Hospital Vendor Contract – Summary Sheet

1. ☒ **Existing Vendor**   ☐ **New Vendor**

2. **Name of Contract:** Work Order

3. **Contract Parties:** eClinicalWorks and Mangum City Hospital Authority for Mangum Family Clinic

4. **Contract Type Services:**   Health information exchange services

    a. **Impacted hospital departments**:
        - IT
        - Compliance
        - Clinic

5. **Contract Summary:**

    According to the new Medicaid managed care bill, SB 1337, and the statewide health information exchange (HIE) bill, SB1369, all health care providers are required to be connected to the state-designated HIE (MyHealth Access) by July 2023.

    MyHealth helps providers better monitor and improve care coordination, improve patient experience by making their whenever and wherever their care occurs, and improve quality care.

    With the statewide HIE, the state can vastly improve public health, care coordination, records exchange, and address care fragmentation and care gaps for providers.

    By connecting to the MyHealth Access platform, the clinic will meet the state-wide mandate.

6. **Cost**: ☒
7.

ECW	Implementation one-time fees
$25/provider/month (for maintenance fees)	$1,500.00

8. **Prior Cost**: None.

9. **Termination Clause**: Written notification within 60 days prior to ending term.
    a. **Term:** 1 year and auto-renews each year.

10. **Other**:

eClinicalWorks

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WORK ORDER

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Customer name: Mangum Family Clinic

Requested date: 03/31/2023

Customer Account No: 27384

APU ID: 320886

Expiration Date:04/28/2023

Created by: Pooja Bant

Project ID: P-1646909

Prepared For:

Entity Requesting Work Order:	Mangum Family Clinic
Address:	118 S. Louis Tittle
City, State, Zip:	Mangum, OK 73554
Contact Name:	Cindy Tillman
Phone:	580-782-2000
E-mail:	ctillman@chmcok.com

Send Invoice To:

Paying Entity Name:	Mangum Family Clinic
Address:	118 S. Louis Tittle
City, State, Zip:	Mangum, OK 73554
Contact Name:	Cindy Tillman
Phone:	580-782-2000
E-mail:	ctillman@chmcok.com

Task Description	Qty	Rate	Cost
Interface: Demographic(ADT) submission to (MyHealth) HIE and CCDA bidirectional One-Time Configuration Fee:	1		$1500.00
Maintenance Fee: 1-25 Providers - $25 per provider per month 26-100 Providers - $1000 per database per month 101-200 Providers - $1500 Per database per month 200 Providers - $2000 per database per month Maintenance fee is chargeable for all licensed providers in eClinicalWorks. Maintenance fee will be effective upon Interface Go-Live and will be billed monthly until interface is discontinued.			
		Total Amount	$1500.00
Additional Notes:			
How do you wish to receive the invoice? Please check only one: Mail: ☐ **Email:** ☐			

Work Order Sign Off

Agreement:

This Work Order is issued pursuant to the License Agreement between eClinicalWorks, LLC, and Customer that provides Customer with access to the eClinicalWorks EHR. This Work Order would make additional software and/or services available to Customer pursuant to the terms of the License Agreement, including (but not limited to) all disclaimers, limitations of liability, and acknowledgements in the License Agreement. This Work Order constitutes a binding agreement between eClinicalWorks and Customer. The relationship between eClinicalWorks and Customer will continue to be subject to the License Agreement (incorporated by reference), each Terms of Use (incorporated by reference), this Work Order (if executed), and any other addenda and work orders to which eClinicalWorks and Customer have agreed.

Per this Work Order, Customer directs eClinicalWorks to implement a connection to the Interface described above for the fee stated above. Customer agrees to pay eClinicalWorks the stated rate for continuing access to the Interface. Customer understands that eClinicalWorks may require the Vendor to complete documentation before the Interface is completed. To the extent the vendor is responsible for all or a portion of the fees for this Interface, eClinicalWorks will seek payment directly from vendor. However, in the event the vendor does not make such payment within ninety (90) days, Customer understands that it will be responsible for such payment or eClinicalWorks may terminate the Interface. Customer's active contractual right (by license or otherwise) to use the eClinicalWorks EHR is a prerequisite for access to the Interface. eClinicalWorks may terminate the Interface for failure to meet this prerequisite or for non-payment.

ECLINICALWORKS PROVIDES THE INTERFACE "AS-IS," WITHOUT WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT WILL EITHER PARTY BE LIABLE FOR ANY INCIDENTAL, SPECIAL, OR CONSEQUENTIAL DAMAGES, INCLUDING DAMAGES FOR LOSS OF PROFITS OR REVENUE, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. eClinicalWorks has no control over the accuracy and sufficiency of information exchanged with others through the Interface, and Customer is solely responsible for Customer's use of the Interface. To use the Interface, Customer may be obligated to execute an agreement with a third party. Customer will be invoiced upon receipt of this signed Work Order. Payment is due in full within 30 days of invoicing. Invoices may include sales tax. Interface implementation will not begin before the invoice is paid. I represent that I have full authority to accept this Work Order on behalf of Customer. On behalf of Customer, I have read and accept the terms of this Work Order.

Signature:	
Authorized Representative Name:	
Authorized Representative Title:	
Organization Name	
Date of Execution:	