

Exhibit C

Statement of Work

1. Project Overview

Texas Health and Human Services Commission (HHSC) established the Health Information Exchange (HIE) Connectivity Project in 2019 to advance secure HIE across Texas and receive clinical data to improve care coordination and health outcomes for Medicaid members. Through a contract with Texas Health Services Authority (THSA), statewide HIE infrastructure was built and continues to be maintained. Through contracts with three Local HIEs, connectivity between Medicaid providers has increased and HHSC receives Clinical Data. Engaging additional Local HIEs through this Open Enrollment (OE) will enhance and expand secure HIE across Texas. Local HIEs connected to the statewide HIE infrastructure can send Clinical Data to HHSC as well as authorized subscribers of the Emergency Department Encounter Notification (EDEN) system, enabling more efficient, patient-centered care for Texans. It may also assist public health authorities in population health analyses.

Engaging additional Local HIEs through this OE will enhance and expand secure HIE across Texas. Local HIEs connected to the statewide HIE infrastructure can send Clinical Data to HHSC as well as authorized subscribers of the EDEN system, enabling more efficient, patient-centered care for Texans. It may also assist public health authorities in population health analyses.

The HIE Connectivity Project consists of strategies that 1) support connecting Medicaid providers to Local HIEs and provide annual maintenance payments to receive data from additional Medicaid hospitals, 2) created the infrastructure necessary to move Clinical Data securely from Local HIEs to HHSC through THSA, and 3) built and maintains the EDEN system, which transmits hospital Admission, Discharge, and Transfer (ADT) data to HHSC and other authorized subscribers.

Strategy 1 serves as one of three current strategies developed by HHSC, which originally leveraged the federal Health Information Technology for Economic and Clinical Health (HITECH) Act matching funds designated for development of health information technology systems. As HITECH funding was sunset in 2021, Strategy 1 and its new sub-strategy (Strategy 1A) are now 100% state funded. While Strategy 1 seeks to Connect Medicaid providers to Local HIEs, Strategy 2: HIE Infrastructure (Strategy 2) will aid in connecting those organizations to THSA's HIETexas. This also creates the linkages necessary to move Clinical Data from Local HIEs to HHSC. Strategy 3: EDEN system (Strategy 3) applies the connectivity enabled by the first two strategies. Strategy 3 will

send hospital ADT alerts in real-time to notify healthcare providers when their patient enters an emergency department (ED) and is admitted and discharged from the hospital, as well as any transitions between healthcare facilities.

HHSC recognizes the potential benefits of its Medicaid providers exchanging Clinical Data. The significance for HHSC to receive Clinical Data from Medicaid providers has increased. HHSC has created Strategy 1 and Strategy 1A to increase the number of Medicaid providers exchanging Clinical Data amongst themselves and sending Clinical Data to HHSC.

These strategies will execute in a manner which utilizes infrastructure for the benefit of all Texans independent of Medicaid status.

2. HIE Contractor Responsibilities

Contractor shall onboard ambulatory Medicaid providers, hospitals and/or hospital emergency departments that meet the requirements stated in Subsection 2.2.3 of this SOW. Contractor shall provide all onboarded providers, hospitals, and Emergency Departments all Local HIE services normally available through a membership. Contractor shall meet all requirements detailed in Subsection 2.2 of this SOW.

2.1 Strategy 1 and 1A Summary

Strategy 1 connects Medicaid providers to Local HIEs according to the requirements in [Subsection 2.2.4](#). These requirements fulfill the Strategy 1 goals of enabling Medicaid providers to exchange Clinical Data amongst themselves and delivering Clinical Data to HHSC via HIETexas.

Contractors will submit the most current version of [Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form](#), provided by HHSC's HIE program, to begin the process of Onboarding Medicaid providers meeting the following criteria:

- Participating in Medicaid programs by verification of the Texas Medicaid & Healthcare Partnership State Medicaid Contractor Provider Search engine (<https://opl.tmhp.com/>) and providing services to Medicaid patients within the six months prior to the submission of the Medicaid Practice Onboarding Form, AND
- Provide an attestation stating that the Provider's or Hospital's Medicaid patient volume meets or exceeds 10%, OR

- Provide a screenshot showing that the Hospital's Medicaid patient volume meets or exceeds 10%, using the HHS Provider Finance Department's [Disproportionate Share Hospitals Qualification File](#) for the latest year available.

Hospitals with high bed counts may be approved with a lower patient volume, at the sole discretion of HHSC.

Strategy 1A:

Strategy 1A builds on the Strategy 1 goal of delivering clinical data to HHSC via HIETexas by increasing the number of hospitals participating in the HIE Connectivity Project. This new strategy provides annual maintenance payments to the Contractor for the delivery of ADTs, from approved hospitals that were previously connected with the Contractor outside of Strategy 1, to HHSC via HIETexas.

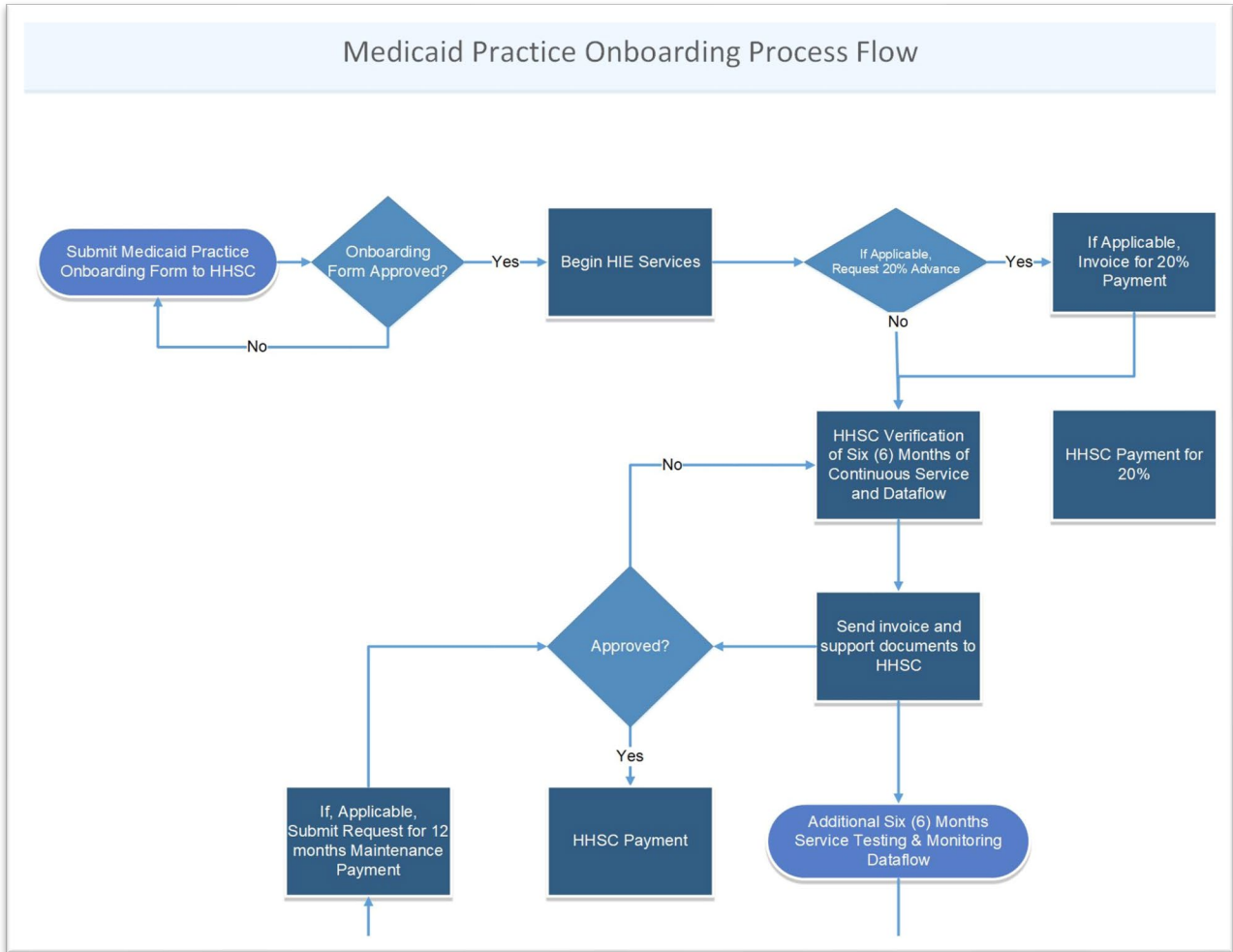
EXTENDED DATA FLOW MAINTENANCE:

HHSC is offering to pay the Contractor an additional payment to ensure the extended transmission of clinical data continues for at least 12 additional months using the approved data flow methods. Full payment of the amount will be made after six months, but the data flow will continue for, at minimum, a total of 12 months. Subject to availability of funds, this option can be requested and paid for every year after the initial 12 months of data flow.

Contractors must ensure all providers and hospitals Onboarded are not currently connected to any other Local HIE Contractor to receive payment.

The above criteria must also be met for approval of [Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Form for Existing Local HIE Connection](#).

A high-level review of the Medicaid Practice Onboarding Process Flow may be found in the flow chart below:



2.2 Contractor Requirements
2.1.1 Strategy 1A Summary

Strategy 1A builds on the Strategy 1 goal of delivering clinical data to HHSC via HIETexas by increasing the number of hospitals participating in the HIE Connectivity Project. This new strategy provides annual maintenance payments to the Contractor for the delivery of ADTs, from approved hospitals that were previously connected with the Contractor outside of Strategy 1, to HHSC via HIETexas.

2.2.1 The Contractor must:

CR.01	<p><u>Submit Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form</u> for HHSC’s approval for each Medicaid practice to Onboard (for additional information see Subsection 2.2.4) prior to commencing with each connection.</p> <p>After obtaining HHSC’s approval on the form, the Contractor has six months to connect to the Medicaid provider and send data to HHSC or the form must be resubmitted for approval. Extensions can be granted at HHSC’s sole discretion.</p> <p>If the Contractor receives program approval of <u>Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Form for Existing Local HIE Connections</u>, data from the existing hospital connection must start being delivered to HHSC within 30 days of approval, or a new form must be submitted.</p>
CR.02	Maintain an updated Organization Chart reflecting any changes in key staff.
CR.03	Maintain an updated Sustainability Plan.
CR.04	Maintain a connection to HIETexas.
CR.05	Notify HHSC of any changes to Medicaid providers (additions or deletions within a practice) within 30 days of the change in the monthly status reports submitted to HHSC.

2.2.2 Contractor Meeting and Reporting Requirements:

CMR.01	The Contractor must provide monthly status reports, including updates for each Medicaid provider the Contractor connects to their Local HIE through Strategy 1 or onboards to Strategy 1A. The HHSC Health IT & HIE program must receive the status reports via the HIE program staff email, by the close of business on the fifth day of each month throughout the life of the Contract.
CMR.02	The monthly status report provided by the Contractor must include all work performed and completed during the month as well as the work planned to be performed during the subsequent month including all Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Forms and Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Forms for Existing Local HIE Connections submitted to HHSC.
CMR.03	The Contractor must include in the monthly status report: details on the progress made towards Onboarding Medicaid providers to the Local HIE, details on any barriers encountered during the month, or issues in completing the Onboarding or getting data to HHSC from Strategy 1A hospitals, with any needed explanations.
CMR.04	The Contractor must participate in monthly status calls to review Strategy 1 and Strategy 1A progress, address issues and concerns, and document recommendations.
CMR.05	The Contractor must provide a comprehensive status report by the close of business on the fifth day of the last month prior to Contract expiration.
CMR.06	All reports and supporting documentation containing Protected Health Information (PHI) as defined by the Health Insurance and Portability and Accountability Act (HIPAA) must utilize encryption to meet applicable HIPAA privacy and security standards. Acceptable formats for all communications and reports include Microsoft Word, Excel, or in searchable portable document format (.pdf) files, unless otherwise specified.

2.2.3. Providers Eligible for Onboarding

Contractors will submit the most current version of **Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form**, provided by HHSC’s HIE program, to begin the process of Onboarding Medicaid providers meeting the following criteria:

- Participating in Medicaid programs by verification of the Texas Medicaid & Healthcare Partnership State Medicaid Contractor Provider Search engine (<https://opl.tmhp.com/>) and providing services to Medicaid patients within the six months prior to the submission of the Medicaid Practice Onboarding Form, AND
- Provide an attestation stating that the Provider’s or Hospital’s Medicaid patient volume meets or exceeds 10%, OR
- Provide a screenshot showing that the Hospital’s Medicaid patient volume meets or exceeds 10%, using the HHS Provider Finance Department’s [Disproportionate Share Hospitals Qualification File](#) for the latest year available.

Hospitals with high bed counts may be approved with a lower patient volume, at the sole discretion of HHSC.

Contractors must ensure all providers and hospitals Onboarded are not currently connected to any other Local HIE Contractor in order to receive payment.

The above criteria must also be met for approval of **Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Form for Existing Local HIE Connection**.

2.2.4 Provider Connectivity Methods

HIE is critical for ensuring seamless and coordinated healthcare delivery while improving patient outcomes. To achieve this goal, HIE interface connections must be constructed using current industry standards. The use of such standards not only improves the efficiency of information exchange, but also promotes interoperability across different platforms, reducing the risks of errors and ensuring that critical information is available at the point of care. Moreover, standardizing HIE connection interfaces enables healthcare providers to maintain optimal data accuracy, reliability, scalability, and security. The Contractor will

connect individual providers with Electronic Health Record system (EHR) implementations by any one of the three connectivity methods listed below (dependent on type of Medicaid provider).

2.2.4.1 Ambulatory EHR Onboarding for Exchange of C-CDA

The Contractor will enroll the Medicaid provider as a member of the Local HIE and deliver all standard Local HIE Services normally available through a membership. After notification from the Local HIE of completion of setup, HHSC will review the provider's connectivity. The duration of the Local HIE Services must continue for a minimum of 12 months. Local HIE Services must include the ability of the Medicaid provider to query and access the clinical data shared by members of the Local HIE. Local HIE Services must make clinical data at the provider's practice available for sharing with other providers connected to the Local HIE.

The Contractor will deliver to HHSC, via HIETexas, Consolidated Clinical Document Architecture Transition of Care (C-CDA) for at least 95 percent of the Medicaid clients seen by a provider's primary practice location. The Contractor's connections with providers are subject to the payment limitation described in [Subsection 3](#). The payment limitations in [Subsection 3](#) do not negate the Contractor's responsibilities to ensure all Medicaid patient encounters within the practice have accountability via C-CDA transmitted to HHSC.

2.2.4.2 Hospital Onboarding for Exchange of C-CDA

The Contractor will deliver to HHSC, via HIETexas, using an HL7 industry-standard interface, C-CDA for at least 95 percent of the Medicaid clients having ED encounters and inpatient admissions. C-CDA must arrive at the Local HIE and transmit to HHSC using industry-standard HL7 messaging formats, which require configuration to ensure proper data mapping and translation. Additionally, HIE HL7 interfaces must adhere to strict data security and privacy regulations. "Real-time" data delivery is the preferred frequency, but hourly or daily submissions are acceptable. Subject to the availability of funds, the Contractor will ensure the provision of these summaries consistently for at least 12 months from the date HHSC approves the connection. In the case of providers practicing between separate organizations with distinct EHR implementations, this requirement applies only to the specific EHR implementation for which the Contractor proposed implementing connectivity.

HHSC must receive C-CDA documents from the Medicaid provider's EHR system, and the documents must adhere to the highest version in use by the Medicaid provider's EHR. In the event CMS revises or develops a replacement for the C-CDA,

those revisions will fulfill the requirements of this section. In no event will the Contractor be required to utilize these replacements.

2.2.4.3 Hospital ED Onboarding for Health Level Seven (HL7) ADT-based Clinical Data

The Contractor must transmit the EDEN Minimum Data Set, and any additional data volunteered by the hospital, to HIETexas for use by the EDEN system using industry-standard HL7 messaging formats requiring configuration to ensure proper data mapping and translation, for at least 95 percent of the Medicaid clients having ED encounters and inpatient admissions. Additionally, HIE HL7 interfaces must adhere to strict data security and privacy regulations. ED admissions data must transmit within one hour upon registration within the ED's information system and its availability for export. Subject to the availability of funds, the Contractor must ensure the provision of the EDEN Minimum Data Set consistently for at least 12 months from the date HHSC approves the connection.

3. Payment and Invoicing

3.1. Availability of Funds

3.1.1 Appropriations and the continuing availability of federal funds and state general revenue funds will govern any awarded OE Contract.

3.1.2 If funds for these Contracts become unavailable, HHSC may immediately terminate or reduce the amount of the resulting Contract(s) at the sole discretion of HHSC. Contractors will have no right of action against HHSC if HHSC cannot perform its obligations under this Contract due to a lack of funding for any activities or functions outlined within the Scope and Statement of Work Sections of this OE.

3.1.3 HHSC does not guarantee funding at any level and may increase or decrease funds at any time during the term of any Contract resulting from this OE.

3.1.4 Contractors may not use funds received from HHSC to replace any other federal, state, or local source of funds awarded under any other contract.

3.1.5 Payments will be per provider or hospital connected and proven to transfer CDA-based and / or ADT-based records on a regular, ongoing and timely basis.

3.1.6 Contractors may request payment for up to three ambulatory providers in a practice over the course of Strategy 1.

3.1.7 Contractor must provide a copy of the agreement(s) between the Medicaid provider and the Local HIE and request a review of the Medicaid provider's

connection by HHSC when the connection to HIETexas is complete and data flow to HHSC is established. HHSC will provide approval of the connection and data flow.

3.1.8 Contractor must request HHSC's review of the Medicaid provider's data flow once it has been continuous for six months. HHSC will provide an approval of the continuous data flow.

3.1.9 The HHSC Contract Manager must receive all invoicing according to [Subsection 3.3](#)

3.2 Method of Payment

3.2.1 The Contract resulting from this OE will provide for an individual payment to the Contractor each time HHSC has approved that the Contractor has satisfied the requirements of [Subsection 2.2](#). The Cost Per Provider refers to the amount of payment, stated in the Contract, based on strategy / sub-strategy, method of connectivity implemented for the specified provider or hospital, and whether it is an initial connection or extended data flow payment. The requirements in [Subsection 2.2.4](#) list three distinct methods of connectivity for which HHSC will make payment.

3.2.2 The Contractor may only request payment for up to three ambulatory providers in a practice over the course of Strategy 1.

3.2.3 Contractor may request an Optional Milestone Payment of 20 percent of the total Cost Per Provider for each **Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form approved by HHSC**. The Contractor has 30 days from approval of the HHSC Onboarding Form to connect with the provider and receive HHSC validation of this connection. If this is not completed within 30 days, the Contractor must resubmit a new Onboarding Form for approval.

3.2.4 HHSC reserves the right at any time to stop accepting and approving the **Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form** or the **Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Form for Existing Local HIE Connection** at its sole discretion.

3.2.5 Any Optional Milestone Payments will be deducted from the total Cost Per Provider amount when invoicing for final payment.

3.2.6 Invoices will be paid after compliance with the requirements in [Subsection 3.3.1](#).

3.2.7 Contractors must have submitted monthly status reports to HHSC to receive payment for services provided.

3.2.8 HHSC may, in its sole discretion, reallocate Contract funds from Contracts resulting in this OE based on Contractors' performance during the term of the Contract.

3.3 Invoicing Process

The Contractor must submit completed invoices for each connection after six months of continuous data flow. Project documentation must accompany invoices (for additional information see [Subsection 3.3.1](#)). Payment for completed connectivity, as described in [Subsection 2.2.4](#), will depend upon a review of transmitted C-CDA or ADT data to ensure compliance with published documentation standards.

For new Strategy 1 and Strategy 1A onboarded providers / hospitals, the Contractor must submit completed invoices for each ambulatory practice and hospital after six months of continuous data flow. Project documentation must accompany invoices (for additional information see [Subsection 3.3.1](#)). Payment for completed connectivity, as described in [Subsection 2.2.4](#), will depend upon a review of transmitted C-CDA or ADT data to ensure compliance with published documentation standards.

If the Contractor elects to receive an Optional Milestone Payment per provider, as described in [Subsection 3.2](#), the Contractor must invoice HHSC within 30 days upon receipt of HHSC's approval of the Local HIE's Medicaid Practice Onboarding Form (**Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form**).

Email all invoices to the designated mailbox: CAPM_HIE_Invoices@hhs.texas.gov

HIE Contract Management Contacts:

- Contract Administration and Provider Monitoring (CAPM) Hotline: 512-438-5359
- HIE Program Staff email: HealthHIE@hsc.state.tx.us

The currently assigned HIE Contract Manager may be determined by contacting the number or email above.

3.3.1 Invoice Billing Statements to HHSC must include:

- a. Contractor's Name, address, telephone number and email address, Contract and invoice number, description of services and the amount billed.
- b. A completed and signed HHSC Purchase Voucher and a Purchase Order (provided upon execution of a written Contract);

- c. For the Optional Milestone Payment of 20 percent, include a copy of the HHSC approval of the **Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form** with the invoice submission no later than 30 days after form approval.
- d. For the Existing Connection Data Maintenance Payment, include a copy of the HHSC approval of the **Strategy 1A: Medicaid Hospital Data Maintenance – Onboarding Form for Existing Local HIE Connection** and program approval of six months of continuous data flow.
- e. For the extended data flow payment, include a copy of the HHSC approval of an additional six months of continuous data flow (beyond the previous 12 months of data flow).
- f. Invoices must adhere to the standards and requirements outlined [34 TAC §20.487](#), or its successor.
- g. When the Contractor meets the requirements in Subsection 2.2.4 the final payment can be invoiced. The invoice must include a:
 - a. Copy of the HHSC’s approval of connection
 - b. Copy of the HHSC’s approval of six months of continuous data flow; and
 - c. Signed affirmation stating the connection meets the requirements 2.2.4.

HIE Contract Management Contacts:

- Contract Administration and Provider Monitoring (CAPM) Hotline: 512-438-5359
- HIE Program Staff email: HealthHIE@hhsc.state.tx.us

The currently assigned HIE Contract Manager may be determined by contacting the number or email above.

3.4 Recoupment of Funds

3.4.1 In the event the Contractor receives an Optional Milestone Payment but fails to send data from the Medicaid Practice or Hospital within the time frame allowed by HHSC, Contractor will be required to repay all of the Optional Milestone Payment to HHSC within 60 business days from the date of HHSC’s request for payment. In the event the Contractor requests and receives payment for C-CDA or Hospital ED onboarding for Health Level Seven (HL7) ADT-based clinical data but does not send said data, Contractor will be

required to repay the ADT-based clinical data rate to HHSC within 60 business days from the date of HHSC's request for payment. If the Contractor states ADT-based clinical data will be sent on the **Strategy 1: Medicaid Provider HIE Connectivity – Medicaid Practice Onboarding Form** and has failed to send said data, the invoice for final payment must subtract the ADT-based clinical data rate from the original total. In the event the Contractor receives an Existing Connection Data Maintenance Payment for Hospital ADTs but fails to send data for the duration required by HHSC, Contractor will be required to repay all of the Existing Connection Data Maintenance Payment to HHSC within 60 business days from the date of HHSC's request for payment.

3.4.2 In the event the Contractor does not fulfill its requirement to ensure connectivity for 12 months for each Medicaid Practice Onboarded, as required in Subsection 2.2.3 and Subsection 2.2.4, Contractor may be required to repay all, or a pro rata portion, of the total payments made to Contractor by HHSC under the Contract resulting from this procurement. The amount to be repaid by the Contractor will be determined by HHSC, in its sole discretion, on a case-by-case basis

4 HHSC Responsibilities

HHSC will enforce and ensure HIE Contractor(s) comply to terms and contract including requirements under this OE.

HHSC Program Staff will review and provide email approval upon receipt of data connectivity issued under this OE including email submissions from the HIE Contractor(s) to the designated shared mailbox to HealthHIE@hhsc.state.tx.us.

HHSC Contract Manager will review for detailed and accurate completion of invoice packets for payment processing from HIE Contractor(s) to the designated shared mailbox to CAPM_HIE_Invoices@hhs.texas.gov.

Upon approval of completed invoice(s) issued under this OE, HHSC will reimburse the HIE Contractor(s) using legislative approved appropriations subject to terms and contract.