



COLLECTIVE AMBULATORY SERVICE ORDER FORM

2/1/2023

SOF Effective Date

This Collective Ambulatory Service Order Form is subject to the terms and conditions set forth in the Master Subscription Agreement between Collective and Subscriber dated as of 2/1/2023.

Subscriber Information	
Name of Subscriber	Napa County Health and Human Services Agency
Subscriber Address	2751 Napa Valley Corporate Dr.
Subscriber Facility <small>(if different from Subscriber name)</small>	_____
Sponsor	Partnership Health Plan
Subscriber Contact Name & Title:	Cassandra Eslami Dep. Dir. Of HHSA/Behavioral Health Director

Collective Ambulatory – Patient Data, Services, Features & Functions Included
<p>Use Case: Ambulatory Providers Access by care managers/coordinators and providers in ambulatory settings (e.g., primary care, behavioral health) (“Ambulatory Users”) to hospital emergency department (ED) visit and inpatient admission, discharge and transfer encounter (“Patient Encounter”) data (e.g., patient or member identifier, admit date, location of visit, etc.) and Care Coordination Content (defined below) as contributed by entities participating in the Collective Network.</p>
<p>Patient Encounter Notifications Real-time notifications based on Patient Encounters with digested Care Coordination Content delivered via fax, email, text message or native EMR/application integration, based on customizable notification risk-trigger criteria.</p>
<p>Patient Encounter Care Coordination Content Access by Ambulatory Users to patient demographics, ED care recommendations, patient background, Patient Encounter history, security alerts, care team information, and advance directives (collectively, “Care Coordination Content”) via real-time notifications, the Collective Ambulatory web portal, or through integration with EMR or other clinical applications.</p>
<p>Dashboards & Reporting Dashboard showing real-time charts and graphs on recent Patient Encounter activity, notifications, care management groups, risk-based cohorts, and other statistics.</p>
<p>Patient View Page Ability for Ambulatory Users to access, create or share Care Coordination Content through the Collective Ambulatory web portal or through integrations with EMR or other clinical applications.</p>
<p>Onboarding Services Integration engineer services to ensure smooth data integration and high-touch onboarding services, including user account setup, configuration of notification rules, and Collective Ambulatory training.</p>
<p>Unlimited Users & Notifications Use of Collective Ambulatory without any limit on the number of users or notifications.</p>

Technical Support and End-User Support

Access to technical support on a 24/7 basis and general customer support for operational questions, troubleshooting, and in-depth training during normal business hours, as detailed in the SLA.

Fees & Key Terms	
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Quarterly Subscription Fee	<p>[Sponsored: Partnership Health Plan]</p> <p>Subscriber's subscription to Collective Ambulatory for the Subscriber Facility / Facilities named above (and limited to Subscriber's patient population(s) for which Subscriber is not the primary risk-bearing entity) is sponsored by the Sponsor named above. Accordingly, so long as the Sponsor sponsors this subscription to Collective Ambulatory, Subscriber shall not be required to pay any subscription fees hereunder. If at any time such sponsorship is discontinued, and Collective is unable to secure an alternative sponsorship arrangement, Subscriber shall, no more than ninety (90) days after notice to Subscriber of the foregoing, elect one of the following options: (a) begin paying quarterly subscription fees to Collective calculated in accordance with Collective's then prevailing rates and payment terms, or (b) terminate its subscription to Collective Ambulatory with no payment obligation.</p>
Implementation Fees, Other Costs	<p>Collective will not charge implementation fees or impose any costs other than the Quarterly Subscription Fee; provided, however, that Subscriber will be responsible for any fees imposed by third parties that Subscriber engages in connection with Subscriber's implementation of, or access to, the Services.</p>
Term	<p>One (1) year with optional auto-renewal, pursuant to Section 9 of the Master Subscription Agreement.</p>
Termination	<p>Ninety (90) day termination for convenience, pursuant to Section 9 of the Master Subscription Agreement.</p>

IN WITNESS WHEREOF, Collective and Subscriber have executed this Service Order Form as of the SOF Effective Date.

COLLECTIVE MEDICAL TECHNOLOGIES, INC.

NAPA COUNTY HEALTH AND HUMAN SERVICES AGENCY

By: Christopher Alworth _____

By: _____

Chris Alworth
Printed Name

BELIA RAMOS
Printed Name

Associate General Counsel, Acute & Payer
Title

Chair of the Board of Supervisors
Title

<p>APPROVED AS TO FORM</p> <p>Office of County Counsel</p> <p>By: Rachel L. Ross (e-signature)</p> <p>Deputy County Counsel</p> <p>Date: October 5, 2022</p>	<p>APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS</p> <p>Date: _____</p> <p>Processed By: _____</p> <p>Deputy Clerk of the Board</p>	<p>ATTEST: NEHA HOSKINS</p> <p>Clerk of the Board of Supervisors</p> <p>By: _____</p>
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