Service Level Agreement End to End

Recip-e

Version v2.0

INAMI

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&

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Service Level Agreement

Recip-e

Between

Service provider

- eHealth Platform

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  1000 BRUSSELS

- INAMI

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Service customer

User Community

To the attention of: the user community

Author:	Service Management
Date:	14/04/2026
Version:	*2.0*
Status:	Final
Type:	Public
Language:	English

1. Table of content

2. Document management

2.1. Document history

Version	Date	Author	Description of changes / remarks
0.1	24/11/2024	eHealth	Draft
0.2	27/03/2025	eHealth	Update document
0.3	28/04/2025	eHealth	Update KPI
1.0	07/05/2025	eHealth	Final Version
2.0	14/04/2026	eHealth	Update document

2.2. Purpose of the document

The objective of this document is to define the Service Level Agreement for the set of services included in the Recip-e web services proposed by INAMI and eHealth-platform. It defines the end to end minimum level of service offered on the partner and eHealth-platform, and provides eHealth's own understanding of service level offering, its measurement methods and its objectives in the long run.

2.3. Document references

ID	Title	Version	Date	Author
	Master Service Agreement	2022.02	15/03/2022	SLA Admin

2.4. Features

Recip-e features are distributed over 3 different services; prescriber, executor and patient services

- Prescriber service:

  Description: Allow a prescriber (Doctor, Dentist and Midwives, optional in a hospital) to create and retrieve prescriptions. Manage the visibility of the prescriptions towards other prescribers and executors and communication to executors are additional functions.

- Executor service:

  Description: Allow an executor (pharmacist) to retrieve prescriptions and indicate the prescriptions as delivered to the patient. Manage reservations and communication towards the prescriber are additional functions.

- Patient service:

  Description: Allow a patient to retrieve his own (or from a mandate) prescriptions. The patient can manage reservations and control the visibility towards prescribers and executors.

2.5. Validity of the agreement

This document is valid as long as the Web service Recip-e is part of theINAMI and eHealth-platform offering services.

Once a year, the levels of service proposed will be reviewed and confirmed for the next year.

2.6. Service and maintenance window

2.6.1. Service window

The time frame during which the eHealth services are offered to the client applications, is defined in terms of days and hours.

The following table summarises the eHealth service window.

Service Window								
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 07:00							
	07:00 – 08:00							
	08:00 – 16:30							
	16:30 – 19:00							
	19:00 – 20:00							
	20:00 – 24:00							

Legend	
	Timeslots where the Service must be available according to the SLA and where corrective actions will be taken to resolve detected Incidents.

2.6.2. Support Window for end users e-Health services

Support Window								
		Day of the week (Closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 07:00							
	07:00 – 08:00							
	08:00 – 16:30							
	16:30 – 19:00							
	19:00 – 20:00							
	20:00 – 24:00							

Legend	
	Timeslots where the Service must be available according to the SLA and where corrective actions will be taken to resolve detected Incidents.
	Timeslots where the Service will be available provided there are no blocking Incidents. If these incidents do appear, no corrective action will be taken.
	Timeslots where unavailability can occur.

2.6.3. Support Window for Recip-e services

Several windows are defined for the Recip-e services:

- Service window: the window where corrective actions will be taken by IINAMI-SMALS to resolve detected incidents
- Support window: the window where the INAMI-SMALS service desk or staff can be reached in case of detected incidents
- Maintenance window: the window where Recip-e services have planned down-time. This is complementary to the maintenance windows of services on which the Recip-e service is relying. Any down-time not in the maintenance window is considered as unplanned down-time.

The time frame during which the Recip-e services are offered to the client applications, is defined in terms of days and hours. Standard working days are all days of the year, except during the planned maintenance periods.

The following table summarises the Recip-e support window:

Support Window								
		Day of the week (closing days of Service Provider = Sunday)						
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day period	00:00 – 07:00							
	07:00 – 17:30							
	17:30 – 24:00							

Legend	
	Period within which Smals-Supervision can be reached by phone and by e-mail for all Service Requests
	Period within which Smals-Supervision can be reached by phone for Incidents with Impact HIGH (all Users impacted). The Front Office and technical teams are available via on-call service

2.6.4. Maintenance Windows & Planned Interventions

eHealth Platform will strive for limiting as much as possible the impact and duration of the planned interventions. Today, eHealth and partner are committed to make efforts so planned unavailabilities do not exceed one to a few hours per year. In case of maintenance requiring support from users, or impacting them, eHealth and partner will notify them at least one week ahead.

The Recip-e platform will strive for limiting as much as possible the impact and duration of the planned interventions. Today, Recip-e is committed to make efforts so planned unavailability's do not exceed one to a few hours per year (SLA 99,9% at least, this is: 8h46min down-time at most). In case of maintenance requiring support from users, or impacting them, INAMI-SMALS will notify them at least one week ahead.

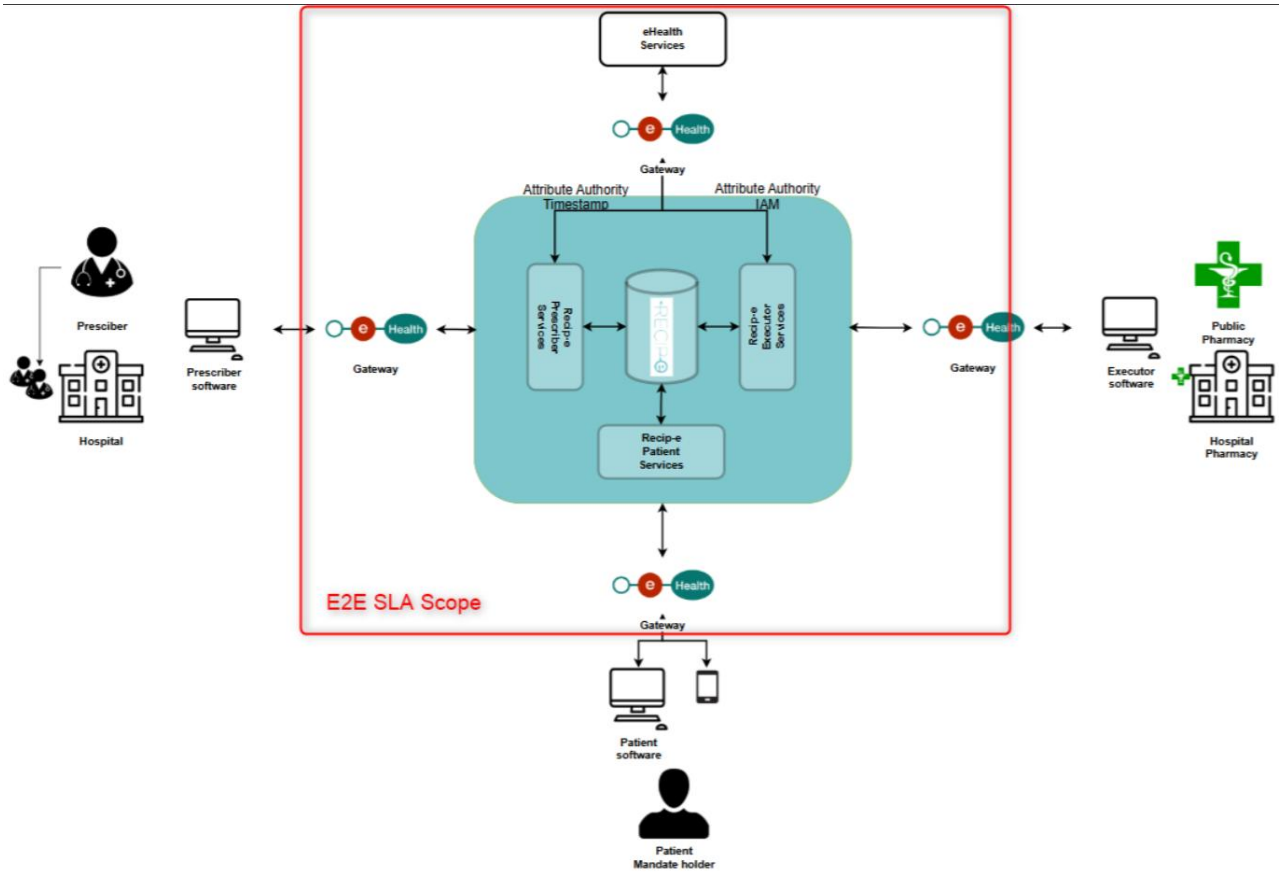
2.6.5. Unplanned Interventions

Under exceptional circumstances, unplanned interventions may be needed in order to restore the service.

3. Service scope

3.1. Recip-e service

3.1.1. General



3.1.2. Functionality

This Service Level Agreement is concerned with the Recip-e services and the set of services offered by the eHealth platform to perform the required checks, encryption and data consults.

From a technical point of view, the Recip-e services is comprised of:

- Prescriber, Executor and Patient services
- A database to manage the data
- The underlying components (see section 3.3)
- The infrastructure needed to operate them

3.2. Business criticality

The criticality of the Recip-e service is defined as **Platinum** (as described in the MSA).

Certain services can be subject to the “Break-the-Glass” procedure. "Break-the-glass" (BTG) relates to an “emergency” and “temporary” authorization of an executor and this authorization is required to obtain access to the prescription during this temporary emergency. Specific measures apply for this usage and the

emergency normally is directly related to some kind of down-time of one or more components. Down-time has impact on the calculation of the SLAs. Break-the-Glass itself is considered an unplanned down-time.

3.3. Interdependencies

The following table lists all stakeholders of interdependencies required for a full working Recip-e integration. Not all dependencies are in scope of this E2E SLA

Stakeholder	**Service**	**In scope of SLA Recip-e eSante**
Recip-e Service	Recip-e Server	Yes
eHealth	Timestamp Authority	Yes
eHealth	Attribute Authority	Yes
eHealth	Therlink (TR) Cache	Yes
eHealth	IAM	Yes
eHealth	IDSupport	No
eHealth	KGSS	No
eHealth	ETK	No
CIN	TherLink	No
IBZ	eID RRN ISI+ ...	No
KSZ	ConsultRN	No

Each of the services offered by these external suppliers have their own SLA's

4. Detailed service level E2E Recip-e webservice

4.1.1. Availability Recip-e WebService

Objectives	
Definition	• The Recip-e webService is considered to be available when it is reachable via the eHealth gateway, when the DB is up and running, Recip-e application is running and ○ eHealth timestamping service is available for prescriber services ○ eHealth AA service is available for executor and prescriber services ○ TR ○ IAM Exchange • Planned interventions executed within the Maintenance Window are not recorded as unavailable time.
Measuring method	• eHealth monitoring/dashboard
Reporting and evaluation period	• The availability is calculated and reported monthly. Corrective interventions are initiated when appropriate.

Functionality	Service Level Objective	
Prescriber services (*)	24/7	99.4%
Executor services (**)	24/7	99.4%
Patient services (***)	24/7	99.4%

(*) Prescriber services are dependent on the eHealth gateway, AA and timestamp service, the lowest SLA is considered

(**) Executor services are dependent on the eHealth gateway and the AA service and IAM, the lowest SLA is considered

(***) Patient services are dependent on the eHealth gateway.

4.1.2. Performance Recip-e WebService

Definition	• The performance of webservice refers to its response time. Response time meaning the time needed to execute the request. • Attention: The response time does not include: o The time needed to deliver the information over the Internet o The time needed to process the information at the End Users premises.
Measuring method	• eHealth monitoring/dashboard
Reporting and evaluation period	• The performance metrics are reported on a monthly basis for the key functionalities. Corrective interventions are initiated when appropriate.

Each operation of the Recip-e SOAP API has its SLA. Certain operations are subject to Break-the-glass (BTG) conditions. (this is: IDSupport(*) for the creation of a Therapeutic Relation (TR), and TR consultation), in which case the SLA might be different. These windows of BTG conditions are reported separately and have separate measures.

(*) IDSupport aims to enable a healthcare provider to verify the validity of a patient's identification support with the corresponding authentic sources.

"Break-the-glass" (BTG) relates to an “emergency” and “temporary” authorization of an executor and this authorization is required to obtain access to patients prescriptions or relations during this temporary emergency.

The responsibility is with the pharmacist using the BTG procedure and to create a TRs post BTG.

The following table provides the details per functionality (all calls per type of service):

Functionality		Commited	Target
Prescriber services			
createPrescription	≤ 1500 ms	93,1%	96,00%
listOpenRids	≤ 500 ms	95,00%	98,00%
getPrescription	≤ 500 ms	95,00%	98,00%
revokePrescription	≤ 500 ms	95,00%	98,00%
getPrescriptiontatus	≤ 500 ms	95,00%	98,00%
listFeedbacks	≤ 500 ms	95,00%	98,00%
putVisionForPrescriber	≤ 500 ms	95,00%	98,00%
sendNotification	≤ 500 ms	95,00%	98,00%
updateFeedbackFlag	≤ 500 ms	95,00%	98,00%
listRidsHistory	≤ 500 ms	95,00%	98,00%
listPrescriptions(*)	≤ 4500 ms	90,25%	95,00%

Executor services			
listOpenPrescriptions(*)	≤ 4500 ms	90,25%	95,00%
getPrescriptionForExecutor	≤ 500 ms	95,00%	98,00%
listRidsHistory(*)	≤ 4500 ms	90,25%	95,00%
listReservations	≤ 500 ms	95,00%	98,00%
markAsDeliverd	≤ 500 ms	95,00%	98,00%
listRelations	≤ 4500 ms	90,25%	95,00%
markAsArchieved	≤ 500 ms	95,00%	98,00%
listNotifications	≤ 500 ms	95,00%	98,00%
markAsUndeliverd	≤ 500 ms	95,00%	98,00%
getPrescriptionStatus	≤ 500 ms	95,00%	98,00%
revokePrescription	≤ 500 ms	95,00%	98,00%
createFeedback	≤ 500 ms	95,00%	98,00%
putRidsInProcess	≤ 500 ms	95,00%	98,00%
listRidsInProcess	≤ 1000 ms	95,00%	98,00%
Patient services			
listOpenRids	≤ 500 ms	95,00%	98,00%
listOpenPrescriptions	≤ 500 ms	95,00%	98,00%
getPrescription	≤ 500 ms	95,00%	98,00%
revokePrescription	≤ 500 ms	95,00%	98,00%
getPrescriptionStatus	≤ 500 ms	95,00%	98,00%
createReservation	≤ 500 ms	95,00%	98,00%
putVisionForPatient	≤ 500 ms	95,00%	98,00%
getVision	≤ 500 ms	95,00%	98,00%
listRidsHistory	≤ 500 ms	95,00%	98,00%

(*) In case a TR exists and available in the cache at eHealth, SLO is much better than in case of not available in cache.