

Interface Package

Quality Health Network

athenahealth, Inc.

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1. Interface Proposal

This Proposal sets forth the terms under which Athena will create and implement the following interfaces (each, an “Interface” and collectively, the “Interfaces”).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Interface Name | Type of Interface | Event # | Implementation Fee | Maintenance Fee | Exhibit # |
| QHN | Clinical HL7 |  |  |  |  |

* Each Interface will function substantially as outlined in such Interface’s respective scoping documents or such Interface Proposal Product Description (as applicable), attached as exhibits hereto. Client will pay the Interface implementation fee and monthly maintenance fee for each of the Interfaces.
* Client agrees to fully cooperate with Athena and provide all assistance reasonably necessary for Athena to create, implement and maintain the Interfaces. Client acknowledges that Athena’s performance is contingent on Client’s timely and effective performance of its obligations and understands that the operability of the Interfaces depends on Client’s ability to maintain its own equipment and functionality.
* Client will obtain all consents, licenses, waivers and has fulfilled all legal obligations that are necessary to allow Athena to create, implement and maintain the Interfaces.

The terms of this Interface Proposal are hereby incorporated by reference into the Master Services Agreement, or the Services Agreement, as applicable, between the parties and shall become effective upon Athena’s countersignature below.

**ATHENAHEALTH, INC.      :**

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

**Name:       Name:**

**Title:       Title:**

**Date:       Date:**

Proposal Notes:

You will be invoiced monthly for the maintenance fees. You will be invoiced separately for any implementation fees upon the completion of the Interface implementation. In the event that Client cancels or terminates an Interface prior to such Interface going live, the full amount of the implementation fee is due to Athena upon such cancellation or termination.

With respect to any Interfaces that have Interface Proposal Product Descriptions attached hereto and specifically referenced herein, Client may be required to complete a detailed Interface Scope Questionnaire at a later date that will serve as the final scoping document for Athena to build such Interface.

1. Interface Scope

## Interface Overview

The QHN - Outbound Clinical HL7 Service provides support for one way outbound patient clinical information messages from athenaNet. The service supports sending different parts/sections of patient clinical information to a remotely hosted QHN system based on various events happening within the patient record.

By signing below, you agree to the design as described in this document.

|  |  |
| --- | --- |
| Technical Overview | |
| Third Party System | QHN |
| Interface Type | Outbound Clinical HL7 |
| Schematic | **athenaNet**  **QHN**  ORM  VXU  MDM  ADT |
| Format | HL7, including ADT, ORM, VXU, MDM |
| Data Transfer Direction | 🡺 Outbound from athenaNet to QHN  🞪 No messages inbound originating from HealthInfoNet |
| Frequency of Data Transfer | 🡺 Real time based on trigger events in athenaNet |
| Connectivity | Preconfigured between athenahealth and QHN (TCP/IP socket over VPN) |
| Options |  |
| Restrictions | Functionality and services beyond this scope require review and additional service purchases from athenahealth. |
|  |  |

1. Contacts

## Client:

Name:       Phone:       Email:

## Vendor: (leave blank if not applicable)

Name:       Phone:       Email:

## Client IT:

Name:       Phone:       Email:

1. Message Formats

Indicatethe format you will be using: Custom  HL7

## Pre-existing Interface/Data

Pre-existing Data: No;  Yes; Define:

## Connectivity Information

## Installation Dates

Go Live Date is the first date in which messages need to begin flowing from athenaNet to the Third Party System. Typically this date is earlier in the process as messages are required for testing and training. Please leave the backfill fields blank if you do not require a backfill.

* **Go Live Date:**
* **Patient Backfill Date:**
* **Appointment Backfill Date:**

## Configuration Options

Data Preload:  Yes  No

Outbound Filters:  N/A – Send all records  Limit by list of providers/departments; Define:

Include Portal Link  Yes  No

1. Go Live Authorization

By signing below, Practice authorizes athenahealth to enable this interface service, as in this document, to be deployed to athenaNet Production.

**Requested Go-Live Date:**

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

**Print Name:**