athenahealth

Service Description Spring 2025 Release Edition

athenaOne® Base Service

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Contents

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Introduction

This document describes the athenaOne® Base suite of services ("athenaOne Base services") provided by athenahealth®, including the division of responsibilities between you and athenahealth. This document applies to all clients who sign an athenahealth services agreement for the athenaOne Base services. The athenaOne Base Services include athenaClinicals®, athenaCollector®, and athenaCommunicator®.

This service description is organized to describe athenaOne Base Services in the approximate order in which you will use them throughout a patient visit.

Change Summary

This document supersedes any earlier service descriptions for the athenaOne Base services. This document will remain in effect until superseded by a subsequent version. Before relying on this document, please confirm with athenahealth that this is the most recently published version.

Spring 2025 Release

- **Section 1.2. "Training".**
    - Removed "Training Journey" subsection.
    - Renamed "Training Assignment" subsection to "Training Journey and Assignment"
    - In "Training Journey and Assignment" subsection, added that:
        - Assigned trainings will appear on the user's athenahealth Learning Portal within 24 hours after selection.
        - Completing your assigned training curriculum ensures you're up to date with all new features and updates that could affect your daily workflows, ultimately maximizing your efficiency.
        - Projects must have all their assigned training be at 65% completion by Go Live. They should continue to complete their training and get to 100% complete after they have gone live.
    - In "eLearning" subsection, updated that eLearning courses are workflow-specific and available to Authorized Users based on the training assigned to them in athenaOne.
    - Added "Bootcamp" subsection.
    - Updated "Virtual Classroom" subsection description to distinguish as 200 level classes that are live instructor-led classes demonstrating training sessions on athenaOne products and workflows.
    - Added "Virtual Workshops" subsection to distinguish 300 level classes that are live, instructor-led interactive (hands on) training sessions in an athenaOne demo environment on athenaOne workflows.
    - In "Incomplete Training" subsection, added that projects must have all their assigned training be at 65% complete by Go Live. They should continue to complete their training and get to 100% complete after they have gone live.
- **Section 2.4. "Data Protection".**
    - In "User Authorization" subsection,

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        - Updated requirements to state that athenahealth requires multifactor authentication ("MFA") for login to athenaOne.
        - Added that if athenahealth's MFA requirement is not already enforced for your organization, athenahealth will enable this requirement for your organization on or before July 25, 2025.
- **Section 2.5. "Global Content Data Set Management".**
    - Updated "Clinical Terminology" subsection to include Intelligent Medical Objects (IMO) terminology.
- **Section 3.5. "Self Check-In".**
    - In "Staff Initiated Self Check-in" subsection, removed completing the online check-in workflow via an office device.
- **Section 4.3. "Intake and Exam: Exchanging Patient Health Information".**
    - In "Clinical Document Exchange" subsection, updated that athenahealth may share your name, location, website, and other required information about your organization with Clinical Document Exchange partners and users for registration purposes.
    - In "Patient Record Sharing" subsection,
        - Added the Trusted Exchange Framework and Common Agreement (TEFCA) to the Patient Record Sharing connections.
        - Added legalese addressing the Migration to TEFCA.
        - Added that athenahealth currently participates in Patient Record Sharing workflows with TEFCA solely for TEFCA Required Treatment and individual access purposes.
    - In "Health Plan Data Exchange" subsection, removed encounter summary print-outs as a supported documentation type, and added hybrid chart audit as an example data export.
    - In "Diagnosis and Care Gaps (Moment of Care Connections)" subsection, removed the ability to access a link via the Quality Tab to navigate to the health plan's website for Payer Quality information.
    - In "Appointment Notifications" subsection, removed mention of connected partners, which can now be found on the Success Community.
    - In "Integration with Health Plans" subsection, removed encounter summary print-outs as a supported documentation type.
- **Section 4.4. "Sign-off: Orders".**
    - In "Payer Network Directory Information" subsection, removed the ability to access a Provider Search link inside the clinical provider selection widget to navigate to the payer's website for Payer Network information.
    - In "Medical Prior Authorization Guidance" subsection, removed the criteria that a surgery, procedure, or imaging order is entered in order for the health plan's guidance to be displayed, and removed reference to specific health plans.
    - Removed "Protecting Access to Medicare Act (PAMA) Appropriate Use Criteria (AUC) Scores and Consultations with Stanson Health" subsection.
    - Removed "Use of Stanson Health qCDSM" legalese.
- **Section 6.2. "athenaOne iOS App Technical Requirements".**

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- In "System requirements" subsection, updated operating system and device model requirements.

- **Section 7.1 Document Management**
  - In "Inbound Document Management" subsection, added content and guidance related to the workflows for remittance related documents that the clinical inbox is not intended to support.
- **7.2. "Quality Management".**
  - In "Value-Based Reimbursement: Quality Improvement, Incentive and Recognition Programs" subsection, updated ACO Medicare Shared Savings Program from eCQM to APP Plus Quality Measure.
  - In "Use of HEDIS AA Measures" legalese, updated the link to access the terms and conditions.
  - In "Performance Data and Reporting" subsection, updated that athenahealth evaluates provider performance against the Medicare Promoting Interoperability program requirements to determine the first 180-day reporting period within the program year where the provider or hospital is meeting all program requirements.
  - In "Registration, Data Submission, and Attestation with Program Stewards" subsection, updated ACO Medicare Shared Savings Program from eCQM to APP Plus Quality Measure.

Minor edits to wording or punctuation are not listed. For all changes prior to the publication of this service description, please see the "Complete Change Summary" posted at https://success.athenahealth.com/s/article/000091972.

The remainder of this document is referred to as a "Service Description" in the athenahealth services agreement and is legally binding on clients that sign an athenahealth services agreement that includes all the athenaOne Base services. "We" and "our" refer to athenahealth. "You" and "yours" refers to the organization signing the athenahealth services agreement and its staff. Capitalized terms used but not defined in this document have the meanings assigned to them in your athenahealth services agreement.

athenahealth is in the process of rebranding the platforms used to provide our services from "athenaNet" to "athenaOne." All references to "athenaNet" in your athenahealth agreement are now replaced with a reference to "athenaOne." The suite of services consisting of athenaClinicals, athenaCollector, and athenaCommunicator (formerly known as "athenaOne") is now known as "athenaOne Base."

Please note that throughout this document, important legal notices will be set apart in sections like this.

Co-sourcing. "Co-sourcing" is the division of labor between you and athenahealth that is embodied in the athenaOne Base services. The parties will treat each other respectfully and professionally and shall not engage in discriminatory, harassing, threatening, or otherwise inappropriate conduct.

Reasonable Promotion. You will let us use your organization's name occasionally in press releases and marketing materials.

21st Century Cures Act: Communication Exception. Notwithstanding anything to the contrary in your services agreement with athenahealth, (1) you may make a communication for any of the purposes set forth in 45 C.F.R. § 170.403(a)(2)(i) about (a) the usability of the Certified athenaOne Services, (b) the interoperability of the Certified athenaOne Services, (c) the security of the Certified athenaOne Services, (d) relevant

information regarding users' experience with the Certified athenaOne Services, (e) athenahealth's business practices related to exchanging electronic health information, or (f) the manner in which a user of the Certified athenaOne Services has used the technology; and (2) you may similarly disclose public facing aspects of the Certified athenaOne Services consistent with the restrictions set forth in § 170.403(a)(2)(ii). "Certified athenaOne Services" means athenaClinicals, or athenaClinicals for Hospitals and Health Systems, as applicable, and associated workflows certified to ONC or an ONC-ACB as part of the ONC Health IT Certification Program.

Patient Safety. When athenahealth notifies you of patient safety issues identified by athenahealth, it will do so by posting an alert in athenaOne and/or sending an email to your patient safety contact (as provided by you to athenahealth). It is your responsibility to monitor for patient safety alerts in athenaOne, to provide an up-to-date patient safety contact to athenahealth, and to take any necessary action on any alerts sent to you.

Patients in the European Union (EU). The EU General Data Protection Regulation (GDPR) has specific requirements associated with the processing, management and transfer of personal data of individuals located or residing in the European Economic Area (EEA). Patients in the EEA cannot make online payments using digital payment experiences such as the Patient Portal, Quick Pay Portal, and Guest Pay. athenahealth cannot advise you of your obligations under GDPR and notes that it is your responsibility to ensure that you comply with any obligations you may have under the GDPR. To the extent you have further questions about those obligations, you should consult your own counsel.

1 Getting Started with athenahealth

athenahealth works with you to implement the athenaOne Base services and provides training and ongoing support. An overview of athenahealth's onboarding process is provided below; more information will be shared with you during the onboarding process.

1.1 Onboarding

The onboarding process to set up athenaOne® starts shortly after you sign a services agreement with athenahealth and continues past your Go-Live Date (GLD) on the system. athenahealth is responsible for providing a knowledgeable team to execute athenahealth onboarding tasks, and to provide support and guidance to your team while completing your onboarding. You are responsible for providing an onboarding lead, a Provider Champion, and other key personnel who can represent your unique needs during the onboarding process. The size of this team will vary depending on your needs.

Data Imports. As part of the onboarding process, athenahealth may be able to import data from your legacy practice management information system (PMIS) or electronic medical records (EMR). You or your chosen extraction vendor may provide data for all generally available Collector import types (e.g., patient demographics, appointments). However, only a vetted extraction vendor may provide clinical data for import. Support for importing CCDA files and extracted clinical data will be developed and activated in phased rollouts according to a timeline determined by athenahealth in its sole discretion. All data must meet athenahealth's specifications for import. We support batch file imports only; importing data via API is not supported. A sample data import is recommended for testing and to ensure accuracy. Final imports and quality assurance steps are recommended prior to your Go-Live Date.

If you have difficulty extracting data from your legacy PMIS or EMR, we can provide information about our preferred data extraction partners and the solutions they offer. You will be responsible for contracting directly with the partner, and for any fees that you may incur to extract and format the data.

Data Migrations. If you are a current athenahealth client and are onboarding into a new tablespace or moving across groups within your existing tablespace, athenahealth may be able to copy select patient and clinical data from one athenahealth context to another, or within an athenahealth context, in order to support mergers, acquisitions, and divestitures between organizations. We will work with you to identify the scope of content to be copied and map it to your new environment. During this process you will be asked to clarify mapping instructions and ultimately sign off on quality assurance testing in a demo environment prior to your Go-Live Date.

Any migration of data can only be done with the signed consent of both the sending and receiving parties and is subject to athenahealth's supported data offerings. These will be outlined in a proposal that will be provided to all parties at the onset of a project.

Payer Enrollment. athenahealth will be submitting claims to payers for processing and payment on your behalf, the timely completion of critical payer enrollment tasks is required during onboarding. Successfully completing payer

enrollment tasks, according to the onboarding project schedule, is critical for optimal revenue cycle performance. Failure to complete enrollment tasks could jeopardize your desired go-live date.

1.2 Training

athenahealth provides self-paced and instructor led courses leading to individualized coaching sessions along with customized end user and go live support which may be required prior to going live on the system. This training may include the following:

Training Journey and Assignment. The Training Journey starts by aligning team members' roles to our catalog of foundational curriculums and courses. With mini curriculums tailored to daily workflows and job functions, Training Leads at an organization can assign relevant curriculums and courses to users within their organization. To ensure a successful Go Live and onboarding experience, it is essential for the Training Lead to communicate expectations and monitor training completion. There are 5 required core curriculums that all organizations must complete prior to their User Acceptance Testing milestone in onboarding: Registration & Scheduling, Check In / Check out, Exam, Ordering, and Rev Cycle: Claims. Once training is assigned, they will appear on the user's athenahealth Learning Portal within 24 hours after selection. Completing your assigned training curriculum ensures you're up to date with all new features and updates that could affect your daily workflows, ultimately maximizing your efficiency. Projects must have all their assigned training be at 65% completion by Go Live. They should continue to complete their training and get to 100% complete after they have gone live.

eLearning. eLearning modules are self-paced courses on how to use athenaOne. eLearning courses are workflow-specific and available to Authorized Users based on the training assigned to them in athenaOne. Progress reporting is available to monitor Authorized Users' completion of eLearning coursework.

End User Training. End user training consists of instructor-led programs that teach Authorized Users how to use athenaOne. athenahealth will assist with the creation of a formal end-user training program that will help you identify the number, duration, and type of training sessions you need prior to your Go-Live Date. We offer end user training for a fee that is typically a component of your onboarding fees.

Go-Live Support. Go-Live Support (GLS) consists of onsite, elbow-to-elbow or virtual support during your initial weeks on athenaOne. The goal is to provide providers and staff members with personnel who can respond to in-the-moment questions, who can teach ways to increase user efficiency, and who can accelerate the athena learning curve for all client staff members. We offer go live support for a fee that is typically a component of your onboarding fees.

Bootcamp. Bootcamp, available to organizations with 5 or fewer providers & up to 30 total staff, consists of one day of onsite scenario-based training and 2.5 days of elbow-to-elbow support during your initial weeks on athenaOne. The goal is to provide providers and staff members with personnel who can respond to in-the-moment questions, who can teach ways to increase user efficiency, and who can accelerate the athena learning curve for all client staff members.

Virtual Classroom. (200 level classes) Live instructor-led classes demonstrating training sessions on athenaOne products and workflows. You will also have access to webinars and recorded on-demand advanced mastery training.

Virtual Workshops. (300 level classes) Live, instructor-led interactive (hands on) training sessions in an athenaOne demo environment on athenaOne workflows. You will also have access to webinars and recorded on-demand advanced mastery training.

Clinical and Administrator Coaching. athenahealth offers individualized coaching services to providers and operational leaders using athenaOne. We will analyze performance metrics to promote feature adoption, optimize configurations, and drive workflow efficiency and performance outcomes. We offer dedicated engagements for complex and strategic topics, such as Quality and Care Management, as well as our core services of Revenue Cycle, Patient Engagement, and Clinicals.

Incomplete Training. By not completing the required percentage of training prior to your Go-Live Date, or within a reasonable time from hire date for new employees, Client assumes the risks associated with an insufficient understanding of best practices, workflows, and recommendations for optimization on athenaOne. Projects must have all their assigned training be at 65% complete by Go Live. They should continue to complete their training and get to 100% complete after they have gone live. Risks may include but are not limited to suboptimal performance and financial results. athenahealth assumes no responsibility for any such risks, performance issues, or suboptimal financial results. athenahealth reserves the right to add, remove or update courses and classes as deemed necessary to meet the needs of our users and our network.

1.3 Go-Live Date and Optimization Services

Before your Go-Live Date, you will be required to sign a Go-Live Authorization Form. Your “Go-Live Date” is the first day that you are able to use any of the athenaOne Base Services listed in this Service Description.

The services described in this Service Description may not all commence or be available on the Go-Live Date. The functionality available to you on the Go-Live Date depends on your specific go-live timing and strategy and on the readiness of your trading partners. For example, sometimes on the Go-Live Date, an interface is not yet online for a particular lab. In this case, you may not be able to transact with that trading partner until that work is complete.

In the first few days after your Go-Live Date, your Onboarding team will track functional and workflow issues that may arise, conduct status calls to review those issues, and work with you to diagnose and resolve basic technical issues (such as device connectivity with insurance card scanners, credit card machines, and fax machines). On your Go-Live Date, onsite support resources or virtual project team members will also be available to answer basic athenaOne functionality questions and to assist you in navigating athenaOne workflows.

Your athenahealth onboarding team will monitor key metrics and work to identify potential problems. On your Go-Live Date, your athenahealth onboarding team is available to assist with your end of day close.

After your Go-Live Date and through the remainder of the onboarding process, athenahealth will use performance monitoring tools to assess your performance; if athenahealth identifies opportunities for improvement, we may contact you, or specific Authorized Users, to provide both organization-level analysis and individual coaching to drive greater productivity and clinical effectiveness on athenaOne.

1.4 Client Support Services

After onboarding, we offer the following ongoing support to all clients:

Client Support Center. You can contact our Client Support Center (the "CSC") at any time, by phone or through online support cases. The CSC is staffed on business days from 7:30 a.m. to 9:00 p.m. Eastern Time for phone support and from 8 a.m. to 6 p.m. Eastern Time for online chat support. Outside of the CSC's regular hours, an on-call agent is available for urgent matters that require immediate attention. The CSC agents are trained to answer athenaOne functionality and workflow questions. If a question or issue cannot be resolved immediately, the CSC agent will assign a support case to a specialist team, who will provide regular updates until the case is resolved. Calls to the CSC may be recorded for training and quality assurance purposes.

Customer Success Management. In addition to access to the CSC, you will be assigned a Customer Success Manager. Your Customer Success Manager's role is to track your performance and assist you as you make strategic decisions. They are also your point of contact for questions regarding your athenahealth services agreement, invoices, renewals, and reporting. They will be your primary advisor within athenahealth and will help keep you informed about industry changes that may directly affect you.

1.5 Payment and Fees

Payment. You will pay us on time. That means you set us up with automatic electronic debit authority on your operating bank account (not the lockbox deposit account). We will send you an itemized invoice every month by email (or regular mail, at your request) and then wait at least seven days before debiting your account.

No Withholding of Payment. If you have an issue with our service, you will not withhold payment; you will work with us to resolve it.

Taxes, Fees, and Surcharges. Some states and local governments charge sales, excise, or gross receipts taxes, or place other surcharges or fees on our services. These are your responsibility to pay. When athenahealth passes these on to you, you will pay them promptly along with your Service Fee. athenahealth may periodically request updated information with respect to tax status and/or jurisdiction. To the extent you have an update to your jurisdiction for tax purposes, tax status or entity restructure, you must notify athenahealth via your Customer Success Manager.

2 The athenaOne System

2.1 Upgrades and Supplemental Software

Upgrades to athenaOne. athenaOne Base Services and athenaOne are updated continually, and all athenahealth clients access and use the same version of athenaOne. We typically release major new features and functions several times throughout the year, although releases may occur more or less frequently. There is no additional charge for upgrades or enhancements to the athenaOne Base Services that athenahealth makes available to you. athenahealth will inform you of any material changes to the athenaOne Base Services. You are responsible for reviewing and understanding upcoming changes via release documentation and trainings made available by athenahealth. You are also responsible for determining whether and to what extent these changes impact you.

Supplemental Software. We may make software applications available for installation and operation within your computing infrastructure for use in connection with the athenaOne Base Services. Your access to and use of any such software application is governed the terms and conditions posted at https://www.athenahealth.com/sls in addition to the other provisions of your athenahealth services agreement.

2.2 Access to athenaOne

Access to athenaOne includes the following:

System Maintenance. If we need to take the system down for maintenance (scheduled or emergency maintenance), we will strive to do so between 1:00 a.m. and 6:00 a.m. Eastern Time and post a notice in the "Service Alert" section of the athenaOne homepage ("athenaOne Maintenance").

Alpha and Beta Functionality. From time to time, athenahealth may add certain alpha or beta functionality to your view of athenaOne. We may identify alpha or beta functionality in a corresponding release note or an alpha or beta invitation, participation letter, and/or amendment to your athenahealth services agreement. It is your responsibility to review all release notes, invitations, and letters sent to you. Your access to, and use of, any alpha or beta functionality will be governed by the terms and conditions posted at http://www.athenahealth.com/~/media/athenaweb/files/pdf/alpha_beta.pdf, in addition to your athenahealth services agreement.

Service Disruptions. It is important to proactively review athenahealth's business-continuity recommendations on the Success Community, https://success.athenahealth.com/s/article/000014937, to ensure your organization is prepared in the event you cannot access athenaOne.

Preview and Client Train Environments. Preview and Client Train are environments we use to support Production functions. Each environment has specific use cases, as follows:

> **Preview Environment.** The Preview environment (https://preview.athenahealth.com) is used only for active athenahealth-led development projects. athenahealth-led projects include, but are not limited to, interface

development, data import testing, and Marketplace partner integrations. You only have access to the Preview environment when you are actively partnering with athenahealth to build an integration or to test that a data import was successful.

Client Train Environment. The Client Train environment (https://clienttrain.athenahealth.com) is used for Group and Enterprise client training. Enterprise clients will have unexpired access. Group clients will have access to the Client Train Environment during onboarding and for a period of 60 days following their organization's Go-Live Date. Group clients can extend access to the Client Train Environment for a fee, as agreed to in writing between athenahealth and such client.

While the above environments reflect many of the same features that are released to Production, these environments are built to support their primary use cases and some functionality may not be available. Functionality gaps may include, but are not limited to:

- Core athenaOne Functionality that relies on data from outside sources (e.g., eligibility checks, credit card processing, Surescripts)
- Features that depend on organization-specific data (due to lack of recent data, certain reports, and other functions may be impacted)
- Background processes that support certain types of data processing may behave differently (e.g., quality management scrubs don't happen proactively)
- Altered data that is excluded or scrambled in order to reduce Protected Health Information (PHI) exposure (Client Train usually contains scrambled patient data)
- Neither environment will copy images from Production
- Configuration changes that are made in Production will not be reflected in either Client Train or Preview until we refresh your practice-specific data in these environments, or you make the change manually

The Preview and Client Train environments have the same Authorized User profiles and permissions as the Production environment as long as you have not opted out of the automatic nightly refresh that syncs Authorized User access between Production and these environments. Data that is available to all athenahealth clients – such as global Order sets, paper forms, quality measures, and more – is the same in Production, Preview and Client Train.

2.3 Use of Data

Data Redundancy. athenahealth backs up your data continuously to redundant infrastructure in different locations.

Data Export. athenahealth allows you to export patient records using Electronic Health Information (EHI) Export, CCDA Export and Clinical Chart Export options available via the Manage Data Exports workflow in athenaOne. You may also export patient demographic and other billing datasets via the same Manage Data Exports workflow. This workflow supports the following use cases:

Bulk export. Bulk EHI export will not be enabled by default. The option will be enabled by the CS Terminations group or CSMs only for clients who have one of the following scenarios:

- Providers or departments detaching from a practice and requiring their data for further patient care and operations.
- Practices terminating from athenahealth.

Single or multi-patient export.

- Patients requesting their health information.
- Patients' health information to be shared for referrals.
- Payers or quality program administrators requesting patient records for auditing or claims adjudication.
    - Note, if a Payer or Health Plan requests healthcare data of your patients in bulk or on a periodical basis, athenahealth's HPDE service could be a valuable choice. Please contact your athenahealth CSM/ representative for more information on this area.

For exporting several individual patient records, the Manage Data Exports workflow uniquely enables export of multiple patients' data at once and offers the most comprehensive EHI Export content, which covers clinical and billing datasets in machine readable formats. CCDAs are also machine readable while they cover standard clinical datasets. Alternatively, if you require clinical information of your patients in human readable formats, you could choose to perform a clinical chart export from the Manage Data Exports workflow.

Data Export Options. You may visit the Data Export Service Packages page in Success Community to understand data export options available for your practice in detail. In the event of your termination with athenahealth, you must choose one of the options listed among the service packages and ensure that all required data exports are completed and downloaded before your termination is completed. We strongly recommend the use of EHI Export or CCDA Export via the self-service Manage Data Exports workflow to enable you to export comprehensive data and obtain faster access to exported files. Be sure to check the Export Type row on this page to know if an export option you're choosing, results in machine readable or human readable outputs. If your practice is closing, you are a retiring provider, or you do not plan to migrate data exported from athenaOne into a different system, it is best for you to choose a human readable export option. Machine readable exports are best used for migrating data into a different system efficiently.

Data Export Ownership & Mode of Access. You are primarily responsible for export of your data and formatting of the exported data. You may begin exporting your data using the Manage Data Export workflow at no cost as soon as you notify of your intent to terminate with athenahealth.

You are responsible to perform the required data exports and complete all downloads whether for individual provider(s), department(s), medical group(s), or provider group(s) leaving your practice, or if your entire practice is terminating from athenahealth.

Exported content must be accessed and downloaded from within the athenaOne application via Practice Files 2.0, before completion of your termination with athenahealth. This allows for the fastest delivery, greatest security, and

ease of access directly in athenaOne. Your practice will have a 30-day timeline after you've downloaded all exported EHI, CCDA, or supplemental data archive files from Practice Files 2.0, to reach us with questions or issues.

If requested, exported content can be provided via an encrypted data device rather than via Practice Files 2.0. In such a case, athenahealth will provide only one complementary encrypted data device. Requesting a data device adds several weeks to the export process. To request a data export to be delivered via an encrypted data device, please contact your CSM.

We strongly recommend that you export and download all your data via the Manage Data Export workflow (covering EHI & CCDAs) and Practice Files 2.0 before your termination is completed. Our termination operations teams will remind you before your context is shut down so your data exports and downloads can be completed. If in the unfortunate event that you could not export or download all your data despite reminders, due to a valid reason, your data may be exported in formats that are not EHI or CCDAs by athenahealth and supplied upon request via a suitable method, such as an encrypted data device. However, such data export operations on a context that has been shut down take several weeks to be completed, owing to technical and operations complexities.

Exported Data Retention. athenahealth will retain your exported data (EHI or CCDA or other supplemental formats exported upon request) for a period of one calendar year from the date of file creation, if you had chosen Practice Files 2.0 as your mode of access originally. If you request for duplicate copies of already exported and downloaded data within this retention period, the request may be fulfilled via one complementary encrypted data device.

2.4 Data Protection

Encryption. All data passing between you and athenaOne is encrypted according to industry standards (128-bit SSL, AES-256 or 3DES168).

Security Responsibility. We have policies and procedures in place to keep unauthorized people out of athenaOne. You are responsible for keeping unauthorized people off your network by having appropriate physical, technical, and administrative controls. We will each maintain up-to-date, Health Insurance Portability and Accountability (HIPAA) compliant security and privacy plans, and we will cooperate in investigating security incidents.

User Authorization. We will assume that if an action is approved in athenaOne by one of your users, you approve of it as well. Your organization is responsible for ensuring that only authorized, properly authenticated users enter data in athenaOne. System users should not share user IDs and/or passwords. Your organization is also responsible for ensuring that user permission levels are set appropriately for viewing and entering clinical data, claim information, and any information in athenaOne through the user administration tables. When a Superuser leaves your organization, it is good security practice to have every user change his or her password. You should also periodically check to make sure you can link every user account to an authorized person. athenahealth offers the following functionality in support of your organization's responsibilities:

- athenahealth requires each user to create a strong password which is used during each secure login to athenaOne.

- athenahealth offers your organization the ability to implement single sign-on ("SSO") for login to athenaOne, which can be configured for some or all users at your organization. Information about SSO offerings is available here.
- athenahealth requires multifactor authentication ("MFA") for login to athenaOne. Please note that athenahealth's MFA requirement does not impact SSO logins to athenaOne unless MFA has explicitly been enabled for SSO logins by your organization. If athenahealth's MFA requirement is not already enforced for your organization, athenahealth will enable this requirement for your organization on or before July 25, 2025. athenahealth reserves the right to change athenaOne's MFA requirements at any time (including, but not limited to, requiring MFA for all Authorized Users' access to athenaOne), and to the extent feasible, will provide you with at least 14 days advance notice of the modified requirement(s). Please see our documentation on Multifactor Authentication for athenaOne Login for more information.

Individual Credentials. You maintain your list of Authorized Users and their permissions. To ensure accurate audit trails for athenaOne, all accounts must belong to individual people (interfaces may be available to enable other types of access, which are subject to the Platform Services Interface Solutions Service Description). You must ensure that no one to whom you have granted access is sharing his or her password, in accordance with the Computer Fraud and Abuse Act. We will do the same with respect to athenahealth employees.

Disabling Accounts. When it is no longer appropriate for someone currently or formerly associated with you to have access to your athenaOne data, you must disable his or her account immediately.

Media Received by athenahealth. Data storage media (CD, DVD, floppy disk, hard drive, thumb drives, and so forth) received by athenahealth will be destroyed and not forwarded or returned to you. Please instruct your trading partners to send storage media directly to you.

Handling and Storage of Credit Card Data. Payment Card Industry and Data Security Standards (PCI-DSS) require all parties handling credit card data to do so in a secure manner designed to prevent theft or abuse of this data. These obligations apply to both athenahealth and you. We isolate credit card data in secure environments within our applications. It is your responsibility to maintain the PCI compliance of your networks, physical space, and data you enter into areas and fields within athenaOne that are not designed to hold payment information. We are not responsible for the security of credit card data entered or stored outside of clearly designated payment workflows, such as in free-text fields. We do not actively scan for, or take action on, such data.

Credential Service Provider. athenaOne includes workflows to perform identity verification of Authorized Users in accordance with AL3 standards as defined by Kantara and Federal Identity, Credential, and Access Management (FICAM). During the identity verification process, you must designate a "trusted individual" who will confirm that they have verified the identity of Authorized Users in a manner that, at a minimum, complies with the requirements of the Employment Eligibility Verification (I-9) program administered by the United States Department of Homeland Security. Once the trusted individual performs this step, the relevant Authorized User must complete the following

steps to receive an AL3 credential: login to athenaOne, bind two-factor authentication tokens, request a security code, and validate the security code.

2.5 Global Content Data Set Management

If reasonably possible, we will use global data sets to leverage its knowledge across all users of athenaOne. Global data sets are specialized, generally-applicable data sets that are shared and/or available for use by all athenahealth clients, including the following:

Clinical Guidelines. Clinical guidelines are standards published by clinical authorities, including government organizations and medical associations, about appropriate treatment. We have a table of "Global Clinical Guidelines" that are available to all athenahealth clients. You can override global clinical guidelines in athenaOne.

athenahealth owns all the Global Clinical Guidelines in athenaOne that are developed by athenahealth.

Patient Information/Education Forms. We provide a global library of patient information/education forms supplied by Healthwise.

Clinical Providers. We maintain a global list of clinical providers, which includes providers or Facilities receiving Orders from you. Clinical providers may include pharmacies, labs, imaging Facilities, and community providers. We are responsible for adding new clinical providers, checking for duplicate provider entries, and updating address and/or fax information. If a clinical provider is not included in our global list, you can submit a request within athenaOne to add a new clinical provider. You are responsible for providing accurate provider information. New requests can be used by your organization locally immediately after entering. If the provider is not found in athenahealth's global directory of providers, we will add the new clinical provider, and any new providers entered into athenaOne will be available to all athenahealth clients.

You are solely responsible for fax transmissions to providers in the global directory. In the event of an errant fax, you must route the fax to the intended recipient and evaluate relevant privacy obligations.

Order Types. athenahealth maintains a global list of all Order types, which include alarm days that can be locally modified by organization, Order, or Authorized User. In addition to Order types, athenahealth manages a global list of Order-specific questions that prompt the organization to collect additional information required for completion of specific Orders. As we build out connections to laboratories and other supply chain partners on our network, we will incorporate their lists of valid Orders and associated questions as quickly as possible. If you place Orders for an Order type not in our database, you can submit a request for additional Order types. We will not, among other reasons, add Order types that we believe to be duplicates of existing Order types.

Medication Rules. We make available a list of certain drug-to-drug, drug-to-allergy, and drug-to-diagnosis interactions, which is downloaded from First DataBank and/or Epocrates® and imported into athenaOne on a weekly basis. Before relying on any information from First DataBank or Epocrates that is provided through athenaOne, you

are solely responsible for reviewing and verifying all such information. You are also ultimately, solely responsible for any care decisions made with respect to any patient or additional research that may be required.

Vaccine Information Statements. We download available vaccine information statement forms created by the Centers for Disease Control (CDC) and stores them globally on athenaOne for use by you. Updated vaccine information statements are loaded into athenaOne after they are released by the CDC.

Anatomical Images. We contract with an independent medical illustrator to make available electronic files of anatomical images. These images may be used as background when jotting/drawing in the electronic health record (EHR).

Clinical Terminology. We make available a database of clinical terms from Medicomp, known as the MEDCIN libraries, which may be used for specialty-specific global templates. We use commercially reasonable efforts to ensure all global template content uses the most recent version of MEDCIN clinical terms. You are solely responsible for the review and use of the MEDCIN terminology in clinical templates you use.

We provide access to the Intelligent Medical Objects (IMO) and Systematized Nomenclature of Medicine (SNOMED) terminology sets for clinical problem, diagnosis, and procedure selection, as supplied by Intelligent Medical Objects, Inc. These terminologies are integrated throughout the clinical workflow, including the problems list, family history section, past pregnancy problems list, and the assessment and plan sections.

Additionally, within the assessment and plan and problems list, athenahealth utilizes mappings between IMO and SNOMED terminologies and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). This content is primarily sourced from Intelligent Medical Objects, Inc. Our internal clinical content team at athenahealth collaborates with our partners at IMO to update these mappings based on client feedback.

It is your responsibility to review and appropriately select these terms in connection with the provision of healthcare services.

Clinical Concepts. We maintain a global list of vitals, medication classes, and lab analyte values for use in clinical flowsheets. Medication classes are downloaded from First DataBank and imported into athenaOne weekly. You are solely responsible for reviewing and verifying all information presented to Authorized Users that is provided from First DataBank through athenaOne. Like any similar content provided by athenahealth, you are also ultimately responsible for any care decisions made for any patient or referencing additional materials that may be required to care for a patient.

Clinical Flowsheets. We make a set of globally maintained clinical flowsheets available to all athenaOne Base clients. Additionally, Authorized Users can individually modify any problem-based flowsheet. athenahealth will automatically populate data fields in the flowsheet, based on available data in the patient chart, including numerical lab analyte results that you have received through an interface. athenahealth will maintain default mapping of specific lab analyte values to data fields on the flowsheet. You are responsible for manually entering lab analyte values in the

flowsheet for non-numerical results received via an electronic interface and for lab results not received via an electronic interface. You are also responsible for notifying us if a particular lab analyte is not auto-populating the flowsheet as expected.

Screening Questionnaires. We build and maintain global screening questionnaires that can be used to assist a provider in assessing risk for or severity of certain disorders or conditions, such as autism and depression. These questionnaires result in a score, and they often include guidelines and proposed treatment actions that you may use to determine next steps for your patient.

Document Labels. We have developed a global library of document labels to be used for identifying clinical and administrative documents that are stored in patient charts. Authorized Users can add these labels to incoming documents so that providers and staff can later more easily search for, and retrieve, documents for review. Clients may suggest that additional labels be added to the global library; athenahealth's clinical terminology team reviews these suggestions on a regular basis to determine the feasibility of additions.

Clinical Templates. We maintain a globally available library of specialty-specific clinical documentation templates (e.g. Social History, Physical Exam, History of Present Illness) that are curated in partnership with a team of clinicians. Our curation process includes updates from specialty societies, government agencies, client feedback, and Epocrates. We prioritize the management of our content according to the total number of documenting providers and any related product initiatives.

There are situations when an immediate change in recommended best practice requires research and update by athenahealth. The criteria for what might warrant an immediate change can include CDC-issued bulletins for disease outbreaks, or other urgent, time-sensitive guideline updates. athenahealth performs ongoing surveillance of specialty societies' guidelines to incorporate the most up to date clinical content in our global templates. Unplanned updates may also be made in response to client requests.

Depending on the scope and urgency of new clinical guidelines, your practice can expect immediate or planned updates that address the impact of the required changes with supplemental communication.

During the onboarding process, we provide content by default which you can edit to fit your workflow needs. While you are able to build or edit your content locally, we do offer template customization support through custom content requests. Custom content requests will require additional time to complete, up to one month per request. While we will review all requests that are received, athenahealth reserves the right to deny requests that deviate from the intended use of the feature or section in question.

You are solely responsible for exercising independent business and medical judgment in approving these templates for use by your providers.

Clinical Template Ownership. athenahealth may use and share with other athenahealth clients all of the clinical templates in athenaOne.
Rules Ownership. athenahealth owns all the Rules in athenaOne, including Rules developed for local use.

2.6 Local Data Set Management

Local data sets are data sets that are available for use only by you. While we attempt to provide global data sets wherever possible, some data can only be created and managed locally. You are responsible for providing us with the data outlined in the onboarding plan, including clinical forms and requisitions, health history questions, and commonly prescribed medications. Using the data collected, athenahealth will work with you to build local data tables and clinical forms.

Lab, Imaging, and Consult Compendia. If your facility receives orders for labs, imaging, or consults, athenahealth will work with your team to develop recommended compendia that are maintained by you for clients to select from when placing an order to you. athenahealth provides pre-populated templates for common orders to assist you in the initial set up of your compendium. You are solely responsible for ensuring the compendiums are accurate and appropriate, as well as making any necessary updates.

Patient Information/Education Forms. In addition to the global library of patient information/education forms we provide, you can upload additional patient information/education forms to athenaOne, which you can tie to patient information Order types. You are responsible for managing the content within these forms.

Clinical Forms and Letters. In addition to providing a set of standard global clinical forms, such as Prescriptions, lab requisitions, and letter templates, we will also work with you to create custom forms during onboarding. You are solely responsible for ensuring that the content of each clinical form and letter is appropriate.

Anatomical Images. You can upload additional TIF, JPG, BMP, GIF, or PNG files of up to 10 MB per file to your anatomical image library for immediate use by you.

Task Assignment Overrides. athenaOne Base allows you to build routing Rules for clinical tasks and documents, referred to as Task Assignment Overrides (TAOs), to automatically route documents of certain types to specific Authorized Users or user groups. We will help with the initial configuration of these TAOs; thereafter, you are responsible for updating and managing the Rules associated with the TAOs as document types, Authorized Users, or workflows change.

2.7 Integration and Interface Management

athenahealth offers a wide range of integration capabilities to enable athenahealth clients and partners to exchange data with non-athenahealth applications or systems. Those integration capabilities outlined in this service description are included in your athenaOne Base Service Fee. See the Platform Services Interface Solutions Service Description for information on the library of free, pre-packaged integration solutions that are available to athenaOne Base clients. All other integrations are available via our suite of Platform Services and are outlined in the applicable Service Descriptions. To the extent that you use any interfaces that are not described in this athenaOne Base Service Description, such interfaces are governed by the athenaOne Base Platform Services Interface Solutions Service Description.

To the extent there have been no messages sent or received over any integration(s) contemplated in this Service Description for at least 90 calendar days, athenahealth may disable/terminate such integration(s) upon no less than 90 days' notice to client (such notice may be provided via email). Upon any such termination, any messages associated with such integration(s) will remain visible in your IMQM for 150 days following such notice of termination, after which they will be permanently deleted. If you have any questions or require logs of historical transactions executed through the terminated integration(s), please contact your CSM who will direct your request to the appropriate internal teams.

Application Program Interfaces (APIs). Clients and authorized third parties are able to connect to our APIs to send and receive data from your athenaOne tablespace by utilizing either Certified APIs (as described below) and/or Non-Certified APIs (as outlined in the athenahealth Platform Services API Solutions Service Description). Our API code is exposed on our developer portal and allows athenahealth clients and authorized third parties to build interfaces to athenahealth independently. athenahealth will not create or review your code or an authorized third party's code for any solution built to our API.

> **Certified APIs (CAPI).** A subset of athenahealth's standards-based APIs are known as Certified APIs. Access to Certified APIs is provided free of charge to athenaOne Base customers. Certified APIs are certified under 42 CFR 170.315(g)(7), (g)(9), and (g)(10) as part of the Office of the National Coordinator's (ONC) Certified Electronic Health Record Technology (CEHRT) program.
>
> **Non-Certified APIs.** Access to athenahealth's APIs, other than Certified APIs ("Non-Certified APIs"), is subject to the athenahealth Platform Services API Solutions Service Description and may be subject to additional fees.

Personal Health Record Applications (PHR Apps). Patients can use PHR Apps of their choice to access EHI, and athenahealth has taken measures to streamline this process with respect to patient data in athenaOne. PHR Apps use read-only Certified FHIR APIs to connect with electronic health record systems for purposes of accessing EHI. These Certified FHIR APIs are activated with respect to a PHR App for our entire athenaOne platform. The only way the PHR App will gain access to data from your practice is if the applicable patient downloads the PHR App and authorizes use of their EHI. This means it is the responsibility of the patient to understand how the PHR App will use their data, and they are free to share their EHI at their own risk.

Publishing Certified API Endpoints. To enable PHR Apps to connect patients with their EHI, athenahealth is required to publish Certified FHIR API endpoints and must also publish associated organization information, including name. This information will be made publicly available on athenahealth's developer portal. The information will be contained in a CSV file with athenahealth's global base URL and associated organization information (your athenaCommunicator brand name or your organization's name).

athenahealth also provides site-specific FHIR Base URL to support PHRs that use this format to access our FHIR server. This information will be published on our public developer portal in a CSV file, including the site-specific base URLs for FHIR R4 and FHIR DSTU2 and associated organization information (your athenaCommunicator brand name or your organization's name and zip code).

If your organization offers additional endpoints (deployed by your organization or through a third party) for PHR Apps to access EHI within athenaOne, and those endpoints are certified to the 21st Century Cures Act(g)(10) criterion, the 21st Century Cures Act requires athenahealth to publish those endpoints' base URLs in addition to our own. If this applies to your organization, please complete this form to submit the base URL you would like us to publish. The fields that we will include are organization name, context ID, and base URL.

athenahealth Marketplace. The athenahealth Marketplace gives you access to additional applications, produced by our Marketplace partners, that integrate with athenaOne Base or other athenaOne services. You are responsible for requesting and purchasing integration services directly from the applicable Marketplace partner through the athenahealth Marketplace. Marketplace integrations cannot be customized on a client by client basis. If technical issues arise, you should contact the Marketplace partner first, before reaching out to athenahealth's CSC.

athenahealth's Clinical Information Network. By utilizing athenaOne Base Services, you grant us the authority to connect you to athenahealth's clinical information network, which may exchange certain information from your athenaOne tablespace (as outlined below) on your behalf. Whenever possible, we will test and activate these connections in Production on your behalf. For Facilities and registries that require an original physician signature to establish the connection, athenahealth will complete all required paperwork and sign as "athenahealth on behalf of [doctor's name]." In the event we need you to sign something or fill out a form so we can complete a connection, you agree to process these requests quickly. You will use your best effort to help us gain access to the appropriate people and systems in order to establish and maintain such connections. It is your responsibility to notify athenahealth whenever you add a new provider or when a provider is removed from your practice in association with each connection that providers use within the practice. We will then take the appropriate steps to add or remove the provider from the specified connection. In the event you do not notify us, errors may appear in your Interface Message Queue Manager that will be your responsibility to fix. For the interfaces listed below, the following terms and conditions also apply:

> **e-prescribing Interface.** athenahealth maintains an interface with Surescripts, a national e-prescribing network that manages outbound Prescription orders from providers and inbound renewal and prescription change requests from pharmacies. The use of Surescripts in athenaOne will be dependent upon applicable laws for e-prescribing and will only be available for pharmacies supported by the Surescripts network. athenahealth will enroll all applicable providers for Surescripts e-prescribing during onboarding.
>
> Your organization agrees that it has verified or will verify the identity of each prescriber in a manner that conforms to the requirements set forth in the athenaClinicals Credential Policy (C-1802) ("CrP") and the athenaClinicals Credential Service Provider Practice Statement and Procedure (C-1803) ("CPrP"), most significantly, but not limited to, the following sections: (i) 4.1.4 Identity Verification; (ii) 4.1 Account Creation; (iii) 4.1.7 Credential Authentication and Activation; and (iv) 4.1.5 EPCS Verification; and all other requirements of the CrP or CrPS which refer to and require action of or grant an entitlement to Client.

The Credential Policy (CrP) and Credential Service Provider Practice Statement and Procedure have been updated as of Q1 2023. Please find the latest version at https://success.athenahealth.com/s/article/000012800.

You agree that each prescriber who has been or will be issued a user credential for use of the e-prescribing Interface within athenaOne will be required to use their athenaClinicals-issued credential for the purposes of being successfully authenticated by athenaClinicals prior to them being able to exercise any privileges of use of the service. You agree to review your processes regarding prescriber identity verification to ensure their alignment to the requirements of the CrP and CrPS and to notify athenahealth of any shortcomings found as a result of such review, including your plans for remediation. athenahealth will keep all interfaces current with Surescripts' standards, monitor all interface messages, and manage any interface failures to ensure that all Prescriptions are submitted. It is your responsibility to notify athenahealth whenever you add a new provider and to comply with the requirements set forth above. The Surescripts interface supports the e-prescribing of controlled substances (EPCS) as well. However, before EPCS can be accomplished, you must complete identity proofing to comply with requirements set forth in the CrP and be approved for EPCS by two designated EPCS approvers chosen by you. Once these steps are completed, the provider's Surescripts service level is automatically updated and prescriptions for controlled substances are transmitted electronically by default in the Ordering workflows.

Network Connections for Orders and Results. We build and maintain a network of outbound order and inbound result connections to enable the delivery of clean electronic orders for laboratory, radiology, and/or durable medical equipment (DME), and results for laboratory, imaging, and/or clinical documents (including consult notes, admission/discharge summaries, operative notes, urgent care notes and other text-based documents). These network connections allow you to leverage additional athenaClinicals functionality and more fully incorporate structured clinical data into your patients' charts. Connections to a particular entity may not be available by your Go-Live Date. You must request that we add connections to our network. We prioritize the establishment of network connections to additional entities based on overall network demand and anticipated value to the network.

These network connections must meet the following requirements:

1. We will assess inbound document-based interfaces for minimum transaction volume (typically 200 per month minimum transaction volume across the athenahealth network). If the trading partner does not meet this minimum transaction volume, the entity will not be added to the network. athenahealth will still allow for exchange of transactions with the entity via the athenaFax functionality.
2. You must secure commitment from technical teams at the trading partner to build the interface with athenaOne.

3. Independent facilities that receive laboratory, radiology, or durable medical equipment (DME) orders from external referral sources may connect to our network to receive electronic orders by contracting on the athenaCoordinator Core service. Orders intended for entities that are not connected to the network will be exchanged with the entity via the athenaFax functionality. For outbound orders to a laboratory, radiology, or DME facility owned and operated by your organization, integrations may be available in the Platform Services Interface Solutions offering.

athenahealth will request that the sending facility shut off the corresponding fax feeds for your practice, upon completion of the connection. In the event we cannot get the sending facility to turn off the faxes upon connection go-live, we'll ask that you reach out to the facility to request that faxes be disabled.

Public Health Registry Interface. We may provide outbound or bi-directional interfaces to state or local health information exchanges (HIEs) and public health registries, including vaccine registries, syndromic surveillance registries, and clinical data registries to improve public health, as well as satisfaction of quality program or other regulatory requirements. We will proactively build connections to public health registries on behalf of our clients, but we cannot guarantee we will build out connections to all registries or HIEs upon request. You are responsible for requesting these connections for your organization; obtaining authorization to submit patient information to a registry or HIE; ensuring the accuracy of data entered into athenaOne that may be reported to a registry or HIE; and working with applicable registries or HIEs to determine whether the use of an interface replaces any existing registry reporting completed by your practice.

Device Integrations. There is a wide range of medical, payment, and administrative devices that can be integrated with athenaOne, either through athenaOne Device Manager ("ADM", included with your athenaOne Base Service Fee), our Marketplace partners, or Pre-Packaged Integrations with select third-party vendors. Please reference our Technical Requirements for a list of device manufacturers and models: https://www.athenahealth.com/~/media/athenaweb/files/pdf/athenahealth_tech_requirements.pdf.

You are solely responsible for the costs associated with purchasing the device, device software, and computer, as well as any maintenance, subscription, or other fees required to support the device. We will endeavor to offer support for questions around the integration of these devices with athenaOne Base, but do not offer technical support for questions related to the device hardware or software. You are solely responsible for maintaining and ensuring the continued functionality of these devices and contacting the manufacturer for device hardware, software, and other support.

Unrouteable Interface Messages. On occasion, athenahealth receives inbound interface messages that do not contain sufficient information for athenahealth to properly identify the intended recipient of the message at either the client, department, or provider level.

Where athenahealth is unable to identify the client to which a message was intended to be sent, athenahealth will contact the sender of the message (if athenahealth has been provided the contact information of such sender) in an effort to identify the appropriate client. athenahealth will make three attempts to contact the sender. If the sender

does not respond to these outreach attempts within a reasonable period of time (as determined by athenahealth), athenahealth will delete the message.

If athenahealth is able to identify the intended client but is unable to identify the appropriate department or provider, you are responsible for informing athenahealth how you would like us to process such message; we can either (i) route the message to a "staff bucket"; (ii) route the message to a different designated location within your tablespace; or (iii) delete the message. If you have not informed athenahealth of your preference in this regard, athenahealth will contact you to request your election. If you do not provide athenahealth your election within a reasonable period of time (as determined by athenahealth), athenahealth will delete all existing and future unrouteable messages unless and until you direct athenahealth to route such messages to a "staff bucket" or other location within your tablespace.

Notwithstanding the foregoing, athenahealth may automatically delete the following types of inbound interface messages: (i) messages for which the data was received by other means, (ii) messages for test patients, (iii) messages that contain critical errors, (iv) messages without actionable data, and/or (v) messages for providers or patients that are not found in the relevant client tablespace.

3 Before the Patient Visit

athenaOne Base includes functionality and services to schedule and confirm appointments, collect patient information, verify insurance eligibility, and more.

3.1 athenaPatient iOS and Android App

athenaPatient is a mobile application for iOS and Android devices that gives patients access to essential self-management tools and workflows on the go, and that further supports your ability to communicate and coordinate with your patients.

To enable patients to use athenaPatient on your practice's behalf, your practice must make use of the Patient Portal. If you don't have athenaOne Base or do not use the Patient Portal, athenaPatient will not be available to your practice as athenaPatient is intended to be used as a supplement to the Patient Portal.

athenaPatient supports the following features and capabilities:

- Lab results
- Secure messaging
- Patient self-scheduling
- Patient self check-in
- Launch Telehealth visits
- Biometric Authentication
- Spanish Language support (non clinical content)
- Push Notifications
- Patient billing and payment workflows

In order for patients to use athenaPatient, they must first create a patient portal account and fully complete registration, and they must download athenaPatient from the iOS App Store or Google Play Store to their mobile device. Patients will use their existing Login with athenahealth credentials from their Patient Portal account to login to athenaPatient.

3.2 athenaPatient Access, Support, and Technical Requirements

Availability. athenaPatient will automatically be enabled for all clients that are subject to an athenahealth services agreement for the athenaOne Base services and who make use of the Patient Portal. In support of the athenaOne Base services, athenahealth may from time to time include messaging or collateral in patient-facing communications that encourages patients to download athenaPatient and encourages the use of the same. Clients have the option to opt-out of any direct patient-facing communications promoting athenaPatient, and to opt-out of their data appearing in athenaPatient, and can do so by contacting the CSC for further assistance.

System requirements. The athenaPatient app supports iPhones and Android mobile phones with the following requirements:

- iOS Operating System version 15.x and above
- Android Operating System version 10.x and above

Note: Supported iOS and android versions may change at any time. It is recommended to use latest version of iOS and Android for optimal performance and security.

Upgrades. athenaPatient will be updated on a regular basis and features will be released incrementally throughout the year at our sole discretion. You are responsible for (i) reviewing and understanding upcoming changes via release documentation and trainings made available by athenahealth; (ii) determining whether and to what extent these changes impact you and whether continued use of athenaPatient is appropriate for your organization; and (iii) ensuring that your Authorized Users upgrade to the latest version of athenaPatient. From time to time we may force an update of athenaPatient in furtherance of security, stability, or business needs.

Data Limitations. The data within athenaPatient does not represent a complete patient record, and there may be discrepancies between the data appearing in athenaPatient and data appearing in other patient-facing sites or applications (including the Patient Portal); for example, patients may have access to data in a third-party app your practice previously implemented that does *not* appear in athenaPatient, and vice versa. While athenaPatient is intended to support your practice in communicating and coordinating with patients, you are responsible for ensuring your patients have appropriate access to their data and for communicating with your patients about the limitations referenced above.

Certifications. Notwithstanding anything in your athenahealth services agreement to the contrary, athenaPatient is not certified as part of the ONC Health IT Certification Program or HITRUST Common Security Framework.

3.3 Communicating with Patients Securely

athenaOne Base provides you with a set of tools and services to help you communicate with patients both pre- and post-visit, including unlimited use of the Patient Portal and athenaPatient*. Please note that limited PHI may be included or referenced in communications to patients by phone, email, or SMS/text messaging, when necessary. Patients are directed to log in to their Patient Portal account to view or exchange any other forms of PHI.

* athenaPatient is available to customers who have athenaOne Base and enabled the Patient Portal (see section 3.1)

Patient Messaging Preferences. Your patients can use the Patient Portal to choose how they wish to be notified for different types of messages including email, phone and/or SMS (text) message options. In order to encourage Patient Portal adoption, we will periodically require practice staff to ask patients without an email address on file to provide a valid email address during check-in. Patients cannot opt out of email via the Patient Portal (in order to prevent them from opting out of all messages), but you can edit these preferences in athenaOne to disable messaging, including email messaging. You can also track and manage receipt of patient consent (as defined below) to receive calls at their mobile phone number, and you must disallow automated calls to mobile phone numbers if a patient refuses to grant such consent.

Patient Outreach Optimization. athenahealth offers ongoing optimization services toward improving patient outreach effectiveness by means of ongoing a/b testing. A/B testing involves comparing two versions of a message or campaign based on changing one or more elements such as an image or subject line as well as the message's delivery time, how often it's sent and the channel (i.e. email, phone, SMS). These a/b tests will give us insight into what campaign elements deliver the best results so we can continually send the most effective messages with the best conversion rates. Opting out of this service is available within the athenaOne athenaCommunicator settings.

Language Preferences. Your patients can opt to receive content on the Patient Portal in either English or Spanish. athenahealth will translate portal functionality to the patient's preferred language. Due to patient safety and compliance concerns, athenahealth does not translate messages sent between the patient and the practice, any aspects of the clinical health record, or items unique to your practice or an individual patient.

Third-Party Access to Patient Portal Accounts. Your patients can grant third-party access to their Patient Portal account (e.g., to family members). Users also have the ability to grant third-party access to a particular patient's portal in athenaOne. athenaPatient respects third-party access permissions in the same way as the Patient Portal.

Log in with athenahealth. As a part of the updated login process to access the athenahealth Patient Portal and athenaPatient, patients will establish an account with athenahealth to obtain a single set of credentials that they can use across participating health care organizations (*e.g.*, other athenahealth client Patient Portals) and participating patient applications offered by third parties (*e.g.*, Apple Health). Portals and/or third-party applications that allow patients to use the new unified credentials will be indicated by a "Log in with athenahealth" button (in the athenahealth Patient Portal, this will replace the email and password fields on the Patient Portal landing page).

Existing Patient Portal users will be required to create an athenahealth account the first time they log in to the Patient Portal or other integrated application following implementation of the Patient Portal login update (such implementation to be completed in a phased roll out across clients on a timeline determined by athenahealth), and can manage their athenahealth account information within the Profile page of the Patient Portal. Following implementation of the Patient Portal login update, users under 13 years of age will be unable to create a self-registered Patient Portal account. Patient Portal users under 13 years of age who have accessed the Patient Portal prior to the Patient Portal log in update will be unable to access the Patient Portal using their existing credentials and will be instructed to contact you to set up a family access account.

Secure Messaging. Secure messaging with patients is included in athenaOne Base. Practice staff and patients can securely initiate, receive, and respond to messages via athenaOne and the Patient Portal/athenaPatient. Patients can attach PDF, JPG, or PNG files to secure messages from the Patient Portal. Providers can then view the attachments in athenaOne. The transaction history and messages are retained as part of the patient record in athenaOne.

Patient Consent. Message content, method of contact, and method of receipt dictate the patient consent requirements necessary under Applicable Law (including the Telephone Consumer Protection Act [TCPA]) to place or send automated, prerecorded, or artificial telephone calls, SMS messages, or emails. Entry of a phone number and/or email in athenaOne, by you, or at your direction, constitutes an acknowledgment that you understand the athenaOne functionality, and that the individual has consented to receive automated messages, including text messages from you for applicable purposes including the services discussed herein (including but not limited to Appointment Reminders; Population Health and Other Mass Patient Communication Campaigns; and Self-Pay Reminders). You are solely responsible for the management of all consents obtained including: any required documentation of consent; continued retention of consent; limitations on the consent granted; subsequent revocation of consent; and any notification to us of changes in consent.

3.4 Scheduling Appointments

You are responsible for patient registration and scheduling within athenaOne. We can help you create templates to allow patients to schedule and reschedule their appointments directly through the Patient Portal/athenaPatient, or by using tools offered by our Marketplace partners. athenahealth also offers Patient Self-Scheduling, a booking-only guest workflow, that you can link in your practice website or other marketing channels. It is your responsibility to handle incoming scheduling requests. Patients may receive confirmation emails after the appointment is booked, which include the location, date, and time of the appointment, but in order to limit the disclosure of PHI, do not include details on the reason for the appointment.

If you decide not to allow patients to schedule appointments via the Patient Portal/athenaPatient, you can allow them to submit requests to make, cancel, or change appointments. These patient requests will appear in the "Appointment Request" section of your athenaOne Inbox.

Appointment Scheduling/Re-Scheduling. When configured, patients can self-schedule their own appointments through the Patient Portal, Patient Self-Scheduling, or athenaPatient. The patient selects from a set of reasons for

their visit, corresponding to your appointment types. You can control which appointment types correspond to the reasons and which reasons to permit. In the Patient Portal, Patient Self-Scheduling and athenaPatient, this functionality can be configured to allow new and/or existing patients to schedule. In the Patient Portal, patients can reschedule and/or cancel appointments and the timeframe during which they can do so. Patient Self-Scheduling and athenaPatient do not allow guests to reschedule or cancel appointments as it is a booking-only guest workflow. For rescheduling or scheduling of tickler or population health campaigns, existing patients can choose the date/time, but are restricted to the same provider, department and appointment type. Staff can verify the appointment activity in the Patient Portal or Patient Self-Scheduling using the "Appointments Scheduled by Communicator" report or the patient's appointment history audit log. Patients may receive confirmation emails after the appointment is booked, which include the location, date and time, but do not include detail on the appointment reason in order to limit the disclosure of PHI.

Portal Care Gaps. Portal Care Gaps require both athenaCollector and athenaClinicals. Portal Care Gaps are driven by your quality settings in athenaClinicals, and include wellness visits, vaccinations, and cancer screenings. Upon request, athenahealth can configure Patient Portal Care Gaps to display as recommended appointments in the Patient Portal so that patients can view and self-schedule appointments via portal web scheduling or appointment request. Portal Care Gaps can be configured by athenahealth to display to patients on the Care Gap Settings page in athenaCommunicator.

Automated Wellness Outreach. Automated Wellness Outreach is an athenaOne Base messaging service that automatically identifies and contacts patients in need of wellness visits via email and SMS. Automated Wellness Outreach supports your organization's quality, performance, revenue, and efficiency by increasing satisfaction rates for wellness visits, preventive screenings, and immunizations with tailored, patient-centric messaging. To use Automated Wellness Outreach, both athenaCollector and athenaClinicals are required.

Automated Wellness Outreach is available for the following Care Gaps:

- Medicare Annual Wellness Visit
- Adult Annual Wellness Visit
- Well-Child Visit Aged birth - 18 months
- Well-Child Visit Aged 18 months - 3 years
- Well-Child Visit Aged 3 - 11 years
- Adolescent Well-Care Visit
- Influenza Vaccination (Adult)
- Influenza Vaccination: Child
- HPV Vaccination Initiation
- HPV Vaccination Overdue
- Comprehensive Immunizations Before Turning 2
- Breast Cancer Screening
- Cervical Cancer Screening

- Colorectal Cancer Screening

When enabled, Automated Wellness Outreach uses your organization's existing quality data and clinical guidelines to identify patients in need of preventative services. Each day, athenaOne identifies patients who have unsatisfied preventative care gaps and contacts a percentage of them via email or text message only. In each message, patients are instructed to schedule their wellness visits with their attributing provider, as specified in each organization's Quality settings. Patients are either prompted to schedule appointments via the Patient Portal or a call to your facility. Automated Wellness Outreach respects Patient Portal privacy settings and will automatically exclude patients from automated outreach based on the patient's appointment history, your provider Automated Wellness Outreach settings in athenaOne, the patient's Medicare Eligibility, and your organization's recent patient message volume.

Patients will only be contacted by Automated Wellness Outreach if there is sufficient appointment history available for each care gap: one year for Well Child (age 3-11), Adolescent, Adult, and Medicare Annual Wellness; 6 months for Well-Child (18 months-36 months); and 3 months for Well-Child (0-18 months).

Use of an External Practice Management System. (not applicable to clients using the athenaCollector service). If you use an external practice management system for patient registration and scheduling, you are responsible for ensuring that necessary patient registration and scheduling information is transferred to athenaOne for use by athenaCommunicator. You are responsible for ensuring this patient information is kept up-to-date in athenaOne, through the use of a patient registration and/or scheduling interface. The implementation and maintenance of a patient registration and/or scheduling interface is not included as part of the athenaCommunicator services. Contact us for more information on interfaces to external systems.

Rescheduling Appointments Through Live Operators. Our operators take redirected calls from patients. A "redirected call" is a call that originated via the automated messaging component of athenaOne Base, where the patient requests to be connected to an operator for assistance. Our live operators are available from 10:00AM to 8:00PM (ET) Monday through Friday, excluding major holidays.

Your patients will have access to live operators only if you have defined scheduling and payment protocols that permit operators to reschedule patients and/or take payments. During the onboarding process, we will ask you to document your scheduling protocols for our operators to follow when rescheduling patient appointments on your behalf. Operators will present themselves as your service provider and will follow your scheduling and self-pay protocols. The operators will follow the scheduling and messaging protocols you define during the onboarding process to reschedule the patient's appointment in athenaOne without you having to intervene. If no scheduling action can be taken, operators will create a patient case message that is sent to you through athenaOne. You can find patient cases in your athenaOne Inbox.

Appointment and Self Check-in Reminders. athenaOne Base includes unlimited use of our automated patient appointment reminder service, ReminderCall, including automated phone calls, emails, or texts delivered to your patients before an appointment. athenahealth is responsible for reporting on messaging outcomes in athenaOne, so you know if the patient confirmed the appointment and the message delivery result. You are responsible for

maintaining lists of participating providers, departments, and patients. When athenahealth's self check-in is enabled, patients will be brought to the self check-in workflow upon confirming their appointment. Patients may also receive a self check-in reminder message 24 hours prior to the appointment time.

3.5 Self Check-In

Online Self Check-in. For athenaOne Base practices, the Patient Portal and athenaPatient include the ability for patients to complete portions of check-in from a home computer or via a mobile device in advance of their appointment. This digital check-in workflow enables patients to:

- Confirm appointment details and demographics
- Make payments towards copays and outstanding balances or create a payment plan
- Share their insurance information via image upload
- Complete a number of screening questionnaires and review their medications
- Review and sign consent forms electronically (for signature-only consent forms, such as a standard HIPAA/Privacy form, when properly configured)
- Complete practice-specific health history forms Complete their surgical history form
- Indicate their preferred pharmacy
- Complete their social history form

Staff Initiated Self Check-in. Upon checking in at the practice with front-end staff, patients have the option to complete the online check-in workflow described above via their smart device.

3.6 Updating Patient Information

Online Forms. The Patient Portal includes practice-specific forms from athenaOne that patients can print, fill out, and bring to their appointments, along with practice-customized forms that patients can complete and submit electronically through the Patient Portal. You can decide which forms to make available to patients on the Patient Portal. These include customized health history forms that, when submitted via the Patient Portal, can flow into and update the patient's clinical record, as well as privacy forms that allow for e-signatures via the self check-in workflow. The e-signatures will automatically update the patient account privacy page in athenaOne with the date the form is signed. You are responsible for maintaining copies of any forms that they update.

Demographic and Insurance Information. Patients can also update demographic data on the Patient Portal without your intervention, with the exception of changes to the patient's name and/or date of birth, which must be changed by you. All demographic updates will be immediately reflected in athenaOne, and the audit history log records both the old and new data, distinguishing between updates made on the Patient Portal or by you.

The Patient Portal displays the current insurance(s) on file for the patient in athenaOne, and, if you use the insurance card scanning feature, it also displays insurance card image(s). If the insurance on file is not the patient's current

insurance, the patient can alert you to their change in coverage by sending a secure Patient Portal message. Patients cannot edit their own insurance information in the Patient Portal.

3.7 Checking Insurance Eligibility

We maintain electronic eligibility interfaces to many payers, listed by what we call Eligibility Classes. We will automatically check a patient's status three days before a scheduled appointment. You can also check eligibility on demand at any time if the patient has coverage from a payer with which we have a connection. You are responsible for examining the results of eligibility checks and resolving any ambiguous results. If a patient has coverage from a payer with whom athenahealth does not have electronic eligibility verification, then you are responsible for contacting the payer to determine whether coverage is in force prior to an appointment. You may request that new Eligibility Classes be added to our list. We will research your request and respond within a reasonable timeframe.

Eligibility verification is done using the industry standard service type code used to obtain a patient's eligibility status with their insurance. Payers return benefit details in the eligibility message at their discretion, and some eligibility messages may not contain benefit information for some specialties. For corporate contract and legal contract insurance packages, athenahealth does not (and cannot) validate insurance package information (e.g., address information). You are wholly responsible for verifying the accuracy and completeness of corporate contract and legal contract insurance package information, including accuracy of the address, to ensure invoices (which contain PHI) are sent to the intended recipient.

We provide patient insurance eligibility verification services for clients who use athenahealth for front end patient registration purposes. We will also provide this patient insurance eligibility verification service for clients who use other, non-athenahealth services for patient registration provided that (i) these clients have an eligibility error rate and resultant inflow rate to related athenahealth work queues that are no worse than the network averages of clients who use athenahealth's patient registration services, and (ii) use an approved solution to capture and render insurance card images within athenaOne as specified in Section 4.1.

Blue Cross/Blue Shield Out-of-State Routing. If a Blue Cross/Blue Shield (BCBS) patient from out of state receives services in your office, athenaOne requires you to register that patient with the "home plan" (i.e., the plan set forth on the patient's insurance card). athenaOne depends on the home plan being identified so it can apply the proper Rule set. athenaOne will correctly submit the claim to the appropriate BCBS plan, based on your credentialing setup.

Third-party Data. athenahealth is not responsible for errors in eligibility or other electronic data received from payers, clearinghouses, or similar intermediaries. Some payers may restrict the use of data or require you to sign an agreement. You agree to be bound by the restrictions of third parties and to execute any agreements reasonably required by these third parties.

4 During the Patient Visit

athenaOne Base provides services throughout the stages of the patient visit: check-in, intake, exam, sign-off, and checkout. These stages cover registration, documenting the visit in the EHR, submitting orders and referrals, patient payment collection, coding, charge entry, and more as detailed below.

Provider-to-Provider Communication. athenaText® is a secure text messaging service that enables healthcare providers (HCPs) to collaborate and coordinate on patient care via the web using athenaOne, or via mobile devices on which the athenaText or athenaOne app is available (e.g., mobile phones and Apple Watches). The athenaOne app is covered in more detail in Section 6. athenaText lets colleagues exchange texts, images, drug information (via Epocrates), and patient briefings in a manner that enables HIPAA compliance. You are responsible for providing athenaText access to appropriate clinical and administrative staff.

4.1 Check-in and Collecting Patient Payment

Patient Demographic and Insurance Data. athenahealth can, as required, synchronize patient demographic and insurance data across disparate systems in your network so that you're always working with the most up-to-date information through integrations, as described in the Platform Services Interface Solutions Service Description.

Insurance Card Scanning. athenaOne supports card scanning at check-in, including the attachment of one patient photo and one driver's license image to each patient record, as well as one insurance card image to each insurance policy. Patient photos and card images can be captured using the athenaCapture mobile app (available in the Google Play and Apple App stores), or with one of the approved card scanning devices. If you choose to use a scanning device, you are responsible for purchasing a supported scanner. Each image must be 300 KB or smaller. Please review the list of approved card scanning vendors and products at https://www.athenahealth.com/~/media/athenaweb/files/pdf/insurance_card_scanning.

IMPORTANT: In addition to using an approved card scanning vendor, you must also provide these card images to athenahealth via an interface such that athenahealth agents who perform work on your behalf can access these card images natively in athenaOne.

Collecting Payments at Time of Service (TOS). Payments collected using athenahealth's integrated credit card processing are recorded in athenaOne and deposited into your Mailbox Account. Other payments (e.g., cash, checks) collected by you at your office locations are your responsibility to forward to your Mailbox PO Box address or deposit to your local bank and record into athenaOne using the Submit Remittance functionality.

> **Credit Card Processing.** Credit card processing services include (1) a secure payment application within athenaOne for time-of-service credit card and check payments; (2) pre-authorized credit card transactions to collect patient liability upon claim adjudication; (3) credit card payment plans for automated collection of large outstanding balances; and (4) automatic matching of credit card payments in athenaOne to deposits in your athenaMailbox bank account.

To enable credit card processing, you must meet all of the following requirements:

- Activate your athenaMailbox Service (described in detail in Appendix 3)
- Open and maintain a merchant processing account with Elavon, our payment processing partner
- Purchase and install time-of-service devices supported by athenaOne
- Direct your athenaMailbox bank account to have all payments processed by Elavon

4.2 Intake and Exam: Capturing Data in the EHR

athenaOne Base supports a variety of data capture and data entry approaches for a patient encounter. We allow you to use the available data method with which you feel most comfortable. However, there are certain clinical activities that must be captured using a structured method in order to maximize the amount of data available for use in reporting and trending, as well as evaluation and management code calculation (E&M coding) and charge capture, when applicable.

Data Capture Required of All Clients. In order for drug/drug, drug/allergy, drug/diagnosis, and clinical guideline Rules to be triggered appropriately, certain sections of the patient chart must be captured in structured data through the athenaOne Base interface. You must enter and keep up-to-date sections including (but not limited to) Patient Problems, Allergies, Medications, Immunizations, Past Medical History, Family History, Social History, and Surgical History. Furthermore, to enable care coordination services, you must enter, approve, and submit (or mark as submitted) Orders through the athenaClinicals system to ensure Closed-loop Order tracking.

Electronic Patient Encounters in athenaOne. You have the option of using point and click templates to capture your encounter notes. athenaOne provides structured templates for the capture of HPI, ROS, PE, Procedure, and Test Interpretation sections of the patient encounter. Structured data allows for E&M coding and charge capture.

Speech Recognition in athenaOne. You may choose to purchase and install speech recognition software that runs concurrently with athenaOne. You can, in most sections of the patient encounter, use this software to dictate your documentation and automatically generate text in the encounter section. This method of encounter documentation results in your clinical narrative appearing within the layout of the clinical encounter. No structured data is abstracted from the free-text narrated sections for reporting or trending. Although we can provide some tips for using speech recognition in athenaOne, we do not provide technical support for speech recognition software.

Dictation and athenaOne. You have the option of using your existing dictation and transcription service. Upon completion of transcription and final editing, you may choose to transfer certain sections of the dictated notes into the appropriate encounter section for a more complete encounter note in athenaOne, or you may send the final dictation note to athenahealth, via interface or fax, for storage as a document within athenaOne.

Handwriting Recognition in athenaOne. You may choose to use the jotter sections throughout athenaOne Base, which results in a handwritten note. We will not abstract structured data from handwriting for E&M coding, charge

capture, reporting, or trending. You may choose to abstract structured data for use in E&M coding, charge capture, reporting, or trending.

Paper Encounters in athenaOne. You have the option of using barcoded paper forms that can be printed from athenaOne to document patient encounters, which can then be sent to athenaOne for archival in the EHR. This method of encounter documentation results in an image of the paper form stored in the electronic chart. No structured data is abstracted from the visit for reporting or trending. We will provide a standard paper encounter form as part of the global paper form set provided to you during the onboarding process.

Clinical Inbox. You will be provided with a "Clinical Inbox" of pending tasks, including results that require review, patients that require notification of results, encounters and Orders that require sign-off, and documents that require additional work to properly label. You are responsible for monitoring the Clinical Inbox for all of your Authorized Users to ensure that assigned tasks are completed in a timely manner.

4.3 Intake and Exam: Exchanging Patient Health Information

Clinical Document Exchange. Clinical Document Exchange includes Patient Record Sharing (described immediately below), Electronic Case Reporting (described below), and Health Plan Data Exchange (described below). By using athenaOne, you agree that athenahealth may: (i) register your organization with athenahealth's then-current list of Clinical Document Exchange connections and enable Clinical Document Exchange connectivity on your behalf; (ii) use patient data to match patients and create a master patient record; (iii) where necessary, share patient demographic information with Clinical Document Exchange partners for purposes of patient identification; and (iv) share your name, location, website, and other required information about your organization with Clinical Document Exchange partners and users for registration purposes. The functionality and connections described in the below sections on "Electronic Case Reporting" and "Health Plan Data Exchange" will be developed and activated in phased rollouts according to a timeline determined by athenahealth in its sole discretion. If you determine that unauthorized acquisition, access, disclosure, or use of individually identifiable health information has occurred via Clinical Document Exchange, you must notify us as soon as possible.

> **Patient Record Sharing.** Patient Record Sharing includes our connections to the nationwide networks of CommonWell and Carequality, as well as The Trusted Exchange Framework and Common Agreement ("TEFCA"), via CommonWell as our Qualified Health Information Network ("QHIN"). These national connections will continue to grow as membership in these networks expands.
>
> Your use of CommonWell, Carequality, and TEFCA is subject to the terms and conditions set forth at www.athenahealth.com/CommonWell-ELUA (CommonWell and TEFCA) and www.athenahealth.com/Carequality-Terms (Carequality), as may be updated from time to time by athenahealth.

Migration to TEFCA. athenahealth is in the process of migrating its customers that participate in Patient Record Sharing from the legacy CommonWell and Carequality solutions to TEFCA. This migration will occur on a rolling basis with an anticipated completion date of July 1,

2025. Once your practice has been migrated to TEFCA via CommonWell, your legacy CommonWell and Carequality connections will be disabled, and future Patient Record Sharing participation will be governed by the TEFCA terms and conditions linked above.

Once the Privacy Notice checkbox in athenaOne is checked for a patient, the Patient Record Sharing workflow is enabled for CommonWell, Carequality, and TEFCA.

By default, "Patient Record Sharing" is set to "Yes" for patients 18 and older. Patients under 18 are not opted-in to Patient Record Sharing. However, you may share records for minor patients under the age of 18 by setting Patient Record Sharing to "Yes" on a patient by patient basis. athenaOne records tied to behavioral health providers (including Psychiatry, Psychology, Clinical Psychology, Addiction Medicine, Licensed Clinical Social Worker, Neuropsychiatry, Developmental Pediatrics, Pediatric Neurology, Child and Adolescent Psychiatry, Pediatric Neuropsychiatry, Pediatric Psychology, Pediatric Psychiatry, Social Worker, Neuropsychology, Pediatric Neuropsychology, Applied Behavioral Analyst) are currently excluded from Patient Record Sharing even if "Patient Record Sharing" is set to "Yes."

You are solely responsible for reviewing any incoming documents to ensure accuracy. Currently, athenahealth participates in Patient Record Sharing workflows with Carequality and CommonWell solely for treatment and individual access purposes, and with TEFCA solely for TEFCA Required Treatment and individual access purposes. If athenahealth expands its participation in Patient Record Sharing workflows for additional permitted purposes, you will be notified via a release note, alert in athenaOne, or similar notification, and will have the opportunity to opt out of Patient Record Sharing.

Electronic Case Reporting. Electronic case reporting (eCR) is the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies (PHAs). It moves data quickly, securely, and seamlessly from EHRs in healthcare facilities to state and local public health agencies. The list of PHAs connections will continue to grow state-by-state over the next 6 to 12 months. By default, you are opted in to the eCR functionality.

The eCR functionality includes the electronic transfer of certain clinical data from athenaOne to state and local public health agencies for disease tracking, case management, and contact tracing. eCR provides timely and more complete data than manual reporting and decreases the burden on both healthcare facilities and public health staff. By using the eCR functionality, you authorize athenahealth to populate all the data specified in the HL7 CDA® R2 Implementation Guide: Public Health Case Report - the Electronic Initial Case Report (eICR) Release 2, STU Release 3.1 - US Realm, which includes patient demographics, provider and department contact information, and all encounter data.

eCR is required by CMS for you to receive a MIPS PI category score, which contributes to an eligible provider's overall score and ultimately determines the MIPS payment adjustment. If you choose to opt out of this functionality, it could impact your MIPS reimbursement. If your practice would like to opt out of the eCR functionality, contact the CSC and ask for electronic case reporting to be turned off.

Health Plan Data Exchange. Health Plan Data Exchange is enabled for clients who use both athenaClinicals and athenaCollector. As part of our Health Plan Data Exchange, athenahealth will facilitate the transmission of data exports from your athenaOne tablespace to any health plan or other covered entity that (i) requests such data exports related to patients that the health plan has or has had a relationship with; and (ii) participates with athenahealth in such exchange. athenahealth may also provide additional support for you when applicable health plans request supporting documentation (*e.g.*, screenshots, but excluding full chart exports) to validate the data transmitted in the data export (*e.g.*, primary source verification, hybrid chart audit). Accordingly, you authorize athenahealth to send data exports to each applicable health plan as requested by such health plan for all applicable patients unless 'self-pay' has been checked or 'self-pay restriction' has been selected as Yes. Patient charts tied to behavioral health providers (including Psychiatry, Psychology, Clinical Psychology, Addiction Medicine, Licensed Clinical Social Worker, Neuropsychiatry, Developmental Pediatrics, Pediatric Neurology, Child and Adolescent Psychiatry, Pediatric Neuropsychiatry, Pediatric Psychology, Pediatric Psychiatry, Social Worker, Neuropsychology, Pediatric Neuropsychology, Applied Behavioral Analyst) are also currently excluded from Health Plan Data Exchange.

Please see Health Plan Data Exchange Resource Overview Page in Success Community (https://success.athenahealth.com/s/article/000009490) for additional information (*e.g.*, the content contained in data exports sent on your behalf under the Health Plan Data Exchange, current list of participating health plans/partners). If you do not wish to participate in the Health Plan Data Exchange, please open a support case. By notifying athenahealth that you do not wish to participate in the Health Plan Data Exchange, you agree that athenahealth may inform health plans/partners that you have opted-out of such offering. Please note, if you have only opted out of Health Plan Data Exchange with respect to specific health plans (*i.e.*, you have not opted out of Health Plan Data Exchange entirely for all health plans), any time a new health plan is implemented as part of Health Plan Data Exchange, you will be automatically opted-in to Health Plan Data Exchange with respect to such new health plan. If you would like to selectively opt-in/out for specific health plans, please review the HPDE Activity Report in Report Library and open a support case to indicate your preferences.

Integration with Health Plans. As part of Integrations with Health Plans, athenahealth will facilitate the exchange of data between you and the health plans that participate with athenahealth in such exchange for the following use cases:

Diagnosis and Care Gaps (Moment of Care Connections). If the patient is a member of one of the participating health plans, diagnosis and/or care gaps may be displayed in the Patient Risk Dashboard, Care Gap Worklist, or Quality tab during the patient's encounter (as provided by the applicable health plan). athenahealth may provide follow-up to applicable health plans, which may include, but is not limited to, action responses and data exports in CCD format. Please note, athenahealth is not responsible for any inaccuracy or incompleteness of any information displayed to you in athenaOne that is provided directly from

the health plan(s). The list of participating health plan(s) and more information on action responses can be found in Success Community (https://success.athenahealth.com/s/article/000106475).

Data Retention. A Clinically Verified condition that is identified as a gap transmitted by a participating health plan, that one of your Authorized Users does not take action on and remains "Open" (i.e., was not "Dismissed" or was not "accepted" by one of your Authorized Users) in athenaOne will be surfaced to your applicable Authorized User(s) in athenaOne under the Potential tab and will remain in the Potential tab in athenaOne until the end of the then-current calendar year (e.g., if it is received in July 2023, it will remain under Potential tab until December 31, 2023).

A Clinically Inferred condition that is identified as a gap transmitted by a participating health plan, that one of your Authorized Users does not take action on and remains "Open" (i.e., was not "Dismissed" or was not "accepted" by one of your Authorized Users) in athenaOne will be surfaced to your applicable Authorized User(s) in athenaOne under the data Suspected tab in athenaOne until the end of the then-current calendar year (e.g., if it is received in July 2023, it will remain under Suspected tab until December 31, 2023).

A Clinically Inferred condition and/or Clinically Verified condition that is identified as a gap that has been "Dismissed" by one of your Authorized Users in athenaOne will be available to your applicable Authorized Users in athenaOne in the "Dismissed" section of your athenaOne tablespace until the associated gap is re-opened or Closed in the Member's chart by one of your Authorized Users.

A CMS-HCC Clinically Inferred and/or Clinically Verified condition that is identified as a gap that has been "Closed" by one of your Authorized Users in athenaOne will be available to your applicable Authorized Users in athenaOne in the "Closed" section of your athenaOne tablespace until the end of the then-current calendar year and will automatically be re-opened for Authorized User review at the beginning of the following calendar year as a clinically verified condition in the Potential tab in athenaOne.

athenahealth accepts and displays Clinically Inferred and/or Clinically Verified condition(s) from participating payers in athenaOne for the most recent CMS-HCC risk model version. For non CMS-HCC risk models, athenahealth accepts and displays Clinically Verified and/or Clinically Inferred condition(s) from participating payers in athenaOne for CDPS and HHS-HCC risk models.

Appointment Notifications. athenahealth facilitates the sending of appointment notifications on your behalf to participating health plan(s) (*e.g.*, appointment scheduled, rescheduled, cancelled) for health care operations purposes for patients that are members of one of the participating health plans. More information can be found on the Success Community (https://success.athenahealth.com/s/article/000124428).

Practitioner Assessment Form (PAF) Encounter Plan. athenahealth will share data collected via the preconfigured electronic PAF with participating health plans via Health Plan Data Exchange (HPDE) when a

preconfigured encounter plan is leveraged for documentation of a PAF visit for Medicare Advantage patients. The encounter plan is activated upon selection of accompanying preconfigured Reason for Visit type "Humana PAF Visit". Practices are automatically enabled via tablespace configuration if eligible and enrolled in the health plan's PAF program. Eligibility lists leveraged for enablement are sourced via participating health plan and/or provider notification. Provider utilization reporting (*e.g.*, encounter plan configuration) may be shared with the health plan for business operations purposes only. More information can be found in Success Community https://success.athenahealth.com/s/article/000107764. **Participating health plan(s):** Humana

athenahealth may also provide additional support for you when applicable health plans request supporting documentation (*e.g.*, screenshots, but excluding full chart exports) to validate the data transmitted in the data export (*e.g.*, primary source verification). Accordingly, you authorize athenahealth to exchange data between you and each applicable health plan for all applicable patients that the health plan has or has had a relationship with unless 'self-pay' has been checked or 'self-pay restriction' has been selected as Yes. Patient charts tied to behavioral health providers (including Psychiatry, Psychology, Clinical Psychology, Addiction Medicine, Licensed Clinical Social Worker, Neuropsychiatry, Developmental Pediatrics, Pediatric Neurology, Child and Adolescent Psychiatry, Pediatric Neuropsychiatry, Pediatric Psychology, Pediatric Psychiatry, Social Worker, Neuropsychology, Pediatric Neuropsychology, Applied Behavioral Analyst) are also currently excluded.

Please see the Resource Overview Page in Success Community (https://success.athenahealth.com/s/article/000106475) for additional information (*e,g.*, feature overview, FAQs). Limitations to the above functionality may exist absent use of required athenaClinicals, athenaCollector and athenaOne scheduling workflow component utilization. If you do not wish to participate in Integrations with Health Plans, please open a support case. By notifying athenahealth that you do not wish to participate, you agree that athenahealth may inform health plans that you have opted-out of such offering. Please note, if you have only opted out of Integrations with Health Plans with respect to specific health plans (*i.e.*, if you have not opted out of any of the Integrations with Health Plans entirely for all health plans), any time a new health plan integration is implemented, you will be automatically opted-in with respect to such new health plan. If you would like to selectively opt-in/out for specific health plans, please review the HPDE Activity Report in Report Library and open a support case to indicate your preferences.

Third-party Data. athenahealth is not responsible for inaccurate or incomplete data received from third parties via any of the Integration(s) with Health Plans. It is your responsibility to review and verify the accuracy and completeness of all such data.

Blue Button Record Download. In order to support veterans and Medicare recipients, athenahealth makes "Blue Button" technology available to athenahealth patients. This enables patients to download their personal health information from the My HealtheVet or Medicare sites. Patients are then able to upload this information into their athenaOne patient charts as clinical documents. This functionality is made available through the patient's "My Health" page of the Patient Portal. This also allows the Patient Portal to send a patient's ambulatory summary to a personal health record (PHR) such as HealthVault.

State Health Information Exchange ("HIE") Chart Sharing. athenaOne connects to functioning, regional, public HIE organizations, which help facilitate access to, and retrieval of, relevant clinical data in order to provide safer, timelier, and more effective patient care. While a few state HIEs allow for bi-directional chart sharing for patients, most are currently only consumers of chart data. These HIE organizations may charge you additional fees to participate in one-way or bi-directional sharing, which you are responsible for paying. We will proactively build connections to regional HIEs on your behalf, but we cannot guarantee we will build out connections to all HIEs upon request. HIEs listed on the Network Endpoints Page on the Developer Portal are included in your athenaOne Base Service Fee (except for any additional fees charged by the HIE organization). HIEs that are not listed on the Network Endpoints page on the Developer Portal are covered by the Platform Services Interface Solutions Service Description. To inquire about availability and relevance of a state HIE connection for your organization, please contact us.

Medication History. athenahealth will automatically download patients' medication history through the Surescripts network, based on paid claims data from Pharmacy Benefit Managers (PBMs) and fill data from selected pharmacies. Patient consent is defaulted to "yes" on the registration page to enable access to the medication history for each patient.

Integration with athenahealth Population Health. If your Agreement includes both athenahealth Population Health services and athenaOne Base services, or if you are affiliated with another athenahealth client that has purchased athenahealth Population Health services, you will have access to the following capabilities:

- **General Care Referrals.** You will have the ability to refer a patient into care management directly from athenaClinicals. The care management referral will then appear in athenahealth Population Health and the care manager will be able to send an update back to the referring provider within athenaClinicals at any point. This functionality will be developed and activated in phased rollouts according to a timeline determined by athenahealth in its sole discretion.
- **Chronic Care Management (CCM) Billing.** If the patient has had 20 minutes of non-face-to-face encounters in a given month, the referring provider will then be able to create a claim for the CCM activity via athenaCollector. This functionality will be developed and activated in phased rollouts according to a timeline determined by athenahealth in its sole discretion.
- **Hierarchical Condition Categories (HCC) and Risk Adjustment Factors (RAF).** If you or such other client (as applicable) has signed a Technical Request and Waiver authorizing claims data from athenahealth Population Health to be shared with your athenaClinicals instance, you will have the ability to see a more complete view of HCC risk in athenaClinicals based on athenahealth Population Health claims data.
- **Patient Summary in Apps Tab in athenaClinicals.** If you or such other client (as applicable) has signed a Technical Request and Waiver or Data Sharing Authorization for Patient Summary in Apps Tab in athenaClinicals (formerly known as "Partner Workspace"), you will have the ability to see available data from athenahealth Population Health data in the applicable patient's chart within athenaClinicals. This includes information about the patient's Emergency and Office Visits, Re-admissions, Severity Score, and Care Management Summary.

- **Care Gaps.** If you or such other client (as applicable) has signed a Technical Request and Waiver authorizing open/closed care gaps from athenahealth Population Health to be shared with your athenaClinicals instance, you will have the ability to see quality care gaps identified in athenahealth Population Health in the athenaClinicals Care Gaps Worklist and Quality Tab.

Prescription Drug Monitoring Reports. Our integration with Appriss Health and Logicoy in certain states gives providers patient-specific prescription drug monitoring reports for the state the provider is located, as well as states they share data with. In order to integrate this data into athenaOne, we may send your DEA, NPI and Medical License number to the state PMP in order to verify your access to reports.

4.4 Sign-off: Orders

athenaOne gives you visibility into the full lifecycle of an Order, whether outbound or inbound. To achieve this, the names and locations of athenaOne Senders will be visible and recognizable as In-Network Providers.

The items below provide an overview of how Orders function during and outside of the patient visit.

Global Directory of Order/Referral Recipients and Result/Consult Senders. We maintain and curate a global database of pharmacies, laboratories, facilities, and providers nationwide. We work with you to ensure you are represented appropriately as an Order/referral recipient to all these entities and that Orders are routed to their appropriate destination.

Insurance Eligibility Status. For payers that support electronic eligibility checks, athenahealth verifies insurance eligibility status, records it in athenaOne, and returns the insurance benefit details of electronic eligibility checks. This information, when available, will be sourced directly out of athenaOne and delivered with the Order. This functionality does not apply to medication and vaccine Orders.

Payer Network Directory Information. Depending on the patient's insurance, we offer access to Payer Network Directory information such as participating providers within their benefit plan and provider quality scores/rankings. For specialty referrals, if the patient has one of the participating insurances, a list of participating providers within the patient's benefit plan will be exposed inside the enhanced clinical provider selection widget when selecting the refer-to provider.

Third-party Data. athenahealth is not responsible for inaccurate or incomplete data received from third parties and displayed to you as described above under Payer Network Directory Information. It is your responsibility to review and verify the accuracy and completeness of all such data.

Outbound Order Management. We will deliver the Order to the trading partner selected by the ordering physician. The ordering physician can specify delivery options to be printed and handed to the patient during his or her office visit, faxed by athenahealth's Document Management Service or, whenever possible, sent via an outbound Order

electronic data interface (EDI) to the receiving supply chain partner. Outbound Prescription Orders will be sent via an e-prescribing interface (using Surescripts network) whenever possible.

Direct Secure Messaging Support. Direct specifies a simple, secure, scalable, standards-based way for participants to send authenticated encrypted health information directly to known trusted recipients over the internet. Direct messaging protocols are fully integrated into athenaOne, monitored, and maintained to support sending and receiving summary of care records (in CCDA format) during transitions of care.

athenaOne will automatically process incoming summary of care records (in the CCDA format) sent via Direct into the patient's chart based on patient matching logic. athenaOne will prompt a new patient registration when a current patient cannot be conclusively identified to allow for reconciliation of key clinical information such as problems, medications, vaccines, and allergies, and will attach the full summary of care record as a clinical document for that patient. We will automatically send a summary of care record via the Direct protocol when we have a Direct address on file for the recipient of a consult, surgical, or procedural Order, and send a summary of care record via fax for recipients whose Direct address we do not have. We will accept inbound summary of care documents via Direct for Senders who are members of DirectTrust Accredited Trust Anchor Bundle or other Health Information Service Providers (HISPs) that athenahealth has agreed to connect to (in its sole discretion) based on your request. In the event you request athenahealth to connect to a HISP that is not a member of DirectTrust Accredited Trust Anchor Bundle, you are solely responsible for all acts and omissions of such HISP.

We will also create and maintain Direct addresses for athenahealth clients, engage in global directory exchanges, and manage trust and security with other HISPs, health systems, hospitals, and physician organizations across the country. It is your responsibility to obtain and provide athenahealth with Direct addresses from your referral network and to share your athenahealth-provided Direct address with your network.

DirectTrust Participation. athenahealth is a DirectTrust Accredited HISP, Registration Authority (RA) and Certificate Authority (CA), meaning that we maintain and provision Direct addresses for all eligible providers as part of the athenaOne Base Services. So that athenahealth can create and maintain a system-wide provider directory, you consent to athenahealth sharing your name, physical practice address, Direct address, national provider identifier (NPI), specialty, fax, and phone numbers with all other trusted Direct messaging service providers and participants (including those who are not athenahealth clients or Authorized Users). You are solely responsible for obtaining any patient or patient's parental consent (e.g., as required under HIPAA and/or other Applicable Law) that may be necessary to send Direct messages containing PHI. Your use of the Direct messaging services is subject to the terms and conditions set forth at https://www.athenahealth.com/~/media/athenaweb/files/pdf/direct_trustservices_terms_and_conditions.pdf and incorporated herein, as may be updated from time to time by athenahealth.

Inbound Result Management. We will process inbound Order results, which may be presented as structured data, a PDF, or both, depending upon the method by which the result was received and your settings. athenahealth will

manage the laboratory, radiology, and other applicable compendiums. You will notify us if you need a compendium update.

Closed-Loop Verification of Order Fulfillment. If results are received for an Order created in athenaOne, athenahealth will attempt to tie the results document to the Order, thereby closing the Order loop. To ensure accuracy of clinical information, athenahealth is unable to assign an Order type to lab results and images that did not originate as Orders from athenaOne. athenahealth considers these results to be unsolicited and routes these results to the Clinical Inbox. You can further classify these results to indicate the Order type.

We will tie results received via fax to Orders generated in athenaOne for up to 90 days after the Order is submitted in athenaOne. There is no time limit for tying results back to Orders if received via interface. Imaging and clinical documents will be tied to Orders generated in athenaClinicals for up to one year after the Order is submitted in athenaOne.

Unfulfilled Order Notification. athenahealth will allow you to specify the timeframe in which you expect a patient to fulfill an Order created in athenaOne. athenahealth will notify you if results are not received for an Order created in athenaOne within the timeframe specified in the Order. You are responsible for setting the alarm days associated with the Order as well as patient or patient's parental follow-up per your policy.

Outbound Network Management Reporting. We offer reporting capabilities to provide statistics about incoming Orders you receive from other athenaClinicals clients and outbound Orders you send to providers in your local network. This information includes Order volume, referring provider demographics, new referring providers, and receiving Facilities. You define the Order and referral recipients (Clinical Providers) in your local network, as well as their level of affiliation with you.

Medication Coupons. In partnership with ConnectiveRx, we offer the ability to surface, print and electronically submit medication coupons when they are available for a given medication order.

Prescription Text Notifications. In partnership with RxInform capabilities, we offer the ability to send SMS messages to patients including educational content, savings opportunities, and reminders. Patients who have consented to receive text messages will be opted into Prescription Text Notifications.

Real-Time Benefit Checking (RTBC). Providers can retrieve patient-specific benefit information including price for prescriptions directly in the medication prescribing process. We partner with Pharmacy Benefit Managers (PBM) and companies that aggregate PMB information to maximize the PBM coverage for RTBC.

Third-party Data. athenahealth is not responsible for inaccurate or incomplete data received from third parties and displayed to you as described above under Real-Time Benefit Checking. It is your responsibility to review and verify the accuracy and completeness of all such data.

Medical Prior Authorization Guidance. Depending on the patient's insurance, we offer access to prior authorization guidance from participating health plans. This guidance indicates if the order may or may not need an authorization. If the patient has one of the participating insurances, the health plan's guidance will be displayed.

If you do not wish to participate in Medical Prior Authorization Guidance, please open a support case. By notifying athenahealth that you do not wish to participate, you agree that athenahealth may inform health plans that you have opted out of such offering.

Third-party Data. athenahealth is not responsible for inaccurate or incomplete data received from third parties and displayed to you as described above under Medical Prior Authorization Guidance. It is your responsibility to review and verify the accuracy and completeness of all such data.

Electronic Prior Authorization. We allow providers and pharmacies to electronically submit prior authorizations to Pharmacy Benefit Managers via CoverMyMeds. Providers can initiate a prospective electronic prior authorization for medications even if eligibility information does not indicate a prior authorization is required. Retrospective prior authorizations that are shared by a pharmacy can also be accepted and submitted electronically.

Referral Management Data Sharing. athenahealth uses referral order data from within your context (aka tablespace) as well as from other contexts on the athenahealth network to determine and display the status of a referral. The status of a referral is dictated by the status of the order, the status of the appointment, as well as provider actions after the note is returned from the referral's rendering provider. When this functionality is enabled, notwithstanding provider or provider group access limitations or other settings within your context, the following data will be shared and will be available on a consult order for the ordering provider, as well as on the admin-referral document for the rendering provider, for any consult order sent within your context via athenafax or any consult order sent to another practice on the athenahealth network:

- Order data:
    - Attachments to the consult order
    - Patient insurance information sent with the order
    - Status of the consult order
- Appointment data:
    - Appointment date/time
    - Scheduling provider
    - If the appointment has occurred
- Provider action data:
    - If the note sent by the rendering provider is tied to the order
    - When the note is viewed by the referring provider

- If the patient is notified

Referral management data sharing functionality is automatically enabled. This functionality can be disabled at the context level only (e.g., it cannot be disabled for individual providers or patients). If you would like to opt out of referral management data sharing, please contact athenahealth to request this functionality be disabled.

4.5 Check-out: Capturing Charges

Capturing Charges in the Billing Tab. You are responsible for maintaining "Fee Schedules," which set forth the amount you charge for your services and the Current Procedural Terminology (CPT) codes that correspond to those services. Within your workflow, athenaOne will then use this information to identify all of an encounter's billable services, including Orders and procedures, and automatically populate billing information on the "Billing Tab" with the diagnosis and billable (or potentially billable) services, based on information documented in the encounter. You have the ability to review and edit the information for these billable services and specify CPT codes.

E&M Coder. The E&M Coder is intended for use as a reference and a means to review E&M CPT code selection. You are solely responsible for ensuring that only Authorized Users with an understanding of the E&M coding guidelines use the E&M Coder, and for ensuring that appropriate codes are used for final billing purposes. The E&M Coder uses logic and data licensed from Medicomp. Medicomp's algorithm incorporates the processes described in the 1995 and 1997 Centers for Medicare & Medicaid Service (CMS) Evaluation and Management guides available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/EMDOC.html. If you plan to utilize the E&M Coder, you should have an experienced coder reviewing your coding to ensure that it is appropriate.

Order Type-Procedure Code Mapping. You can customize the Order type-procedure code mapping by using the Order Type & Procedure Template Mapping functionality. You can map Order types and procedures to an individual procedure code, multiple individual codes, or a group of procedure codes. The list of procedure codes is not limited by your fee schedule. You can map Orders and procedures to any valid CPT codes.

Coding Reference Materials. Coding reference materials are available in athenaOne, provided by our Marketplace partner, nThrive.

CPT Category II Procedure Codes. Your practice can customize your Billing tab by enabling the "CPT II Codes" section. In this section, athenaOne generates CPT Category II procedure codes for your staff to review.

Outside of the athenahealth Medical Coding product, athenahealth does not perform code services for you. You must have the proper coding expertise on staff, and you are solely responsible for entering the information into athenaOne that we need to submit your claims. You agree to only submit codes that are true, complete and accurate, and conform with all Applicable Laws and payer requirements.

5 After the Patient Visit

After the patient visit, athenaOne Base supports your ongoing communication with patients, charge entry, processing claims, and more, as detailed in the following sections.

5.1 Follow-up Patient Communication

Patient Satisfaction Surveys. You have the option of sending patient satisfaction online surveys by SMS, MMS, or email. These surveys are conducted and hosted online by third-party service provider MedStatix. Patient satisfaction scores are available in athenaOne and updated on a monthly basis. Providers and/or practices may opt-out of patient satisfaction surveys through a Client Service request.

Delivering Lab Results to Patients. athenaOne Base's ResultsCall functionality automates the delivery of lab results to patients. When reviewing lab results in athenaOne, a practitioner can choose to send a notification to the patient via automated phone, email, or SMS message to let them know that a lab result is available for review on the Patient Portal. Authorized Users are able to check athenaOne to see if the patient has reviewed the result; if the patient fails to view the result in the Patient Portal within a time period that you dictate, we will flag this test result for your follow-up. Structured interfaced lab results can also be configured to be automatically sent to the Patient Portal.

Ongoing Resources Available on the Patient Portal. Outside the exam room, patients can access a variety of information on the Patient Portal, including:

- Online patient care summary.
- Medical records, including, but not limited to, sections on allergies, medications, immunizations, vitals history, test results, problem list, and procedure history.
- Online Health Summary: You may choose to allow your patients to view, download, or transmit their pre-approved summaries, received from your health system, via the Patient Portal. athenaOne Base is modularly certified for CMS quality programs, satisfying patient engagement measures: 170.315(e)(1) Inpatient – View, Download or Transmit to a 3rd Party and 170.315(g)(1) Automated Numerator Recording. You are responsible for ensuring that all necessary previously-approved summary and corresponding transition of care information is transferred to athenaOne in CCDA in a format consumable by athenaOne. We provide basic reporting to assist you with reconciliation/attestation for these measures, but does not provide performance management, attest on your behalf, or provide audit support. The implementation and maintenance of health summaries and transition of care interfaces are not included as part athenaOne Base. Contact us for more information on interfaces with external systems.
- Tobacco History: You may choose to allow your patients to update their tobacco usage information in the Patient Portal.
- athenaCommunicator is certified for Meaningful Use, satisfying patient engagement measure: d.315(e)(3) Patient Health Information Capture.

Order Follow-up. Our OrderReminders functionality allows you to send an automated reminder to patients who have unfulfilled Orders via an automated call/email/SMS. The reminder lets patients know they have an outstanding Order that should be fulfilled before their next appointment.

Population Health and Other Mass Patient Communication Campaigns. athenaCommunicator's GroupCall functionality allows you to broadcast phone, email, and SMS messages to your entire patient population. Selected GroupCall message campaigns can be sent to patients automatically without your intervention. During your implementation of athenaCommunicator, you will have the opportunity to elect such campaigns; after implementation, we will notify you before sending additional campaigns on your behalf. There are four major categories of GroupCall campaigns, all of which can be viewed and activated within the GroupCall Campaign Library on athenaOne:

- **Standard campaigns.** We prebuild and preconfigure these campaigns for you. Campaign types in this category include appointment cancellations, appointment ticklers, appointment no-shows, portal adoption, and weather campaigns.
- **Population health campaigns.** Population health campaigns are predefined campaigns that use clinical guidelines to send automated messages to targeted groups of patients in order to eliminate gaps in care. Population health campaigns allow you to configure patient self-scheduling of specific appointments related to each campaign. The subjects of these campaigns include important health vaccinations, screenings, and visits based on clinical measures.
- **Health awareness campaigns.** These allow you to notify patients about healthcare trends and other broad healthcare topics.
- **Custom campaigns.** GroupCall Campaign Builder also enables you to create custom campaigns with custom filtering for selecting patients and customized text for any additional campaign needs. You are prohibited from using GroupCall functionality for debt collection purposes or for marketing purposes.

We may reach out to your patients regarding specific guidelines that are new and relevant to the care of a patient and that are intended to improve patient outcomes. Prior to athenahealth reaching out to these patients, you will be notified and given an opportunity to decline having your patients contacted. Additionally, we are partnering with various specialty societies to monitor guideline adherence, adoption, and clinical outcomes across athenahealth's patient base in an effort to improve guidelines. At times, the improved guideline recommendations, as well as any research conducted as part of those quality improvement projects, may be shared more broadly with the public. We will de-identify all patient level data before sharing with the public.

Patient Facing Product Feedback. athenahealth relies upon direct end-user feedback to improve our products and services, to the benefit of our clients. This applies equally to our patient-facing products such as athenaCommunicator, and we therefore need to engage directly with patient users for concept testing and general product feedback. athenahealth will occasionally invite patients, via our patient-facing products and other contact channels, to participate in user research. If you have any questions about athenahealth's patient outreach, please reach out to your Customer Success Manager.

Prescription Requests. Patients can request Prescription renewals via the Patient Portal by clicking on the refill link in the "Medications" section or sending a "Prescriptions and Refills" secure message. These patient requests will appear in the Clinical Inbox in the "Patient Case" section. Once you have processed the patient's request, you can respond to the patient with the outcome of the request. The patient will receive this response in their secure message inbox in the portal. Patients are always directed to log in to their Patient Portal account to view or exchange PHI.

5.2 Collecting Payment Through Patient Self-Pay

To accept payment via credit card, credit card processing services must be enabled.

Payment Reminders. athenaOne Base sends automated payment reminders to patients or guarantors notifying them of an outstanding balance. Payment reminders can be sent via phone, email, text and/or secure portal message. Automated payment reminders must be enabled via practice settings. Patients or guarantors must provide their consent to receive text messages. Payment reminders will direct the patient or guarantor to one of the following appropriate secure payment methods:

> **Collecting Payments via Guest Pay.** A secure method for patients or guarantors to make a payment without a Patient Portal account. Patients can view charge details before making their payments.
>
> **Collecting Payments via Statement Pay.** A secure payment method for patients or guarantors to make a payment from a paper or electronic patient statement. Statement pay access codes are provided on paper statements to make a payment on a computer or mobile phone.
>
> **Collecting Payments via Patient Portal.** A secure payment method for patients or guarantors to pay an outstanding balance from their Patient Portal. The practice must have a web portal enabled and the patient must log in to their portal account to make a payment. When setting up patient payments through the Patient Portal, you'll have to select if you'll permit patients to pay balances that have been placed in collections with a collections agency.

If you decide to permit patients to use the Patient Portal to pay amounts towards balances that have been placed into collections, you acknowledge that athenahealth is solely acting as a facilitator of the receipt of such payments by providing the Patient Portal for such purpose and, accordingly, you are responsible for forwarding the amounts collected to the applicable collection agency. You will also be responsible for any claims against, or damages incurred by, athenahealth that arise from, or are related to, the payment of such patient balances through the Patient Portal.

Collecting Payments via Live Operators. A secure payment method for patients or guarantors to make a payment over the phone. Patients can transfer from an automated payment reminder call to a live operator to make their payment.

Collecting Payments by Mail. Patients may also pay by mailed check. Practice settings must be enabled to allow this.

Patient-Initiated Payment Plans. Provides patients with an option to set up an autopay payment plan within the limits set by the practice. Once configuration is set up in athenaOne to enable the feature, parameters such as allowable balance size and plan duration can be configured.

The following language is required for debt collection law compliance. While all patients have the ability to pay via the Patient Portal if you maintain an account with Elavon, you must select whether you would like patients to be able to pay balances that have been placed into collections and, if so, payments collected will be credited towards these balances. If balances in collections are paid via the Patient Portal, then you agree to the additional obligations that are set forth in the following paragraph:

5.3 Submitting Claims

We work with you to submit your claims in as timely and accurately a manner as possible, subject to the sections below.

Coverage Scan. athenaOne will automatically check Medicaid using electronic eligibility verification for coverage any time you create a claim where the full balance is with the patient. If the patient is found to be eligible for insurance coverage, the claim will either be updated and billed to the payer by our staff or automatically by rules when possible. If the patient is not eligible, the claim remains the patient's responsibility and will be billed to the patient and the Retroactive Coverage Scan process begins. The Retroactive Coverage Scan runs regular checks for Medicaid coverage at several intervals past the claim create date to locate new Medicaid enrollees. If new insurance coverage is identified, the claim will be updated and billed to the payer by our staff or automatically by rules in the workflow. Coverage Scan is not able to find coverage for Medicaid programs in Alaska, Connecticut, Maryland, Rhode Island, South Dakota, and Vermont. This functionality can be opted out of at the context, patient, or claim level.

Claim Attachments. athenahealth will automatically submit claim attachments on primary and secondary claim submissions in all instances where the payer has established claim attachment submission processes and where we have built out the necessary support to adhere to those processes. In some instances, we may delay submission of the attachment until the payer requests supplemental documentation. If it is a secondary claim submission, athenahealth will automatically include the primary remittance, or, in the case of an electronic secondary claim submission, information in the electronic claim file indicating details of the primary payer's adjudication.

Authority to Execute Enrollment Transactions. By using the athenaCollector Service, you certify that you meet all payer eligibility and claim submission requirements and grant us authority to execute any necessary Enrollment Transactions on your behalf. Enrollment Transactions are the administrative tasks required to connect athenahealth with necessary third parties in order to administer the athenaCollector service, including but not limited to: Electronic Data Interchange (EDI); Electronic Remittance Advice (ERA); Electronic Funds Transfer (EFT); pay-to-address modifications; web transaction enrollments; Eligibility; Claim Status Inquiry (CSI); proactive validation of provider configuration with payers; Health Care Registry enrollment; and credentialing functions. athenahealth's authority to execute Enrollment Transactions includes permission for athenahealth to represent that it is an: (i) Authorized agent; (ii) Authorized Representative; (iii) Authorized Officer; or (iv) other authorized title when completing necessary task

work. Please note that we will not execute any forms on behalf of individual providers or specific individuals. If a provider or specific individual is required to sign a form then that provider or individual must sign and submit the form. Completion of Enrollment Transactions requires that you provide all data necessary to carry out the task and that the payer accepts submissions from athenahealth personnel. In the instance that we need you to provide more information or execute an enrollment due to payer requirements; you must turn these requests around in a timely manner.

Grant of Authority. You agree to grant athenahealth the authority to represent that it is operating in an authorized capacity when executing Enrollment Transactions and completing administrative enrollment tasks of your behalf.

Authority to Sign Claims. By using the athenaOne Base Services, you certify that you meet all payer eligibility and claim submission requirements and grant us authority to sign claims and retrieve payment information on your behalf, so we can do our part of the co-sourcing arrangement. athenahealth will not pay your claims; we will pass them on to the parties (insurance companies, the government, corporations, and patients) who will pay them.

Original Signatures. For claims that require an original physician signature, athenahealth will submit those claims whenever possible (on paper) and sign them, "Signed by an athenahealth agent [on behalf of doctor's name]." Most payers accept this as an original signature, except for certain agencies. In those cases, we will print the claims and send them to you. You will sign and mail them.

Claim Status Inquiry/Acknowledgement. We work to ensure that the claims we submit on your behalf get to the payer. If the payer provides electronic claim status or acknowledgement (hereinafter, "claim status") that it has received your claims into its adjudication system, we will attach it to the claim. If we expect to receive a claim status and do not, we will contact the payer or intermediary to request one. Not all payers or intermediaries provide electronic status, so electronic claim status will not be available for all payers.

Timely Claim Filing. We track initial submission timely filing limits for many payer entities and will automatically force drop claims to paper for timely submission and denial prevention. A default timely filing limit of 60 days will be applied at the insurance package level in the event that a specific payer filing limit requirement is not available or validated. The force drop will apply 15 days prior to the filing limit, even if claims are with the client for action in an active hold status due to claim Rules or kick codes. Timely filing functionality will not force drop claims for payers that only accept electronic submission, as claims may lack fundamental data elements, leading to possible rejections.

We routinely monitor claim submission outcomes to discover opportunities to improve our athenaOne Base service offering, including our Rules Engine and Remittance Tracking services. As part of our commitment to efficient claim submission, athenahealth may automatically force-drop claims that have been holding for an unusual amount of time. The number of claims that we submit without prior notification will not exceed 0.5 percent of your monthly claim volume. This will enable athenahealth to monitor the outcomes of these claims to determine how we can improve our athenaOne Base service offering, including our Rules Engine and Remittance Tracking services.

Proof of Timely Filing. athenahealth will provide proof of claim submission details in the event a claim has been denied. For paper claims, athenahealth will submit USPS Informed Visibility, when available and when accepted by the payer, which provides the date the claim was received at the nearest United States Postal sorting facility. Our Claims Submission department tracks electronic acknowledgement reports to determine when a claim was received by the clearinghouse (intermediary) or the payer.

Rules Ownership. athenahealth owns all the Rules in athenaOne, including Rules developed for local use in an athenaOne tablespace.

Patient Statements. athenaOne Base generates statements for your patients when they have open balances. Open balances may not reflect payments not yet applied and patient liability on claims not yet adjudicated. Statements will itemize charge details. Based on your practice configuration and contact methods available, patients will receive electronic and/or paper statements.

- Your minimum statement balance setting must be at least $9.99 to generate a patient statement. Patient statements are generated daily. By default, we'll generate up to three patient statements per charge for unresolved balances.
- By default, "Patient Account Alarm Types" are set to hold statements after the third statement is sent for a given charge. Once the original charge(s) that put the patient account on hold are cleared, we will resume sending statements for all other open charges. An account alarm on a patient account can be cleared when a payment plan is created for the patient or the outstanding charge(s) are paid, written off to bad debt, or transferred to collections. Changes to these settings may increase statement volume and the practice may incur additional fees for statement services.
- Your phone number will be on each statement, and you are responsible for handling patient inquiries. athenahealth will not contact your patients to inquire about the status of unpaid statements.

Electronic Statements. Patients can access current and past electronic statements and make a payment. Available electronic statements can be viewed online and downloaded for record keeping purposes.

Paper Statements. Patients who receive paper statements can opt-out of paper statements online. Patients can also opt back in to receive paper statements.

Paper statements are mailed six times a week. By default, a paper statement is sent every 35 calendar days. If there's a change-of-address order on file with the United States Postal Service (USPS) or the address is otherwise undeliverable, then we'll change the address on the statement to match USPS specifications and update the address in athenaOne. If your athenahealth generated statements have PO Box 14099, Belfast, Maine 04915 as their return address and are returned undeliverable by the USPS, they will be processed by athenahealth with a statement hold on the patient's account and an unpostable remittance record will be sent to you. Otherwise, returned mail goes to the mailing address of your office.

5.4 Receiving and Processing Payments

athenahealth receives, scans, catalogs, and transmits Image Cash Letter Deposit (ICLD) files for deposit for all Paper Check payments, except those payments collected at your locations. During onboarding and configuration, athenahealth contacts your payers and instructs them to send payments to our Remittance Processing Center through a P.O. Box assigned by athenahealth but dedicated to you. The mail from that P.O. Box comes to athenahealth and is opened and scanned. Check images and pertinent deposit detail is transmitted to our banking partner, U.S. Bank, for deposit into a bank account in your name and under your control, your "Mailbox Account." If you receive payments via Electronic Funds Transfer (EFT), we will contact your payers and have those funds routed to your Mailbox Account as well. From there, you can log in to U.S. Bank's web portal, SinglePoint, to schedule automatic transfers or manually transfer available funds into your operating account via an Automated Clearinghouse (ACH) transaction. You may not use the Mailbox Account as an operating bank account or to otherwise pay bills.

Official record. Your U.S. Bank statement is the official record of your cash deposits. The information in athenaOne is advisory.

Electronic Funds Transfer (EFT) as Default Payment Method. When athenahealth contacts a payer with instructions on where to send your payments, we will request that payments be made by EFT to your Mailbox Account (unless that payer does not offer EFT payments). Unless you have executed an opt-out form to not have athenahealth execute Enrollment Transactions your behalf, we will execute any necessary Enrollment Transactions on your behalf, except as noted above. Sometimes a payer will not accept submission from us, and we will need you to complete enrollment; you must turn these requests around in a timely manner.

Shared Tax ID. athenahealth strongly encourages you to transmit all the charges for your tax identification number through athenaOne; otherwise, we won't know how to post those payments when they come. Sometimes when an organization shares a tax identification number with another organization for billing purposes, and we have deemed that organization as serviceable despite the shared tax identification number, Electronic Remittance Advice (ERA) may not be supported by certain payers and may not be used as the default method for remittance information. In these cases, athenahealth will instruct the payer to send remittance detail via paper explanation of benefits (EOB) to your dedicated athenahealth P.O. Box. athenahealth may be able to build ERA interfaces to reduce the effort of splitting remittance or implement a workflow that allows you to upload ERA files in athenaOne. If all organizations sharing the tax identification number are on athenaCollector, athenahealth is able to automatically split remittance for those organizations. Additionally, you may upload ERA files directly to the Remittance Record pages or through the Submit Remittance page from the Manage Remittance dashboard.

If we cannot avoid multiple systems managing remittances for a single tax identification number, such as for some Rural Health Clinics that are required to bill under a hospital's tax identification number, then we may charge you a small fee for processing all the remittance detail that comes to us but can't be posted because the claims are in another system. If you have a shared tax identification number, please notify us; you will be required to comply with athenahealth's shared tax identification process.

Electronic Remittance Advice (ERA) as default remittance detail method. When athenahealth contacts a payer with instructions on where to send your remittance detail and that payer offers ERA, we will request that remittance detail be delivered via ERA. In order for athenahealth to receive ERA on your behalf, we will instruct payers to recognize us as your authorized billing service. Unless you have executed an opt-out form to not have athenahealth execute Enrollment Transactions your behalf, we will execute any necessary Enrollment Transactions on your behalf, except as noted above. Sometimes a payer will not accept submissions from us, and we will need you to complete enrollment; you must turn these requests around in a timely manner.

Virtual Credit Card (VCC) Payments. Payments received from payers in the form of "virtual credit card" payments, as single-use or otherwise, will be automatically processed to US Bank accounts on behalf of customers who are enrolled for Credit Card Processing (CCP) and have a MOTO or Retail MID configured for their respective bank accounts prior to being redacted. The athenahealth definition of Virtual Credit Card (VCC) payments is: *a normal healthcare claim payment issued by a commercial health insurance carrier*. When Explanation of Benefits (EOBs) are received without claim IDs and cannot be processed, you may be required to follow up with the payer. Although full redaction of VCC payments is not optional, you do have the option to opt-out of auto-processing. If you choose to opt-out of auto-processing, you are assuming responsibility for the associated risks and considerations described in this document, https://success.athenahealth.com/s/article/000100455, and can contact your Customer Success Manager for more information and assistance with the opt-out process.

Time of Service (TOS) Payments. Payments collected using athenahealth's integrated credit card processing are recorded in athenaOne and deposited into your Mailbox Account. Other payments (e.g., cash, checks) collected by you at your office locations are your responsibility to forward to your Mailbox PO Box address or deposit to your local bank and record into athenaOne using the Submit Remittance functionality.

Included U.S. Bank Services. The cost of the following U.S. Bank services is included in your athenaOne Base Service Fee:

- Mailbox Account setup, maintenance, and a P.O. Box for each of your tax identification numbers.
- Unlimited deposits of funds received by athenahealth. Funds are generally available within three business days after receipt by U.S. Bank.
- Unlimited ACH fund transfer transactions.
- Returned item fees.
- Web portal to view previous day account information and order next day funds transfer via ACH to a linked operating account at a bank of your choice in the U.S.
- Creation and maintenance of U.S. Bank Daily Statement.

U.S. Bank Fees & Credits. We will pass fees for other services (e.g., wire transfers, replacement paper statements) on to you via your monthly invoice. You will not directly receive an earnings credit or any other type of interest or credit in connection with your Mailbox Account. athenahealth may receive an earnings credit or other type of interest from U.S. Bank on account of the aggregate funds in all athenahealth client Mailbox Accounts, including your Mailbox

Account, and, to the extent athenahealth receives a credit, that credit will be used to offset the aggregate fees charged by U.S. Bank to athenahealth for U.S. Bank services provided to all athenahealth clients.

Patient Statement Payments. Patient statement payments will come to athenahealth. Patients can pay via check and we will pass the checks on to U.S. Bank for deposit into your account. If they send cash, we securely process this cash and then remit payment to your U.S. Bank account via check. Patients can also pay online with a credit card via athenahealth's "Statement Payment Portal," which will be automatically enabled for you if you use the required services listed below. Patients will be able to make full or partial payments on their balance.

To use the Statement Pay functionality, you must use the following Services:

- athenaCollector
- U.S. Bank Mailbox Account
- athenaMailbox Service
- athenahealth's integrated credit card processing with e-commerce merchant ID (MID) enabled

Retention of Paper and Image Quality Assurance. Commercial paper checks and remittance related work will be securely held for at least 90 days prior to destruction. Patient Payment paper checks and statements will be securely held for at least 14 days prior to destruction. We review the images created from these documents during posting, but it's your responsibility to examine for readability any other non-remittance related images that might be scanned. All scanned Images will remain online and accessible to you for at least three years and will stay in athenahealth archives indefinitely after that.

5.5 Posting Payments to Charges

Unpostable Remittance Records (Unpostables). An unpostable remittance record represents payment, remittance, or correspondence that athenahealth cannot post to a patient or a charge. Each record is classified under an unpostable remittance record type, and there is a specific workflow to resolve each one. athenahealth will categorize payment or non-payment related mail received from payers into the appropriate unpostable remittance record or correspondence record type, and automatically flag payments that cannot be posted to a charge on a claim or a patient balance. You are responsible for downloading or printing remittance record remittance for non-athenahealth systems, granting web portal credentials, confirming deposits, and seeking an alternative form of payment from the payer if you have unprocessed virtual credit card payments. Additionally, you are responsible to take action on all correspondence and, records marked as "Fully Worked" by athenahealth, and perform final review of remittance records sent to you by athenahealth in your Unpostable dashboard.

Payment and Detail Routing. Paper remittance detail usually accompanies the payment, but as the industry is moving to electronic data exchange, it is increasingly common for remittance detail to arrive after payment. Since we cannot post the payment before the remittance detail arrives, a placeholder Unpostable Remittance Record (depending on the payment method) is created until the corresponding remittance is received and matched to the payment. If the remittance is not received within the given wait or PEND period on the payment Unpostable

Remittance Record, we will contact the payer to follow up. The money will be available to you, but it won't be attributed to the appropriate claim until the detail arrives. If the payer can't or won't provide the remittance detail, or the payer's duplicate remittance fee is greater than 4 percent of the payment, we will check to see if you received it and may require your help to access it. To ensure all the remittance details and payments are routed correctly, we rely on you to deposit all of your paper checks into your U.S. Bank Lockbox Account so that we know when it's clear to post. It is also very important that you do not make any changes to your remittance files (paper or electronic) from the payers before (or after) uploading into athenaOne.

Remittance Detail Missing Payment. Sometimes, athenahealth receives the remittance detail but not the accompanying payment. If the remittance detail indicates that payment was made to your athenaMailbox account, we will locate the matching deposit prior to posting. If we are unable to locate the deposit in your athenaMailbox account, we may ask for your assistance to review your other bank accounts. If the remittance detail indicates that payment was made to a non-athenaMailbox account, we will post if the payment method is EFT; otherwise, for checks we will send the remittance to you for confirmation of payment. You will have 90 days to confirm deposit, or to indicate that the payment is in dispute. After 90 days, athenahealth will post the remittance.

Posting Per the Documentation. It is athenahealth's policy to post as what the payer instructs in the remittance, including payment, adjustment, and transfer amounts. In most cases, we rely on the content of the ERA file or the EOB. We make exceptions to that policy when a literal interpretation of the data would lead to inaccurate posting and where we've researched the exception with the payer. Certain denials may result in the transfer of balances to the next responsible party or the patient. There are some exceptions listed below.

Automatically Posted Lump-sum or Claim-level Payments. When a payer remits an amount but does not indicate how to allocate that payment across the multiple charges on the claim, we call that a "lump-sum," "claim-level," or "bulk" payment. athenahealth's policy is to post all payments, adjustments, and transfers (except copays) proportionally against the charges on the claim based on the percentage each charge represents against the total sum of charges. Copay transfers are applied to a single charge only. This policy only applies to lump-sum payments that are automatically posted. Manually posted transactions will follow one of the two policies below. Manual posting occurs when our automatic posting engine cannot process an ERA file or cannot match a payment to a claim, and in certain other circumstances.

Manually Posted Primary Lump-sum or Claim-level Payments. athenahealth's policy is to post against charges in descending order of billed amount, starting with transfers (e.g., coinsurance, deductibles), then payments, followed by adjustments.

Manually Posted Secondary Lump-sum Payments. athenahealth's policy is to post secondary lump-sum payments against charges in descending order of balance remaining, applying payments first, followed by adjustments, and finally transfers.

Non-Participating Providers. Your "Non-Participating Providers" may treat patients who are covered by an insurance carrier with which that provider does not have a reimbursement contract. Payers will reimburse the provider a standard rate, as if they had a contract, and indicate the remainder as a contractual adjustment. Some payers allow the provider to bill the next responsible party for the difference between the charged amount and what the carrier paid, referred to as "balance billing." Other payers do not allow balance billing. athenaOne allows you to indicate providers who do not participate with non-government payers using the Non-Participating Providers page. Entries of non-participating providers instruct athenaOne's posting engine to transfer any contractual amount to the next responsible party. If you do not enter a non-participating provider, you choose to review the claims for appropriate next steps.

The Non-Participating Providers page is activated only by request. By requesting this page, you agree to maintain the Non-Participating Provider page with accurate and up-to-date entries at all times. Furthermore, you acknowledge that your Non-Participating Provider entries will result in a posting override to transfer amounts to the next responsible party in the event that a contractual adjustment is reported on the remittance advice. You assume responsibility for incorrect transfers that result from inaccurate Non-Participating Provider entries. The Non-Participating Providers page is maintained solely by you and must be updated annually as entries will expire. If an entry expires, posting overrides will no longer transfer amounts reported as a contractual adjustment; those amounts will be posted as they appear on the EOB. athenahealth staff will not add or update entries on this page.

Unpostables. Some situations that occur during posting, such as when the payer issues a take-back or a page is missing from an EOB, are handled as what we call "unpostables." An unpostable is a payment amount athenahealth can't post to a charge on a patient or a claim, which requires additional research. athenahealth handles some types of unpostables, while others will be your responsibility.

Matching Remittance to Charges. athenahealth's policy is to match all athenahealth remittance with its corresponding charge. We have a complex and proprietary matching algorithm that uses information captured from the remittance to attempt to find and match each remittance record to its appropriate charge. There are circumstances in which athenahealth remittance fails to match.

When athenaOne fails to match athenahealth remittance to a charge, athenahealth attempts to manually match the remittance. If athenahealth cannot determine a match manually, we will turn that payment into a "No Matching Charge/Patient" remittance record and ask you to determine if the payment belongs to you. If you can match the payment to a charge or a patient, you can send the payment back to athenahealth for posting. If it is determined that the "No Matching Charge/Patient" remittance record belongs to an entity that does not utilize applicable athenaOne Services, you can download the remittance information from athenaOne and record that remittance in the appropriate system.

Patient Payments. athenahealth also receives and processes patient payments that come through the mail. Patient payments are applied based upon the patient statement coupon in conjunction with your Unapplied Credit Settings. If the patient has an active payment plan, athenaOne will first bring payment plans into good standing before posting

against other charges. Patient payments transmitted through the Patient Portal or the QuickPay portal will be applied to the specific claims the patient selects.

Unapplied Credits. Patient credit balances are carried as “unapplied credits” in athenaOne. A patient payment that is made at the time of service and is intended to be applied to services rendered on that date will be applied to the patient liability on the resulting claim. An unapplied credit that is not intended for that date of service and is not refunded to the patient will be applied according to your Unapplied Credit Settings.

Credit Balances (Overpayments). For insurance credit balances (or an “overpayment”), athenahealth will review the posting on the claim to confirm that the overpayment is not the result of a posting error. If the remittance supports the posting of a payment in excess of the billed amount of the charge, athenahealth will obtain additional information from the payer about the overpayment and initiate payer recoupment or reprocessing on your behalf. If athenahealth confirms with the payer that a refund check is required, athenahealth will return it to you with the SENDREFUND kickcode. Additionally, if all payments were made appropriately by the payer (and are confirmed with the payer), athenahealth will return the overpayment to you with advice suggesting to accept payment. athenahealth is also responsible for analyzing root cause and categorizing next steps to resolve overpayments that may require further review by you, including verifying coordination of benefits with patients, submitting refunds via web portals, or contacting unreachable payers.

Apply Co-Pay to Intended Date of Service. When using "Apply Co-Pay to Intended Date of Service" functionality, Client is solely responsible for allocating patient payments appropriately, consistent with patient directives as applicable.

Self-Pay Small-balance Automatic Adjustments. athenahealth does not automatically adjust small “debit” balances. If you want to automatically adjust small “debit” balances, please contact us. There is a short authorization form we require you to sign.

Revenue from Alternative Payment Models. When you participate in alternative payment models (including, but not limited to, quality incentive programs, shared savings agreements, and capitation contracts), as long as the reimbursement from these models is tied to the health care items or services you furnish to patients, all money received must be posted in athenaOne. The preferred method of posting would be to direct the payer with whom you are contracted to direct payment to your athenaMailbox US Bank account, as this minimizes the amount of manual work you must do. If, however, the payment & remittance comes directly to your practice rather than being routed by the payer to your athenaMailbox US Bank account, you are still responsible for posting the payment & remittance detail in athenaOne.

5.6 Working Accounts Receivable

athenahealth helps you work accounts receivable through remittance tracking, denial management, and addressing underpayments and zero-pays.

Remittance Tracking Service. If, after a certain number of days following claim submission, we haven't received remittance from the payer or indication that the claim is in process, an alarm is triggered in athenaOne, and athenahealth will attempt to contact the payer about that claim, by placing phone calls, sending faxes, checking websites, performing electronic claim status inquiry, or sending demand letters regarding claims. If athenahealth has the ability to independently register for access to a payer's portal using information in your practice data, we will do so. If not, we'll reach out to you for further assistance. In some cases, claims may be resolved in a group, if they stem from the same root cause. The alarm waiting periods vary from payer to payer and are based on our experience of how long it takes that payer to respond.

athenahealth establishes and updates its claim alarms to reflect each payer's unique adjudication cycle. Some states have implemented "prompt pay laws" that dictate the timeframe within which insurance payers must adjudicate claims. If you feel that an insurance payer is not abiding by the terms of the legislation in question, we recommend that you contact your provider relations representative.

Denial Management Service. In our Co-sourcing model, resolving denials is a shared responsibility. athenahealth researches denials to ensure the reason and next steps are clear. We then take one of several actions based on the remittance, our payer knowledge, and CMS's own National Correct Coding Initiative (CCI) guidelines. In general, if the claim was denied based on inaccurate information provided by you during registration or charge entry, we then route that back to you to fix. Similarly, if the claim is denied for additional documentation we route that claim back to you to supply the documentation. In both cases, once you have corrected the claim or attached the required documentation, you can return the claim to us and we will complete the resubmission process. If a claim is denied for credentialing-related reasons and you subsequently make a change to billing information on the claim (including but not limited to: provider, facility, pay-to address), we will review the claim to determine if that change warrants resubmission. We will then resubmit the claim to the payer.

If you are using athenahealth for front end patient registration, then athenahealth will work claims for some specific insurance-related denials, for you. We will also work these claims for clients who use other, non-athenahealth services for patient registration provided that (i) these clients have an eligibility error rate and resultant inflow rate to related athenahealth work queues that are no worse than the network averages of clients who use athenahealth's front end patient registration, and (ii) use an approved solution to capture and render insurance card images within athenaOne as specified in Section 4.1. When athenahealth works the claim, we will research and address denials related to eligibility, coordination of benefits, demographics, insurance selection and patient member Information. If, based on the factors above, we believe the payer has made an error, we may contact the payer directly. Based on payer guidelines, we will either facilitate a resubmission with corrected patient insurance information or transfer the outstanding balance to the patient's responsibility.

For some specific coding-related denials, athenahealth will work the claim by reviewing the medical record to help resolve these denials. If we find that the payer has denied the claim erroneously, we'll resubmit the claim for payment. We'll request the payer reprocess the claim or, if necessary, submit an appeal with supporting documentation.

If we find that the claim needs a coding correction, we'll return it to you with advice in a Claim Note, suggesting coding updates that might help resolve the denial. It's important to note that athenahealth only reviews denied charges, and it is possible that errors in charges that were paid might have impacted the denials. You should review all charges on the claim for accuracy and completeness when determining what coding changes may be appropriate. If we find the claim is not likely to be paid, due to a payer's billing requirements, we may return it to you with suggestions on next steps. In either case, it's ultimately your responsibility to conduct the appropriate review of the denial and decide what, if any, changes are appropriate. We can only review claims with an associated encounter in athenaClinicals. Claims with coding-related denials without a clinical encounter will route directly to you for review and resolution.

> **Corporate, Legal, and Contract Payers.** athenahealth does not follow up on, or take action on, denials for claims or invoices billed directly to corporations, law firms, or other non-health insurance organizations.
>
> **Bankruptcy.** When athenahealth is notified of a payer filing bankruptcy, follow up services will no longer be performed. Claims will be moved to your responsibility to make the determination on next steps for recoupment.
>
> **Non-Participating Providers.** For providers that are designated by the payer as Non-Participating Providers, athenahealth will appeal denied claims only when the basis of the appeal is an adjudication error. If you or the patient feels that a Non-Participating Provider's claim has been paid incorrectly, the patient should contact the payer and resolve the matter directly. Typically, the rights rest with the patient, and the patient's contract dictates the benefit payment amount and the appeals process.

Reviewing and Resubmitting Zero-Pays. Payers sometimes adjudicate charges with contractual or global adjustments. athenahealth calls these situations "zero-pays," when after payer adjudication, charges have no balance outstanding, and no payment or transfer was made. We first post adjustments indicated by the payer and then assess the total of adjustments. We will re-open claims with zero-paid charges over $200 that we believe are pursuable for appeal, correction, or reprocessing by the payer, based on athenahealth network knowledge. Additionally, we will provide you with suggested next steps for action and instructions for resubmission or adjustment. Based on your review, you may correct coding or attach supporting documentation as appropriate. Utilizing the Zero-Pay Review report, you can also find zero-pay charges with an original billed value of less than $200. For those you would like athenahealth to resubmit, you can return the claim to us and we will complete the resubmission process. As with charges $200 or greater, you may choose to correct coding of the claim or attach supporting documentation.

Collections and Bad Debt Policies. If the receivable is the patient's responsibility, then you will create and maintain policies that determine when that receivable is transferred to a collections agency or adjusted off to bad debt. athenaOne manages the bad debt policies you create, automatically adjusting balances that meet your policies' criteria. We maintain established connections with collections agencies and can introduce you to one during onboarding. Your Collections policies will identify receivables that meet your Collections criteria, and you can elect to automate the transfer of those receivables on a schedule that you set. You may choose to use your own agency

instead. If you choose an agency that does not have an established connection with athenahealth, you are responsible for producing and delivering the data your agency needs.

Prior to selecting a collections agency in athenaOne, you must have an agreement in place with such agency, including, without limitation, a business associate agreement. Once a collections agency is selected in athenaOne, athenahealth will transfer receivables to such agency in accordance with your Collections policies without independently verifying that you have an agreement with such agency. If you do not have an agreement in place with any of the collections agencies with which athenahealth maintains established connections, do not select a default agency until you have entered an agreement with such agency.

Finding Underpayments. athenaOne can track your contracted rates in what we call "Allowable Schedules," compare actual payments, and provide you with concise data that will allow you to spot underpayments. The Payment Mismatch Tracking Wizard in athenaOne is designed to make it easy for you to prove to the payer that it has made a mistake in its adjudication system. You are responsible for loading your Allowable Schedules, based on your payer contracts.

athenahealth doesn't call or appeal to payers on your behalf because, in our experience, underpayment errors are most commonly the result of data entry errors at the payer. The way to fix the problem is to take the matter to your provider relations representative. Because the contract is between you and the payer, athenahealth may not be as effective as you in making the case.

5.7 Unresolved Claims or Remittance Records

Sometimes athenahealth has to make judgments about when to stop working on a claim or remittance record. athenahealth has defined endpoints to our processes based on our experience. athenahealth calls a claim that has hit one of these endpoints a "**Fully-Worked Receivable**" and defines it as a charge that meets one of these criteria:

- The charge was not billed within the payer's timely filing limit.
- The charge has aged past the expected payment period for that payer and has an open balance of $4.99 or less, or the charge has aged 730 calendar days or more from the date of service.
- The payer has not responded after three attempts to process the claim; these attempts include (but are not limited to) phone calls, web portal usage, written demand letters, and claim resubmissions.
- The charge was denied and has subsequently failed two separate appeal attempts, subject to payer-specific guidelines, after confirmation that the payer has all necessary documentation.
- Payment went to the parent organization with which your medical group shares a tax identification number (usually a hospital).

Similarly, athenahealth defines endpoints for remittance records. Some exceptions exist; for example, remittance records related to patient balances. When a remittance record has hit one of these endpoints, we consider the record as "Fully-Worked" and will close the record according to either of the following criteria:

- athenahealth and you, when appropriate, have made a reasonable effort to resolve the record and have exhausted all possibilities.
- The record has aged to three years from the date of creation.

You may wish to continue to pursue a claim which is in a Fully-Worked status either by reaching out to the payer or making additional submissions.

If you deem appropriate, you may resubmit claims through athenaOne that are in a Fully-Worked status, either electronically or on paper according to payer availability and your enrollment submission status with that payer. Our Rules Engine will continue to act on claims in a Fully-Worked status.

If that payer has specific submission requirements (i.e. for appeals or corrected claims), it is your responsibility to adhere to those requirements.

athenahealth will not perform any denials management or remit tracking work on claims submitted while in a Fully-Worked status. Any remittance that is received on a claim in a Fully-Worked status will be posted by athenahealth.

5.8 Accessing Payer Portals

athenahealth uses our PayerSite tool to access third-party web portals, such as a payer's website and APIs, on your behalf. Work completed through these web portals may include (but is not limited to): pay-to address enrollment, NPI verification, claims transaction enrollment, claim status, claim denial research and appeal submission (for select payers), duplicate remittance download, patient benefits determination, and prior authorizations. If a payer requires resubmissions, including corrected claims and appeals, through their portal, athenahealth will attempt to accommodate these requirements to handle the claim on your behalf. In order to facilitate this process through PayerSite, athenahealth must have the appropriate level of web portal and API access stored in athenaOne. If the payer does not require portal resubmission, we will perform resubmissions through the standard electronic or paper formats. In order for athenahealth staff to obtain the level of access necessary to properly execute on our Service commitments, you may be asked to provide athenahealth with access to your account with a third-party website or API for use with our PayerSite tool. This access can usually be granted by syncing your account on the portal with athenahealth's account, but on occasion you may be asked to provide athenahealth with a group or provider's username and password for the web portal, and if you do so, you are granting athenahealth permission to access the account on your behalf as an approved business associate. When your credentials need to be updated and the portal allows it, athenahealth may perform these updates and will notify you of the change. To the extent athenahealth is able to complete the work described in this section by using a payer's APIs instead of a portal, you authorize athenahealth to request data associated with your providers and/or tax identification numbers on your behalf as an approved business associate. If you fail to provide access to portals and there is not another mechanism for communicating with the payer and/or the payer imposes restrictions that athenahealth is not able to accommodate, work may be returned to you to complete.

Because we work on behalf of many medical practices, our internal security standards require that these credentials be maintained with the same level of care applied to the personal health and financial information stored in our systems. To adhere to these security standards, athenahealth has created an application embedded in our software to securely manage credentials.

Access to Portals. You certify that you comply with all applicable portal rules and have the requisite authority to share web portal access, username and password information with athenahealth.

5.9 Specific Billing and Claims Scenarios

The topics below refer to a variety of situations that will face some, but not the majority, of athenahealth clients. We have noted them here for your reference.

Anesthesia. athenahealth offers a timesheet charge entry workflow that allows you to track concurrency in real-time. athenahealth maintains a database of payer requirements specifically for anesthesia. We also offer a manual formatting workflow. Clients doing flat-fee anesthesia billing require special review during onboarding so that athenahealth can set up the appropriate Rules to apply the correct format to these claims.

Capitation. If you have capitation contracts with your payers, you are required to use the "Capitation Wizard" in athenaOne to indicate the services covered by your contract(s) and to report to us all capitation payments received. This helps ensure that athenahealth handles the associated claims and payments accurately.

Charge Details in athenaOne. Organizations that do not have EOBs scanned into athenaOne as part of the athenaOne Base solution will not be able to make charge details available to patients through the Patient Portal.

Corporate Billing. athenahealth will invoice and post payments from corporations, but we need an allowable schedule from you if you have negotiated a discounted rate. Corporations typically do not report allowable amounts back to us with their payments.

Courtesy Billing. If you are non-participating with a commercial payer, you may elect to opt out of accepting assignment and instead bill the beneficiary for services rendered. In these cases, athenahealth can enable a workflow that lets you submit a claim to the payer and then immediately transfer the remaining balance to the patient. athenahealth does not allow its clients to courtesy bill government payers. Courtesy claims are still subject to our Rules Engine, and those Rules must be satisfied prior to the initial submission.

Discontinuing athenaMailbox Service. In the event you discontinue your athenaMailbox Service, you must file a pay-to address change with your payers. Payments will continue to come to your athenahealth P.O. Box until your payers have changed your pay-to address. When you notify us of your desire to discontinue the athenaMailbox Service, we will ask for a forwarding address. For a period of 90 days from the last day of your Spindown Period, we will forward Remittance related mail, via U.S. Postal Service regular mail, received at your athenahealth P.O. Box to the forwarding address you give us. Thereafter, the P.O. Box will be closed, and all mail received will either be destroyed or returned to sender at the sole discretion of athenahealth. athenahealth is not liable for items in transit.

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Provider Based Clinics (PBCs). To support your FQHC, RHC, and/or PBC department(s), athenaOne must apply a specific set of claim functionality to format, submit, and post your claims for payers with whom you are credentialed as an RHC, FQHC, or PBC. You are responsible for ensuring the accuracy and completeness of all claim data you enter into athenaOne. athenahealth will in turn rely on the claim data entered to operate the FQHC, RHC, or PBC functionalities and provide post adjudication support as necessary. The FQHC, RHC, and PBC functionalities may split charges into multiple claims, modify the specific codes submitted to the payer, suppress charge lines where appropriate per your payer contracts, as well as write off charges in accordance with your per diem table and balance overpayments which may result from being paid the FQHC prospective payment system (PPS) rate or per diem rate. Complete descriptions of the FQHC, RHC, and PBC functionalities that athenaOne applies to your charges can be provided upon request.

Claims submitted to secondary payers typically contain information about how the primary payer adjudicated the claim, and in order for the secondary payer to accept the claim, the original charge amounts, payments and adjustments by the primary payer, and the amount left over to the secondary payer must all balance out. This is known as “secondary balancing.” Secondary balancing can be a challenge for FQHCs and RHCs, as primary and secondary payers often require entirely different procedure codes with entirely different charge amounts, and many payers offer limited or no guidance on how to resolve the resulting balancing issues. Consequently, while we will attempt to resolve secondary balancing issues wherever possible, athenahealth is not able to resolve all secondary balancing issues that result from FQHC and RHC billing.

Monitoring Obligations. We commit to each other to actively monitor relevant legal and payer obligations that may impact the FQHC/RHC and PBC functionalities. By utilizing the FQHC/RHC and/or PBC functionalities, you agree to indemnify and hold athenahealth harmless from any third-party claim related to the FQHC/RHC and PBC functionalities.

Foreign Payers. athenahealth does not send claims to payers outside the United States and its territories. However, athenahealth does send patient statements to foreign addresses with an additional charge to cover international postage. athenahealth will make a reasonable effort to post payments from foreign payers that come to your athenahealth P.O. Box.

Institutional Claims. Institutional or Facility claims are required in certain cases, such as for Ambulatory Surgery Centers (ASCs), Provider-Based Clinics (PBCs), Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). athenahealth will send institutional claims in UB-92, UB-04, or ANSI 837I format, but we do not bill Diagnosis Related Groups (DRGs) or Ambulatory Patient Classifications (APCs) or provide DRG/APC pricing functionality. We send primary and secondary institutional claims electronically to Medicare A and some commercial payers; all other primary and secondary institutional claims are sent on paper due to payer restrictions.

Inventory Tracking and Management. athenahealth does not support inventory management. If you sell or rent equipment, you have to track that information outside of athenaOne. athenahealth cannot automate the generation or submission of 10-month letters for you if you sell or rent durable medical equipment.

Invoices. athenahealth sends invoices and claims directly to corporations, law firms, and other non-health insurance payers; we call this "Corporate Contract Billing" or "Legal Contract Billing," depending on the type of payer. If athenahealth classifies a payer as a corporate contract or legal contract payer, we will post payments but will not (i) follow up on acknowledgement reports or unpaid claims/invoices; (ii) research denials; or (iii) verify overpayments. Unpaid or denied corporate contract or legal contract claims and invoices are your responsibility.

Lockbox Only (Non-athenaMailbox). If you do not subscribe to the athenaMailbox Service for remittance, posting will occur on the pay date as referenced in the remittance detail.

Negotiated Payments. If you negotiate special payment arrangements with a payer for a visit or a series of visits, athenahealth cannot track or post according to these special arrangements. athenahealth will post according to the remittance supplied by the payer.

Older Claims. athenahealth requires that you let us know if you want to enter charges for dates of service prior to your Go-Live Date (defined herein); we call these types of charges "Older Claims." By entering Older Claims into athenaOne, you represent that the following are true:

- None of the Older Claims is a duplicate of charges that have already been sent to the payer by you or any other billing company.
- None of the Older Claims is past the payer's filing limit.
- None of the Older Claims is overdue or in default, nor will be treated as such while athenahealth is performing the services specified in your athenahealth services agreement.

Older Claims entered into athenaOne will significantly increase your days in accounts receivable (DAR). Other performance metrics could be negatively impacted and may not be representative of true organization performance on athenaOne.

Minimum Service Commitments. athenahealth's Minimum Service Commitments and their associated credit remedies do not apply to athenahealth's performance of Services with respect to Older Claims. You must notify your project team before entering Older Claims into athenaOne.

Payer Exclusions for Paper Claims. athenahealth will not submit paper claims that originate from your place of service or are directed to payers who prohibit the submission of paper claims. Such claims will continue to age in athenaOne until they can be submitted electronically.

PM160 Form. athenahealth does not handle formatting or submission of the PM160 form. In cases where a payer accepts a CMS1500, athenahealth can format and submit, but you will still be responsible for generating and supplying a copy of the PM160 form to the patient and the county. In these cases, you can create a placeholder claim where remittance can be posted, but we do not perform claim status inquiries or denial management for these claims.

Recurring Billing. athenahealth cannot automate recurring billing or hold charges until you are ready to submit them. If you are required to hold charges, you must manually track them and enter them at the time you are ready to submit the claim.

Regulatory Reporting. If reports are required to supplement or replace the standard claim submission and adjudication process for some or all of your business, we need to separately assess our ability to support those needs. There may be an additional fee to build out a solution, and additional documentation will be required.

Unsupported Formats. Some payers have custom paper claim forms or requirements for submitting claims that are not supportable by athenahealth. These claims will go into a queue for you to print, type or handwrite and submit. If you need to submit non-HCFA/CMS-1500 or non-UB-92/04 paper claims, please provide a sample of the custom forms to your athenahealth contact, who will check to see if that format is supported. You are responsible for submitting claims with unsupported formats. athenahealth does not guarantee we will support any paper claim formats besides the CMS-1500 and UB-04. For tertiary billing, athenahealth does not support tertiary payer Rules or tertiary claim formats. You are responsible for submission of tertiary claims to payers that require electronic submission.

Web Portals. athenahealth does not submit claims via web portal.

Workers' Compensation (WC) and Motor Vehicle Administration (MVA) Payers. athenahealth will submit your WC/MVA claims electronically when possible, or on paper. athenahealth does not negotiate case reimbursement, file liens, or charge interest or penalties.

6 The athenaOne App for athenaClinicals Users

The athenaOne app is a mobile extension of athenaClinicals that gives Authorized Users access to essential patient care workflows on the go. It is available for iOS and Android devices with differences in the technical requirements, features and capabilities.

Authorized Users will be enabled for the athenaOne app on or after their go-live date for athenaClinicals. Authorized Users must have active athenaOne credentials for their practice.

6.1 athenaOne iOS App Overview

The athenaOne app for iOS devices supports the following features and capabilities (see athenaOne iOS App Features and Capabilities below):

- Biometric User Authentication (FaceID/TouchID)
- Inbox Management
- View Patient Record
- Encounter Prep
- Encounter Documentation
- Ordering

- athenaText in athenaOne

Once enabled, Authorized Users will download the athenaOne app to their iOS mobile device from the Apple App Store and use their athenaOne credentials to log in the application. The athenaOne app communicates in real time with athenaClinicals via the internet, so consistent internet connectivity is required for use.

Note: IP address access restrictions are not currently supported in the athenaOne app.

6.2 athenaOne iOS App Technical Requirements

System requirements. The athenaOne iOS app requires an iPad, iPhone, or iPod Touch running iOS 16.0 or greater & iPadOS 15.0 or greater, including but not limited to one of the following devices:

- iPad Pro (all models)
- iPad Air 3 & above
- iPhone 8 & above
- iPad Mini 5 & above
- iPad 5th Generation & above

Note: Supported iOS versions may change at any time. It is recommended to use latest version of iOS for optimal performance and security.

Hardware requirements. You and your organization are responsible for managing the technical requirements of your iOS device. This includes, but is not limited, to acquisition, installation, management, and ongoing maintenance of devices and supporting hardware, as well as configuration and ongoing maintenance of your network.

Network requirements. An active internet connection is required to use the athenaOne iOS app.

Note: Siri dictation is not HIPAA compliant and should not be used to document or transmit PII/PHI.
The athenaOne app is not HITRUST certified and is subject to a separate Statement of Security Standards that can be made available upon request. Please reach out to your Customer Success Manager if you have any questions.

The athenaOne app was formerly known as "praxify." If your organization signed an agreement or Proposal for the praxify application, the language in this Section replaces and supersedes any previous description of praxify.

6.3 athenaOne iOS App Features and Capabilities

The athenaOne iOS app offers the following features and capabilities:

Authentication

- Biometric scanning such as TouchID or FaceID for Authorized User authentication (on supported iOS devices)
- Third-party SSO support & SSO Admin only support

- Practice switching for Authorized Users assigned to multiple practice IDs (for multiple practices utilizing the athenaOne app)
- All user roles (Providers, clinical staff, and others) with athenaClinicals access can log into the athenaOne app
- Restricted login access hours in athenaClinicals are applicable on the app
- Ability to distribute app over mobile device management (MDM) solutions
- Customization of critical features during onboarding
- Supports Multifactor Authentication

Inbox Management

- Access a version of the Clinical Inbox optimized for mobile, including viewing inbox items, and performing actions
- View consolidated related inbox documents and take actions across all or some of them
- Create and respond to Patient Cases to document a call made by the patient to the practice/physician
- Edit and act on prescription documents (renewal and new) from inbox
- Add/edit Internal Notes in inbox documents
- Mark documents as Urgent in inbox documents
- Pin action notes to the top of inbox documents

Patient Record

- Search for patients easily – across departments
- View weekly patient appointments based on clinicians, departments, and patient status
- Customize the content and order of the patient briefing screen
- View patient demographics in the patient banner
- Update Care Team, preferred labs, preferred imaging centers, preferred pharmacy from patient banner
- View the patient chart, including:
    - Patient Snapshot and Last Visit Plan
    - Vitals, current allergies, problems, medications, and vaccines
    - Social history, family history, past medical history, surgical history, and perinatal history
    - OB history, GYN history, OB Episode Summary, and Past Pregnancy
    - Growth charts, past visit history, and quality measures
    - Follow-up appointments and ticklers
- View patient medication history (Surescripts certified)
- Find/Search and view patient documents

Outstanding Orders, Lab and Imaging Results

- View outstanding order details
- View lab and imaging results including third party DICOM URL

Encounter Prep

- View complete list of patient encounters
- Prep for upcoming appointments by accessing the encounter prior to check-in
- Review the chart, including outstanding orders
- Add notes to self or clinical staff in the encounter for quick reference during intake or the exam
- Queue up orders & diagnoses prior to the exam
- Document various exam sections & line up templates before the actual appointment
- Carry forward prep data in rescheduled appointments

Encounter Documentation

- Review Intake information
- Design Exam view per user's preference
- Add or modify a reason for visit and encounter plans
- Document encounter notes, including HPI, ROS, Procedure Documentation, Physical Exam, unstructured Patient Goals, Discussion Notes, and Patient Instruction Notes
- Document using accelerators like previous findings, saved findings, templates, and text macros configured in athenaOne
- Document problems, allergies, past medical history, family history, surgical history, and follow-up appointment ticklers
- Capture images in Physical Exam & Procedure Documentation and upload them to patient chart
- Encounter signoff can be performed from "sign-off" section during exam

Mobile Ordering

- Queue up all types of orders and diagnoses prior to or during the exam
- Edit and sign specific types of orders:
    - Single ingredient non-controlled substance medication orders and controlled substance medication orders in Prescribe, Administer & Decline mode
    - Lab orders in send out & point of care test (POCT) mode
    - Imaging orders in send out & POCT mode
    - Surgery orders in send out & POCT mode
    - Procedure orders in send out & POCT mode
    - Consult orders in send out & POCT mode
    - Vaccine orders in Prescribe, Administer & Decline mode
    - Patient information orders
    - DME Orders
- Create an order group from the Home screen, advanced patient search, recent encounter, and patient record workflows

- Accelerate documentation using order sets during encounter prep and exam workflows
- Rearrange diagnoses during ordering
- Queue up multiple diagnosis during ordering
- Accelerate problems to diagnoses

Tele-visit Support

- Initiate Face time or Audio call to a patient from the app
- Initiate telehealth calls for athenaTelehealth appointments from Summary and Exam sections of the patient encounter
    - Allows multiple participants in the call
    - Resize call window to document while on the call
    - Take standard actions, e.g.: mute/unmute, video on/off, pin patient participant, view patient demographics
- Two-way messaging with patients
- Share your screen during telehealth calls

In-app Support

- Integrated end user support mechanism
- Learning content in Help Center

Push Notifications

athenaOne app will send push notification to a user's device/s after user has granted permissions to notify.

- Receive Appointment count at 7 AM (per user's time zone)
- Receive Inbox open document count at start of the day at 7.30 AM (per User's time zone)
- Receive notification when an urgent inbox item arrives in clinical inbox (checks every 15 mins)
- Receive notification when an abnormal lab and imaging result arrives in clinical inbox (checks every 15mins)
- Receive notification for athenaText New Message and New Colleague request
- Receive notification when a new patient case arrives in clinical inbox
- Profile: Turn off notifications for any or all of the above

athenaText® in athenaOne app. athenaText® is a secure text messaging service that enables healthcare providers (HCPs) to collaborate and coordinate on patient care via the web using athenaOne, or via mobile devices on which the athenaText or athenaOne app is available (*e.g.*, mobile phones and Apple Watches). athenaText lets colleagues exchange texts, images, drug information (via Epocrates), and patient briefings in a manner that enables HIPAA compliance. You are responsible for providing athenaText access to appropriate clinical and administrative staff.

iOS Widgets

- Personalize your device home screen with 5 different iOS widgets

6.4 athenaOne Android App Overview

The athenaOne app for Android devices supports the following features and capabilities (see athenaOne Android App Features and Capabilities below):

- Biometric User Authentication (TouchID)
- Inbox Management
- Patient Record

Authorized Users will download the athenaOne app to their Android mobile device from the Google Play Store and use their athenaOne credentials to log in the application. The athenaOne app communicates in real time with athenaClinicals via the internet, so consistent internet connectivity is required for use.

Note: IP address access restrictions are not currently supported in the athenaOne app.

6.5 athenaOne Android App Technical Requirements

System requirements. The athenaOne Android app is designed for Android devices, both phones and tablets, running Android 9.0 (Pie) or higher.

Note: Supported Android versions may change at the time of implementation. It is recommended to keep your Android devices updated with the latest OS version for optimal performance and security.

Hardware requirements. You and your organization are responsible for managing the technical requirements of your Android device. This includes, but is not limited, to acquisition, installation, management, and ongoing maintenance of devices and supporting hardware, as well as configuration and ongoing maintenance of your network.

Network requirements. An active internet connection is required to use the athenaOne Android app.

6.6 athenaOne Android App Features and Capabilities

The athenaOne Android app supports the following features and capabilities:

Authentication

- Biometric scanning such as TouchID for Authorized User authentication (on supported Android devices)
- Third-party SSO support & SSO Admin only support
- Practice switching for Authorized Users assigned to multiple practice IDs (for multiple practices utilizing the athenaOne app)
- All user roles (Providers, clinical staff, and others) with athenaClinicals access can log into the athenaOne app
- Restricted login access hours in athenaClinicals are applicable on the app
- Supports Multifactor Authentication

Inbox Management

- Access a version of the Clinical Inbox optimized for mobile to view inbox items
- View consolidated related inbox documents

Patient Record

- Search for patients easily across departments
- View weekly patient appointments based on clinicians, departments and patient status
- View patient demographics in the patient banner
- View Care Team, preferred labs, preferred imaging centers, preferred pharmacy from patient banner
- View the patient chart, including:
    - Vitals, current allergies, problems, medications, and vaccines
    - Social history
    - Past visit history
    - Lab and imaging results, including DICOM URL
- Find/Search and view patient documents

In-app Support

- Integrated end user support mechanism
- Learning content in Help Center

6.7 athenaOne iOS App and athenaOne Android App Access and Support

Availability. athenahealth reserves the right to progressively roll out the application to ensure a high-quality experience for all users. Your practice will be granted access to the athenaOne app as soon as possible.

Training and Support. Assistance is available on-demand via the in-app help center. From the help center, you may create a new help request, view your request history, and access athenaOne help content. For new athenaOne implementations, dedicated onboarding personnel may optionally provide additional support.

For issues that remain unresolved after a first pass, an agent will transfer the case to the appropriate technical team and provide an estimated completion date for resolution. athenahealth will inform you when your case is resolved. You may check on the status of your support cases at any time in the help center of your application or in your support inbox in athenaOne.

Upgrades. The athenaOne iOS and Android app will be updated continually and features will be released incrementally throughout the year at our discretion. You are responsible for (i) reviewing and understanding upcoming changes via release documentation and trainings made available by athenahealth, (ii) determining whether and to what extent these changes impact you, and (iii) ensuring that your Authorized Users upgrade to the latest version of athenaOne. From time to time we may force an update of athenaOne to ensure security & stability.

System Access. If we need to take the system down for maintenance (scheduled or emergency maintenance), we will strive to do so between 1:00 a.m. and 6:00 a.m. Eastern Time and post a notice in the "Service Alert" section of the athenaOne app login screen ("athenaOne app Maintenance").

Alpha and Beta Functionality. From time to time, athenahealth may add certain alpha or beta functionality to the athenaOne iOS and Android app. We may identify alpha or beta functionality in a corresponding release note or an alpha or beta invitation, participation letter, and/or amendment to your athenahealth services agreement. It is your responsibility to review all release notes, invitations, and letters sent to you. Your access to, and use of, any alpha or beta functionality will be governed by the terms and conditions posted at http://www.athenahealth.com/~/media/athenaweb/files/pdf/alpha_beta.pdf, in addition to your athenahealth service agreement.

PHI Modification and Access Logs. Changes made to PHI via the athenaOne mobile app are reflected in the athenaOne Modification Report. User access logs are not yet reflected in the report, and access logs are available upon request by creating a case within the in-app help center.

7 Ongoing Work

We also undertake ongoing work that supports providers throughout the patient visit and outside of it, including handling administrative tasks and conducting research on industry changes to quality management programs, billing Rules, and more. Those services that were not covered earlier in the service description are described below.

7.1 Document Management

athenahealth's Document Services team maintains and monitors a fax server that processes all inbound and outbound faxes for our clients. Our team processes inbound and outbound documents from 8:00 a.m. to 8:00 p.m. Eastern Time weekdays, excluding holidays, and Saturdays from 9:00 a.m. to 6:00 p.m. Eastern Time.

You are responsible for meeting athenahealth faxing requirements and specifications, including the use of remote fax forwarding, as described in the athenaOne Technical Requirements. To learn more, please visit the Technical Requirements section of the athenahealth website: https://www.athenahealth.com/~/media/athenaweb/files/pdf/athenahealth_tech_requirements.pdf.

WARNING: The fax transmission infrastructure has inherent weaknesses due to failure rates involved in telephone lines, telephonic switches, information systems, and local devices used for faxing, which result in transmission failures. While athenahealth endeavors to minimize the transmission failure rate and makes recommendations on steps you may want to take to minimize the failure rate, you are solely responsible for ensuring that fax transmissions are confirmed.

Inbound Document Management. As of your athenaOne Base Go-Live Date, all inbound correspondence (typically received via fax, courier, or mail) received by you will be stored in athenaOne. Inbound correspondence includes,

among other items, lab and imaging results, Prescription renewal requests, consultation notes, hospital admission/discharge summary reports, and limited historical documents.

You should encourage the clinical providers in your community to send inbound correspondence via electronic interfaces whenever possible. When electronic interfaces are not available, you should encourage clinical providers to send inbound correspondence via fax (rather than via courier or mail).

You are solely responsible for processing all clinical paper received by you (via courier or mail) and for any paper documents created in conjunction with a patient visit, including administrative documents (printed from athenaOne) that you would like stored in the patient chart. Documents can be added to a patient's chart by one of the following methods: scan documents directly to a chart using a scanner attached to your computer, manually scan and upload, use athenaCapture mobile app, or fax documents to athenaOne. You can also use barcode labels or barcode headers to accelerate data entry when adding documents (via scan, upload and fax) to athenaOne.

athenahealth's Document Services team will process all inbound documents received via fax from external providers. These documents are queued up as scanned images for our staff to classify, tie to the appropriate Order, and — if applicable — complete manual data entry before they are sent to you for review.

Remittance related documents could contain different security features that the clinical inbox is not intended to support. When applicable, if remittance related documents are identified, the documents will be re-routed to the remittance processing workflows instead of the clinical inbox. It is strongly recommended to use alternate methods of receipt to retrieve remittance related documents when possible.

NOTE: You are solely responsible for reviewing the legibility of inbound faxes and asking the sender to re-fax the document if a document is illegible.

We will provide the following document processing services for all inbound documents received via fax (sent from an external provider) before routing the document to you for review:

- **Document Classification.** If necessary, we will split multi-patient batches into documents for individual patients. We will then identify the document classification (e.g. Operative Note vs. Admission/Discharge Summary). In the event that athenahealth cannot determine the document type, athenahealth will classify the document as an "Unknown Document" and assign the document to you for further investigation. You are then solely responsible for identifying the document and alerting athenahealth for further action (by assigning the document back to athenahealth).
- **Patient Identification.** We will attempt to tie incoming documents to the appropriate patient, automatically linking that document to the patient's chart. In order to tie incoming documents to patients, sufficient data must be available to uniquely identify the patient. In instances where the incoming document does not clearly identify a patient, athenahealth will indicate "Patient not found" and route to your Clinical Inbox for your further investigation and processing.

- **Data Entry.** We will complete applicable data entry based on the document type (classification). athenahealth will enter the patient's name and date of birth ("DOB") (if available) for all document types. Document types with additional data entry are listed in Table 1, including any additional data fields that are entered by athenahealth during the data entry step.

Table 1: Data Entered by athenahealth Based on Document Type

Document Type	Data fields entered by athenahealth Patient Name, DOB (if available) AND
Administration, Medical Record (Growth Card, Vaccination Record, Flowsheet)	• Provider (Addressed To)
Clinical Documents	• Provider (Addressed To) • Observation Date • Clinical Provider (Addressed From – Provider or Medical Group) • Tie to Order (if a matching outstanding Order exists)
Lab Result	• Specimen/Accession ID (if tied to an Order in athenaClinicals) • Specimen Collected Date • Specimen Collected Time • Provider Name (Ordering provider) • Performing Lab • Result Status • Report Status • Tie to Order (if a matching outstanding Order exists)
Imaging Result	• Provider (Addressed To) • Clinical Provider (Addressed From) • Observation Date • Tie to Order (if a matching outstanding Order exists)
Physician Authorization	• Provider (Addressed To) • Clinical Provider (Addressed From) • Alternative fax number • Tie to Order
Prescription Renewal	• Pharmacy (originating pharmacy) • Prescriber (Provider Addressed To) • Number of Prescriptions • Alternative fax number

- **Quality Assurance.** athenahealth has a robust quality assurance process to ensure that all documents processed by automation or by staff have a high level of accuracy. When automation is highly confident in the data captured, it may be sent to the practice's inbox directly. The majority of documents will go through an additional manual quality assurance step to review document classification and data entry before being sent

to the practice's inbox. Additional prescription fields (drug name, sig, quantity, refills) will always have at least one manual quality review in addition to any automated quality reviews.

- **Document Routing.** athenahealth may perform actions on certain document types based on document routing Rules established by athenahealth per your request (Task Assignment Overrides). athenahealth will route documents to you and you may access these documents using the Clinical Inbox. You are responsible for reviewing the accuracy of entered data prior to sign-off of any documents. You may update any data entered by athenahealth. Although we strive to accurately process all documents, you may return documents to athenahealth staff for correction if we have assigned the wrong document type, tied a document to the wrong patient, entered an incorrect provider, or if there is another problem with the document classification or data entry.
- **Tie to Order.** If results are received for an Order created in athenaOne, athenahealth will attempt to tie the results document to that Order generated, thereby closing the Order loop. Please note that to ensure accuracy of clinical information, athenahealth is unable to assign an Order type to incoming documents (*e.g.*, lab results, imaging results, etc.) that did not originate as Orders from athenaClinicals. athenahealth considers these results unsolicited Orders and routes these results to your Clinical Inbox. You can further identify these by selecting a specific document. Additionally, athenahealth will try to tie lab results to Orders generated in athenaOne for up to 90 days after the Order is submitted in athenaOne. In addition, we will try to tie imaging and clinical documents to Orders generated in athenaOne for up to one year after the Order is submitted.

Barcoded Forms and Barcode Labels. athenaOne Base supports the use of printed barcode labels for paper documents originating from you. Barcoded forms and barcode labels can be set to auto-close upon receipt, archiving them in the patient chart without further review. You are responsible for ensuring that only appropriate documents use barcode labels set to auto-close. For information on compatible barcode label printers and label sizes, please refer to our public website for the most up-to-date list of technical requirements: https://www.athenahealth.com/~/media/athenaweb/files/pdf/athenahealth_tech_requirements.pdf

Auto-close Inactive Document Policy. athenaClinicals auto-closes certain documents that have passed their realistic timeframe for being worked from the Clinical Inbox. Items that match the criteria for auto-closing will be auto-closed each weekend. Closed documents are still available in the patient chart. Documents will be auto-closed if they meet any of the following criteria:

- Patient Info Orders in NOTIFY with no activity for at least 30 days
- Patient Care Summaries in NOTIFY to portal user or practice user with no activity for at least 30 days
- Patient Records in REVIEW or SUBMIT with no activity for at least 60 days
- Documents for patients who have been marked as deceased for more than 90 days if no activity for at least 60 days
- Orders in FOLLOWUP status with no activity for at least 180 days
- Orders in PERFORM status with no activity for at least 180 days and if at least 180 days past the Perform Date

- Orders in SUBMIT with no activity for at least 365 days

You can run a Standard Report in the Report Library to obtain lists of documents that are currently eligible to be closed and documents that have already been closed due to this policy. For more information, please refer to the policy description: https://athenanet.athenahealth.com/1/1/postings/ReleaseNotes/16.10/Build1610External/Content/Clin_AutoCloseStaleItemInClinicalInbox_934259.htm

Outbound Document Management. Using the same fax server maintained by athenahealth, you can send clinical documents outbound by "athenaFax." You can send documents that have been reviewed and approved by you, such as patient charts, outbound Orders and Order renewals, insurance authorizations, patient records, consultation, and referral letters. athenahealth processes outbound documents approximately every 10 minutes, whenever access to athenaOne is available.

> **Note:** Due to the large quantities of data contained within each patient chart and the data transmission time required, we limit the chart print (sent via fax) to 40 pages per patient. If you need to fax more than 40 pages, it must be manually faxed out by you, not by athenaFAX.

Fax Transmission Errors. athenahealth monitors out-bound fax transmission errors and will notify you if we learn that a fax could not be transmitted to the intended recipient.

7.2 Quality Management

Quality Management Rules are clinical and administrative measures based on national guidelines, pay-for-performance (P4P) programs, or quality improvement recognition. We develop Quality Management Rules based on standard clinical recommendations, selected quality recognition programs, and other "at-risk revenue" programs. These Rules are then integrated into the provider workflow before, during, or after the moment of care.

You are responsible for reading, continuously reviewing, and complying with all the requirements of each quality program you choose to participate in, as determined by the program's sponsor. athenahealth offers additional training resources, such as "Guides to Success", "Playbooks", "Technical Documents", "Measure Satisfaction Guides", and on-demand videos, that supplement, but in no way replace, the documentation provided by the program's sponsor. For more information about athenahealth's Quality Management Rules, please refer to the Quality Management Success Community (https://success.athenahealth.com/s/quality) and if you have further questions contact the CSC or open a case to the CSC through athenaOne.

Value-Based Reimbursement: Quality Improvement, Incentive and Recognition Programs. We offer a library of P4P programs and quality recognition programs. Each program is composed of Quality Management Rules that are triggered at the point of care based on the patient's demographics and clinical history. athenahealth is responsible for the creation and maintenance of these rules in athenaOne. athenahealth will provide basic program reporting and performance management.

We prioritize the addition of new P4P and quality recognition programs based on their impact and relevance to the overall athenahealth client base. You may submit a new P4P or quality recognition program to be added to athenaOne. athenahealth cannot guarantee that every requested program will be added to our global library and reserves the right to decline supporting programs.

When possible, we submit program data to the program sponsor on behalf of our clients. We currently submit data on behalf of clients for the following programs:

- Merit-Based Incentive Payment Systems (MIPS): Quality, Promoting Interoperability, and Improvement Activities categories
- ACO Medicare Shared Savings Program: APP Plus Quality Measure
- Uniform Data System Patient-Level Reporting (UDS+)

You are solely responsible for reviewing the athenaOne quality management reports, including the Submission Dashboard (Primary Care First, ACO APP Plus Measure set, and UDS+ option only), the MIPS dashboard, the MIPS Value Pathways Scorecard, Program Attestation Page and the P4P Dashboard to ensure accurate data will be submitted. You are also solely responsible for maintaining and archiving supporting documentation for any tasks or workflows completed outside of athenaOne. For programs where we do not submit data or for programs you choose to submit data on your own for, you are solely responsible for extracting and retaining the necessary data and submitting it to the program sponsor. Certain details by program appear below.

We cannot guarantee reimbursement from program sponsors for any P4P or quality recognition program. athenahealth may require clinical staff or providers to use specific fields created by athenahealth and/or to document certain items in athenaOne instead of via a paper workflow to accurately capture and report on certain measures that are included in P4P and/or quality recognition programs. Through enrollment in Quality Management programs on athenaClinicals, where required, the client is granting athenahealth the right to affirmatively complete the following attestations required for program submission, including but not limited to, ONC Direct Review Attestation, ONC-ACB Surveillance Attestation, and for clients with Patient Record Sharing enabled, the MIPS PI Health Information Exchange (HIE) Bi-Directional Exchange measure attestation. Clients also have the option to update their HIE attestation if they prefer to report the other two HIE measures.

You are also responsible to ensure that data housed within athenaOne meets program requirements outlined by the program's sponsor, such as the MIPS data completeness threshold.

Below are additional details outlining roles and responsibilities specific to you and athenahealth for specific programs:

Hierarchical Condition Category (HCC) Risk Adjustment Factors (HCC/RAF). We surface potential care and documentation gaps based on claims data and third party data (see Diagnosis and Care Gaps (Moment of Care Connections)) to give providers insight into which HCC-related diagnoses may not have been clinically addressed or captured on claims this year. Within athenaOne, we display patients' current risk scores, coded HCCs and potential

diagnoses. Potential diagnoses are identified by comparing diagnoses on claims generated from athenaOne in the previous calendar year to diagnoses coded during this calendar year. The risk and gap scores are calculated based on the CMS 2024 HCC Risk Adjustment Model. For any of the potential diagnoses you select to include on a claim, you are responsible for ensuring that documentation is present in the encounter to support billing for the diagnosis.

CMS Promoting Interoperability Medicare, ACO Medicare Shared Savings Program, Primary Care First, and Merit-Based Incentive Payment System (MIPS) EHR Incentive Programs; HRSA Uniform Data System Patient-Level Reporting (UDS+). athenahealth supports the MIPS, Medicare Promoting Interoperability, Primary Care First, ACO Medicare Shared Savings, and Uniform Data System Patient-Level Reporting (UDS+) Programs. athenahealth is responsible for the creation and maintenance of Quality Management Rules and workflows in athenaOne to support these programs. athenahealth will provide support for all program requirements indicated as required by CMS and HRSA for these programs. Certain measures require the capture of code data to ensure proper tracking (e.g., "Clinical Quality Measures" and "Patient Education"). You are solely responsible for ensuring that codes are accurately and properly captured and associated with patient encounters. athenahealth also supports the development and maintenance of certain outbound or inbound integrations to support reporting requirements pursuant to these programs, including but not limited to registries. The availability of integrations varies based across states and each registry's independent integration controls and processes and may be subject to additional fees.

athenahealth's program support model is detailed below:

> **Program Enrollment.** By default, athenahealth will submit data on behalf of providers and groups enrolled in the athenaOne MIPS program. If you prefer to submit MIPS data on your own or with a 3rd-party vendor, but still want to track your MIPS performance in athenaClinicals, you can choose to enroll in athenahealth's MIPS Not For Attestation program option. You are solely responsible for adhering to program sponsor enrollment and /or participation requirements such as registering directly with CMS to participate in MIPS Value Pathways (MVPs). Notifying athenahealth or making enrollment edits directly in athenaOne regarding changes in MIPS, Medicare Promoting Interoperability, Primary Care First, ACO Medicare Shared Savings Program and Uniform Data System Patient-Level Reporting enrollment is a critical part of ensuring the appropriate performance monitoring is in place throughout the reporting period. You are solely responsible for notifying athenahealth or making enrollment edits directly in athenaOne regarding any changes or new requests concerning program enrollment as soon as possible. athenahealth maintains enrollment deadlines to ensure data accuracy; no program enrollment change requests will be processed after those dates. In some cases, athenahealth will make changes based on updates to program regulations and/or performance improvement opportunities. Please refer to the Quality Management Success Community page for more information: https://success.athenahealth.com/s/quality.
>
> **athenahealth's support of Primary Care First (PCF)** is focused on Health IT and quality measure reporting elements of the program. You are solely responsible for reading and periodically reviewing the program requirements contained in the CMS Implementation Guide and other athenahealth resources. You are responsible for monitoring performance on the Primary Care First requirements throughout the program year.

athenahealth will maintain functionality to facilitate end-of-year electronic clinical quality measure (eCQM) reporting requirements. You are responsible for selecting one of the recommended athenaOne workflows or using an external workflow to meet reporting requirements. If you plan to report the Health IT/quality measure elements of the Primary Care First program using athenaOne, you must configure PCF practice site identifiers and associated provider rosters in athenaOne and monitor performance on all quality measures continuously throughout the reporting year using the tools provided in athenaClinicals.

HEDIS Measures. athenaClinicals is certified on a subset of Healthcare Effectiveness Data and Information Set (HEDIS®) Allowable Adjustments (AA) measures. You have access to certified measure calculations for HEDIS AA measures in the Quality Tab of the patient chart and the Quality Management Report. These measures are calculated strictly based off data available in athenaCollector and athenaClinicals. They are intended to assist your practice in managing the health of your patient population according to the HEDIS standards of care, and not to substitute for official payer HEDIS calculations.

Pharmacy Quality Alliance (PQA®) Medication Adherence Measures. athenaClinicals supports a subset of Pharmacy Quality Alliance (PQA®) measures. You have access to measure calculations for PQA measures in the Quality Management Report. These measures are calculated strictly based off data available in athenaCollector and athenaClinicals and the medication adherence percentages for numerator compliance of PQA measures are calculated using pharmacy fill data received via SureScripts. These measures are intended to assist your practice in managing the health of your patient population according to the PQA standards of care, and not to substitute for official payer calculations.

Use of HEDIS AA Measures. The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA. Your use of HEDIS AA measures is subject to the terms and conditions set forth at https://wpcdn.ncqa.org/www-prod/wp-content/uploads/End-User-License-Agreement-Measure-Cert.pdf, as the same may be updated by athenahealth from time to time.

Performance Data and Reporting. athenahealth will provide basic program reporting and performance monitoring specific to the Medicare Promoting Interoperability and the MIPS program requirements through athenaOne's "Pay for Performance Dashboard," "MIPS Value Pathways Scorecard," "Program Attestation Page," and "MIPS Dashboard." Performance monitoring for clinical quality measures in MIPS is available through the eCQM Data report (eCQMs) and Quality Management Report (CQMs). However, data obtained from the Quality Management Report (or any other custom reports) do not account for all aspects of the MIPS program requirements (e.g. specific exclusion and exception criteria) and are not intended to be used for MIPS submission. You are also responsible for maintaining supporting documentation for MIPS clinicians who did not satisfy the program requirements in athenaOne, but still attested with CMS.

athenahealth will provide basic program reporting and performance monitoring specific to the Uniform Data System Patient-Level Reporting through athenaOne's "Report Library", "Quality Management Report", "Program Attestation Page" and "Submission Dashboard". Clients will be able to access JSON files used for

submission through the Submission Dashboard. Data obtained from the Quality Management Report (or any other custom reports) do not account for all aspects of the UDS+ program requirements (e.g. UDS visits as defined by HRSA) and are not intended to be used for UDS+ submission.

You are also responsible for gathering and maintaining supporting documentation for any workflows or data used in reporting or attestation processes which do not appear on the Pay for Performance and MIPS Dashboards, Report Library reports or the eCQM Data report.

For the Medicare Promoting Interoperability program, when possible, athenahealth evaluates provider performance against the program requirements to determine the first 180-day reporting period within the program year where the provider or hospital is meeting all program requirements. When possible, athenahealth will use the first 180-day window in which the provider or hospital has met all program requirements. If a provider or hospital requires a different 180-day window, you must inform athenahealth as soon as possible of this request. athenahealth will make reasonable efforts to accommodate all such requests. athenahealth leverages a third-party partner (Persivia) for Medicare PI eCQM calculations and submission. You can review your hospital eCQM performance, if applicable, using the tools made available to you by Persivia.

Registration, Data Submission, and Attestation with Program Stewards. You are responsible for provider registration, data submission and/or attestation with CMS for the Primary Care First program and MIPS Value Pathways (MVP). Whenever possible, athenahealth will provide additional MIPS program support including data submission to CMS. After the MIPS reporting year is over, we will maintain, and make available to you upon request, supporting documentation used in the submission process and reporting processes from the MIPS dashboard in athenaOne. athenahealth may request supporting documentation per regulatory audit requirements to confirm the accuracy of the attestation measures that we are submitting on your behalf. Requests may include more comprehensive, itemized data that drills down to the granularity of patients and survey questionnaires, if necessary, as per regulation. Given the time sensitive nature of the audit process, your manual attestation indicates your agreement to comply with athenahealth's audit requests and timelines. You are solely responsible for gathering and maintaining any supporting documentation for any MIPS clinicians who do not satisfy the minimum program requirements in athenaOne, but still submit data to CMS. athenahealth will also provide data submission support to CMS for groups who choose to report with the APP Plus Quality Measure Set for the ACO Medicare Shared Savings Program. Groups who would like athenahealth to complete their APP Plus measure data submission for ACO MSSP can opt in to this service by submitting a case to our Quality team with the request. You remain responsible for registration with CMS for the ACO MSSP program, and if you choose to use the web interface method of submission for this program, you are also fully responsible for data submission and/or attestation. athenahealth will also provide data submission support to HRSA for customers who choose to report UDS+. Clients who would like athenahealth to complete their UDS+ data submission must opt into this service through the Program Attestations Page.

If a provider leaves or discontinues use of athenaClinicals prior to program attestation, athenahealth cannot guarantee data submission. Additionally, there are some circumstances where athenahealth will not have the required information to complete provider enrollment, registration, or attestation. In these instances, you are solely responsible for registering the provider and submitting data to CMS.

Audits. In the event you are audited by CMS, HRSA or a third-party auditor for the MIPS, CPC+, Primary Care First, UDS+ or Medicaid Promoting Interoperability (fka Meaningful Use), programs, athenahealth is responsible for providing you with supporting documentation for the program's performance measures, during the reporting period, as they appear in the athenaOne P4P Dashboard, MIPS Dashboard, Report Library or CPC+ report generated by athenahealth. The supporting documentation may include numerator and denominator counts used for attestation. You are solely responsible for providing audit documentation for measures completed outside of athenaOne (e.g., Protect Electronic Health Info), or for other supporting documentation requested by the auditors (for example, documentation demonstrating what percentage of your patient records are maintained in a CEHRT system). athenahealth will not be held responsible for, providing documentation to demonstrate the accuracy of processes you are responsible for those processes which lead to failed audit results, and/or any additional requirements imposed by CMS or HRSA as a result of the failed audit. In the event you attest with data, other than what appears in the Pay for Performance Dashboard for Medicaid Promoting Interoperability (fka Meaningful Use), the report generated by athenahealth for CPC+, the MIPS Dashboard for MIPS program's reporting period or report generated by athenahealth for UDS+, you are solely responsible for maintaining and providing any supporting documentation. If at any time during an audit you need assistance from athenahealth in obtaining additional athenaOne documentation, you are solely responsible for and must provide athenahealth with the documentation from the auditor, as soon as possible. In the event you need assistance from athenahealth in obtaining additional documentation required from you for any audit, you are solely responsible for providing athenahealth with any documentation from the auditor for such audit request(s) as soon as possible.

Aggregating Quality Data from Multiple Systems. athenahealth provides some support for clients who want to report quality measures and are new to athenaOne mid-year. We provide a feature within the eCQM Data report to aggregate data across multiple systems for electronic clinical quality measures (eCQMs). You are solely responsible for obtaining QRDA I files from your other EHR system to import via this feature. This feature is available for use for eCQMs within the MIPS program, PCF program and ACO program using eCQM measures. Important details may be required in the QRDA I files, such as provider NPI & TIN. Once you import QRDA I files in this way, your performance will be tracked in athenaOne using a combination of your athenaOne documentation and the imported data. Please note, for imported QRDA I files we search on multiple patient demographic attributes to identify matches and reduce duplicate patient records in eCQM result data**.** A report is available after import to review details on which patients were duplicated and not de-duplicated. It is your responsibility to review and open a support ticket with any concerns. athenahealth does not provide additional support for data aggregation of measure types other than eCQMs; in those cases, all data must be entered directly into the patient's clinical record in athenaOne for it to be included in measure calculations.

Manual Assertions. For a select set of quality measures, athenahealth enables flexibility for clients to indicate satisfaction of a patient with regards to a quality measure by way of manual assertions that could be selected in quality tab of patient chart. This flexibility allows clients to glean out information from scanned documents or human-readable communication or notes that cannot be easily parsed by a software and record it in a structured format that

is evaluated as part of quality measure calculation by athenahealth. Clients are solely responsible to ensure that the information selected using a manual assertion is accurate. Also, if the measure specification or program regulation text mandates further documentation about closure of a care gap (including but not limited to lab-test report, diagnostic imaging test report, written confirmation from provider or facility who administered care or performed a test or procedure, result of test performed) then the client is solely responsible for maintain appropriate documentation on the patient chart in accordance with the measure specification or program regulation text, in addition to manual assertion. Manual assertion should not be counted as substitute for regulation-mandated documentation.

athenahealth enables flexibility for clients to indicate exclusion of a patient with a quality measure by way of manual exclusion. This manual exclusion is evaluated by athenahealth during measure calculation and based on it, the patient may be marked as excluded from quality measure. Clients are solely responsible to ensure that the information selected using a manual exclusion is accurate and the necessary documentation as mandated by measure specification or program regulation text is appropriately captured on the patient chart.

Clients are solely responsible for accurate reporting of data, for all purposes including submission of this data. In the event of an audit client will be solely responsible for producing relevant documentation or evidence of tests, procedures, screenings, therapies, immunizations, or any other clinical care that were used as a basis for selecting manual assertions or manual exclusions for measures from quality tab in patient chart.

8 Adding Providers

You may add individual providers to your organization during your onboarding process or after your initial Go-Live Date. As part of the athenaOne services, athenahealth will set up each additional provider that was not part of the original onboarding. When you are ready to add a provider(s), please notify us and we will scope the right configurations for these new providers. If adding providers requires any onboarding services or significant new billing information is associated with this effort (as determined by your scoping conversation), athenahealth will consider it a Department Add, in which case you may be charged an extra fee.

9 Spindown Period

Upon termination or expiration of your athenahealth services agreement or termination of the athenaCollector service with respect to one or more of your tax identification numbers (unless terminated because of your material breach) (the “Termination Date”), you may enter into a period (the “Spindown Period”) during which athenahealth will provide services for the orderly transition from the athenaCollector services provided under your athenahealth services agreement (the “Spindown Services”). If you decide to opt out of the Spindown Period, please inform athenahealth by contacting us.

During the Spindown Period, the rights and obligations of the Parties will be changed as follows with respect to the portion of your business that has terminated athenaCollector and is actively in the Spindown Period:

1. athenahealth will allow you to access athenaOne in the same manner and under the same conditions as under the athenahealth services agreement, provided that your access will be limited to viewing data and working your hold buckets with respect to claims created prior to the Termination Date.
2. athenahealth will continue to provide claims tracking and denials management services during the Spindown Period with respect to claims created prior to the Termination Date.
3. Other than the system access, tracking, and follow-up described above, you will not require, accept, or use any other services of athenahealth including, without limitation, all front-desk functionality, including, but not limited to, scheduling, check-in, checkout, charge entry, claim submission, and eligibility checking.
4. You will be billed for and will pay to athenahealth, on a monthly basis, an amount equal to: (1) your Service Fee rate in the month immediately preceding the Termination Date; and (2) the then-current rate per paper patient statement that athenahealth sends on your behalf, which is calculated by adding the then-current U.S. postal stamp rate and athenahealth's then-current rate for providing such service.
5. No monthly minimum fees will apply.
6. No Minimum Service Commitments will apply.
7. athenahealth will not limit the Spindown Period to a time period shorter than the amount of time it takes for your A/R to be reduced down to athenahealth's then-current, bottom-end threshold dollar amount (the "A/R Spindown Floor"), unless you are in default or breach of the athenahealth services agreement or have failed to perform or comply with a material obligation, restriction, or limitation of such agreement; provided that: (i) neither Party hereby waives any right that it would otherwise have with regard to any default or breach of the other; and (ii) athenahealth hereby reserves the right to terminate its provision of Spindown Services in the event that your A/R is equal to or less than the A/R Spindown Floor, regardless of whether you are in default or breach of such agreement or have failed to perform or comply with a material obligation, restriction, or limitation of such agreement.
8. You agree to be bound by all obligations, restrictions, and limitations in the athenahealth services agreement with respect to access to athenaOne and with respect to any rights in connection therewith that were applicable prior to the Termination Date, and both Parties agree to be bound by information rights and obligations and the confidentiality and security obligations set forth in the athenahealth services agreement. Notwithstanding any provision to the contrary, athenahealth will have all rights with respect to services provided during the Spindown Period as it has in the athenahealth services agreement applicable to services before the Spindown Period.
9. Your athenaClinicals functionality will be limited; communicating with trading partners (e.g., Interfaces to pharmacies, inbound/outbound faxing, etc.) may be disabled. You will continue to have access to view charts but cannot enter data or send/receive transactions.
10. Your athenaCommunicator functionality will be terminated completely.

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Appendix 1: Glossary

Clinical Provider: a term used by athenahealth to refer to any Authorized User, Facility or other entity that could send or receive transactional data to or from you. Used synonymously with the term Trading Partner.

Closed-loop Order: an order placed within athenaOne by an Authorized User in which the resulting transmission back is in response to such order.

Date of Service: the final date recorded in athenaOne that represents the date of the scheduled patient appointment.

Developer Portal: the athenahealth website (www.developer.athenahealth.com) that showcases Network Endpoints and other integration technical specifications that athenahealth supports.

Direct Secure Messaging: a simple, secure, scalable, standards-based way to bi-directionally exchange clinical data from one trusted entity to another. The CCDA structured standard format is used.

Facility: a hospital, imaging center, ambulatory service center ("ASC"), laboratory, imaging center, durable medical equipment (DME) supplier, or specialty medical practice.

Go-Live Date: the first day that you are able to connect to any of the athenaOne Base services listed in this service description.

Hours of Operation: athenaOne is usually available 24 hours per day, 365 days per year, except when maintenance is required. athenaOne's hours of operation are from 6:00 a.m. to 1:00 a.m. Eastern Time.

Incomplete Foundational Training: When the client has requested to reach its Go-Live Date (as defined in the Service Description) prior to the full completion of critical role-based training indicated within each individual user training transcript ("pre-live training").

In-Network Provider: a provider or Facility that has an athenaOne, Clinicals, or Coordinator Core services agreement in place with athenahealth.

Network Endpoints Page: a page on the athenahealth Developer Portal that showcases integrations that are available to athenahealth clients.

Order: an initial individual instruction and/or authorization that is placed in athenaOne and transmitted by Authorized User via print or by athenaOne via fax or interface to include any of the following:

- Consultation
- Referral
- Surgery
- Procedure
- Imaging study
- Medication

- Lab testing or analysis
- Durable medical equipment
- Vaccination

Prescription: a single medication or vaccination order initiated by the prescriber or a provider's response to a renewal or prescription change request from a pharmacy. This does not include a provider's response to requests for clarification or change requests from a pharmacy. A single medication or vaccination order issued with refills will be treated as one Prescription.

Production: the live environment of athenaOne accessed by athenahealth clients.

Provider Champion: specialty-specific leaders in clinical decision-making at your organization who offer provider support during onboarding as athenahealth advocates and Super Users.

Rules: logic built into athenaOne, including Global Rules, Local Rules, Custom Rules, and Posting Rules. All Rules are subject to future review and removal by athenahealth, in our sole and absolute discretion.

- **Global Rules** are written by athenahealth and can apply to any and all clients across athenahealth's network whenever they have a claim that meets the conditions of the rule in question. Some global rules are specific to certain benefit packages ("insurance packages" in athenaOne), some global rules are specific to certain payers on a broader level, and other global rules may span multiple payers, depending on the business requirement that the rule addresses. Global rules require payer documentation, industry documentation, clear and unambiguous data trending, or other approved sources of support. Global Rules can originate from athenahealth's research, athenahealth's denial management activity, government mandate (such as HIPAA, NPI, ANSI 5010, and ICD-10), Medicare's Correct Coding Initiative (CCI) edits, payer manuals and bulletins, or your request, with supporting documentation.
- **Posting Rules** are written by athenahealth to allow more accurate transaction and denial posting. We normally post according to the remittance information; however, there are situations when a literal interpretation of the remittance data will lead to inaccurate posting. A Posting Rule will override the literal interpretation, so that the correct transaction or denial is reflected on the claim.
- **Local Rules** are requested by you and written by athenahealth, if the request is deemed by athenahealth to be legally and contractually compliant. A given billing requirement that you surface to athenahealth may be addressed via a Local Rule instead of a Global Rule if there is not sufficient documentation to support it being Global. At times, we may leverage the knowledge acquired through the scoping and monitoring of your Local Rules to support the development of Global Rules. athenahealth reserves the right to accept or reject local rule requests for any reason or no reason. Reasons for rejection may include if the request does not fall within the scope of the billing rules engine as defined by athena, presents local or compliance concerns, is not technically feasible, cannot be reliably managed at scale, or any other reason.

- **Custom Rules** – if enabled – are configured by your Super Users and can only act to move claims into HOLD or MGRHOLD. Custom Rules are based on a limited set of parameters and may be designed such that they can be overridden, subject to criteria established by the Super User.

Sender: an Authorized User or entity that transmits an order from athenaOne requesting services to be provided for a designated patient.

Super User: Your subject matter experts who inform process design, support end users, serve as athenahealth champions to staff, and support locations on and after the Go-Live Date.

Trading Partner: a term used by athenahealth to refer to any Authorized User, Facility, or other entity that could send or receive transactional data to or from you. Used synonymously with the term Clinical Provider.

Appendix 2: Summary of Minimum Service Commitments

The following are the minimum service commitments athenahealth makes to its clients ("Minimum Service Commitments" or "MSCs"). MSCs will not apply during the Spindown Period (see Section 9: Spindown Period) and do not apply to the athenaOne app.

athenaCollector and athenaClinicals Uptime Minimum Service Commitment	athenaOne will be available 24 hours per day, 7 days per week, except during athenaOne Maintenance. athenahealth will credit you 1% of that month's invoice for every 0.1% of athenaCollector and/or athenaClinicals availability we fall below 99.7% in a calendar month, except during athenaOne Maintenance that occurs between 1:00 a.m. and 6:00 a.m. Eastern Time. For purposes of this MSC, "Availability" means that the Client is able to access and use the following functions in athenaOne: 1) Logging into athenaOne by clicking "Log In" after entering credentials on athenanet.athenahealth.com; 2) Reloading the Clinical Inbox/Schedule View by clicking the athenahealth logo on the top left-hand side of the page; 3) Viewing calendar data when scheduling an appointment by clicking "Schedule Appointment;" 4) Navigating to or opening an appointment to be worked by clicking on the appointment after it has been created; 5) Opening the main page of a patient's clinical chart outside of an encounter by clicking to open a patient's chart; 6) Clicking a document from the Clinical Inbox to open an embedded document within a patient's chart; 7) Starting a new order group from within a patient chart or during an encounter by clicking "Add Order Group;" 8) Creating a new claim by clicking "Create new claim;" and 9) Making an adjustment or edit to an existing, non-closed claim by clicking on "edit" for a claim. No period of athenaOne downtime, inaccessibility, or inoperability will be included in calculating Availability to the extent that such downtime, inaccessibility, or inoperability is due to any of the following: (i) Client or an Authorized User's misuse, or use of athenaOne not in accordance with the terms of Client's services agreement; (ii) failure of Client or an Authorized User's internet connectivity or other system or network failure; or (iii) Client or any Authorized User's failure to meet the current minimum hardware, software (including connectivity software), environment configurations and content

	specifications that are necessary for Client's access to and use of athenaOne. For avoidance of doubt, any inability to log into athenaOne as a result of your organization's MFA configuration will not constitute athenaOne downtime.
Claim Forwarding Minimum Service Commitment	athenahealth will submit at least 95% of your primary and secondary claims such that they move from DROP status to the next appropriate status within three business days. If we fail to meet that standard, we will credit you 2% of that month's invoice for every 1% we fall below 95% in a calendar month. Section 5.3 of the service description describes the circumstances when claims are exempted from this MSC.
Payment Posting Minimum Service Commitment	athenahealth will post at least 95% of payment dollars within four business days after the date of receipt to your athenahealth P.O. Box of both the payment dollars and the corresponding remittance. If we fail to meet that standard, we will credit you 2% of that month's invoice for every 1% we fall below 95% in a calendar month.
Remit Tracking Minimum Service Commitment	athenahealth will complete a remit tracking action within 20 business days on at least 95% of the claims that: (i) have not been removed from the workflow; and (ii) have remained outstanding past our standard waiting period (that is, after an alarm has been triggered). If we fail to meet that standard, we will credit you 2% of that month's invoice for every 1% we fall below 95% in a calendar month.
Denial Management Minimum Service Commitment	athenahealth will examine and take action on at least 95% of your denials and pre-submission claim holds that have not been removed from the workflow within 10 business days. If we fail to meet that standard, we will credit you 2% of that month's invoice for every 1% we fall below 95% in a calendar month.

Appendix 3: athenaMailbox Service Description

3.1 Account at U.S. Bank, N.A.

3.1.1 As requested and instructed by athenahealth, you will establish and maintain an account (the "Account") at U.S. Bank, N.A. or such other nationally chartered bank as is designated by athenahealth (the "Bank") for deposit of Collections. You will deposit all Collections in the Account, including without limitation insurance payments, patient payments, time of service payments, corporate payments, capitation payments and EFT payments. You will not use the Account for your other business, as an account from which you write checks to third parties, or for purposes other than as a clearing point for Collections without prior written agreement with athenahealth, provided that the foregoing will not prevent you from periodically transferring the account to other of its accounts at the Bank or at any other financial institution.

3.1.2. You will instruct the Bank to provide athenahealth with detailed data regarding daily transactions in the Account on a timely basis and at athenahealth's request. athenahealth will be authorized and permitted access to Account statements and transaction records in paper and electronic format, and also to Account information from the Bank responsive to specific inquiries that athenahealth may make from time to time. To the extent permitted and enabled by the Bank, athenahealth will arrange to receive information on Account transactions from the Bank.

3.1.3. Each bank account into which any Collections are deposited will be owned and controlled exclusively by you in the name of you and not athenahealth, and such account will be subject to the instructions of you only and not those of athenahealth. You authorize athenahealth to administer payment of charges for the Account. athenahealth will cover and administer payment of charges related to services listed in section 5.4 under the header "Included U.S. Bank Services." The listed "Included U.S. Bank Services" represent all services necessary to allow athenahealth to render its service offering to you. You will be responsible to pay charges in connection with each such account to the extent that you utilize additional banking services with U.S. Bank with the exception of the specific banking services listed in section 5.4 "Included U.S. Bank Services." All of your checks and other instruments will be payable to you or the relevant provider, not to athenahealth. All checks for your services or items will remain the property of you, not of athenahealth. Notwithstanding any provision in your athenahealth services agreement to the contrary, none of your payments or receivables for any service or item will be assigned to athenahealth, nor will athenahealth be designated as the payee or beneficiary of any payment or receivable. athenahealth will not be a signatory on or have any power or authority to transfer or withdraw funds, write drafts, or conduct any transaction of funds whatsoever from any account into which your payments or Collections are deposited by check, EFT or otherwise.

3.2 Mailbox Establishment and Function

3.2.1. As instructed by athenahealth, you will arrange or will request athenahealth to arrange a USPS PO Box that is set up and administered by athenahealth (the "Box") and designated by you as your "Pay To" address for Collections and remittance documentation with all patients and third-party payers, except as set forth in section 3.3, below. You will remain the payee on all payments (not athenahealth). You will not designate the Box for use for other mail receipt

other than as described in section 3.3 of this Appendix 3. All non-remittance mail received by athenahealth will be securely destroyed.

3.2.2. At all times during the term of your athenahealth services agreement, athenahealth will be authorized by you to access and process mail delivered to the Box.

3.2.3. athenahealth will image all EOBs, checks, and other remittance documents and copies thereof that it receives from Box contents, will utilize them for posting and other services and functions under your athenahealth services agreement, and will display the images in athenaOne for you to view. During processing, athenahealth may place tracking data on documents to aid it in processing and handling.

3.2.4. With respect to all documents that athenahealth identifies as "live" checks that it receives and that are payable to you or its Billing Providers, athenahealth may transfer to the Bank the checks and/or electronic images and/or data for deposit by the Bank in the Account on the basis of substitute check, image exchange or ACH conversion, and if it deems such method not available or feasible, it may make such transfer by U.S. mail or by tracked delivery service, or it may return such items directly to you by U.S. mail or tracked delivery service.

3.3 Non-Mailbox Items

3.3.1. To the extent that you or your bank or other agents receives EOBs, checks, or other remittance documents directly from patients, payers or third parties with respect to Collections, you will promptly on a daily basis deliver or cause your bank and other agents to deliver to athenahealth accurate and complete copies of all such documents; or, will undertake such routing and deposits with respect to such documents as athenahealth directs so as to ensure that athenahealth is able to track deposits and to obtain copies of documents in a prompt and orderly manner.

3.3.2. You will cooperate as requested by athenahealth to arrange for EFT payments to you from programs funded in whole or in part by the federal government to be routed directly to the Account at the Bank, and you will diligently maintain such EFT payment arrangements during the term of your athenahealth services agreement. You will not arrange for EFT from any payer without first coordinating with athenahealth.

3.3.3 If any program funded in whole or in part by the federal government requires or requests EFT and EFT is not arranged with such program, to the extent that such requirement or request applies and only if applicable, you will adhere to athenahealth's prescribed Government Payer Non-EFT Workaround exceptions handling process for payments from the payer, as follows. This process includes the establishment of a traditional lockbox arrangement with the Bank through which these payments will be directly submitted by the payer to the Bank for processing. In this exceptions handling process, you will use the lockbox address assigned by the Bank as the Pay-to address for those payers unable or unwilling to remit payment via EFT, or that will not permit receipt and processing of payment documents as otherwise set forth in this specification. Remittance from these payers will be received directly and payments will be deposited by the Bank. Copies of the payments and the accompanying remittance documents will then be forwarded by the Bank to athenahealth for processing. You acknowledge that you will incur processing fees to the Bank for transactions handled by this exceptions process. You further acknowledge that, because this exceptions

process includes the initial receipt and processing of remittance by the Bank, there may be delays in posting payments associated with these payers that are out of the direct control of athenahealth and for which athenahealth is not responsible.

3.3.4 If an EFT payment arrangement is discontinued during the term of your athenahealth services agreement or if a check is sent to the Box in place of such EFT, you will take immediate and effective steps necessary to promptly resume EFT from the relevant payer. You will also promptly take such further steps as athenahealth requests if such resumption is not immediate, including but not limited to: changing your “Pay To” address for the affected program as approved by athenahealth; implementing special handling procedures to ensure that athenahealth is able to track deposits and to obtain copies of documents in a prompt and orderly manner; and, permitting athenahealth to send unendorsed items to the Bank, to you or to the relevant program as determined by athenahealth.

3.4 athenahealth Records Are Advisory

The services described in this specification yield information that is advisory only, and you must consult primary Bank and Account records and statements for conclusive information regarding your finances. athenahealth does not hereby undertake to act as a bank, accountant, bookkeeper or other financial or professional service provider but only as a provider of document handling, imaging, and associate subsidiary data entry services, subject to the conditions and limitations set forth herein.

Appendix 4: Summary of Co-sourcing

The table below summarizes the division of labor, or "co-sourcing," that we have outlined throughout this Service Description. If you purchase additional services that are not included in athenaOne Base, the content of this table may be supplemented or modified by the Service Descriptions for such additional services.

Many of the athenaCollector services described below require athenahealth to contact and/or exchange information with applicable payers or other third party partners. In the event athenahealth is unable to contact and/or exchange information with a payer via the methods described herein, athenahealth will remove the impacted task or service from the applicable workflow and (i) work to re-establish connectivity with the payer independently, if possible, (ii) if necessary, contact you for assistance in enabling access or contact with the payer, or (iii) if neither action is practicable, notify you that we are unable to perform the impacted task or service and in some instances, move work to you to complete. If athenahealth is unable to exchange information with a third party partner via the methods described herein and such inability to exchange information results in a material increase to the volume of claims, claim remittances, or other related claim correspondence (including files transmitted electronically or otherwise) into athenahealth's work queues for a given month, athenahealth will notify you that we are unable to perform the impacted task or service in accordance with our standard timelines including our Minimum Service Commitments.

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client

athenaOne system	• Cloud-based platform for practice management
	• Uptime Minimum Service Commitment
	• System maintenance/upgrades
	• System performance monitoring
	• Continuous data backup
	• Data encryption as set forth in the Statement of Security Standards published by athenahealth on an annual basis
		• Provision and support of:
		  ○ Computers
		  ○ Mobile devices
		  ○ Business-grade Internet connectivity
		  ○ Insurance card/driver's license scanners
		  ○ Elavon POS credit card/e-check machines
		  ○ Voice recognition software
		• Please refer to athenaOne Technical Specifications for supported suppliers/vendors

Contracting and credentialing	• Administrative tables for medical groups, medical group numbers, providers, provider numbers, departments, departments numbers, par vs non-par	• Establishment and maintenance of payer contracts • Verification of par/non-par status • Management of carve-outs

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
		• Maintenance of out-of-network policies and procedures • Provide payers with documentation they require in order to issue group and/or individual provider numbers or link issued numbers to your groups • Track renewals of all documents (licenses, DEA, payer re-credentialing, etc.) • Resolving provider number claim edits and rejections if/when claims are affected
Payer enrollment	• Completion of EDI, EFT, and ERA enrollment • Verification of payer-related provider numbers when necessary • Completion of pay-to address changes for payers that leverage address	
Insurance package management	• Maintenance of nationwide list of insurance packages and carriers	• Maintenance of corporate, contract, and legal insurance packages
Fee and allowable schedules	• Administrative tables for fee and allowable schedules	• Maintenance in athenaOne of Fee Schedules (amounts you charge for services) • Maintenance in athenaOne of Allowable Schedules (amounts you are contracted to receive)
athenaOne Rules Engine – Billing Quality	• Creation and maintenance of claim Rules for clean data entry and prevention of denials, based on payer guidelines	• Create and maintain custom rules • Request local rules as needed

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
	• Automation of certain tasks/workflows based on best-practice business process	
ReminderCall	• Automated patient outreach, via phone and email, for appointment reminders • Providing call outcomes in athenaOne	• Capture contact information of patients • Manage message consent • Execute campaign set-up
Eligibility verification	• Maintenance of electronic eligibility interfaces to payers • Automation of checking patient eligibility status at least three days prior to a scheduled appointment • Automation of checking patient eligibility when insurance information is updated with the patient's record	• Reviewing ineligible or unverified insurance statuses for patients with upcoming appointments
Patient workflow	• Workflow based on best-practice business process and denial-preventing Rules	• Resources for in-office and out-of-office patient workflows: • Registration • Scheduling • Check-in/out • Patient payment collection at time of service • Coding and charge entry
Credit card payment processing	• Integrated credit card, commercially issued VCC, and e-check payment processing through Elavon Merchant Services • Automated matching/reconciliation of e-payments to deposits to athenaMailbox bank accounts	• Opening a merchant processing account with Elavon and applicable merchant fees
Claim submission & acknowledgement	• Maintenance of EDI interfaces directly to payers or claims intermediaries for submission of claims	• Sign and send paper claims to payers that do not accept our signature format

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
	• Automated primary and secondary claim submission, both electronic and paper, including attachments when feasible • Coordinating claim submissions to the payer • Ensuring the proper routing of claims • Receipt and posting of electronic acknowledgement when available from the payer • Request of acknowledgement from payers when we expect it and have not received it • Claim Submission Minimum Service Commitment	• Tertiary claim submission • Payer portal claim submission and attachments
Remittance tracking and insurance AR follow-up	• Phone calls, faxes, checking websites, performing electronic CSI, or sending of demand letters regarding claim status • Maintaining and acting on claim alarms that reflect the timing of each payer's unique adjudication cycle • Remittance Tracking Minimum Service Commitment	• Providing payer web portal credentials to access claim status and remittance • Provide Payer Web Portal Surrogate access to athenaOne where available • Enforce individual state Prompt Pay Laws • Complete work athenahealth is unable to due to payer restrictions
athenaMailbox	• Assignment of one or more U.S. Bank accounts for receipt of payment through Image Cash Letter Deposit (ICLD) from athenahealth's Remittance Processing Center and Electronic Fund Transfer (EFT from third party payers • Automated matching/reconciliation of deposits to U.S. Bank account(s)	• Web portal and ACH transactions to move money from U.S. Bank account(s) to your operating bank account(s)

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
Receiving and processing payments	• Receipt, scanning, cataloging, and forwarding for deposit all payments received at your athenaMailbox; both insurance and patient payments • Posting of remittance detail, both ERA and paper, including payment, adjustment, and transfer amounts • Matching of payments with their respective charges • Calling payers to track down missing detail related to remittance advice • Calling payers to request proof of payment if paper EOB arrives without a paper check • Payment Posting Minimum Service Commitment	• Provide remittance detail when athenahealth did not receive the ERA or paper EOB from the payer • Confirm deposit when payment was made to a non-US Bank account, including for revenue from alternative payment models (for example, value-based care incentive payments) • Upload redacted and processed VCC images utilizing 'Submit Remittance' to provide athenahealth with deposit details • Provide payers your athenaMailbox PO Box number or mail unredacted and unprocessed VCC images to your athenaMailbox PO Box number for processing • Management of Unpostables
Denial management	• Research of denials to clarify reason and next steps for certain denial types • Automatic flagging of claims that require review based on remittance, payer knowledge, and CMS CCI guidelines • Workflow for uploading and/or faxing claim attachments as requested by the payer • Contacting the payer to ask for reconsideration or formal appeal if we believe they've made an error • Resubmission of denied claim after Client staff has made appropriate corrections and/or added documentation as necessary	• Resources to review any claims we've automatically flagged for review that were denied based on information provided by Client staff during registration, onboarding, or coding/charge entry for which the payer determined to be inaccurate • Resources to provide additional documentation that you maintain for which the claim was denied with • Correct or supplement submissions, and provide documentation as necessary • When necessary create custom appeal notes in athenaOne to allow

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
	• Research and address denials related to eligibility, coordination of benefits, demographics, insurance packages, and member information • Provide advice on some coding-related denials when a clinical encounter is present • Maintain appeals forms and process appeals • Denials Management Minimum Service Commitment	athenahealth to properly submit appeals on your behalf • Reviewing coding advice supplied by athenahealth for specific denials and review all charges on the claim for accuracy and completeness when determining what changes may be appropriate
Corporate billing or invoices	• Submission of invoices and claims directly to corporations, law firms, and other non-health insurance payers • Receipt and posting of payments from corporations, law firms, and non-health insurance payers	• Follow-up on invoice billing, unpaid invoices • Research of denials • Verification of payments
Workers comp and MVA payers	• Submission of WC/MVA claims, both electronic and paper • Receipt and posting of payment for WC/MVA claims	• Negotiation of case reimbursement • Filing liens • Charging interest or penalties
Zero-paid charges and identification of underpayments	• Re-opening claims with zero-paid charges over $200 that we believe are pursuable for appeal, correction, or reprocessing by the payer, based on athenahealth network knowledge • Submission of appeals and corrected claims on your behalf • Automatic flagging of any charge line item adjusted off that is less than $200 for your review via the Zero-Pay Review Report in athenaOne • Admin tables for contracted rates (allowable schedules)	• Re-opening of any charge line item adjusted off that is less than $200 that was paid at $0 • Utilizing the Zero-Pay Review Report to identify and address claims that were not reopened by athenahealth • Utilizing the Payment Mismatch Tracking Wizard Report to identify and address payment discrepancies • Calling payers about underpayment errors

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
	• Automated flagging of posted payment discrepancies via the Payment Mismatch Tracking Wizard in athenaOne	
Patient statements	• Sending of statements to patients when they have open balances • Change of addresses on statement and in patient record where patient has filed a change of address form with post office • If your athenahealth generated statements have PO Box 14099, Belfast, Maine 04915 as their return address and are returned undeliverable by the USPS, they will be processed by athenahealth with a statement hold on the patient's account and creation of an unpostable remittance record.	• Review and resolution of patient holds due to undeliverable returned statement mailings.
Patient AR follow-up	• Patient Account Alarms based on Client policy for dunning levels to assist with follow-up workflow process • Presentation of outstanding patient balances at scheduling and check-in/out for clinic staff, including Date of Service and charge level detail • Credit and debit payment processing via Patient Portal	
Unpostables	• Automatic flagging any payment amount, from either insurance or patients, we can't post to a charge on a claim or patient balance	• Resources to download/print unpostable remittance and post to legacy systems

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
Unapplied credits and credit balances (overpayments)	• Automated posting of patient credit balances in accordance with Client's policy or instructions • Automatic flagging of any overpaid claims • Review of posting to confirm overpayment is not result of an error • Forwarding any notice of pending take-backs • Posting of take-backs when processed via an EOB • Calling payers to obtain detailed info to post take-backs where EOB is unclear • Calling payers to confirm accurate payments and coordination of benefits • Provide recommended next steps to resolve overpayments • Initiate automatic recoupments or reprocessing of overpaid claims after payer verification	• Resources to issue refunds/initiate take-backs where applicable • Reallocation of unapplied funds to patients within a client defined family group • Accept payments after confirmation from payer that payment was made appropriately • Verify any customer charge or posting modifications
Self-pay small balances	• Automatic adjustments of small balance write-offs in accordance with Client's policy	
Collections and bad debt	• Automatic adjustment of balances in accordance with Client's policy • Maintenance of connectivity with collection agencies • Automatic adjustment (default 180 days) of balances in accordance with Client's Bad Debt Policy	• Resources to review patient balances eligible for collections and determination of sending those balances to designated collection agencies • Configure Bad Debt Policy
Business intelligence analytics	• Consolidates and curates' revenue cycle data into a central information warehouse	• Resources for data analytics reporting

athenaCollector	Included athenaCollector Services and Capabilities	Excluded, to be provided by Client
	• Dashboard application where business data is presented at a higher, more summarized level with interactive views of monthly data specifically relevant to provider or business performance	
Ongoing support	• Assigned Customer Success Manager • Working with you to monitor performance and assist with your strategy • Partnering with you to manage complex and business critical issues related to athenaOne Functionality and Services • Facilitate resolution and communication of complex and business critical issues • Training and enablement resources including e-learning, End User Training, athenaCare Classrooms, and access to our training database • Online release notes/training video • Regular access to the CSC from 7:30 a.m. to 9:00 p.m. Eastern Time with on-call agent available for urgent matters that require immediate attention	• Governance structure for enterprise-wide strategy and decision making • System Office and RHM athenaOne Super Users • Resources for: • Hardware and connectivity support • Training of new hires • Internal communication of release trainings