by. | |
| Tablespace Setup – Custom Field | Please add an appointment level custom field called “Surgery Descriptor”. This value will be sent in appointment messages(SCH.6.2).  Field Name: Surgery Descriptor  Field Type: Text  Associate with: Appointment  Options: Dropdown menu | |

* 1. Scoping Process

Please read this package and complete all form fields and check-boxes to the best of your ability. Many have been pre-filled for your convenience as this is a pre-scoped standard interface. If there is a customization request during the implementation process clients are subject to a fee. If there is a request to customize post go-live, your practice will need to request a new custom interface, which will be subject to pricing.

When this document is completed to your satisfaction, please approve the scope of the interface by typing your name below.

Scope Approval

I,      , agree to the interface design as described here in this document.

# Go-Live Authorization Form

## Continuing Service and Support

Within two weeks after go-live your interface will be transitioned into our daily service and support structure.

As a standard practice, athenahealth continuously monitors all client connections and will notify the contacts specified if an error occurs. All jobs are monitored and automatically restarted if idle.

To contact athenahealth for help or support post go-live, the following resources are available:

1 Integration Monitoring: [IntegrationMonitoringRequests@athenahealth.com](mailto:IntegrationMonitoringRequests@athenahealth.com)

2Interface Network Management: [InterfaceNetworkManagement@athenahealth.com](mailto:interfacenetworkmanagement@athenahealth.com)

Additionally, it is **required** to provide support contact information for the client and trading partner for use by athenahealth interface support. When possible, general support hotlines and email address are preferred.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Company | Title | Office Phone | Mobile Phone | Email |
|  |  |  |  |  |  |

## Interface Go-Live Signoff

Reference is made to the Athenahealth services agreement (the “Agreement”) entered into by and between athenahealth, Inc. (“Athena”) and the client set forth on the signature page below (“Client”, “you” or “your”). In order to move your interface (or interface change requiring testing) (the “Interface”) into your athenaNet production environment, you must sign off on the functionality of the Interface by execution of this Go Live Authorization Form. Client agrees to fully cooperate with Athena and provide all assistance reasonably necessary for Athena to create, implement and maintain the Interfaces. Client acknowledges that Athena’s performance is contingent on Client’s timely and effective performance of its obligations and understands that the operability of the Interfaces depends on Client’s ability to maintain its own equipment and functionality. Client has obtained or will obtain all consents, licenses, and waivers and has fulfilled all legal obligations that are necessary to allow Athena to create, implement and maintain the Interfaces. It should be understood that additional changes to the scope of the Interface once loaded into athenaNet production will involve additional project work and potentially incur additional costs.

Upon receipt of this signed form, Athena requires a minimum of 2 business days to move your Interface to go live.

The terms of this Go Live Authorization Form are hereby incorporated into the Agreement and shall become effective upon Client’s signature below. By signing below, Client acknowledges that it is satisfied with the functionality of the Interface set forth below and Client authorizes Athena to enable such Interface to be deployed to athenaNet production.

Client:

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

Print Name:

Position:       Date: