Implementation and Training Plan (sample):  
Electronic Health Record and Integrated Practice Management/Billing Software Solution  

2017 (version 1)

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1.0 Executive Summary

Patagonia Health Inc. would like to thank you for selecting Patagonia Health as your software solution comprising Practice Management PM, electronic Billing and Electronic Health Record (EHR). This document provides an overview of steps and timeline to Go Live. In addition, documents needed from you to start the system set up process are included. At any time, please feel free to contact us if you need any additional information or clarification. Following provides an overview of considerations to Go Live:

1. **Management Kick-off Call:** The first activity in which a new Patagonia Health customer will participate is the Management Kick-off call. This is a high-level call covering broad next steps. During this call, various agenda items are discussed, including; the implementation and rollout strategy, initial timelines and schedules, and overall project expectations. This call will take approximately one hour.

2. **Phases of Rollout:** Getting started with Patagonia Health is a simple process, as the system functionality is flexible and easy to learn. The system can be implemented in basically two fundamental ways; the “big bang” approach, which essentially rolling out all functionality at the same time, or the “phased Implementation”, which is rolling out functionality in logical, sequential manner. At Patagonia Health, we recommend implementing with a phased approach when possible, as our customers feedback is that they prefer it too. The phased implementation is preferred as it minimizes disruption to client organization while providing an opportunity for client team members to get comfortable with the system. Following phases are recommended:
   a. **Phase 1 - Practice Management PM and Billing:** Practice Management consists of patient registration including patient/provider appointments/scheduling, patient demographic, family income, sliding fee scale, and declaration of income sign-off etc. Electronic Billing comprises of collecting patient payments, electronic insurance eligibility, sending electronic claims to payers (e.g. Medicaid, Blue Cross Blue Shield etc.), receiving electronic remittance advice, patient statements and comprehensive financial reports.
   b. **Phase 2 - Electronic Health Record EHR:** EHR comprises of electronically capturing patient clinical information by clinicians (including nurses, extended role nurses, mid-level and MDs etc.), Document Management (including uploading any scanned documents or electronic fax) and electronic Interfaces to any external systems (e.g. Labs such as Labcorp or State Lab etc.) and Interfaces to local devices (e.g. label printers etc.).
   c. **Phase 3 - Interfaces, Apps and Custom Development:** Some customers may have purchased optional Apps (e.g. “Communicator App”, Small LHD “Pharmacy App” or “GIS Health Mapping App”) and requested optional interfaces to other software systems (e.g. to a hospital lab system or another software product). These optional capabilities will be deployed after the team has been trained and is comfortable and proficient with the Phase 1 and Phase 2 functionality. Interfaces to other software systems is dependent on scheduling and readiness of the other vendor software system. Similarly interfaces to State systems (e.g. State labs, Immunization Registry, Electronic Disease Surveillance Systems etc.) and connectivity to State Health Information Exchange HIE will be implemented depending on availability and timing of interfaces with the state systems.

3. **Implementation Project Plans:** The Patagonia Health team will work side-by-side with each customer in an effort to identify and account for the specific needs of that customer. In doing so, we will define project plans to help coordinate all aspects of the implementation and training process that are customized for each customer, while also adhering to implementation best practices and previous implementation experiences. The sample Patagonia Health Implementation Project Plan below illustrates the three main project phases and the key milestones within each. Within this document more details about each of these milestones is provided.
4. **Customer Leadership/Transition Team**: Changing from paper (or an existing electronic system) is a big change for people in an organization. This requires change management. For a successful transition, the following are some of the roles and responsibilities to consider. Depending on the organization size, skills and make up; these roles can be played by an individual or multiple people. For example, in organizations with 50 or less users; roles defined below in b), c) and d) can be played by one single person. All leaders must be given the authority to drive forward change.

   a. **Team Leader/Champion**: This is a difficult change for some people thus it is important for the organizational leader to be visible and communicate the direction and support for this transition. This person can be a Health Director, Health Administrator, or CEO/COO/CFO.

   b. **Project Manager**: Depending on the size of an organization, this role can be played either Phase 1 or Phase 2 Transition leader. In larger organizations, this role can be played by an IT leader. This person is responsible to ensure overall aspects of project are moving forward as per plan. Project manager is single point of contact for overall project success, communication with Patagonia Health and other vendors (e.g. for interfaces) with other vendors/parties. Ensure that Patagonia Health team is getting the information needed to set up the system as well as ensure all customer equipment is in place, IT is ready, logistics are in place for training and system go live. Project manager is also responsible to keep track of any minutes, actions items, reporting of any problems to Patagonia Health.

   c. **Phase 1 (PM/Billing) Transition Leader**: This person is responsible for making sure that the team is successfully able to transition and go live with the Phase 1. During system set up, training and Go live; decisions will need to be made on how to configure the system (e.g. for set up and configuration of appointment book) or how to use the new technology to best use (vs. old processes). Thus this person needs to be close enough to staff who will be using the system and must have direct (reporting) authority over the phase 1 staff. A Clerical Supervisor who is close to day operations may be a good person for this role.
d. **Phase 2 (EHR) Transition Leader:** This person is responsible for making sure that the team is successfully able to transition and go live with Phase 2. During system set up, training and Go live; decisions will need to be made on how to configure the system (e.g. reviewing clinical forms with providers) or how to use the new technology to best use (who does what and when). Thus this person needs to be close enough to staff who will be using the system and must have direct (reporting) authority over the phase 2 staff. A Nursing Supervisor who is close to day operations may be a good person for this role.

5. **Change Management:** Recognize that this is a BIG CHANGE for individual staff members. Each staff member will learn differently and at their own pace. As leaders, you need to provide the resources, support, training and prodding (as needed) to make a successful transition. There will be bumps along the way and as a team we can overcome them. There are three components involved in switching to an EHR.

![Diagram: Three legs of a stool for a successful EHR Transition](image)

**Figure: Three legs of a stool for a successful EHR Transition**

The three critical components for a successful EHR transition. Customer transition leadership team needs to understand these different components and actively manage for successful transition:

a. **Technology:** Patagonia Health provides the software product. Patagonia Health team can help train users on the product.

b. **Process:** With introduction of an EHR or switching to a different EHR; there may be opportunity to streamline workflow, increase revenue and improve efficiencies. During transition, your organization needs to review how you wish to take advantage of the new technology. Leadership team can decide to use the technology and carry over old processes or adopt new processes to streamline workflow. Patagonia Health trainers can share with you experience of other teams while highlighting pros and cons of each approach. In the end, it is your decision. During training, project leaders can make note of process changes which may need to be discussed offline and decisions made. Each organization can discuss how they wish to sue the new technology. It is a best practice to document workflow and process changes which will be implemented. This can be documented by transition leaders.

c. **People:** This is the biggest and most important to manage for a successful transition. It is a big change and some people may be frustrated that now they have to use computers. Here local leadership needs to be engaged and help people transition to a new technology.

6. **Planning Considerations:** Following are important planning considerations

a. **Cut back on patient schedule:** Make sure the patient schedule is cut down for training days as well as reduced patient visits as staff gets comfortable with the new EHR.
b. **Practice make perfect**: Ensure that, after training, your staff practices and uses the system. Some customers have set up a) weekly lunch and learn sessions b) set up small rooms where team can practice doing a patient chart.

c. **Computer purchases and Wi-Fi**: If purchasing computers, purchase them well ahead of training. Make sure staff has been using computers and are familiar with devices prior to training date. For staff using laptops, please ensure that Wi-Fi is all set up and has no dead spots.

d. **Staff Computer Skill Assessment and training**: You may also get your IT folks to assess each individual computer skills and comfort level. Your IT team can provide some computer training.

e. **Interfaces to Labs etc.**: If the customer has purchased certain interfaces (e.g., to Labcorp or HIE etc.,) then customer needs to contact other system owners to request an interface to Patagonia Health EHR. Each vendor has their own process which must be followed. Some vendors (e.g., labs) may have a waiting time thus it is important to contact them early in the process.

f. **Scanner Readiness**: Scanning training is done post phase 2 training. Please make sure scanner is ready and set up prior to this training.

7. **Training and Go Live Dates**: During this call, following dates will be discussed and decided:

   a. Phase 1 (PM/Billing) On Site Training Dates.

   b. Phase 1 (PM/Billing) Go Live Date. If requested, Patagonia Health trainer can be present at customer site for the Go Live and provide any support needed.

   c. Phase 2 (EHR) On Site Training Dates.

   d. Phase 2 (EHR) Go Live Date. If requested, Patagonia Health trainer can be present at customer site for the Go Live and provide any support needed.

   e. Phase 3 Plan: These will be discussed in broad terms. Exact dates for Phase 3 will be decided around Phase 2 or depending on discussions with other software system vendors.

8. **Go Live for each Phase**: To get to Go Live, system needs to be set up for each customer and user training completed. At this stage users get comfortable with system and start ramping up to use with limited patients. During this period, customer team also reviews how best to use the new technology and adopt it within the organizational workflow. Once the limited team above is comfortable with the technology and processes are defined, the whole organization can start using the Patagonia Health application. User training and check list is provided in this document for various steps to Go Live.
2.0 PHASE I
**Milestone 1: Complete Phase I Customer Data Collection:**

**Step 1: Initial Management Kick Off with the customer’s Leadership Team.**

In order to start the set up and configuration of your system set up, set up questionnaires as listed below will be emailed to the customer. Please complete these questionnaires and email them back to your Implementation and Training contact person. These questionnaires will be explained during the initial Management Kick Off set up with the customer’s project manager.

1. Patagonia Health Set up Questionnaire for Public Health
2. Patagonia Health Staff List
3. Patagonia Health Billing Questionnaire for Public Health
4. NC HIS Batch County Request Form:
   
   **NOTE:** This North Carolina specific form is for from the HIS office, please follow the instructions as listed in Appendix D to complete the form. Remember to add Abhi Muthiyan email: abhi@patagoniahealth.com, Ph: 919 649 6465 from our office as an individual who will be submitting your reports to the state. On this form, please also write "County wishes to continue to use HIS for Dental".

**Milestone 2: Customer system set up Complete and Prepare for Phase I Training:**

Patagonia Health team will set up and configure the system for each customer. During this period, Patagonia Health will reconfirm training dates for User Training at the customer site, review training logistics and Phase I GO LIVE date.

**Step 2: Required Preparation by the Customer prior to Phase I User Training**

The following summarizes the preparation required, by the customer, prior to the Phase I User Training.

i) Decide on an internal Project Manager responsible for the roll out of the Phase I: Practice Management and Billing System, in your Health Department. This person should also be the single point of contact for communication with Patagonia Health.

ii) If the number of users is greater than 15, then it is recommended to select a small core team of users (Maximum per training session is 15) to be trained first. Once the core team is trained, the system can be rolled out to other users with the help of the core team. The core team will use the system for the next few weeks to learn and decide how to best integrate the new software into the organizations workflow.

iii) Ensure that all selected staff is available and are focused on the training date and at the agreed time. It is important that the trained staff immediately begin to use the new functionality of EHR/PM/Billing after the training has been completed. Sufficient time should be allowed for these users to practice and get proficient in the use of the new software.

iv) Users should have experience or be familiar with the laptops that will be used in training.

v) Identify and assign tasks to appropriate individuals to carry out the post training activities outlined below.

vi) Assign a Practice Administrator who will perform various user maintenance activities such as add/delete of users, staff access rights/role matrix, etc.

vii) **Review Phase II EHR Training Day checklist**

   (1) **Customer Check List:**

   a) All staff members using the system need to be present through the entire training.
   b) All staff members need to have computers/ laptops with the recommended configuration (refer to the Welcome package section on computer/IT set up. The computers, at least should have, **Mozilla Firefox**, **Microsoft Silverlight**, **Adobe Flash player and PDF Viewer** installed on it.
   c) Projector and projection screen. This is should set up and ready to be used before training start.
   d) Room arrangement: Tables and chairs need to be arranged in the room so that all attendees can comfortably use a laptop and can view and read the display from the projector easily. This should set up and ready to be used before the training start.
(e) Internet connection, if wireless please have the **wireless network and password** available IT staff should be present or available for any issues at the start of the training and for the first hour or so. The IT staff should be available, via phone etc., during training period in case there are any issues.

(f) If we can order Lunch in then it will be good and helps in communication or answer any questions during lunch. There will, in general, two people from Patagonia Health. If water is available for trainers during the meeting, it will be much appreciated.

(g) Any note pads, pens etc. which staff may need to take notes.

(h) Print out of Training Agenda and Quick Guide for staff members attending training.

(2) **Patagonia Health Team Check List:**

(a) There will be one trainer conducting the training. Additional trainers or implementation/workflow specialists (if requested) can be provided at additional cost.

(b) Staff User ID and passwords.

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**Milestone 3: Phase I User Training Start & Configuration:**

Once the set-up of the client EHR is complete, an on-site Phase I User Training will be conducted. During the on-site training, the system will be further configured to fit into the typical workflow of the organization as well as ensure accuracy of customer data. The team leader and team members can jointly decide to configure the system to meet their specific workflow needs. One area that is configured at this time is the Calendar and Appointments functionality (eg. who should have the calendar/appointments, who books appointments, types of appointments defined as drop downs, duration of typical appointments, blocked times, etc.).

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**Step 3: Training by Patagonia Health on Practice Management and Billing System**

- **Training Objective:** To gain a comprehensive understanding of various features of the Practice Management and Billing software.

- **Training Agenda:** The agenda listed below will be followed at the Phase I Training. The responsible roles should be available for the various days of the training.

<table>
<thead>
<tr>
<th>Responsible Roles</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1:</strong></td>
<td>I. Update User Profile</td>
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<tr>
<td></td>
<td>II. Add a New Patient</td>
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<tr>
<td></td>
<td>III. Update Patient Demographics</td>
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<td></td>
<td>IV. Patient Financial Investigation</td>
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<td></td>
<td>V. Sliding Fee Scale and Program Enrollment</td>
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<td></td>
<td>---<strong>BREAK</strong>---</td>
</tr>
<tr>
<td></td>
<td>VI. Adding Providers</td>
</tr>
<tr>
<td></td>
<td>VII. Add Insurance, Medicaid, Medicare and Private Payers</td>
</tr>
<tr>
<td></td>
<td>VIII. Add Self Pay as Insurance</td>
</tr>
<tr>
<td></td>
<td>IX. Eligibility Payer</td>
</tr>
<tr>
<td></td>
<td>---<strong>LUNCH BREAK</strong>---</td>
</tr>
<tr>
<td></td>
<td>X. Print Labels and Declaration of Income Statement</td>
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<tr>
<td></td>
<td>XI. Print Patient Data Sheet</td>
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<tr>
<td></td>
<td>XII. Scheduling Appointments</td>
</tr>
<tr>
<td></td>
<td>---<strong>BREAK</strong>---</td>
</tr>
<tr>
<td></td>
<td>XIII. Insurance Eligibility Check</td>
</tr>
</tbody>
</table>
Milestone 4 Phase I Go Live:
During the above User Training and pre Go-Live phase, customer team starts using the system and gets comfortable with the new technology. Customer may need to enhance or adjust the existing processes to take full advantage of the new technology. During this time, the initial User team shall:

- Develop appropriate roll out and training plans for additional team members, as needed.
- Develop procedures/guidelines for rest of the team. This may include documenting the new processes for all the staff members and any amendments to existing procedures.

Once the team and organization is comfortable with the new technology, the system can be used broadly by all users across the total organization i.e. Go Live. Your Patagonia Health Implementation and Training contact will be present on-site to any assistance on your Phase I GO LIVE date. Please inform Patagonia Health if your GO LIVE date has changed from what was initially decided at the training.

Step 4: Post Training activities by the customer staff before Phase I Go Live
To ensure proper implementation and training follow-up, it is recommended that the organization identifies and assigns responsible individuals for each one of the following post training activities. It is expected that one person may do all or some of the following activities.

1. **User Computer Set-Up:** If not already done so, ensure that all users’ computer desktops/laptops are set up with the Patagonia Health EHR short cut as described in User Hardware and Computer section.

2. **User Logins and Passwords:**
   i. Provide all users with their specific user ID and passwords as provided by Patagonia Health. The User/Password information will be provided to the customers Project Manager for appropriate distribution to appropriate staff members.
   ii. Review and ensure that all staff names, roles etc. are set up accurately in the Patagonia Health system.

3. **User Profile Set-Ups:** Each user needs to set up a User Profile by logging into the Patagonia Health and going to the Administration tab. Each user should perform the following tasks:
   i. Choose and update user passwords
   ii. Update Title
   iii. Update Display Name
   iv. Update NPI, DEA and State License Number, if and as applicable

4. **Add/Delete Staff in the new system:** Staff, with appropriate access, learn how to make the user’s active or inactive.
5. **Staff Access Rights:** The Patagonia Health system has a built in comprehensive, user based access. Based on user's role, a user's access can be restricted to only allow access to certain determined parts of the new software. Patagonia Health will provide the customer with a Role matrix. This matrix shows which users can access which part of the system.

6. **Documented Process:** It is recommended that the customer, once familiar, summarizes and documents the processes to be followed within the department. This will ensure that the documentation of the visit is properly created and completed. The written process document helps staff adhere to department specific guidelines while providing a mechanism to improve processes and tune workflows to gain efficiencies.

7. **Configure and Review Calendar:** Review calendar by clinic/provider, appointment types, appointment time slots, appointment colors, calendar access to various staff members.

8. **Move existing Schedules into Patagonia Health:** Assign 2-4 people to move schedules from existing system into Patagonia Health.

9. **Review Sliding Fee Scales and Program Mapping:** Review sliding fee scales and associated programs configured in the system.

10. **Review Fee Schedule:** Review the fee schedule uploaded into the system for various locations and payers.

11. **EDI Payer Enrollment Forms:** At the training the trainer will explain the various payer enrollment forms to the Project Manager. These forms should be filled out and submitted to the appropriate payers before GO LIVE.

12. **Decide on Billing Cut-Off Date:** The customer team should work pending claims in existing billing system and decide on an existing billing system cutoff date. Inform Patagonia Health about this cutoff date. After this cutoff date no new insurance claims will be submitted in the existing billing system. New claims will be saved in draft mode in the ESB in Patagonia Health for at least 2 weeks. At the beginning of this 2 weeks period customer will remind Patagonia Health to submit the EDI agreements to the payers. **NOTE:** The existing billing system cutoff date can be after the Patagonia Health Phase I GO LIVE date.

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**Step 5: Phase I Training follow up and clarifications**

If users have follow on questions related to either specific features of the new EHR/PM/Billing or how to set up processes within the organization to take full advantage of the new software, it is recommended that the customer call their Patagonia Health contact to get clarification or additional information to help with the transition. The technical support team can be reached by selecting the FEEDBACK button found within every screen of Patagonia Health System to the far left of the screen. The feedback button will email the technical support and training team with your question or issue via email.

Patagonia Health can set up quick (remote) Go-To-Meeting sessions to show specific features of the EHR/PM/Billing. Users, at their convenience, can review many video tutorials available from with the EHR/PM/Billing software. These videos range from 2 minutes to 30 minutes long and can be found in any screen within Patagonia by selecting the red question mark in the upper right hand corner of the screen.
3.0 PHASE II
Milestone 5: Complete Phase II Customer Data Collection:
In order to start the setup and configuration of your system for Phase II, Electronic Health Record System, an EHR kickoff will be set up with the customer. The call will follow the outlined agenda:

Step 6: Phase II EHR Kickoff Call Agenda

1. **EHR Training Dates:** For each user, the training will be for two days. If team size is larger than 15 then we should consider running separate additional training sessions. How many people will you expect for this training?
2. **EHR Go-Live Patient Load:** To plan for the team to learn and ramp up on EHR, some customers reduce the patient volume initially and build it up over time. This needs to be considered and planned.
3. **EHR Go-Live Support at your site:** A number of customers have requested a Patagonia Health trainer to be present at the customer site during first day of Go Live. We do need 2-4 weeks’ notice to schedule this. Once scheduled, this training day will be considered used up. If you like, we can schedule this now.
4. **EHR Programs to be rolled out:** During this training/roll-out, we will train on Family Planning, Primary Care, Adult Health, Child Health, Health Check, General Clinic/Walk In, STD, Immunizations, BCCCP, Maternal Health, and MNT. We have found rolling out all programs together is too disruptive in the clinical flow and hence other programs will be rolled out at later mutually convenient date.
5. **Information for Setting up your EHR:** Templates needed to appropriately document visit which will be configured and set up in your system.
6. **Scanning:** Depending on resources/labor available, there are various scanning options. Any pdf or jpeg documents can be uploaded into Patagonia Health. The attached updated Patagonia Health Hardware Considerations document provides a general description about scanning, see section 2. In order to get started with scanning ahead of training, the following needs to be discussed and decided:
   - What to scan: Team needs to decide if they want to scan all documents in the patient chart or selectively scan just some documents (e.g. Last two encounter notes, lab results etc.).
   - Who to scan: Decide on which patients need to be scanned (e.g. next day appointment, next week appointment etc.).
   - Document Types: As discussed, we create various document types/categories which are equivalent of tabs in your paper chart folders. Decide on what document types/categories you will like set up in the EHR (e.g. Labs, X-rays, Encounters, Referrals etc.).
   - Scanned Document Naming Convention: Decide on a naming convention for all files being scanned. A standardized naming convention will make it easier to scan, upload and find the paper documents within the EHR.
7. **Electronic Fax:** As part of the system/service, we include an electronic fax capability and provide you with a fax number. Any documents being faxed to this number come in as an electronic (pdf) attachment. Since the attachments are in pdf format already, they can be uploaded into EHR. This saves effort related to scanning. We will provide information to your IT person who can install this service on the computers you select. Your IT person should also create an email ID to receive electronic faxes.
8. **External Lab (e.g. Labcorp, Quest, Solstas) & State Lab Interface:** We will like to have this set up prior to training. If not already done so, please ensure that you have signed appropriate agreements with your external lab. Also let your lab account manager know of the planned EHR training date so that they can be ready with electronic interface to Patagonia Health. State lab is not yet ready to connect with Patagonia Health.
9. **Ramp-Up following training:** Consideration should be given to how to ramp-up post training. It is important that all users start using the EHR post training.
10. **Go-Live support by Patagonia Health:** Some customers have requested presence of a trainer at customer site, for the Go-Live date. If needed, this can be scheduled ahead of time.
11. **Dentrix Interface:** Based on information from Dentrix, only Dentrix Enterprise has an HL7 interface. Patagonia Health can interface with Dentrix interface. There will be a cost for development and support of this interface. Dentrix Enterprise may also have additional interface costs.
12. **Chronicles Interface:** We are in the process of finding out if Chronicles can support an HL7 interface. Awaiting on Joanne Rinker and Brad to let us know if this is possible.
13. **Any Other Questions?**
Step 7: Clinical templates to be provided by customer to Patagonia Health. Patagonia Health has created the North Carolina State recommended forms listed below used in Family Planning, STD, BCCCP, Health Check (Bright Futures Well Child Visit) and Child Health (Bright Futures Problem Visit) programs:

i. Family Planning and Reproductive Female Flow Sheet
ii. Family Planning and Reproductive Male Flow Sheet
iii. Family Planning Method Visit
iv. Sexually Transmitted Diseases
v. BCCCP Physical Exam
vi. Bright Futures Problem Visit
vii. Bright Futures Well Child Visit (17 of them)
viii. Emergency Contraception Visit
ix. General Nurse Note
x. IUD/IUS Insertion Visit
xi. MNT Visit

1. Please send us clinical forms used at your health department for the following programs only:
   i. Adult Health
   ii. Primary Care
   iii. General Clinic
   iv. Immunizations
   v. Triage Notes

2. Referral Notes/forms being used: Patagonia Health system can automatically pre-populate and generate a set of referral letters commonly used by your clinic. This will save time and effort on your part. Please send us samples of these letters you commonly use.

NOTE: Please submit only forms that have been reviewed, revised and approved by the Providers. This is the time to make any changes to existing forms that have been used in clinic thus far. Please review the Physical Exam and Review of Systems section with your providers to have questions/findings to be answered as Normal/ Abnormal, Present/ Not Present, Yes/No or just plain text area.

3. In House labs requisition forms: Please send us samples.

4. Clinical Workflow Framework: We will like to understand who does what as a patient goes through the clinic. Please answer the questions below to help us understand your workflow in various clinics/programs.
   i. Once the patient is checked-in, how is the clinician informed that this has occurred? (e.g. is the chart flagged, put in a bin, staff calls out “Chart Read”, etc.)
   ii. Who takes the patient to the back to exam room? (MOA/Nurse/RN?)
   iii. Who takes the vitals and chief complaint, Patient History, Medications, Allergies, Review of Systems and in what sequence?
   iv. If items in question (iii) are done by more than one staff member how is the next staff member informed that patient is ready for them?
   v. How the provider informed patient is ready?
   vi. How is lab personnel informed about the orders?
   vii. Who does patient education?
   viii. Who takes the patient to check out?

5. Document Types in EHR: Various scanned paper charts can be scanned and filed under different document types in the EHR. The document types are equivalent to paper tabs in the paper chart folders. One can have up to 11 document types/categories in the system. It is important to have a standard across the organization and within EHR.
What document types will you like to create in the EHR: same as what you have in paper folders today or something different? Please send us a list.

Based on the information provided, Patagonia Health reviews these forms and customizes/builds them into your EHR system. Once the templates are complete, Patagonia Health will set up an EMR workflow analysis call to review the clinical workflow and the templates.

**Milestone 6: Customer Phase II EHR System set up complete and prepare for Phase II Training**

**Step 8: EHR workflow analysis call**

At least a week before the Phase II On-site User Training an EHR workflow analysis call will be set up with the customer. The call will last 90 minutes and should be attended by the EHR Project Manager, 3-4 clinical staff who work in multiple clinics/programs and at least one provider. The call will follow the following agenda:

- Review clinical forms/templates customized/built in the system.
- Clarify any questions and unknowns regarding the forms/templates.
- Review clinical workflow for all programs.
- **Review Phase II EHR Training Day checklist**
  1. **Customer Check List:**
     a. All staff members using the system need to be present through the entire training.
     b. All staff members need to have computers/ laptops with the recommended configuration (refer to the Welcome package section on computer/IT set up. The computers, at least should have, Mozilla Firefox, Microsoft Silverlight, Adobe Flash player and PDF Viewer installed on it.
     c. Projector and projection screen. This is should set up and ready to be used before training start.
     d. Room arrangement: Tables and chairs need to be arranged in the room so that all attendees can comfortably use a laptop and can view and read the display from the projector easily. This should set up and ready to be used before the training start.
     e. Internet connection, if wireless please have the wireless network and password available.
     f. IT staff should be present or available for any issues at the start of the training and for the first hour or so. The IT staff should be available, via phone etc., during training period in case there are any issues.
     g. If we can order Lunch in then it will be good and helps in communication or answer any questions during lunch. There will, in general, two people from Patagonia Health. If water is available for trainers during the meeting, it will be much appreciated.
     h. Any notes pads, pens etc. which staff may need to take notes.
     i. Print out of Training Agenda and Quick Guide for staff members attending training.
  2. **Patagonia Health Team Check List:**
     a. There will be one trainer conducting the training. Additional trainers or implementation/workflow specialists (if requested) can be provided at additional cost.
     b. Staff User ID and passwords.

**Step 9: Required Preparation by the Customer prior to Phase II User Training**

The following summarizes the preparation required, by the customer, prior to the User Training.

1. Decide on an internal Project Manager responsible for the roll out of the EMR in your Health Department. This person should also be the single point of contact for communication with Patagonia Health.
2. If the number of users is greater than 15, then it is recommended to select a small core team of users (Maximum per training session is 15) to be trained first. Once the core team is trained, the system can be rolled out to other users with the help of the core team. The core team will use the system for the next few weeks to learn and decide how to best integrate the new software into the organizations workflow.
iii) Ensure that all selected staff is available and are focused on the training date and at the agreed time. It is important that the trained staff immediately begin to use the new functionality of EHR/PM/Billing after the training has been completed. Sufficient time should be allowed for these users to practice and get proficient in the use of the new software.

iv) Users should have experience or be familiar with the laptops that will be used in training.

v) Identify and assign tasks to appropriate individuals to carry out the post training activities outlined below.

Milestone 7: Customer Phase II User Training for EHR System

Step 10: Training by Patagonia Health on the EHR software

On-Site Training Objective: To gain a comprehensive understanding of various features of the EMR software. The on-site training will follow the following agenda. The responsible roles should be available during the different days of the training.

<table>
<thead>
<tr>
<th>Responsible Roles</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DAY 1:</strong></td>
<td></td>
</tr>
<tr>
<td>Front Desk, Office Manager</td>
<td>1. Update User/Profile</td>
</tr>
<tr>
<td>Nurse</td>
<td>2. Patient Check In</td>
</tr>
<tr>
<td>Provider (Doctor, NP, PA, Extended Role Nurse)</td>
<td>3. Access Patient Demographics</td>
</tr>
<tr>
<td></td>
<td>4. Patient History</td>
</tr>
<tr>
<td></td>
<td>---------------BREAK-------------</td>
</tr>
<tr>
<td></td>
<td>5. Patient Allergies</td>
</tr>
<tr>
<td></td>
<td>6. Update Medication List</td>
</tr>
<tr>
<td></td>
<td>---------------LUNCH-------------</td>
</tr>
<tr>
<td></td>
<td>7. Immunizations</td>
</tr>
<tr>
<td></td>
<td>8. Creating a New Patient Encounter</td>
</tr>
<tr>
<td></td>
<td>9. Accessing and/or Completing a Patient Encounter</td>
</tr>
<tr>
<td></td>
<td>10. Lab Orders and In House Labs</td>
</tr>
<tr>
<td></td>
<td>11. Prescribe New Medications</td>
</tr>
<tr>
<td></td>
<td>---------------BREAK-------------</td>
</tr>
<tr>
<td></td>
<td>12. Patient Encounter Assessment and Plan</td>
</tr>
<tr>
<td></td>
<td>13. Patient Education</td>
</tr>
<tr>
<td></td>
<td>14. Creating a Referral Letter</td>
</tr>
<tr>
<td><strong>DAY 2:</strong></td>
<td>1. Electronic Lab Results</td>
</tr>
<tr>
<td>Front Desk, Office Manager</td>
<td>2. Copying an Old Encounter Note</td>
</tr>
<tr>
<td>Nurse</td>
<td>3. Entering Telephone Encounters</td>
</tr>
<tr>
<td>Provider (Doctor, NP, PA, Extended Role Nurse)</td>
<td>4. Review Templates</td>
</tr>
<tr>
<td></td>
<td>5. Practice various program scenarios</td>
</tr>
<tr>
<td></td>
<td>6. Optional Scanning and Document Management Training</td>
</tr>
</tbody>
</table>

NOTE: If you think your team is not ready for the scanning and upload document management training at the on-site training, this training can be provided remotely few weeks after the EHR GO-LIVE date.
**Milestone 8: Customer Phase II EHR System GO LIVE**

**Step 11: Post Training activities by the customer staff before GO-LIVE**

To ensure proper implementation and training follow up, it is recommended that the organization identifies and assigns responsible individuals for each one of the following post training activities. It is expected that one person may do all or some of the following activities.

a) **User Computer Set-Up:** Computers for all clinical users should be reviewed and upgraded as needed to meet the recommended hardware specifications. New computers/laptops should be ordered and configured to be set up at least a week before GO LIVE to avoid any surprises on GO-LIVE day. **All users' computer desktops/laptops are set up** with the Patagonia Health EHR short cut as described in User Hardware and computer section.

b) **Internet Connectivity:** Patagonia Health System is a web based system and hence reliable internet connection is crucial for a smooth implementation and usage of the system. The internet connectivity across the clinical area (physical space) should be tested to verify it meets the connectivity recommendations.

c) **User Log Ins and passwords:**
   i) Provide all users with their specific user ID and passwords as provided by Patagonia Health. The User/Password information will be provided to the customers Project Manager for appropriate distribution to appropriate staff members.
   ii) Review and ensure that all staff names, roles etc. are set up accurately in the Patagonia Health system.

d) **User Profile Set Ups:** Each user needs to set up a User Profile by logging into the Patagonia Health and going to the Administration tab. Each user should perform the following tasks:
   i) Choose and update user passwords
   ii) Update Title
   iii) Update Display Name
   iv) Update NPI, DEA and State License Number, if and as applicable

e) **Start practicing on the system.** Practice makes perfect. Initial selected core team starts to use the EHR system end to end: from patient check in to entering exam findings to lab orders and documentation to the Provider completing the exam. This practice will help the team understand how the new EHR fits into the organization’s workflow e.g. who does what, how a patient flows through the system from the beginning to the end i.e. from check in, to vitals, labs and provider completion of encounter/visit.

f) **Clinical Team Regroup to Document Process:** Once the core team has completed training and practiced on the system the clinical team should regroup to discuss any workflow changes or visit documentation standards. The discussions and decisions should be summarized and documented to be followed within the department with an EHR system. This will ensure that the documentation of the visit is properly created and completed. The written process document helps staff adhere to department specific guidelines while providing a mechanism to improve processes and tune workflows to gain efficiencies.

Once the team and organization is comfortable with the new technology, the system can be used broadly by all users across the total organization i.e. Go Live. Your Patagonia Health Implementation and Training contact will be present on-site to any assistance on your Phase I GO LIVE date. Please inform Patagonia Health if your GO LIVE date has changed from what was initially decided at the training.

**Step 12: Activities by the customer staff after GO-LIVE**

1) Once the system is broadly used by all users across your organization for any questions the EHR Project Manager at your organization should contact their Patagonia Health contact to get clarification or additional information to help with the transition. Also he/she can reach the technical support team by selecting the FEEDBACK button found within every screen of Patagonia Health System to the far left of the screen. The feedback button will email the technical support and training team with your question or issue via email. Patagonia Health can set up quick (remote) Go-To-Meeting sessions to show specific features of the EHR system.

2) The EHR Project Manager will document any changes to specific templates/forms in the system, approve them by all the providers and send to their Patagonia Health contact person after 2 weeks of GO LIVE. Patagonia Health will review these changes and will set up a quick review call as needed to confirm the changes. These changes will be made in 1-2 weeks in your system.
3) If scanning, electronic fax and document management training was not provided at the on-site training co-ordinate a remote scanning, electronic fax and document management training with your contact person at Patagonia Health. This training is normally scheduled 3 weeks after the Phase II GO LIVE.

4) Set up an email account to receive electronic faxes and share the email ID with Patagonia Health.
Appendix A: User Computer and Information Technology Set Up

Customer is responsible for providing users with the appropriate hardware and software, access to Internet and other devices as required. Users need only access to internet to get to the Patagonia Health site. Since Patagonia Health Electronic Health Record EHR and Practice Management PM/Billing is a Software as a Service (SaaS) solution running in the cloud, no servers are required inside customer site.

As Patagonia Health is truly web based, all one needs is a computer which can get to internet. If one is considering purchasing a computer, following provides some guidelines for your considerations. These days there are so many good computers/devices available at fairly reasonable price. Selecting a particular device/product does come down to personal preference.

Hardware and Connectivity Requirements:

1. Internet connection
   a. Broadband access for all users (wireless or wired).
   b. A user will experience similar speed and response time as regular internet browsing i.e. if a user is currently satisfied with internet browsing speed, they will find access to Patagonia Health acceptable.
   c. For sample measure, run http://www.pingtest.net/ from a few of the workstations during peak and off-peak hours. Results of 60ms or better and 0% packet loss is expected.
2. Desktops, laptops:
   a. Modern hardware (dual-core CPU or better) with 4GB+ RAM. The browser should have sufficient CPU cycles and should not be starved.
   b. Preferably users are not sharing hardware at the same time.
   c. Users should not be running other network intensive applications like Pandora.
3. Software:
   a. Windows OS. XP or Windows 7 or Windows 8 is preferred. Patagonia Health supports current Windows OS or past two versions.
   b. Mozilla Firefox (latest version) to access the EHR/PM/Billing.
   c. PDF Viewer (e.g. Adobe) to view scanned PDF documents.
   d. Adobe Flash Player (http://get.adobe.com/flashplayer/): Install the latest version. This is required to play built in video tutorials.
   e. Microsoft spreadsheet software is required for users who will be extracting reports in the xls format.
4. Computer purchases and Wi-Fi: All users must have access to a computer (with internet access) preferably dedicated to them. It is important to plan and purchase computers (if required) well ahead of planned training. Majority of staff involved in patient registration and billing generally use computers in their day to day job. Clinicians (who go from patient room to room) will benefit form a laptop which they can carry with them. This is better than having a computer in each patient room where each provider has to constantly log in and log out. If you are going to purchase laptops then it is best to purchase these ahead of time and let clinicians use them well before Patagonia Health training. If using laptops, please ensure that Wi-Fi is all set up and has no dead spots.
5. Staff Computer Skill Assessment and training: You may also get your IT folks to assess each individual computer skill s and comfort level. Your IT team can provide some computer training.
6. Scanner Readiness: Scanning training is done post phase 2 training. Please make sure scanner is ready and set up prior to this training.

Creating Patagonia Health EHR Short cut on User Desktop:

Patagonia Health is a truly web based software requiring no special hardware or software on your computing devices. The Mozilla Firefox browser is the only browser supported by Patagonia Health i.e. no Internet Explorer or other browsers.
a) **Download the Mozilla Firefox Browser**: Please visit the Mozilla site ([http://www.mozilla.org/en-US/firefox/fx/](http://www.mozilla.org/en-US/firefox/fx/)) and download (and install) the free Mozilla Firefox browser on all user’s that will be using the Patagonia Health EHR/PM system.

b) **Create a desktop Shortcut**: Once Patagonia Health has set up your EHR/PM, users can go to [https://nclhd.patagoniaemr.com](https://nclhd.patagoniaemr.com) to gain access to the application. For simpler access to the EHR/PM, please create a desktop shortcut to this URL and mark it as “Patagonia Health EHR”. This way, when users click on it, they simply can get to the Patagonia Health application.
Appendix B: Scanning Considerations

Scanning is only required when Electronic Health Record component of the software is being rolled out. Based on volume of scanning involved, customers can get any scanners which meet their need of speed, efficiency and cost. Patagonia Health only supports pdf or jpeg formats. As part of implementation, Patagonia Health will work with customers to identify appropriate scanning strategies e.g. what to scan, how much to scan, transition plan etc.

Depending on resources available to each customer organization, various scanning strategies can be followed. Each organization will decide what works for them and may experiment a little bit with various strategies to come to an optimal solution. Following summarizes some of the strategies we have seen being used by various organizations:

1. **In House Scanning:** In this scenario, customer’s staff does the scanning of pertinent charts and upload those into the EHR.
   - No Scanning Resources Available: In small (solo) physician practices, the small practice may decide not to scan and upload any previous patient (paper) charts into the Patagonia Health EHR. In this scenario, physician carries old paper charts with them and enters new patient information electronically into the EHR. After one year or so, most of the patients will be in the EHR reducing the need for carrying old paper charts.
   - Limited Scanning: An organization may decide to scan limited information from a patient charts. For example, scan past two clinical encounter notes, past two lab results etc. These charts can be scanned on either a rolling basis e.g. scan charts for patients scheduled to come next day or next week or next month etc. Alternatively, scan all paper charts of active patients who have been to the clinic in past one year etc. These approaches can be used either by using in house staff (dedicated to this task) or use an external professional scanning company.
   - Scanner Readiness: Scanning training is done post phase 2 training. Please make sure scanner is ready and set up prior to this training.

2. **Bulk Scanning by an external scanning company:** Once your team is comfortable with the use of the EHR, you may wish to consider getting rid of paper charts and do bulk scanning your old paper charts into the EHR. To achieve this, a customer may decide to use a specialized scanning company which can do bulk scanning for you. These scanning companies pick up paper charts from your site, scan them in bulk, index them and provide digital images of paper charts. These companies have high speed scanners and a trained staff to ensure quality checks. If you decide to use such companies, you need to consider which paper charts to scan. Choices are to scan either:
   - Active Charts: Scan and have access to paper charts of patients who are likely to come for a visit i.e. active patients. For example, you can decide to scan charts, say, for past one year or two or three years. In this scenario, if a patient which comes in for a visit and chart has not been scanned, local staff can scan that chart, as needed. This strategy minimizes expense of scanning to active patients only.
   - All Charts including Old charts: Additionally, if space to keep charts is a constraint and budget allows; an organization can scan all old charts, say, past 7 years or older. Bulk scanning can free up physical space when all (not just active patient) charts are scanned.

   On your behalf, Patagonia Health IT team can work with these companies and upload the charts in the EHR. To do this work, Patagonia Health will need to charge either the scanning company or customer. Prior to committing to using such company, it is best to get Patagonia Health involved to ensure process is smooth and we can provide a cost estimate for our IT effort.

3. **Document Management Systems:** A number of customer organizations may be using document management system (e.g. laserfishe or EMC Documentum etc.). In such scenarios, if requested, Patagonia Health can develop an electronic interface (at an additional cost) with these systems to enable access to records from the document management systems.

   Patagonia Health team is available to work with each organization and their selected scanning companies to devise appropriate scanning and filing strategies. Dialogue with scanning companies will ease the transition.

4. **In House Scanning Devices**
a) **Stand up Copiers/Scanners**  
A lot of organizations already have large printer/copiers (e.g. Xerox). These machines likely also have built in scanners and can scan a lot of papers quickly and efficiently. Please check with your IT team to see if these copiers have these capabilities or can be adapted to meet your needs.

b) **Desktop Scanner**  
If small scanners are required, you can use any scanner you choose. Main difference is in the ease-of-use, reliability, direct-scan to PDF functionality, and foot-print. We have found the following scanner with a small foot-print to be a good machine.  
   a. Fujitsu ScanSnap S1500 (street price from $425-$450)

   For low volume scanning, you may consider a portable scanner:
   
   - Fujitsu ScanSnap S300 (street price $225)

c) **Printer/Scanner/Copier/Fax (Network Enabled)**

There are several good models from recognized name brands that would meet your requirement. However, specific choice would depend upon your anticipated printing load, space, cost of ink, etc.

For small practices, aspiring to go paperless, we have found that a multi-function machine with network capability (so you can print from any computer in your office) and having ability to print Duplex will be cost-effective. One such recommended multi-function machines is:

- **Canon Imageclass D480** (street price ranges from $250-$399)
Appendix C: CMS EHR Incentive Registration Instructions

Registration Instructions

All Eligible Providers, Medicare and Medicaid, who qualify for the EHR incentives are required to register with CMS. Upon signing the sales agreement with Patagonia Health perform the following step to register with CMS:

**Step 1: All Eligible Providers** register at CMS’ official website for the EHR incentive programs: [https://ehrincentives.cms.gov/hitech/login.action](https://ehrincentives.cms.gov/hitech/login.action)

Login into the system with your National Plan and Provider Enumeration System (NPPES) web user account* associated with the Eligible Physician’s NPI number. Registration requirements:

1. Name of the EP
2. Eligible Physician’s National Provider Identifier (NPI)
3. Business address and business phone
4. Taxpayer Identification Number (TIN) to which the provider would like their incentive payment made
5. **Medicare or Medicaid program selection** (may only switch once after receiving an incentive payment before 2015) for EPs
6. State selection for Medicaid providers
7. **Patagonia Health Federal EMR certification ID:** 03282014-2220-5

*If you do not have a NPPES web user account call 1-800-465-3203 (NPI Toll-Free) for help.

**Step 2: Medicaid Eligible Physicians ONLY:**

- If you chose to enroll in the Medicaid program above your State Medicaid Agency will need to collect and verify additional eligibility information.

- **After 24 hours of completing** the above registration please continue your registration using your State’s eligibility verification tool. Find your state at: [http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp](http://www.cms.gov/EHRIncentivePrograms/40_MedicaidStateInfo.asp)

- North Carolina providers please register at [https://ncmips.nctracks.nc.gov/](https://ncmips.nctracks.nc.gov/)

- Your State Medicaid Agency may also contact you via email and/or street addresses you provided in the registration to explain how to continue the eligibility process.

Who is Eligible?

**“Eligible professional” for the Medicare program:**

- A doctor of medicine or osteopathy
- A doctor of dental surgery or medicine
- A doctor of podiatric medicine
- A doctor of optometry
- A chiropractor
- **Note:** Nurse Practitioners and PAs are not eligible under Medicare

**“Eligible professional” for the Medicaid program:**

- A doctor of medicine or osteopathy
- A doctor of dental surgery or medicine
- A certified nurse-midwife
- A nurse practitioner
- Physician Assistants practicing in an FQHC or RHC that is so led by a physician assistant.

- **Note:** Medical Assistants and Physical Therapists are not included in either program.
Medicaid Patient Volume Requirements – 30% of patients seen at your practice in a 90 day period in the previous calendar year should be Medicaid enrollees

Are Providers Employed by a Hospital Eligible?

Definition of Hospital EP for Incentive Program: The HITECH Act defines an EP would be considered Hospital-based EP and therefore is ineligible for incentives if more than 90 percent of their services are provided in the following place of service (POS) codes for HIPAA standard physician claim transactions:

- 21 – Inpatient Hospital
- 23 – Emergency Room

The determination of whether an EP is hospital-based EP shall be made on the basis of the site of service, as defined above, and without regard to any employment or billing arrangement between the EP and any other provider. For e.g. the hospital-based determination for an EP would not be affected by whether the EP is an employee of the hospital, under a contractual relationship with the hospital, or with respect to whether he or she has made a reassignment to the hospital for Part B billing purposes.

In conclusion if an EP is an employee of an hospital but provides more than 10% of his services in a non-inpatient hospital or non-emergency room setting then the EP is eligible in the incentive program regardless of he/her relationship with the hospital.
Appendix D: North Carolina HIS Batch County Request Form Instructions (applies to NC only)

Please follow the instructions below to complete this form.

1. Date: self-explanatory.
2. Root System Code (RSC)/Subsystem Root Codes: Ask LHD staff what their root system code is and if they have any subsystem root codes.
4. Batch Submission Type: Check which ones that applies to the LHD. Select Opting Out/Medical only, since Patagonia Health can submit only Medical claims.
   5. **Opting Out/Medical** – will only be reporting Medical services to HIS and will not be billing through HIS.
   6. Opting Out/Dental – will be only be reporting Dental services to HIS and will not be billing through HIS.
   7. Billing through HIS/Medical – will continue to submit data and bill Medical through HIS.
   8. Billing through HIS/Dental – will continue to submit data and bill Dental through HIS.
   ****Note: this is determined by Service Status on the Service Record.
9. Expected Go-Live Date: when do you expect the LHD to stop entering data into HIS and begin sending data through the batch county interface. This will be your Phase I (Practice Management/Billing) Go Live Date.
10. Requestor Name/email address/phone and fax #s: Person filling out the request and giving authorization for the staff/persons to have access.
11. County Personnel Contact Information: this is the staff/persons that will be given access to the HIS servers for uploading LHD data for the LHD. We have to have the person’s name, email address, phone # and the pre-prod NCID and production NCID in order to request ITS to set up the person’s access to the HIS server. This can be LHD staff or Patagonia staff, whoever will be responsible for uploading the data file to the HIS server. For Patagonia Health Batch Counties, Patagonia Health will be responsible for uploading the data file to the HIS server. Please follow the instructions below and complete this section with the Patagonia Health staff information provided below. In this section:
   1. 3 names are listed with one member being from the Patagonia Health team.
   2. You can have up to 2 of your staff members listed.
   3. From Patagonia Health Abhi’s name (information below) is required.

   **Name:** Abhi Muthiyan  
   **Email:** abhi@patagoniahealth.com  
   **Phone:** 919 649 6465  
   **Pre-production NCID:** amuthiyan  
   **Production NCID:** amuthiyan

Please follow these guidelines:
Email the form to "HIS.Project.Team@dhhs.nc.gov" <HIS.Project.Team@dhhs.nc.gov> and copy sonali@patagoniahealth.com on the email.