

# Point of CareExchange

## Participant Checklist

- Work with South Dakota Health Link within 30 days of signing Participation Agreement to determine your annual participation fees. Complete the form found online. Once your fees are determined, your yearly participation fee(s) must be paid a minimum of 30 days prior to your connection to South Dakota Health Link going live and yearly thereafter.

**NOTE:** The yearly participation fee will be reviewed by the SDHL Finance and Fee Structure Sub Committee prior to the end the calendar year and participants will be notified of any changes in the participation fee based on that review.

- Complete client/organization contact information online within 30 days of signing the Participation Agreement. (Sample information included).
- Work with South Dakota Health Link, Medicity, and your EMR or HIS vendor to determine final number of interfaces that will be required.
- Work with South Dakota Health Link, Medicity, and your EMR or HIS vendor to establish implementation timeline within 60 days of signing the Participation Agreement.
- Complete the Interface Questionnaire that will be provided from SDHL within 60 days of receiving the questionnaire. You may need the help from your vendor, consultant, or local subject matter experts to answer some of the questions.
- Provide 10,000 Production messages or 2 weeks' worth if volume is low per interface within 60 days of receiving the questionnaire. The messages must be in HL7 format and come from the interface that we will receive them from. The most robust, fully populated outbound interfaces should be used.
- Provide 10 printed reports per interface type within 60 days of receiving the questionnaire if you are doing a lab, radiology, or transcription interface. The printed reports must correspond to the HL7 messages that are submitted as we compare the data elements on the printed report to the HL7 messages received.

For questions with completing any of these items or general questions please contact South Dakota Health Link.

**Organization Information (\*required field)**

\*Organization Name \_\_\_\_\_  
\*Website \_\_\_\_\_  
\*Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
EHR System \_\_\_\_\_  
EHR Product \_\_\_\_\_  
EHR Version \_\_\_\_\_  
EHR System Go-Live Date \_\_\_\_\_  
EHR Upgrade Date \_\_\_\_\_  
Hospital Information System (HIS) \_\_\_\_\_  
Practice Management System \_\_\_\_\_  
Practice Management Version \_\_\_\_\_  
Practice Management Upgrade Date \_\_\_\_\_  
\*Billing Address \_\_\_\_\_  
\*Billing State \_\_\_\_\_  
\*Billing City \_\_\_\_\_  
\*Billing Postal Code \_\_\_\_\_

**Contact Information (\*required field)**

\*First Name \_\_\_\_\_  
\*Last Name \_\_\_\_\_  
\*Contact Description    Main POC    Main Technical POC    Finance POC  
(one for each)    After Hours POC    Help Desk POC    Other POC  
\_\_\_\_\_  
Title \_\_\_\_\_  
Department \_\_\_\_\_  
\*Email \_\_\_\_\_  
Secondary Email \_\_\_\_\_  
\*Office Phone \_\_\_\_\_  
\*Mobile \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Other Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Assistant \_\_\_\_\_  
Assistant Phone \_\_\_\_\_  
Physical Street \_\_\_\_\_  
Physical City \_\_\_\_\_  
Physical State \_\_\_\_\_  
Physical Zip \_\_\_\_\_