



RENO COUNTY  
206 West First Avenue  
Hutchinson, Kansas 67501-5245  
(620) 694-2929  
Fax (620) 694-2928  
TDD (800) 766-3777

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TO: ALL INTERESTED PARTIES  
FROM: BOARD OF COMMISSIONERS  
RE: NOTICE OF MEETINGS  
DATE September 16, 2016

The Reno County Board of Commissioners will meet as regularly scheduled at 9:00 a.m. on Tuesday, September 20, 2016, in Commission Chambers to hold their Agenda Session.

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**AGENDA SESSION**  
**RENO COUNTY COMMISSION**  
**COMMISSION CHAMBERS OF COURTHOUSE**  
**Tuesday, September 20, 2016**  
**9:00 A.M.**

1. Roll Call

Deming \_\_\_\_\_ Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_

2. Pledge of Allegiance to the American Flag and Prayer

3. Determine Additions to the Agenda (Restricted to subject matters that were not known at the time of the agenda publication and to subject matters that require immediate Board discussion and/or action and which cannot be deferred to a later date.)

4. Public Comment on Items not on the Agenda. Please come forward to the podium, state your name and address and limit your remarks to not more than 5 minutes per item.

5. Consent Agenda (items considered routine for approval. If any commissioner or person in the audience would like further discussions or explanation of any item they may ask that it be removed from the consent agenda for additional consideration.

a. Vouchers (bills or payments owed by the county or related taxing units) totaling \_\_\_\_\_.

Motion for consent agenda items: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Motion \_\_\_\_\_ Second \_\_\_\_\_

Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_ Deming \_\_\_\_\_

6. **Tabled from September 13, 2016:** Consider for approval the purchase of courthouse security cameras, system storage for the security cameras and door access control system at a total cost of \$126,773.26. AI

Motion for action: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Motion \_\_\_\_\_ Second \_\_\_\_\_

Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_ Deming \_\_\_\_\_

7. Consider for approval the appointment of a voting delegate and alternate to the Kansas Workers Risk Cooperative for Counties (KWORCC) annual meeting to be held in conjunction with the Kansas Association of Counties (KAC) Annual Conference on November 15, 2016. AI

Delegate \_\_\_\_\_ Alternate \_\_\_\_\_

Motion for action: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Motion \_\_\_\_\_ Second \_\_\_\_\_

Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_ Deming \_\_\_\_\_

8. Consider for approval nominating members to serve on the KWORCC Board of Trustees. AI

Motion for action: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Motion \_\_\_\_\_ Second \_\_\_\_\_

Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_ Deming \_\_\_\_\_

9. Consider for approval the Health Department's recommendation to accept the Aprima® bid for implementation of an Electronic Health Record System with an initial investment of \$39,500. AI

Motion for action: Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Motion \_\_\_\_\_ Second \_\_\_\_\_

Dillon \_\_\_\_\_ Schlickau \_\_\_\_\_ Deming \_\_\_\_\_

10. Discussion of items added to the agenda

11. Department update from Health Department Director Nick Baldetti

12. Adjournment

*Items listed on the agenda as "DI" (Discussion Item) will normally be discussed that day and voted on the following week. Items listed as "AI" (Action Item) will normally be voted on that day unless postponed for further discussion or to await additional information. The Commission reserves the right to take a final vote on any agenda item but normally, on items coming up for the first time discussion, will await the following week for a final vote.*



AGENDA REQUEST

Approval to purchase Courthouse Security cameras, System Storage, and Door access control system.

**PROPOSED AGENDA ITEM:** \_\_\_\_\_

**PRESENTED BY:** Sgt. Troy Selby

**RECOMMENDED ACTION:** Approval

**BACKGROUND/DISCUSSION DATE:** 09/06/2016

**PROPOSED AGENDA DATE:** 09/06/2016

**FINANCIAL CONSIDERATIONS:**

Cost: \$126,773.26 Funding Source: Is it budgeted? Partial

Fund/Dept.: Project Fund & Courts Effective Date: \_\_\_\_\_

Revenue: None

Grant Amount: None Local Match: N/A

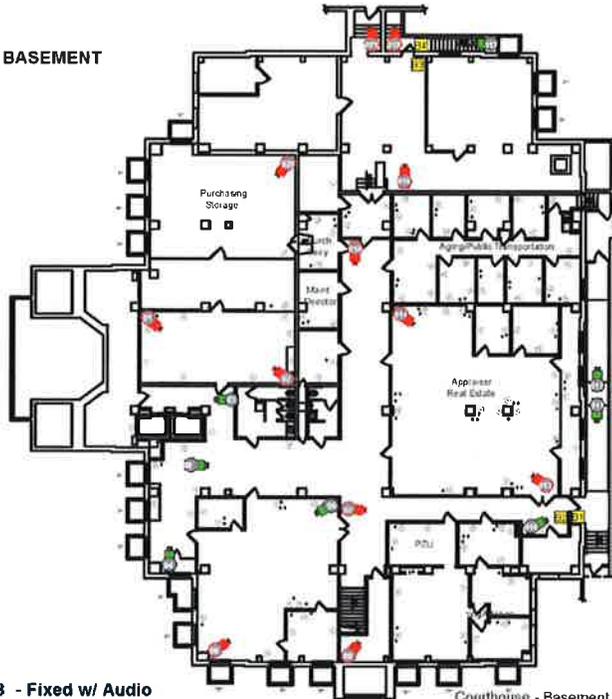
**LEGAL CONSIDERATIONS:** If the Agenda Item concerns a Contract, Agreement, Policy, County Resolution, or other matter involving legal issues, has it been reviewed by the County Counselor for legal form/sufficiency/recommendation? No

**Will this Agenda Item replace an existing policy, agreement, contract or resolution?**  
If Yes, please explain: No

**OTHER:** \_\_\_\_\_

**OPTIONS/ALTERNATIVES:** If not approved, are there other options alternatives available? No

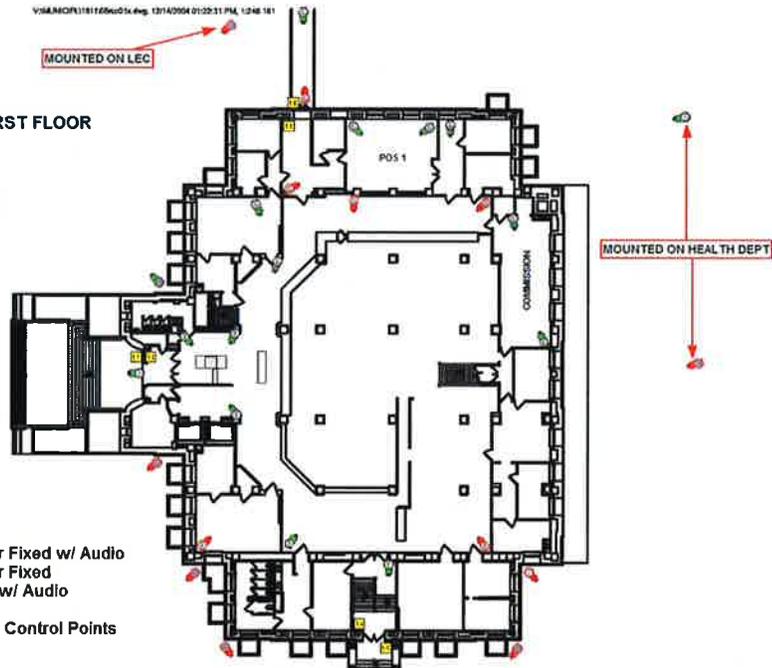
**BASEMENT**



- 8 - Fixed w/ Audio
- 12 - Fixed
- 4 - Access Control Points

Courthouse - Basement  
● = Electrical Outlet  
⊗ = Telephone Outlet  
◻ = Computer Drop  
▴ = Unopenable Window

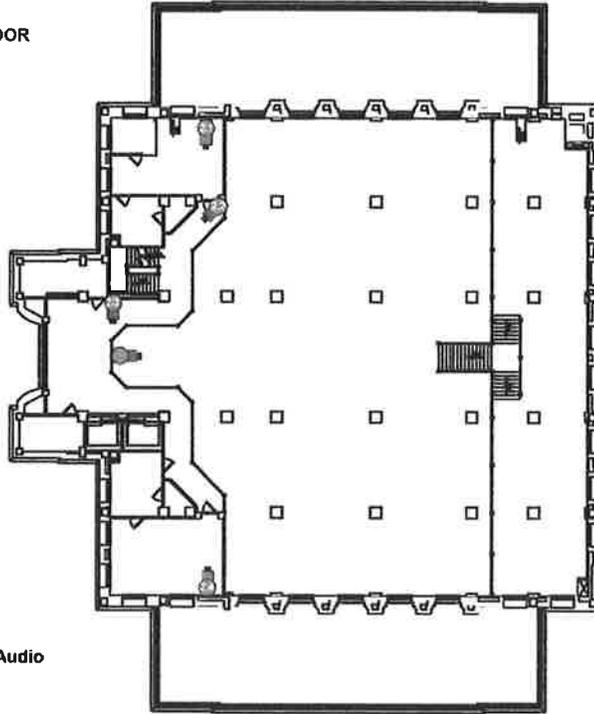
**FIRST FLOOR**



- 3- Exterior Fixed w/ Audio
- 7- Exterior Fixed
- 13- Fixed w/ Audio
- 6- Fixed
- 6- Access Control Points

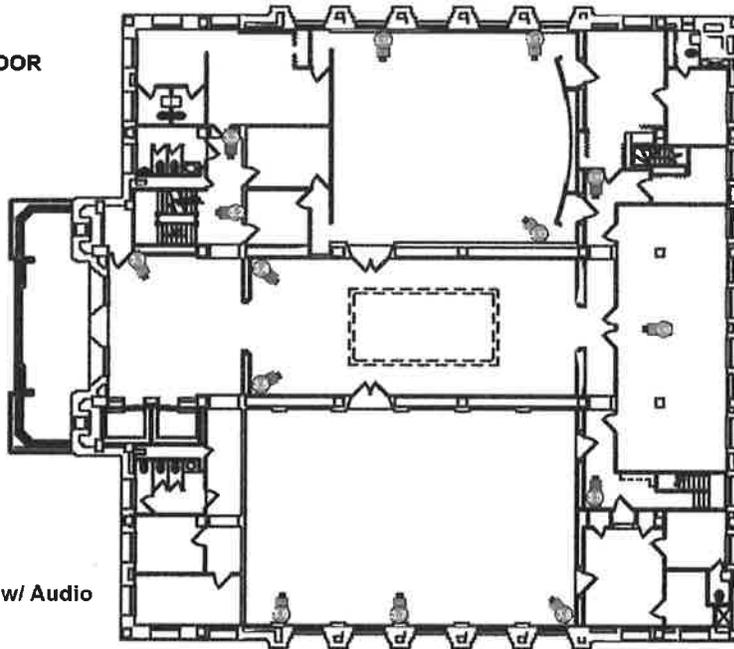
MOUNTED ON HEALTH DEPT

**SECOND FLOOR**



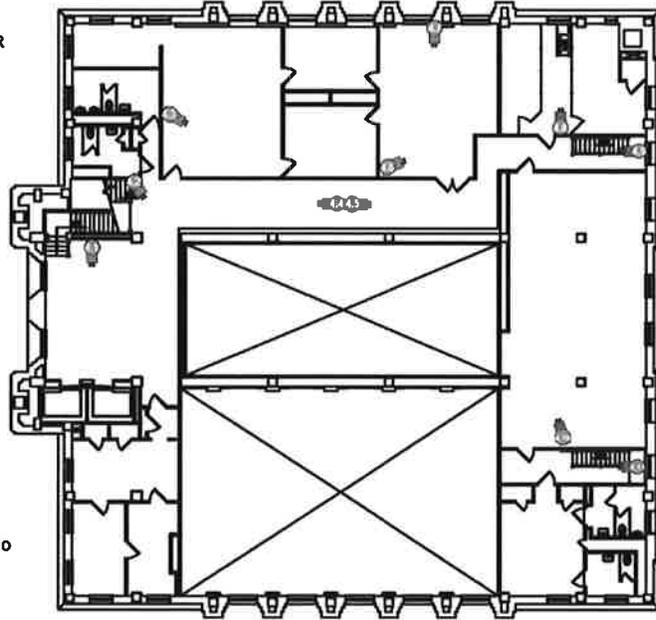
2 - Fixed w/ Audio  
3 - Fixed

**THIRD FLOOR**



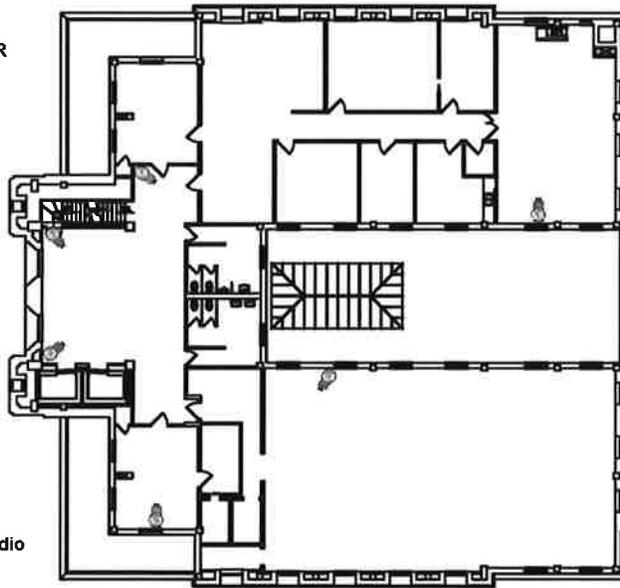
8 - Fixed w/ Audio  
6 - Fixed

FOURTH FLOOR



7 - Fixed w/ Audio  
4 - Fixed

FIFTH FLOOR



2 - Fixed w/ Audio  
4 - Fixed



**Communications Technology Associates, Inc.**  
 2007 S Hydraulic  
 Wichita, KS 67211 U.S.A.  
 Phone: (316) 267-5016 Fax: (316) 267-8903

**Quote**

No. **22175**  
 Date: 5/25/2016

Prepared for

Contact: Troy Selby Phone: (620) 694-2511  
**Reno County Courthouse (Main ID)**  
 206 West 1st Avenue  
 Hutchinson, KS 67501-5204 U.S.A.

Prepared by 1193 - Brett J. Kolasch

Account No. 51805  
 Account Phone: (620) 665-8800

| Qty. | Item ID        | Description                                       | UOM | Sell       | Total       |
|------|----------------|---|-----|------------|-------------|
| 95   | 4570TND30R5V2  | Vitek Transcendent Series 5 Megapixel Outdoor WDR | EA  | \$435.50   | \$41,372.50 |
| 10   | 4571TWM03      | Vitek Transcendent Vandal Dome wall mount         | EA  | \$21.50    | \$215.00    |
| 1    | 08000300       | Surveillance camera Mounting labor                |     | \$3,675.00 | \$3,675.00  |
| 28   | 4599ML1SF      | Flush Mount Omni-Direction Microphone             | EA  | \$21.50    | \$602.00    |
| 95   | 08000405       | Firm Bid CAT5e 4-Pair wire runs - cameras         | EA  | \$125.00   | \$11,875.00 |
| 1    | 99000007       | Core drilling external mortar joints labor        |     | \$1,200.00 | \$1,200.00  |
| 75   | 76001701I      | ICC 1-1/4-Inch Ivory Raceway 6-Foot Stick         | EA  | \$14.00    | \$1,050.00  |
| 1    | 08000300       | Conduit mounting and painting                     |     | \$1,050.00 | \$1,050.00  |
| 6    | 2852191024GPOE | HP 24-Port 10/100/1000Base-T PoE 365w Switch      | EA  | \$1,085.00 | \$6,510.00  |
| 6    | 78252488       | 24-Port CAT5e 19inch 8x8 568B PatchPanel          | EA  | \$40.00    | \$240.00    |
| 3    | 99000007       | Surge arrester for 8 cat5 data lines              | EA  | \$150.00   | \$450.00    |
| 1    | 08000300       | Network equipment installation labor              |     | \$210.00   | \$210.00    |
| 1    | 4500PAX682290  | Paxton Net2 Plus 2 Door PoE Starter Kit           | EA  | \$1,309.00 | \$1,309.00  |
| 3    | 4500PAX682230  | Paxton Net2 Plus Single Door PoE Exp Kit          | EA  | \$623.00   | \$1,869.00  |
| 10   | 4500PAX355110  | Paxton KP50 Keypad/proximity reader               | EA  | \$208.00   | \$2,080.00  |
| 1    | 4500ACO600S    | 600lb 12/24Vdc Single Door Magnetic Lock          | EA  | \$154.50   | \$154.50    |
| 1    | 4500ACO600D    | 600lb 12/24Vdc Double Door Magnetic Lock          | EA  | \$252.00   | \$252.00    |
| 2    | 4500HES9400    | Slim Line Electronic Strike Plate Surface Mount   | EA  | \$375.00   | \$750.00    |
| 2    | 4500PAX376310  | Paxton E75 Door Exit Button                       | EA  | \$55.00    | \$110.00    |
| 25   | 4500PAX695644  | Net2 Proximity Keyfobs (Box of 10)                | EA  | \$37.50    | \$937.50    |
| 6    | 99000007       | Magnetic Door Contact (N/C)                       | EA  | \$5.00     | \$30.00     |
| 500  | 74005016       | 22/8 Plenum Stranded Shielded Cable               | FT  | \$0.60     | \$300.00    |
| 250  | 74001104       | 18/2 Riser Stranded Shielded Paging/Control Cable | FT  | \$0.22     | \$55.00     |
| 5    | 08000405       | Firm Bid CAT5e 4-Pair wire runs - Door Access     | EA  | \$125.00   | \$625.00    |
| 1    | 08000300       | Door Access Control installation Labor            |     | \$840.00   | \$840.00    |

If you swap out the 5 Megapixel cameras with the 3 Megapixel cameras; there is a \$166 per camera cost savings. Total cost if using all 3MP is \$60,991.50.

Item Total: \$ 77,761.50

**Total: \$ 77,761.50**

Prices are firm until 9/5/2016

**Quoted by:** 1193 - Brett J. Kolasch

**Date:** 8/5/2016

**Accepted by:** \_\_\_\_\_

Adjusted cost for interior 3 Megapixel camera  
 plus exterior 5 Megapixel cameras \$53,339.50  
 Cost of Access Control System \$ 9312.00

**Date:** \_\_\_\_\_

**Total \$62,651.50**

Cost for storage & backup \$64,121.76

**GRAND TOTAL \$126,773.26**



# EMC Unity 300 Proposal



Prepared For: Reno County KS  
 Customer #:  
 Attention:  
 Project: EMC Unity 300  
 Date: 08/26/2016

Submitted By: Zach Ferdinand  
 Solution Architect  
 Phone: 6082981571  
 E-Mail: zachfer@cdwg.com  
 Quote #: 6000484596 V04

|          | Qty. | Part            | Description                           | Unit Sell              | Extended Sell      |
|----------|------|-----------------|---------------------------------------|------------------------|--------------------|
| Hardware | 1    | D31DEMCK12KIT   | UNITY 12 DRIVE DPE FLD INSTALL KIT    | \$0.00                 | \$0.00             |
|          | 1    | D3SP-L9X4000-NL | UNITY SYSPACK 9X4TB NLSAS 12X3.5      | \$5,415.53             | \$5,415.53         |
|          | 1    | D31D24AF12      | UNITY 300 2U DPE 12X3.5 DRIVE FLD RCK | \$4,637.52             | \$4,637.52         |
|          | 3    | D3-PS07-4000    | UNITY 4TB NLSAS 12X3.5 DRIVE          | \$601.73               | \$1,805.19         |
|          | 9    | D3-VS07-4000    | UNITY 4TB NLSAS 15X3.5 DRIVE          | \$601.73               | \$5,415.57         |
|          | 1    | D3123F          | UNITY 3U 15X3.5 DRIVE DAE FLD RCK     | \$1,020.12             | \$1,020.12         |
|          | 1    | D3SFP10I        | UNITY 4X10GB SFP ISCSI/ETH CONNECTION | \$0.00                 | \$0.00             |
|          | 1    | D3SL10ICU       | UNITY 2X4 PORT 10GBASE-T ISCSI IO     | \$1,083.59             | \$1,083.59         |
|          |      |                 |                                       | <b>Hardware Total:</b> | <b>\$19,377.52</b> |
| Software | 1    | 458-001-288     | UNITY 300 BASE SOFTWARE + D@RE=IC     | \$0.00                 | \$0.00             |
|          | 1    | 458-001-440     | RECOVERPOINT FOR VM STARTER PACKS     | \$0.00                 | \$0.00             |
|          | 1    | 458-001-374     | RP BASIC FOR UNITY 300/300F =IC       | \$0.00                 | \$0.00             |
|          |      |                 |                                       | <b>Software Total:</b> | <b>\$0.00</b>      |
| Support  | 1    | M-PREHWE-004    | PREMIUM HARDWARE SUPPORT (36 mos.)    | \$6,394.46             | \$6,394.46         |
|          | 1    | M-PRESWE-004    | PREMIUM SOFTWARE SUPPORT (36 mos.)    | \$0.00                 | \$0.00             |
|          |      |                 |                                       | <b>Support Total:</b>  | <b>\$6,394.46</b>  |
| Services | 1    | PS-BAS-UXIMB    | BASE IMPLEMENTATION                   | \$1,958.75             | \$1,958.75         |
|          | 1    | CE-EVALPAKNXT   | NXT VALPAK                            | \$443.99               | \$443.99           |
|          | 1    | PS-BAS-UXIMREP  | REMOTE REPLICATION IMPLEMENTATION     | \$3,353.37             | \$3,353.37         |
|          | 1    | CE-UNITYLRNCTR  | UNITY LEARNING CTR VIDEO 1 TITLE=UC   | \$532.79               | \$532.79           |
|          |      |                 |                                       | <b>Services Total:</b> | <b>\$6,288.90</b>  |
|          |      |                 |                                       | Extended Sell          |                    |
|          |      |                 |                                       | <b>Solution Total:</b> | <b>\$32,060.88</b> |

Prepared By: Zach Ferdinand (Solution Architect)  
 Prices are contingent on final pricing approval from Manufacturer  
 Quote provided based on specification provided by customer. No workload validation has been done.  
 The terms and conditions provided on this link apply: <http://www.cdwg.com/content/terms-conditions/default.aspx>  
 Applicable Taxes and Shipping not shown.

64,121.76



## CERTIFICATION OF VOTING DELEGATE AND ALTERNATE TO KWORCC ANNUAL MEETING

For the upcoming annual meeting on Tuesday, November 15, 2016 at 5:30 p.m., we ask that you identify the delegate and alternate for your County. This will enable your County to be represented and to vote at the meeting. **The delegate and alternate must be an elected official from your County.**

Please return this form to the attention of KWORCC Administrator, James W. Parrish, 700 SW Jackson Street, Suite 200, Topeka, Kansas 66603, postmarked by Friday, October 21, 2016. Or FAX the completed form to (785) 233-5440 on or before Friday, October 21, 2016.

If you have questions or otherwise wish to discuss this matter, please call Jim, Dortha or Carl toll-free: 1-877-357-1069. Your participation is needed and greatly appreciated.

---

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (*please print*) Position

has been named voting delegate for \_\_\_\_\_ County at the KWORCC 2016  
annual meeting and any special meeting(s).

And, \_\_\_\_\_  
Name (*please print*) Position

has been named Alternate for said purposes.

---

The undersigned hereby certifies that the foregoing delegates have been appointed by the Board of County Commissioners.

\_\_\_\_\_  
Chairman of the Board of Commissioners

ATTEST:

\_\_\_\_\_  
County Clerk

**KWORCC TRUSTEE NOMINATION  
NORTHEAST DISTRICT**

**AGENDA  
ITEM #8**

We \_\_\_\_\_  
(County)

Nominate \_\_\_\_\_  
(Name)

From the Northeast District, which includes the following counties:  
**Brown, Doniphan, Jackson, Jefferson, Lyon, Marshall, Osage, and  
Pottawatomie**, to serve on the KWORCC Board of Trustees.

---

Date: \_\_\_\_\_

---

County Commissioner

---

County Commissioner

---

County Commissioner

Please return this form to James W. Parrish, KWORCC, 700 SW Jackson, Suite 200, Topeka, KS 66603, or fax to (785) 233-5440 by Friday, October 21, 2016.

**KWORCC TRUSTEE NOMINATION  
SOUTHWEST DISTRICT**

We \_\_\_\_\_  
(County)

Nominate \_\_\_\_\_  
(Name)

From the Southwest District, which includes the following counties:  
Clark, Ford, Grant, Gray, Hamilton, Haskell, Hodgeman, Kearny,  
Lane, Meade, Morton, Ness, Scott, Stanton, and Stevens, to serve  
on the KWORCC Board of Trustees.

---

Date: \_\_\_\_\_

\_\_\_\_\_  
County Commissioner

\_\_\_\_\_  
County Commissioner

\_\_\_\_\_  
County Commissioner

Please return this form to James W. Parrish, KWORCC, 700 SW Jackson, Suite 200, Topeka, KS 66603, or fax to (785) 233-5440 by Friday, October 21, 2016.

**KWORCC TRUSTEE NOMINATION  
AT LARGE**

We \_\_\_\_\_  
(County)

Nominate \_\_\_\_\_  
(Name)

for the At Large position to serve on the KWORCC Board of Trustees,  
who is an elected official from a KWORCC Member County (list on  
reverse of this form).

---

Date: \_\_\_\_\_

\_\_\_\_\_  
County Commissioner

\_\_\_\_\_  
County Commissioner

\_\_\_\_\_  
County Commissioner

Please return this form to James W. Parrish, KWORCC, 700 SW  
Jackson, Suite 200, Topeka, KS 66603, or fax to (785) 233-5440 by  
Friday, October 21, 2016.



AGENDA  
ITEM #9

It is our pleasure to provide this proposal for your review and consideration.

Presented to: **Reno County Health  
Department**

Proposal Description: **Aprima Upgrade Project**

Presented By: **Aprima Medical Software, Inc.  
Jeff Falconer**

Phone: **(480) 231-6222**

Fax: **(480) 907-1667**

Date: **September 1, 2016**

Designed for the way you practice medicine  
Smarter EHR, PM and RCM technology

**TAKE THE STOPWATCH CHALLENGE**  
See how Aprima documents patient visits with lightning speed.

ANY EHR VS APRIMA

**“Aprima has transformed the whole picture of how we operate, beginning and end. The doctors can see more patients, manage their time more efficiently, achieve better compliance with pay-for-performance guidelines, have more information at their fingertips, and create better financial stability for the practice.”**

*— Jeffrey Hyman, MD  
University Physicians Group*

**Aprima Medical Software, Inc. \* 3330 Keller Springs Road, Suite 201  
Carrollton \* Texas \* 75006 \* 866.960.6890**

Aprima Medical Software, Inc.  
 3330 Keller Springs Road, Suite 201  
 Carrollton, Texas 75006  
 214-206-3540 (Phone)  
 214-594-5490 (Fax)



v06012016 Direct  
 SALES REP: Jeff Falconer  
 PHONE: (480) 231-6222  
 FAX: (480) 907-1667  
 EMAIL: jfalconer@aprima.com  
 Senior Rep Jeff Falconer

PRACTICE NAME: Reno County Health Department  
 STREET ADDRESS: 209 W. 2nd ,  
 CITY/STATE/ZIP: Hutchinson,KS 67501  
 SPECIALTY: Home Health  
 LOCATIONS: 1

PHONE: (620) 259-8161  
 FAX: -  
 CONTACT: Nick B  
 EMAIL: nick.baldetti@renogov.org

|             |   |
|-------------|---|
| SALES ORDER | Proposal Description:<br>Aprima Upgrade Project |
|-------------|---|

DATE 9/1/2016 Proposal Expiration: 10/1/2016

| Qty   | Description   | List       | Subtotal          | Annual Fees       |
|---|---|------------|-------------------|-------------------|
| <b>Software Licensing: (PRM = 1, EMR = 2, PM = 3, Billing Service = 4)</b>  |   |            |                   |                   |
| 1   | Part Time Providers: PRM 1 at 5%  | \$425.00   | \$425.00          | \$93.75           |
| 1   | PRM PM/EMR Full Time Mid-Level Provider License   | \$5,100.00 | \$5,100.00        | \$1,125.00        |
| 1   | Part Time Mid-Level Providers: PRM 1 at 20%   | \$1,020.00 | \$1,020.00        | \$225.00          |
| <b>Aprima Mobile for Android &amp; iPhone included with Aprima EHR licensing</b>  |   |            |                   |                   |
| 1   | PM Billing Only Agency ID # Asset @ 20% FTE Other Mid-Level Provider (to cover Nurse Clinics, Home Aides, Geriatric Aides, RN's, ect.. Billing under Agency NPI/ID) | \$510.00   | \$510.00          | \$148.10          |
| Aprima reserves the right to audit Part Time equivalents as noted above. In the event providers' Part Time status increases additional licensing fees will apply. |   |            |                   |                   |
| <b>Subtotals:</b>   |   |            | <b>\$7,055.00</b> | <b>\$1,591.85</b> |

| <b>Subscriptions:</b>   |  |            |  |            |
|---|--|------------|--|------------|
| 4   | CPT, ICD & HCPCS codes (per year/per prov)   | \$200.00   |  | \$800.00   |
| 3   | Drug Interaction Database - (per year/per provider)                                    | \$225.00   |  | \$675.00   |
| 3   | Clinical Decision Support (incl Pat Ed, HEDIS, Preventive Care & 170+ pre-built rules) | \$225.00   |  | \$675.00   |
| Y   | Patient Portal-patient remote access, annual fee covers 1 provider, 2 midlevel         | \$1,320.00 |  | \$1,320.00 |
| 2   | Hosting - 50GB storage per FTE Provider (per year) - 100GB included                    | \$1,200.00 |  | \$2,400.00 |
| Additional disk usage over 50GB per provider will be invoiced at \$6/GB per month |  |            |  |            |
| 0   | Hosting - Additional 1GB disk space over 50GB per FTE provider (per year fee)          | \$72.00    |  |            |
| 1   | Annual Subscription to Web Based Training and Aprima Academy videos                    | \$350.00   |  | \$350.00   |
| 2   | Immunization registry (per registry) \$120/prov/yr, min \$240/yr                       |            |  | \$240.00   |
| 2   | Bright Futures (licensed from AAP) - per provider per year pricing                     | \$150.00   |  | \$300.00   |

**Drug Interaction Dosing option** Subscription Subtotal: - \$6,760.00

| <b>Interfaces &amp; Conversions :</b> |   |           |  |          |
|---------------------------------------|---|-----------|--|----------|
| 1                                     | Quest Laboratory Bi-Directional Integration | No Charge |  | \$500.00 |

Aprima may not have access to specific third party devices or systems and therefore Interface pricing assumes cooperation of the other vendor and Customer. Aprima also assumes industry standard protocols (HL7, DICOM, etc) will be used. Otherwise, additional charges for time and materials may apply (at our standard engineering rates).

Once interface work commences by Aprima, any cancellations are pro-rated based on work completed Interface Subtotals: - \$500.00

| <b>Services as Detailed on Services Page:</b>                            |  |  |                    |  |
|--|--|--|--------------------|--|
| Aprima 'Bronze' Training and Implementation Services (including options) |  |  | \$19,100.00        |  |
| <b>Installation &amp; Training Subtotals:</b>                            |  |  | <b>\$19,100.00</b> |  |

| <b>Cash Purchase Payment Option</b>   |  |  |                    |                    |
|---------------------------------------|--|--|--------------------|--------------------|
|                                       |  |  | <b>Subtotal</b>    | <b>Annual Fees</b> |
| Subtotals :                           |  |  | <b>\$26,155.00</b> | <b>\$8,851.85</b>  |
| Strategic Account Incentive           |  |  | <b>-\$2,975.51</b> |                    |
| Due at Contract Signing =             |  |  | \$19,218.80        |                    |
| Due at Software Installation =        |  |  | \$9,609.40         |                    |
| Due at earlier of PM or EHR Go-Live = |  |  | \$3,203.13         |                    |
| <b>Discounted Project Total</b>       |  |  | <b>\$32,031.34</b> |                    |

Sales Tax and Shipping (if applicable) will be included on your invoice and charged to your credit card or account at the time payment is processed  
 You may also pay by MasterCard, Visa, or American Express

|  |           |
|--|-----------|
| Lease payment per the above purchase   | \$ 320.31 |
| <b>Stimulus Program</b>  |           |
| <b>Per provider payment = \$106.77</b>   |           |
| The above is an estimate only; final payment amount is subject to credit approval. |           |

A practice or site is considered live ("Go Live Date") at the sooner of the date that Customer uses Aprima Service(s), or the date that installation and training are complete and Aprima Service(s) are available for use by Customer.  
 All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and Deposits at the Corporate office.

This sales order is executed pursuant to the terms of either i) a written Software License Agreement ("SLA"), including all exhibits to such agreement executed between the parties or, ii) the Terms of Service. If no written SLA has been executed by the parties, then this Sales Order, and the Business Associate Agreement ("BAA") between the parties, if applicable and governed by, and incorporated by reference as if set forth in full, the Terms of Service ("TOS") located at www.Aprima.com/EULA/ClientServer. The TOS may be revised from time to time and such changes will be effective upon posting, provided that no revision shall be effective during the Initial Term, or Renewal term (if any) of this Sales Order. The SLA or Terms of Service, together with the Sales Order and BAA, as applicable, shall be referred to herein as the Master Agreement. By signing the Sales Order, the parties agree to be bound by the terms of the Master Agreement.

Reno County Health Department \_\_\_\_\_ Date

Aprima Medical Software, Inc. \_\_\_\_\_ Date

Aprima Medical Software, Inc.  
 3330 Keller Springs Road, Suite 201  
 Carrollton, Texas 75006  
 214-206-3540 (Phone)  
 214-594-5490 (Fax)



v06012016 Direct  
 SALES REP: Jeff Falconer  
 PHONE: (480) 231-6222  
 FAX: (480) 907-1667  
 EMAIL: jfalconer@aprima.com

PRACTICE NAME: Reno County Health Department  
 STREET ADDRESS: 209 W. 2nd ,  
 CITY/STATE/ZIP: Hutchinson,KS 67501  
 SPECIALTY: Home Health  
 LOCATIONS: 1

PHONE: (620) 259-8161  
 FAX: -  
 CONTACT: Nick B  
 EMAIL: nick.baldetti@renogov.t

|                      |   |
|----------------------|---|
| Sales Order Services | Proposal Description:<br>Aprima Upgrade Project |
|----------------------|---|

DATE: 9/1/2016 Proposal Expiration: 10/1/2016

**Bronze Implementation & Training Services**

Aprima's Bronze training package is designed to offer a high value, cost effective, implementation process to get your practice up and running quickly and efficiently. This is ideal for highly motivated self-starters who are willing and able to devote time and effort to system set up and self study under the guidance of their Aprima Project Manager and Trainer. Additional training is available for purchase if needed. The Aprima Bronze Implementation & Training Services includes the following:

| Qty | Description  |
|-----|--|
| 6   | On-site training days (per day, excludes travel & expenses)                |
| 2   | Post go-live training days (per day, excludes travel expenses)             |
| 16  | Web based training (hourly units typically used in 4 hour blocks)          |
| 24  | Project Management Weeks (Qty is an estimate; add'l time billed as needed) |
| 1   | Configuration/Installation of Aprima software                              |
| 4   | EDI Set Up & On-line Training for Claims/Remit/Eligibility (per provider)  |
| 3   | e-Prescribing Set-Up (per provider)  |
| 1   | Electronic Remittance Set up for Payer Formats                             |
| 1   | Content Build per Provider or Care Team                                    |

Subtotal T&I Services : \$18,600.00

**Optional Services Selected :**

1 Patient Portal setup and web training sessions

Subtotal Optional T&I Services : \$500.00

Grand Total for T&I Services : \$19,100.00

**Please place a check in the box next to your choice for EDI and Service Options outlined below:**

|                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/>            | e-Prescribing via SureScripts, includes electronic refills, medication history, pharmacy eligibility (no claims), and formulary (optional) - | Included at no charge                      |
| <input checked="" type="checkbox"/> | e-Prescribing via SureScripts (Only applies if Faxing is used)   | 14¢ each (Billed Quarterly)                |
| <input type="checkbox"/>            | AprimaClaims Electronic Medical Claims Processing  | 39¢ per claim                              |
| <input type="checkbox"/>            | AprimaClaims Medical Paper Claims Processing   | 67¢ per claim                              |
| <input type="checkbox"/>            | AprimaClaims Electronic Remittance Processing  | 20¢ per transaction                        |
| <input type="checkbox"/>            | AprimaClaims Electronic Eligibility (no Claims or Remit)   | \$39 per month per provider                |
| <input type="checkbox"/>            | AprimaClaims EDI Bundle - includes Electronic Medical Claims Processing, Remittance, and Eligibility. EXCLUDES Institutional UB claims       | \$99 per month per provider via ACH        |
| <input type="checkbox"/>            | Institutional UB claims are NOT included in unlimited monthly bundle   | 20¢ per claim                              |
| <input type="checkbox"/>            | Worker's Comp claim with attachment (electronic)   | \$1.00 per claim                           |
| <input type="checkbox"/>            | ACO reporting using duplicate claims (priced per ACO + \$400 set up per ACO)   | \$10/provider/month + \$400 set up per ACO |
| <input type="checkbox"/>            | Fax2Mail faxing service (pricing per fax number)   | \$5.95/mth + \$0.05 per page               |
| <input type="checkbox"/>            | N-Krypt secure email (pricing is per named user) - 5 user minimum  | \$120/year/user                            |
| <input type="checkbox"/>            | eTactics Statement Service   | Estimate per statement fee of 69¢ ea       |
| <input type="checkbox"/>            | Easy Pay Credit Card Processing Service  | Estimated by Easy Pay Solutions, Inc.      |
| <input type="checkbox"/>            | CallPointe Appointment Reminder Service per month  | Estimate based on \$75/mth/FTE provider    |

All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and full payments due at signing at the Corporate office. Implementation & Training on-site days are 8 hour blocks unless otherwise noted. Any additional time onsite in a given day will be charged against purchased days.

All services are quoted based on information gathered during the sales cycle and are estimates. Additional services may be required once the project begins and more detailed information is collected.

Cancellations of scheduled services with 31 - 60 days' notice will result in a cancellation fee equal to 50% of the services cancelled; Cancellations of scheduled services with 0 - 30 days' notice will result in a cancellation fee equal to 75% of the services cancelled. Any resulting travel change fees or penalties will be billed to customer. Changes must be in writing (e-mail) to the project manager.

Aprima charges \$250/day for all travel related expenses for each day of on-site training. This charge includes all meals, lodging and non-airfare related transportation. Airfare will be billed separately based on best airfare available at the time of scheduling. Confirmation should be made two weeks prior to any onsite event, minimum.

Travel for training personnel will be first class whenever flight time excluding layovers is 8 hours or more.

Reno County Health Department

Date

Aprima Medical Software, Inc.

Date



It is our pleasure to provide this proposal for your review and consideration.

Presented to: **Reno County Health Department**

Proposal Description: **RCM Partnership Add-On**

Presented By: **Aprima Medical Software, Inc.  
Jeff Falconer**

Phone: **(480) 231-6222**

Fax: **(480) 907-1667**

Date: **September 1, 2016**

Designed for the way you practice medicine  
Smarter EHR, PM and RCM technology

**TAKE THE STOPWATCH CHALLENGE**  
See how Aprima documents patient visits with lightning speed. Ⓞ

ANY EHR VS APRIMA

**“Aprima has transformed the whole picture of how we operate, beginning and end. The doctors can see more patients, manage their time more efficiently, achieve better compliance with pay-for-performance guidelines, have more information at their fingertips, and create better financial stability for the practice.”**

*— Jeffrey Hyman, MD  
University Physicians Group*

**Aprima Medical Software, Inc. \* 3330 Keller Springs Road, Suite 201  
Carrollton \* Texas \* 75006 \* 866.960.6890**

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 Carrollton, Texas 75006  
 214-206-3540 (Phone)  
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**RCM Sales Order Services**

**Proposal Description:**  
**RCM Partnership Add-On**

**DATE:** 9/1/2016 **Proposal Expiration:** 10/1/2016

| Qty | Description | List | Monthly | One-Times |
|-----|-------------|------|---------|-----------|
|-----|-------------|------|---------|-----------|

Estimated average monthly collections for the entire practice, or providers being added = **\$ 50,000.00**

|   |  |               |               |  |
|---|--|---------------|---------------|--|
| 1 | PRM PM/EMR RCM Provider License plus up to 50GB per provider   | 8.75%         | 8.75%         |  |
| 2 | PRM PM/EMR RCM Mid-Level Provider License plus up to 50GB per provider<br><b>Aprima Mobile for Android &amp; iPhone included with Aprima EHR licensing</b> | 8.75%         | 8.75%         |  |
|   | <b>Collection rate discount based on dollar volume and multi year term</b>   | <b>-3.55%</b> | <b>-3.55%</b> |  |
|   | <b>Net RCM collection rate</b>   | <b>5.20%</b>  | <b>5.20%</b>  |  |

*To be paid monthly as invoiced - minimum monthly RCM fee is \$2,500.00*

*RCM services and fees are based on a 60 month Initial Term effective at the earlier of billing Go-Live or 6 months from date of execution*

*"Go Live Date" is defined in the applicable Master Agreement*

|   |   |        |        |  |
|---|---|--------|--------|--|
| 0 | Additional 1GB disk space over 50GB per FTE provider (per year fee) | \$6.00 | \$0.00 |  |
|---|---|--------|--------|--|

**Estimated Monthly Fees in Addition to Collection Percentage:**

|          |   |                     |                     |  |
|----------|---|---------------------|---------------------|--|
| <b>3</b> | <b>Practice Start up fee (First provider \$2,995 and \$1,495 each additional)</b> | \$5,985.00          | \$5,985.00          |  |
| <b>1</b> | <b>Existing Customer Concession</b>   | <b>\$(5,490.00)</b> | <b>\$(5,490.00)</b> |  |

|   | Est Monthly fees                  | One-Time Fees |
|---|-----------------------------------|---------------|
| RCM services and fees are based on a 60 month Initial Term effective at the earlier of billing Go-Live or 6 months from date of execution | Collection Rate : 5.20%           | \$495.00      |
|   | Additional Monthly Options : \$ - |               |

**Sales Tax and Shipping (if applicable) will be included on your invoice and charged to your credit card or account at the time payment is processed**

A practice or site is considered live ("Go Live Date") at the sooner of the date that Customer uses Aprima Service(s), or the date that installation and training are complete and Aprima Service(s) are available for use by Customer. **Due at Signing: \$495.00**

**All proposed time lines WILL NOT START until Aprima has received and accepted all signed Contracts and Deposits at the Corporate office.**

Termination prior to the end of the Initial Term will be subject to Section 8.3 of the Terms of Service.

This sales order is executed pursuant to the terms of either i) a written Software License Agreement ("SLA"), including all exhibits to such agreement executed between the parties or, ii) the Terms of Service. If no written SLA has been executed by the parties, then this Sales Order, and the Business Associate Agreement ("BAA") between the parties, if applicable and governed by, and incorporated by reference as if set forth in full, the Terms of Service ("TOS") located at [www.Aprima.com/EULA/RCM](http://www.Aprima.com/EULA/RCM). The TOS may be revised from time to time and such changes will be effective upon posting, provided that no revision shall be effective during the Initial Term, or Renewal term (if any) of this Sales Order. The SLA or Terms of Service, together with the Sales Order and BAA, as applicable, shall be referred to herein as the Master Agreement. By signing the Sales Order, the parties agree to be bound by the terms of the Master Agreement. The parties agree that if any prior Sales Order for the same service(s) as listed on this Sales Order exists between the parties, then the Initial Term, or Renewal Term as applicable, of that prior Sales Order is hereby amended to match the term of this Sales Order.

Reno County Health Department \_\_\_\_\_ Date

Aprima Medical Software, Inc. \_\_\_\_\_ Date



**Exhibit A**

**APRIMA SERVICE(S)**

1. Aprima shall provide the Billing Services in accordance with the following service level standards. Aprima reserves the right to change the terms of this Exhibit A on written notice (which can be by e-mail).
  - a. Perform its billing and collections functions in good faith, with reasonable care, and at all times in the name of the applicable Physician Practice.
  - b. Bill and collect on charges in a manner consistent with all applicable federal, state, and local laws and regulations and in accordance with all policies and procedures of Customer and of third party payers which are made known to Aprima by Customer or otherwise known by Aprima.
  - c. Direct all patients and payers to send all payments for health care services directly to the Customer.
  - d. Aprima shall provide, at its cost and expense, all software, materials, supplies, and all billing and output forms necessary or appropriate for the Services as indicated on the applicable Sales Order(s).
  
2. Aprima shall provide the following Services to Customer. Aprima Services begin with the submission of validated claims to the payer. A validated claim is a claim which the Customer has created and is subsequently marked as ready for Aprima to begin the billing and collections cycle.
  - a. Eligibility requests in excess of 600 per month per provider may be subject to a pass-through charge from Aprima based on the fees from its third party provider for EDI. Other pass-through fees may apply in the future if charged to Aprima by a third party in order to provide a service the Customer has requested.
  - b. Submit all superbills in the Customer database with a status of "Queued Primary" to all insurance carriers and other third-party payers on a daily basis, and for all others: within three (3) business days of receiving all required information.
  - c. Correspondence and payments including ERAs, mail, and/or lockbox submissions posted and applied to accounts within 72 hours of receipt.
  - d. Review and reprocess all denied, incorrectly paid, and/or partially paid claims within 72 hours of notifications.
  - e. Monthly production and mailing of patient statements. Once insurance carrier makes payment and the patient has a payment responsibility, up to three statements will be mailed. If no response or payment is received from the patient, the practice will be notified and no further statements will be mailed. Customers who maintain current email addresses, subscribe to Easy Pay, and have installed the Aprima Patient Portal are eligible for electronic statements and remittances.
  - f. Monthly recommendation of accounts to be reviewed by customer for further collection activity either by in-house collection department or referral to an outside collection agency.
  - g. Provide a staffed nationwide toll-free telephone number, from 8:30 a.m. to 5:00 p.m. CST Monday through Friday, to answer patient or insurance carrier inquiries about billing or collections, and respond to all telephone inquiries and written correspondence from patients and Insurance carriers concerning patient accounts within 24 hours.
  - h. Provide reports, including, at a minimum, the following standard reports:
    - i. Financial Summary (Charges, Receipts, Adjustments, Ending AR, and Net Collection Rate)
    - ii. Procedure Productivity Summary (Charges and Receipts by CPT, and Outstanding AR)
    - iii. Insurance Aging Summary
    - iv. Insurance Productivity (Charges, Receipts, Adjustments, and Outstanding AR by Payer)
    - v. Monthly Transactions Trial Balance (Deposits and Allocated Amounts per day)
    - vi. Patient Aging Detail (for patient overpayments and Aged Patient Balances)
    - vii. Patient Credit Balance Report (as required by OIG)
    - viii. Superbill Status Review (Number and Amount of all Superbills by Status)
  - i. Monthly telephone conference with RCM Account Manager, and Customer's appointed personnel by mutual agreement as to date and time, but in any event no later than three (3) weeks after the close of each month, unless mutually agreed to skip a given month. A member of Aprima's RCM Senior Management is available for a quarterly telephone conference.
  - j. Aprima will make commercially reasonable efforts to perform chart audits on a periodic basis, and when such audits are performed, Aprima will report results to the Customer.
  
3. **Customer Responsibilities:**
  - a. Customer will provide Aprima access to the database to execute Services throughout the term of the agreement.
  - b. Customer is responsible for entering all charges, including selection of correct CPTs, ICD10s, and modifiers.
  - c. Customer is responsible for validation of claims. For those claims failing validation, Customer will correct within three (3) business days. For purposes of this Exhibit "validation" will mean the same as defined in the then current version of the Aprima PRM Practice Management User's Guide.
  - d. Customer is responsible for obtaining a copy of the contracted allowed fees from all payers except for Medicare and Medicaid fee schedules, which Aprima will download.
  - e. All other services not specifically enumerated above related to patient billing (Services) including but not limited to patient registration, collection and allocation of co-pays at the time of service, maintaining documentation of patient insurance coverage, and verification of insurance benefits is the responsibility of Customer.
  - f. Customer will submit all patient charges generated by the Practice (Tax ID) within the Customer database for the term of the agreement.
  - g. Customer is responsible for designating a representative (ie, Provider or Manager) to be available for monthly telephone conferences.
  
4. Additional Services available for additional fees:
  - a. Credentialing services can be provided for an additional charge.
  - b. Aprima reserves the right to convert from paper mailing to electronic mailing of statements on sixty (60) days written notice to Customer ("e-Statement Date"). If Customer elects to continue with paper mailing after the e-Statement Date, then Aprima will charge and Customer will pay for the actual costs of paper mailing plus ten percent (10%) or at Aprima's election the then current price for such services. Customer will be responsible for entering its patient e-mail addresses in Aprima's PM software and for updating such e-mail addresses on a periodic and timely basis.

|                      |                                      |
|----------------------|--------------------------------------|
| Accepted By:         | Accepted By:                         |
| <b>Customer</b>      | <b>Aprima Medical Software, Inc.</b> |
| Authorized Signature | Authorized Signature                 |
| _____                | _____                                |
| Date ____/____/____  | Date ____/____/____                  |

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 All other trademarks are the property of their respective holders.  
 DO NOT FORWARD  
 ref V2.3 9-31-16



## Bank Draft/ACH Debit Authorization

### Instructions

1. Please complete the information on page 2, and select the services you wish to authorize.
2. Attach a voided check.
3. Fax the completed form (page 2) and a voided check to the Accounting Department at (214) 594-5490. All information and a voided check must be provided in order to process your request

### Agreement

I (We) understand that my (our) checking account will be billed as indicated below for services rendered and so authorize said billing, as well as additional usage charges as they occur. I (We) understand that charges declined by the financial institution which maintains this checking account will constitute grounds for cancellation of service and that all monthly fees and usage charges incurred will be subject to collection procedures.

1. Aprima Medical Software, Inc. (Aprima) is hereby authorized to draw drafts of ACH debits on the account maintained by me (us) at the above named financial instituon for payment to Aprima.
2. It is agreed that;
  - a. Aprima shall incur no liability if the balance in the account is insufficient to cover any draft upon presentation.
  - b. The canceled draft, bank debit memo account statement will constitute a receipt for the payment of the specific amount.
  - c. Drafts returned unpaid or marked NSF may be subject to a \$25 Returned Draft Fee. This agreement shall continue in effect unless and until terminated by either Aprima or the customer by written notice to Aprima. In addition, Aprima may terminate the agreement immediately if any draft of the ACH Debit is not paid upon presentation.
3. By selecting the boxes for services below, I (we) authorize Aprima to debit my (our) account for these charges as they occur. I (we) understand that an amended form will be required if services are to be added or removed from this ACH authorization.

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 All other tradenames and trademarks are the property of their respective owners.  
 Ref: 6051.01

## Bank Draft/ACH Debit Authorization

See page 1 for instructions

### Customer Information:

**Customer Name :** Reno County Health Department  
**Customer Address 1 :** 209 W. 2nd  
**Customer Address 2 :** #####  
**City / ST / Zip :** Hutchinson, KS 67501  
**Phone :** (620) 259-8161

**Bank Account Name :** \_\_\_\_\_

**Name of Person Authorized to Sign Checks :** \_\_\_\_\_

**Full Name of Financial Institution:** \_\_\_\_\_

**Branch Name :** \_\_\_\_\_

**Branch Phone :** \_\_\_\_\_

**Account Number :** \_\_\_\_\_

**Routing Number :** \_\_\_\_\_

**Email address for invoice delivery required :** \_\_\_\_\_

### Authorized Services (check all that apply)

| Service  | Debit Schedule |
|--|----------------|
| <input type="checkbox"/> EDI (Claims/Remit/Eligibility)        | Monthly        |
| <input type="checkbox"/> RCM                                   | Monthly        |
| <input type="checkbox"/> ASP                                   | Monthly        |
| <input type="checkbox"/> Hosting                               | Monthly        |
| <input type="checkbox"/> Renewal (maintenance & subscriptions) | Annual         |
| <input type="checkbox"/> Other: _____                          |                |

Authorized Signature #1 for : Reno County Health Department \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature #2 for : Reno County Health Department \_\_\_\_\_ Date \_\_\_\_\_