

EXHIBIT G

CUT OVER SERVICES

| Service (Including Service Terms and Conditions) | MHS Responsibility | Service Charge | Expiration Date/Term |
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| <p>1. Cedaron Cardio Reporting System [Reference Contract HHSC 13—0508] [MAUI ONLY APPLICATION]</p> <p>To enable HHSC to complete required reporting for two cardiac registries for 2nd Quarter, through the Expiration Date, MHS to provide <u>read and write access</u> to this data collection and reporting system.</p> <p>Access will be provided to one (1) designated user for HHSC, who will only access historic Patient Medical Records of HHSC/MRHS.</p> <p>If HHSC modifies any historic HHSC/MRHS Patient Medical Records, HHSC will provide MHS with detailed notice of such modification within ten (10) business days.</p> | <p>MHS to assume the MRHS contract for the Cedaron Cardio Reporting System software modules/license.</p> <p>MHS is expected to maintain the Cedaron contract and licensing through the applicable Expiration Date.</p> <p>HHSC will not license application directly from vendor.</p> | <p>No charge for system access or for technical support provided that no sublicense or incremental license fee is required by the vendor for the requested limited HHSC access.</p> | <p>For a period of three (3) months commencing on the Transfer Completion Date</p> |
| <p>2. Medical Staff Credentialing/Peer Review Files:</p> <p>On the terms and in accordance with the Secure Files Procedures (as revised from time to time by the Parties), MHS will securely store and maintain certain credentialing/peer review files on site at the Hospitals.</p> | <p><i>See</i> Secure Files Procedures below (which remain subject to change based on agreement of the Parties)</p> | <p>No fees (including handling charges) shall be charged between MHS and HHSC for copying these files for the first year of the arrangement. Commencing on February 1, 2018, and subject to</p> | <p>For a period of three (3) years commencing on the Transfer Completion Date</p> |

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| <p>This arrangement is designed to facilitate MHS' access to credentialing/peer review files during the transition period, while addressing HHSC's obligations under various Legal Requirements. Nothing contained herein shall be construed to amend the Transfer Agreement, including, without limitation, Section 2.2(n). Upon the expiration or termination of the TSA or these Cutover Services, the Parties respective rights and obligations shall be solely as set forth in Section 2.2(n) of the Transfer Agreement.</p> | | <p>reevaluation every six months thereafter, the Parties shall evaluate whether either Party is copying a disproportionately high volume of records at the request of the other Party, and, if so, negotiate in good faith a methodology to offset or reduce such costs.</p> | |
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Medical Staff/Peer Review Credentialing Files

The Parties recognize and agree that, to comply with various Legal Requirements and promptly respond to surveyor inquiries or requests, MHS will need readily available at the Hospitals historic credentialing/peer files (for past three (3) years) for any and all physicians/providers on the Hospitals' medical staffs, which will include certain files that are the subject of HHSC litigation holds.

Through the Expiration Date, MHS and HHSC shall utilize the following procedures, which may be altered upon the mutual agreement of MHS and HHSC, to secure and maintain historic credentialing/peer review files, including files subject to a HHSC litigation holds (the "**Secure File Procedures**").

A. Categories and Location of Credentialing and Medical Staff Peer Review Files:

1. **Temporarily On-Site Files for which MHS has not provided HHSC a copy of the subject provider's Release:** HHSC controls and stores original files, which will be removed from the Hospitals by August 1, 2017.
2. **On-Site Files (up to 2 reappointment cycles) for which MHS has provided HHSC a copy of the subject provider's Release:** MHS stores original files at the Hospitals as custodian for HHSC unless the files are subject to a HHSC litigation hold, in which case HHSC will retain/remove the original files after providing copies to MHS.
3. **Off-Site Files older than 2 years, in storage at Access:** Original files are stored off-site by Access under HHSC control.

B. Agreed Procedures for On-Site No Release Files:

(1) The Parties will jointly identify all files of physicians/medical staff members whom MHS and the MMMC Medical Staff Office (“MSO”) agree are not likely to seek privileges at the Hospitals, including physicians/medical staff members who are deceased, retired, have moved out of the community, resigned privileges, etc.

(2) The Parties also will jointly and separately identify all files of physicians/medical staff members whom MHS and the MSO agree are anticipated to seek privileges at the Hospitals, but have not yet submitted completed applications with Releases as of the Transfer Completion Date (or such earlier date as may be mutually agreed upon by the Parties).

(3) HHSC will physically secure (in sealed boxes with security tape) and label these segregated files. HHSC shall certify to the contents and completeness of the sealed and segregated files.

(4) HHSC will provide MHS with a list of the sealed and segregated files and a general description of their content.

(5) MHS will be responsible for the security of the sealed files/boxes, which MHS will maintain in sealed form and store in a secure location accessible to MSO personnel only. MHS shall not open or access boxes or files containing information on physicians or other providers for whom MHS lacks a Release without HHSC’s prior written consent.

(6) MHS/HHSC will develop a process to document if a sealed file is opened/accessed (chain of custody), which shall only occur upon MHS presentation of a Release.

(7) HHSC shall remove all files lacking a Release from Hospital premises by August 1, 2017.

(8) After August 1, 2017, HHSC shall maintain/store the originals under HHSC’s off-site storage arrangement with Access and shall be responsible for timely responding to subpoenas, discovery requests, or other release of information requests for these records, including credentialing verification requests regarding former MRHS medical staff members received by the Hospitals.

(9) Unless release is required under applicable Legal Requirements, HHSC will provide MHS copies of these records only upon receipt of a signed provider Release (executed as part of the Credentialing Application or otherwise); provided that, at the request of MHS, HHSC will promptly conduct a legal review and cooperate with MHS in the retrieval from off-site storage of any records requested by a Governmental Body or accrediting organization, which records will be provided directly to the Governmental Body or accrediting organization (with notice to MHS) unless such disclosure is prohibited by Legal Requirements.

C. Agreed Procedures for On-Site Files With Releases:

(1) HHSC will identify the remaining files subject to litigation holds (actual/active or potential/inactive litigation).

(2) Original files that are not subject to litigation holds are transferred Books and Records at Closing under and subject to Section 2.2(n) of the Transfer Agreement.

(3) Original files subject to active litigation will be retained by HHSC and removed from the Hospitals on or before August 1, 2017, provided that copies are made available in advance to MHS, which copies are transferred Books and Records under and subject to Section 2.2(n) of the Transfer Agreement. HHSC will make the originals available if needed by MHS to comply with applicable Legal Requirements.

(4) Original potential/inactive litigation hold credentialing files will remain at the Hospitals under MHS control on and after the Transfer Completion Date. MHS/HHSC will coordinate and arrange for a secure copying service to make copies of these files for MHS operational use prior to August 1, 2017, which copies are transferred Books and Records under and subject to Section 2.2(n) of the Transfer Agreement.

(5) HHSC will physically secure (in sealed boxes with security tape) and label the litigation hold files. HHSC shall certify to the contents and completeness of the sealed litigation hold files.

(6) MHS will be responsible for the security of the sealed files/boxes, which MHS will maintain in sealed form and store in a secure location.

(7) MHS/HHSC will develop a process to document if a sealed file is opened/accessed (chain of custody).

D. Agreed Procedures for Off-Site Files:

Original credentialing/peer review files older than two years are stored off-site under HHSC's arrangement with Access. HHSC will grant MHS the ability to retrieve the original files directly from Access as needed if MHS obtained the subject provider's Release.

E. Agreed General Procedures:

(1) The Party in possession or control of the original file (including original files stored at Access) is responsible for responding to subpoenas, discovery and other requests for release of the protected files. Advance notice shall be given to the other Party of the request for release.

(2) HHSC will provide any required certifications as to the integrity/completeness of the original files stored and maintained on-site at the Hospitals; MHS will provided any required certifications regarding to the process to maintain/protect original files stored and maintained on-site at the Hospitals.

(3) Each Party shall use its best efforts to respond to any request from the other Party for any credentialing/peer review files within 10 business days.

(4) HHSC will notify MHS when the litigation holds no longer apply so MHS may dispose of the

original files stored on-site at the Hospitals in accordance with MHS policies for the disposal/destruction of confidential information.