



Thomas M. Suehs, Executive Commissioner

**Request for Applications (RFA)
for
Local Health Information Exchange**

RFA No. 529-11-0062

Date of Release: December 17, 2010

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1. General Information

1.1. Scope

The State of Texas, by and through the Texas Health and Human Services Commission (HHSC), seeks to enable improvements in the quality and efficiency of the Texas health care sector by establishing an electronic HIE infrastructure for the state in accordance with the specifications contained in this Request for Applications (“RFA”).

1.2. HHSC Point of Contact

The sole point of contact for inquiries concerning this RFA is:

Steve R. Bailey
Health and Human Services Commission
4405 North Lamar Boulevard
Austin, TX 78756
Telephone: (512) 206-4653
FAX: (512) 206-5475
steve.bailey@hhsc.state.tx.us

All communications relating to this RFA must be directed to the HHSC contact person named above. All communications between respondents and other HHSC staff members concerning this RFA are strictly prohibited. **Failure to comply with these requirements may result in application disqualification.**

1.3. Procurement Schedule

The following table documents the critical pre-award events for the procurement. All dates are subject to change at HHSC’s discretion.

Procurement Schedule	
RFA Release Date	12/17/2010
Notice of Intent to Apply Deadline (optional)	12/24/2010
Vendor Questions Due	12/27/2010
HHSC Posts Responses to Vendor Questions	12/30/2010
Applications Due	01/13/2011
Deadline for Application Withdrawal	01/13/2011
Tentative Award Announcement	01/31/2011
Anticipated Contract Start Date	03/17/2011

1.4. Mission Statement

HHSC's mission for this procurement is to deliver private, secure, and reliable Health Information Exchange (HIE) services to all Texas patients and providers through local HIE networks where the capacity exists and through contracts administered from the state level where it does not.

1.5. Background

Texas Health Services Authority

The Texas Health Services Authority (THSA) is defined in Texas Health and Safety Code Chapter 182 as a public private partnership, legally structured as a nonprofit corporation, to support the improvement of the Texas health care system by promoting and coordinating HIE and health information technology (HIT) throughout the state to ensure that the right information is available to the right health care providers at the right times.

THSA's vision is to enhance health care quality and effectiveness for all patients, the health care sector should be supported by an infrastructure made up of interoperable, electronic health records composed of standardized, structured data elements that are exchanged among authorized health care organizations and providers across secure regional and statewide networks.

The THSA mission is to promote and coordinate the development of a seamless electronic health information infrastructure to improve the quality, safety, and efficiency of the Texas health care sector while protecting individual privacy.

THSA has a 13-member Board of Directors appointed by the Governor with advice and consent of the Texas Senate governs the THSA. The Board's president and staff oversee the THSA's daily operations.

The THSA does not discriminate on the basis of race, color, national origin, gender, religion, age, or disability in employment or the provision of services.

1.5.1. Overview of the Health and Human Services Commission

Since 1991, the Texas Health and Human Services Commission (HHSC) has overseen and coordinated the planning and delivery of health and human service programs in Texas. HHSC is established in accordance with Texas Government Code Chapter 531, and is responsible for the oversight of all Texas health and human service agencies (HHS Agencies). HHSC's chief executive officer is Thomas M. Suehs, Executive Commissioner of Health and Human Services.

1.5.2. Project Overview

Under contract with HHSC, the THSA developed Texas' Health Information Exchange Strategic and Operational plans. The development of these plans was required under the Health Information Exchange Cooperative Agreement Program which was awarded to HHSC by the Office of the National Coordinator for Health Information Technology in March, 2010.

One strategy outlined in the approved Strategic and Operational Plans requires HHSC and the THSA to develop a grant program to provide partial funding for the planning, implementation,

and operations of local HIE initiatives and networks. More information on statewide health information exchange goals, objectives, and strategies are outlined in Section 2.2.1 of this RFA.

1.6. Strategic Elements

1.6.1. Contract Type and Term

HHSC will award multiple contracts for delivering private, secure, and reliable HIE services to all Texas patients and providers. The initial contract period will be for a three year period from date of award through September 30, 2013 and may be extended as necessary to complete the mission and objectives of this RFA.

1.6.2. Contract Elements

The term “contract” means the contract awarded as a result of this RFA and all exhibits thereto. At a minimum, the following documents will be incorporated into the contract: this RFA and all attachments and exhibits; any modifications, addendum or amendments issued in conjunction with this RFA; [HHSC’s Uniform Contract Terms and Conditions \(UTCs\), Version 1.4](#); and the successful respondent’s application.

One or more of the “Special Terms” located in Article 16 of the UTCs may apply to the contract, and HHSC reserves the right to negotiate additional contract terms and conditions. Respondents are responsible for reviewing the UTCs and noting any exceptions, reservations, and limitations on the Respondent Information and Disclosures form.

1.6.3. HHSC’s Basic Philosophy: Contracting for Results

HHSC’s fundamental commitment is to contract for results. HHSC defines a successful result as the generation of defined, measurable, and beneficial outcomes that satisfy the contract requirements and support HHSC’s missions and objectives. This RFA describes what is required of the contractor in terms of services, deliverables, performance measures and outcomes, and unless otherwise noted in the RFA, places the responsibility for how they are accomplished on the contractor.

1.7. External Factors

External factors may affect the project, including budgetary and resource constraints. Any contract resulting from the RFA is subject to the availability of state and federal funds. As of the issuance of this RFA, HHSC anticipates that budgeted funds will be available to reasonably fulfill the project requirements. If, however, funds are not available, HHSC reserves the right to withdraw the RFA or terminate the resulting contract without penalty.

1.8. Legal and Regulatory Constraints

1.8.1. Delegation of Authority

State and federal laws generally limit HHSC's ability to delegate certain decisions and functions to a contractor, including but not limited to: (1) policy-making authority, and (2) final decision-making authority on the acceptance or rejection of contracted services.

1.8.2. Conflicts of Interest

A conflict of interest is a set of facts or circumstances in which either a respondent or anyone acting on its behalf in connection with this procurement has past, present or currently planned personal, professional or financial interests or obligations that, in HHSC's determination, would actually or apparently conflict or interfere with the Respondent's contractual obligations to HHSC. A conflict of interest would include circumstances in which a party's personal, professional or financial interests or obligations may directly or indirectly:

- make it difficult or impossible to fulfill its contractual obligations to HHSC in a manner that is consistent with the best interests of the State of Texas;
- impair, diminish or interfere with that party's ability to render impartial or objective assistance or advice to HHSC; or
- provide the party with an unfair competitive advantage in future HHSC procurements.

Neither the respondent nor any other person or entity acting on its behalf, including but not limited to subcontractors, employees, agents and representatives, may have a conflict of interest with respect to this procurement. Before submitting an application, respondents should carefully review Article 12 of the Uniform Terms and Conditions for additional information concerning conflicts of interests.

A Respondent must certify that it does not have personal or business interests that present a conflict of interest with respect to the RFA and resulting contract (see the Required Certifications form). Additionally, if applicable, the respondent must disclose all potential conflicts of interest. The respondent must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained (see the Respondent Information and Disclosures form). HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. **Failure to identify potential conflicts of interest may result in HHSC's disqualification of an application or termination of the contract.**

1.8.3. Former Employees of a State Agency

Respondents must comply with Texas and federal laws and regulations relating to the hiring of former state employees (see e.g., [Texas Government Code §572.054](#) and [45 C.F.R. §74.43](#)). Such "revolving door" provisions generally restrict former agency heads from communicating with or appearing before the agency on certain matters for two years after leaving the agency. The revolving door provisions also restrict some former employees from representing clients on matters that the employee participated in during state service or matters that were in the employees' official responsibility.

As a result of such laws and regulations, a respondent must certify that it has complied with all applicable laws and regulations regarding former state employees (see the Required Certifications form). Furthermore, a respondent must disclose any relevant past state employment of the respondent's or its subcontractors' employees and agents in the Respondent Information and Disclosure form.

1.9. HHSC Amendments and Announcements Regarding this RFA

HHSC will post all official communication regarding this RFA on its website, including the notice of tentative award. HHSC reserves the right to revise the RFA at any time. Any changes, amendments, or clarifications will be made in the form of written responses to respondent questions, amendments, or addendum issued by HHSC on its website and the Electronic State Business Daily (ESBD). Respondents should check the websites frequently for notice of matters affecting the RFA. To access the HHSC website, go to the "[HHSC Contracting Opportunities](#)" page and enter a search for this procurement. To access the ESBD website, go to the following link: <http://esbd.cpa.state.tx.us/>

1.10. RFA Cancellation/Partial Award/Non-Award

HHSC reserves the right to cancel this RFA, to make a partial award, or to make no award if it determines that such action is in the best interest of the State of Texas.

1.11. Right to Reject Applications or Portions of Applications

HHSC may, in its discretion, reject any and all applications or portions thereof.

1.12. Costs Incurred

Respondents understand that issuance of this RFA in no way constitutes a commitment by HHSC to award a Contract or to pay any costs incurred by a respondent in the preparation of a response to this RFA. HHSC is not liable for any costs incurred by a respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing applications, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a respondent are entirely the responsibility of the respondent, and will not be reimbursed in any manner by the State of Texas.

1.13. Protest Procedures

[Texas Administrative Code, Title 1, Part 15, Chapter 392, Subchapter C](#) outlines HHSC's respondent protest procedures.

1.14. Interpretive Conventions

Whenever the terms "shall," "must," or "is required" are used in this RFA in conjunction with a specification or performance requirement, the specification or requirement is mandatory. A respondent's failure to address or meet any mandatory requirement in a application may be cause for HHSC's rejection of the application.

Whenever the terms "can," "may," or "should" are used in this RFA in conjunction with a specification or performance requirement, the specification or performance requirement is a desirable, but not mandatory, requirement. Accordingly, a respondent's failure to address or provide any items so referred to will not be the cause for rejection of the application, but will likely result in a less favorable evaluation.

2. Mission Results/Scope of Work

2.1. Project Schedule

Applications will be considered from organizations that need to develop HIE plans, need to modify existing plans to meet project requirements, or have adopted plans consistent with the requirements. Project schedules will vary accordingly. Please see “Status of Planning Activity” in the General Information Section for more information.

Project Schedule—No Plans	
Anticipated Contract Start Date	<i>03/17/2011</i>
Local HIE Planning	<i>03/17/2011 to 09/10/2011</i>
Local HIE Implementation	<i>09/10/2011 to 07/01/2012</i>
Local HIE Operations	<i>07/01/2012 to 01/01/2013</i>
Evaluation of Local HIE Grant Programs	<i>01/01/2013 to 04/01/2013</i>
Development of Sustainability Model	<i>04/01/2013 to 07/01/2013</i>
Transition to Sustainability	<i>07/01/2013 to 12/31/2013</i>

Project Schedule—Plan Inconsistent with Requirements	
Anticipated Contract Start Date	<i>03/17/2011</i>
Local HIE Planning (if applicable)	<i>03/17/2011 to 06/10/2011</i>
Local HIE Implementation	<i>06/10/2011 to 04/01/2012</i>
Local HIE Operations	<i>04/01/2012 to 01/01/2013</i>
Evaluation of Local HIE Grant Programs	<i>01/01/2013 to 04/01/2013</i>
Development of Sustainability Model	<i>04/01/2013 to 07/01/2013</i>
Transition to Sustainability	<i>07/01/2013 to 12/31/2013</i>

Project Schedule—Plan Consistent with Requirements	
Anticipated Contract Start Date	<i>03/17/2011</i>
Local HIE Implementation	<i>03/17/2011 to 01/01/2012</i>
Local HIE Operations	<i>01/01/2012 to 01/01/2013</i>
Evaluation of Local HIE Grant Programs	<i>01/01/2013 to 04/01/2013</i>
Development of Sustainability Model	<i>04/01/2013 to 07/01/2013</i>
Transition to Sustainability	<i>07/01/2013 to 12/31/2013</i>

2.2. Project Scope

2.2.1. Approach to Statewide HIE in Texas

Goal

Enable improvements in the quality and efficiency of the Texas health care sector by establishing an electronic HIE infrastructure for the state.

Objective

Deliver private, secure, and reliable HIE services to all Texas patients and providers through local HIE networks where the capacity exists and through contracts administered from the state level where it does not.

Strategies

Texas is pursuing three strategies to achieve the objective of delivering private, secure, and reliable HIE services to all Texas patients and providers:

1. Developing general state-level operations
2. Promoting local HIE activity through a grant program
3. Contracting with entities to cover areas in Texas that lack locally-administered HIE activity

2.2.2. Develop General State-Level Operations

The THSA, in partnership with the Texas Health and Human Services Commission, will implement state-level operations to enable the establishment and operations of HIE capacity statewide. First and foremost, this will require the continued administration of the THSA and the implementation of the governance structure developed in the planning process, which includes the establishment of a Collaboration Council and taskforces (see Strategic Plan Section 4.4.1, Governance). This governance structure will be used to identify core HIE services, with an initial priority focus placed on electronic prescribing, receipt of structured lab results, and electronic exchange of clinical summaries. Over time, additional services may be pursued based on value and federal meaningful use requirements.

State-level operations will also include establishing and maintaining required policies and standards for health information organizations (HIOs) or regional health information organizations (RHIOs). This includes establishing and maintaining interoperability and technical standards, financial and business practices, and a process for developing and maintaining privacy and security policies. The THSA recognizes that privacy and security standards are a high priority for state lawmakers and will serve as a resource in state-level policy development. HHSC is committed to studying the privacy needs of Texas citizens to aid in the development of a consent policy for the state that will respect the public's desires. This information will be used to inform the Texas legislature in the 2011 Legislative Session and help the state adopt a consent policy. State-level operations will also include legal services to support the development of HIE trust agreements and a universal consent form, and to provide ongoing analysis of the legal framework.

Finally, the state-level HIE strategy includes the development and administration of a statewide evaluation and sustainability plan and the development of state-level shared services. As part of the planning process, HHSC developed a survey and environmental scan that will be used to benchmark Texas' HIE market. In order to inform a sustainability model and business plan, HHSC and the THSA will also develop methods to measure the impact of HIE at local and state levels and to identify the value of HIE to its beneficiaries. The THSA also plans to enhance the value of HIE by developing state-level shared services. These services will include a record

locator service to connect HIO/RHIOs, a provider directory service, and connectivity to the NHIN to facilitate nationwide interoperability and connectivity with the state's federal partners.

2.2.3. Promote Local HIE Activity

Texas has several HIO/RHIO initiatives that have already developed strategies to coordinate care in local markets and provide value. HHSC and the THSA will further these efforts by implementing a grant program to provide partial funding for the planning, implementation, and operations of local HIE initiatives and networks. A set of minimum criteria for applying for the HIE grants is provided in this request for application (RFA). Applications will be evaluated to determine if they meet the minimum criteria for consideration, adequately plan to implement the identified core HIE services, and meet the required policies and standards for local HIEs (the development of which are part of the state-level strategy). Grants will be awarded to qualifying HIEs to:

- Develop plans for upgrading or implementing HIO/RHIO infrastructure to deliver core HIE services, and implement required policies and standards;
- Upgrade or implement HIO/RHIO infrastructure to deliver core HIE services and implement required policies and standards; and
- Monitor and evaluate HIO/RHIO impact to inform sustainability planning.

2.2.4. Contract for HIE Services for Areas without Local HIE Activity

The "white space" strategy is critical for developing the necessary infrastructure in the areas of the state that still lack any HIE activity. HHSC will contract with one or more entities to provide HIE connectivity to regions of the state without local HIEs. The THSA will develop a future request for applications (RFA) to provide HIE services for areas not served by a HIO/RHIO. Respondents will be able to propose coverage for some or all of the unserved areas. Innovative financing models will be encouraged. Eligible respondents could include vendors, HIO/RHIO, Regional Extension Centers (RECs), or others with the technical ability to deliver HIE services. Applications will be evaluated for quality, cost, readiness, coverage, and stated willingness to deliver core services, implement required policies and standards for HIOs/RHIOs, and participate in program evaluation. The execution of these contracts will establish full HIE coverage of the state's white space, and their monitoring by the THSA will ensure the delivery of core HIE services, measure adherence to state policies and standards, and inform ongoing sustainability planning.

2.2.5. Timeline for Statewide HIE Implementation

	2010		2011			
	Q3	Q4	Q1	Q2	Q3	Q4
General State-Level Services	Establish governance structure	Administer governance structure				
	Identify core HIE services	Monitor implementation of core HIE services				
		Establish required policies and standards for local/regional HIEs	Maintain policies and standards for local/regional HIEs			
		Establish interoperability and other technical standards	Maintain interoperability and other technical standards			
Local HIE Grant Programs	Develop and distribute RFA	Evaluate applications and make grant awards	Local HIE planning	Local HIE implementation		
White Space Coverage		Develop and distribute RFP	Evaluate proposals and execute contracts	White space HIE implementation		

	2012				2013			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
General State-Level Services	Develop shared state-level services	Implement shared state-level services	Operate shared state-level services					
Local HIE Grant Programs	Local HIE operations				Evaluation	Sustainability dialogue, development of sustainability model	Transition to sustainability	
White Space Coverage	Whitespace HIE operations							

2.2.6. Summary of Grant Program

The Texas Health and Human Services Commission (HHSC) is responsible for application intake, review, approval, contract negotiations, and contract implementation. The THSA is responsible for monitoring grants under this RFA and managing deliverables. Upon evaluation of grant applications for compliance with the RFA policy, program, and legal requirements, a recommendation is made to the Executive Commissioner and notification is sent to the THSA Board of Directors. HHSC may generate a tentative notification of award to initiate contract

negotiation. All awards are subject to the laws, rules, and regulations that govern grant awards managed by HHSC.

The RFA presents instructions for submitting an application to HHSC for a grant through the Local HIE Grant Program. To be eligible for a grant, qualifying HIOs or RHIOs must submit a completed application to HHSC as specified in the RFA and complete any other required documents. The RFA and related documents/instructions may be accessed electronically through the Electronic State Business Daily (ESBD) website available at <http://esbd.cpa.state.tx.us/>.

2.2.7. General Information

Grant Program Title	Local HIE Grant Program
Program Summary and Purpose	<p>HHSC will award grants through the Local HIE Grant Program to new or expanding HIO/RHIO initiatives to partially fund planning, development, and operations of local or regional HIE networks. Grants will be awarded to qualifying HIEs to:</p> <ul style="list-style-type: none"> • Develop a business and operational plan for upgrading or implementing HIO/RHIO infrastructure to deliver core HIE services and to implement required policies and standards; • Upgrade or implement HIO/RHIO infrastructure to deliver core HIE services and implement policies and standards; and • Monitor and evaluate HIO/RHIO impact to inform sustainability planning. <p>The RFA outlines the requirements for participating in this program.</p>
Additional Guidance	<p>HHSC may provide additional guidance and updates to respond to any issues regarding the implementation of this grant program. Specific guidance will be issued in the following policy areas: privacy policy; security policies; and data exchange standards.</p>
Point of Contact	<p style="text-align: center;">Steve R. Bailey Health and Human Services Commission 4405 North Lamar Boulevard Austin, TX 78756 Telephone: (512) 206-4653 FAX: (512) 206-5475 steve.bailey@hhsc.state.tx.us</p>

2.2.8. Disbursement of Funds

Source of Funds	Federal funding awarded by the Office of the National Coordinator for Health Information Technology to HHSC under the <i>State HIE Cooperative Agreement Program</i> .
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<p>Total Funds Available</p>	<p>\$19,500,000 for 2011 through 2013</p> <ul style="list-style-type: none"> • \$ 1,500,000 (base) for 2010 • \$18,000,000 (proportional) for 2010 through 2013
<p>Types of Awards</p>	<p>Awards will be in the form of contracts with eligible HIOs/RHIOs. Terms and conditions for these contracts are found in the Grant Conditions section.</p> <p><u>Planning Funding</u> A minimum of \$75,000 or 15% of the total funding allotted to an eligible applicant based on the funding formula discussed below (whichever is the higher amount) shall be provided for planning activities on or around February 1, 2011. The purpose of the planning funding is to develop or upgrade a business and operational plan to support the core HIE services through the local HIE and to address all other requirements outlined in the HIO/RHIO Requirements section.</p> <p><u>Development and Operations Funding</u> 80% of the total funding allotted to an eligible applicant based on the funding formula discussed below shall be used for development and operation of the local HIE. To obtain funding for development and operations, the grantee must submit a business and operational plan to the THSA. The plans must be approved by the THSA. Development and implementation funding will be disbursed quarterly and be contingent upon a HIO/RHIO achieving the project milestones and measures outlined in the business and operational plan.</p> <p>For applicants that submit a business and operational plan with their application, the planning funding may be combined with the development and operations funding if the THSA approves the plan.</p> <p><u>Evaluation Funding</u> 5% of the total funding allotted to an eligible applicant based on the funding formula discussed below shall be used for evaluation and to inform the sustainability dialogue in 2013. Evaluation funding will be disbursed in January 2013</p>

<p>Grant Amounts and Formula</p>	<p>All applicants must meet certain criteria outlined in this RFA. Additionally, applicants must demonstrate local support from providers and hospitals. This may be accomplished in part through letters of support from stakeholders, but must include commitments from hospitals and physicians who are willing to guarantee their support and participation in the local HIE network.</p> <p>The long-term goal for statewide HIE in Texas is to deliver private, secure, and reliable HIE services to providers through local HIE networks where the capacity exists and through contracts administered from the state level where it does not. The funding formula for this program will incorporate this goal by linking award amounts to the target capacity of a HIO/RHIO, validated by the volume of commitments as outlined below:</p>
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- Total Local HIE Award = (Target # of Hospitals * Hospital Multiplier) + (Target # of Physicians * Physician Multiplier) + 2011 Planning Award

Award Amounts – Scheme 1 vs. Scheme 2

Award Period	Award Amount Scheme 1	Award Amount Scheme 2
Planning Award 2011	\$75,000	15% of total award amount
Development Award (2011)	(Total award - \$75,000) * 50%	45% to total award amount
Operations Award (2012-2013)	(Total award - \$75,000) * 45%	35% of total award amount
Evaluation Award (2013)	(Total award - \$75,000) * 5%	5% of total award amount

Hospitals and providers not accounted for by local HIEs will be allocated to the white space strategy.

Assumptions

	Approximate Population	Multiplier	Amount Available for Proportional Allocation
Hospitals	600	\$10,000	\$6,000,000
Doctors	40,000	\$300	\$12,000,000
Total			\$18,000,000

Grant Amounts and Formula (cont.)

Local HIE Operations Expenditure Components

	2011	2012	2013	All Years
Proportionally allocated amount	\$9,000,000	\$5,400,000	\$3,600,000	\$18,000,000
Local HIE base per year	\$1,500,000	\$0	\$0	\$1,500,000
Totals	\$10,500,000	\$5,400,000	\$3,600,000	\$19,500,000

The THSA believes partnering with HIOs/RHIOs to build HIE capacity in the

state is a strategy that will maximize the impact of Texas' HIE outreach and effectiveness. For this reason, it is critical that in the planning, development, operation, and evaluation periods the THSA's HIO/RHIO partners maintain and increase their commitments from hospitals and physicians. Each grant payment will require proof of commitments. Additionally, as part of grant monitoring, the THSA will verify that commitments indicated in an application are being fulfilled through the delivery of services.

HIO/RHIO applicants will be required to submit proof of provider commitments according to the following schedule, and based on the target number of providers claimed in the application. Applicants are not required to provide letters of commitment with their application. An applicant's award, however, will be contingent on whether the applicant provides letters of commitment from at least 20% of the targeted physicians and 20% of the targeted hospitals within the HIO/RHIO geographic region by February 7, 2011. The letters of commitment, if not submitted with the application, should be submitted to the HHSC point of contact noted in Section 1.2 of the RFA.

Schedule of Proof of Provider Commitments

	Hospitals	Physicians
By February 7, 2011	20%	20%
With plan submission (est. Jul 2011)	20%	20%
Third quarter report (est. Oct 2011)	20%	20%
Fourth quarter report (est. Jan 2012)	20%	20%

Schedule of Disbursement of Funds

Funds will be disbursed on the first day of each calendar quarter. The disbursement of funds is contingent upon a grantee submitting a Quarterly Progress Report and Quarterly Financial Report. Failure to submit these reports in a timely manner can result in the suspension of all future payments. Submission of fewer provider and hospital commitments than indicated by the individual applicant's schedule for submission of commitments may result in a proportionally reduced quarterly payment.

Match Requirements	A HIO/RHIO will be required to identify 25% in matching funds, cash or in-kind, that will be expended to support activities through this program. Expenditures on existing operations will not be an acceptable local match, although expenditures on expanded HIE capacity will be considered. The match requirement will be at least 25% of the total project budget for the HIO/RHIO. The calculated state amount for a HIO/RHIO (base plus proportional funding) will represent at most 75% of the program amount for the HIO/RHIO and the HIO/RHIO must identify the other 25% as match.
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	<p>According to the Federal Funding Announcement for the State HIE Cooperative Agreement Program, “There are two types of match: 1) non-federal cash and 2) non-federal in-kind. In general, costs borne by the applicant and cash contributions of any and all third parties involved in the project, including sub-grantees, contractors and consultants, are considered matching funds. Generally, most contributions from sub-contractors or sub-grantees (third parties) will be non-federal in-kind matching funds. Volunteered time and use of facilities to hold meetings or conduct project activities may be considered in-kind (third party) donations. Examples of non-federal cash match include budgetary funds provided from the applicant agency’s budget for costs associated with the project.” All awardees under the Local HIE Grant Program will be considered as sub-grantees.</p> <p>Cash and in-kind services will not be credited to the grant award if the funds are expended or services and materials donated prior to the completed signing of the grant award agreement between HHSC and the application. The value of in-kind and donated services should reflect a typical fair market value that you would pay if you were purchasing such service. All in-kind services must support new HIE capacity and be clearly and specifically documented.</p>
Grant Start Date	On or about March 10, 2011
Grant Period	Three years (March, 2011 – September, 2013) from the start date of the contract. The start date of the project is determined by HHSC.

2.2.9. Candidate Eligibility Criteria

HIO/RHIO	An organization must be either a HIO or RHIO as defined in this RFA (see Definitions in Appendix F) and meet the eligibility criteria described in this section. Hospitals, physician organizations, and integrated delivery networks may receive funding through this program if they meet ALL of the criteria described in this section.
Ownership Model	A HIO/RHIO must be a legal nonprofit corporation under Texas law. Responders are not required to have this status at the time they submit an application, but must provide a plan to achieve this legal status within three months of the award.
Governance	A HIO/RHIO must have a governance structure to oversee the exchange of health information. Responders are required to comment on how the governing body will create trust and consensus on an approach for exchange of health information, provide oversight, transparency, and accountability, and protect the interest of the public.
Stage of HIE Development	A HIO/RHIO must have achieved eHealth Initiative Stage 3 in HIE development, completed some level of planning, and have written policies, procedures, and documentation. Responders are required to describe the following:

	<ul style="list-style-type: none"> • Formal governance structure and responsibilities; • Composition of the governance (list of all stakeholders that are members); • Decision making authority (i.e., rules and bylaws); • HIE technology model deployed or planned; • Sustainability plan and funding sources; and • Systems and governance model to ensure privacy and security of health information. <p>A copy of the organization’s certificate of formation and bylaws must be submitted with the application.</p>
Board Composition	<p>A HIO/RHIO must have a diverse governing board representing all key stakeholder groups, including but not limited to, the following: consumer, laboratory, health plan, hospital, pharmacy, and physician. Responders are not required to have representatives of all the stakeholders listed above on the governing board at the time they submit an application, but must provide a plan to achieve governance that is diverse and representative of all key stakeholders within three months of the award.</p>

Technical Model	<p>Responders must agree to facilitate the electronic exchange of health-related information consistent with the technical implementation specifications adopted by the THSA in accordance with guidelines and standards adopted by the U.S. Department of Health and Human Services. This includes data exchange technical standards and policies and procedures for exchanging health information between HIOs and RHIOs, and the THSA.</p>
Level of Collaboration	<p>Responders must agree to collaborate with the:</p> <ul style="list-style-type: none"> • THSA (i.e., demonstrate that the HIO/RHIO will participate in ongoing state-level planning and policy development through the Collaboration Council and policy development task forces); • Nationwide Health Information Network; • Texas Medicaid Program; • State and Local Public Health Agencies; • Regional Extension Centers and other Health Information Technology Programs Funded through the American Recovery and Reinvestment Act; • White Space Contractor(s); and • Other HIOs and RHIOs <p>Responders must demonstrate a willingness to engage in HIE with other HIOs and RHIOs, the THSA, and white space contractor(s). One option for demonstrating this willingness would be the adoption of policies that indicate that the applicant will respond to appropriate queries for medical information in a timely way via standardized, electronic means.</p>
HIE Service Level and Meaningful Use	<p>In order to facilitate HIE services, appropriate network services must be in place, the end-points of the clinical communication must be using electronic systems, and the electronic systems being used by the participants must be connected to the network services in an interoperable way. Responders must agree to support the following HIE elements to ensure providers and hospitals can achieve federal HIE meaningful use requirements:</p>

	<ul style="list-style-type: none"> • Electronic prescribing • Electronic lab ordering and results delivery • Clinical summary exchange <p>The local HIE grantees will be responsible for providing the following services associated with each of the preceding types of HIE:</p> <ul style="list-style-type: none"> • To facilitate electronic prescribing, grantees must develop and implement strategies to help pharmacies within their regions to adopt interoperable pharmacy information management systems and become activated on the national electronic prescribing network.
HIE Service Level and Meaningful Use (cont.)	<ul style="list-style-type: none"> • To facilitate electronic lab ordering and results delivery, grantees must: <ul style="list-style-type: none"> ○ Develop and implement strategies within their regions to help clinical labs adopt interoperable laboratory information management systems and connect to network services to facilitate exchange; and ○ Establish and operate network services to facilitate electronic ordering of clinical lab services and electronic delivery of results. • To facilitate the electronic exchange of patient care summaries across unaffiliated organizations, grantees must establish network services to facilitate such exchange. <p>Responders should consider providing these network services using the NHIN Direct messaging protocols, and should include an explanation of the organization’s decision on whether to pursue this direction in the application.</p> <p>In addition to these elements, responders must agree to work with the THSA through the Collaboration Council and policy development task forces to identify strategies for delivering federal HIE requirements as they are defined through Stages 2 and Stages 3 of meaningful use, including but not limited to the following other elements of HIE:</p> <ul style="list-style-type: none"> • Electronic eligibility and claims transactions; • Electronic public health reporting (i.e., immunizations, notifiable laboratory results) • Quality reporting • Prescription refill status and/or medication fill history
Patient Centric	Responders must show that the approach of the HIO/RHIO is to ensure the needs of the patient are at the center of the exchange model.
Privacy and Security Policies and Procedures	Responders must agree to facilitate the electronic exchange of health information consistent with privacy and security guidelines and policies adopted by the THSA in accordance state and federal law and regulations. The HIO/RHIO must further describe its audit plans, and agree to participate in state-level audits to ensure appropriate data security and protection of personal health information shared through the local HIE.
Sustainability Direction and Approach	A HIO/RHIO must describe a model for achieving sustainability by the end of the grant program in 2013, such as sources of revenue, budget, and financial statements (if available).

2.2.10. HIO/RHIO Requirements

<p>General Selection Criteria</p>	<p>The Local HIE Grant Program is designed to award grants to new or expanding HIO/RHIO initiatives to partially fund planning, development, and operations of local or regional HIE networks.</p> <p>Grant awards shall be based on:</p> <ol style="list-style-type: none"> 1. A HIO/RHIO meeting the candidate eligibility criteria; 2. The proposed approach to address the HIO/RHIO planning and operational requirements under this RFA; 3. Impact of the grant award on connecting unaffiliated providers and hospitals; 4. Other factors, such as financial capability and ability to become sustainable after the grant period; and 5. In the case of regions with multiple HIO applications, the degree to which a local HIO demonstrates coordination with any other local HIO from the same region.
<p>Pre-Application Activities</p>	<p>During the application process, applicants should evaluate the status of any existing business and operational plans.</p> <p>Based on the HIO/RHIO assessment of the status of its planning activities, each applicant must indicate in their application which of the following levels of planning most closely describes the state of their business and operational plans. Based on the indicated levels of planning, a HIO/RHIO should proceed as described below.</p> <p>Status of Planning Activity:</p> <ul style="list-style-type: none"> • No existing Business and Operational Plan – Applicants must provide a statement of work describing the activities that will be undertaken to develop a business and operational plan addressed in the HIO/RHIO Requirements section below. The statement of work should include a description of the organization’s approach to facilitating a community dialogue to reach out to stakeholders (including physicians, hospitals, labs, pharmacies, and other providers) on the value of HIE in order to gain support for HIE and the HIO/RHIO business and operational plan. Recipients shall develop a business and operational plan and submit it within the first <u>six months</u> of the project.

<p>Pre-Application Activities (cont.)</p>	<ul style="list-style-type: none"> • Existing Business and Operational Plan that is not Consistent with HIO/RHIO Requirements – Applicants shall provide: 1) their current business and operational plan; 2) a detailed description of the
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	<p>gaps in their current business and operational plan (in comparison to the Local HIE Requirements outlined below); and 3) a description of the activities that will be undertaken to revise the plan to be consistent with the requirements. Applicants should provide a description of the organization’s approach to facilitating a community dialogue to reach out to stakeholders (including physicians, hospitals, labs, pharmacies, and other providers) on the value of HIE in order to gain support for HIE and the HIO/RHIO business and operational plan. Applicants shall submit an updated business and operational plan addressing the deficiencies of their existing plans within <u>three months</u> of award.</p> <ul style="list-style-type: none"> • Existing Business and Operational Plan that is Consistent with HIO/RHIO Requirements – Applicants shall submit their business and operational plan for approval by the THSA. For applicants that have already begun implementing prior to receiving an award under this grant program, the application must contain a description of the implementation activities to date and explain how they plan to proceed with continued implementation of the current business and operational plan. Applicants should indicate how they have obtained community input into the HIE design and functionality. <p>A chart summarizing the application process and deliverables can be found in Appendix D.</p>
<p>Business and Operational Plan Requirements</p>	<p>Responders must include the following in the business and operational plan:</p> <ol style="list-style-type: none"> 1. Statement of Understanding of Statewide HIE Plan and HIO/RHIO Functional Requirements 2. Description of the organization’s vision, mission, and principles. 3. Description of the organization’s infrastructure, including: <ol style="list-style-type: none"> a. Ownership model b. Governance Structure c. Management and staffing 4. Description of the organization’s approach to privacy and security, including: <ol style="list-style-type: none"> a. How the organization will facilitate the electronic exchange of health information consistent with the guidelines and policies adopted by the THSA in accordance state and federal law and regulations.

<p>Business and Operational Plan Requirements (cont.)</p>	<ol style="list-style-type: none"> b. A description of (for expanding organizations) or approach to (for new organizations) access, authorization, and authentication. <ol style="list-style-type: none"> 5. Description of the organization’s current or planned technical architecture, including a description of its current status, technical design, and functional and technical specifications. 6. Description of the organization’s approach to technical standards, including how the organization will facilitate the electronic exchange of health information consistent with the technical implementation specifications adopted by the THSA in accordance to guidelines and
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	<p>standards adopted by the U.S. Department of Health and Human Services. The plan must demonstrate how the organization intends to engage in HIE with other HIOs and RHIOs, and the THSA.</p> <ol style="list-style-type: none"> 7. Description of the organization's financial model and approach to achieving sustainability after the grant period, including a proposed budget. The application must also describe the following: <ol style="list-style-type: none"> a. A description of the geographic region the HIO/RHIO will cover (including the list of the counties targeted); b. The number of providers and hospitals targeted for participation in the HIO/RHIO (broken out by county); c. Letters of commitment from at least 20% of the targeted physicians and 20% of the targeted hospitals within the HIO/RHIO geographic region by February 7, 2011 (see Appendix E – Validating Provider Engagement with HIO/RHIO for additional information on this requirement); d. The organization's approach to maintain and increase the number of commitments from hospitals and physicians during the grant period according to the "Schedule of Proof of Provider Commitments" discussed above; and e. Source of matching funds, cash or in-kind, that will be used to meet the 25% local match requirement. 8. Description of the organization's approach to providing outreach and education to consumers, providers, hospitals, pharmacies, and labs. 9. A gap analysis addressing the core HIE services. The application should also include a description of the organization's approach to addressing any gaps in providing the core HIE services. Responders should also identify any other HIE services that will be offered during the grant period, including information on the value of these services to patients and stakeholders, timeline, cost, and revenue generating potential. 10. Description of the organization's approach to quality reporting and analysis.
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<p>Business and Operational Plan Requirements (cont.)</p>	<ol style="list-style-type: none"> 11. Description of the organization's approach to program planning and evaluation, including the development of a risk assessment and mitigation plan. This assessment and plan should include the identification of known and potential risks, and the organization's plan to mitigate those risks (e.g., How will the organization ensure the quality and integrity of the data maintained by the HIO/RHIO?). 12. An attestation that all program funds, including the local match, will only be used for the development of new HIE capacity. 13. Description of the organization's strategy for getting pharmacies and clinical labs using interoperable systems and engaging in exchange. 14. The organization's transition/development plan to support HIE operations by January 2012.
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2.2.11. Notice of Intent to Apply Instructions

<p>Notice of Intent to Apply</p>	<p>HHSC strongly encourages eligible applicants to notify the HHSC point of contact noted in Section 1.2 of the RFA of their intent to apply for grant</p>
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Contact Information	funding. Submitting a Notice of Intent to Apply E-mail does not bind an applicant to apply. Applicants that fail to provide this e-mail notification may still apply for funding.
Notice of Intent to Apply E-Mail Subject Line	The subject line of each e-mail shall state: <ul style="list-style-type: none"> • “Notice of Intent to Apply – Local HIE Grant Program: [Applicant Name]”
Notice of Intent to Apply E-Mail Content	The body of the e-mail must include: <ul style="list-style-type: none"> • Identify of applicant [Name of organization applying] • Name, address, telephone number, and e-mail address of individual(s) authorized to submit an application
Notice of Intent to Apply Deadline	NOTICE OF INTENT TO APPLY E-MAIL DEADLINE: 2:00 P.M. C.T., December 24, 2010

2.2.12. Submission of Application

Access to Application Forms	Local HIE Grant Program Application Forms and Instructions are posted on the ESBD website: http://esbd.cpa.state.tx.us/
Application Submission	Submit the application to HHSC’s Enterprise Contract and Procurement Services (ECPS) Division no later than the date and time as listed in RFA Section 1.3., Procurement Schedule. All submissions will be date and time stamped when received by ECPS. The clock in the ECPS office is the official timepiece for determining compliance with the deadlines in this procurement. HHSC reserves the right to reject late submissions. It is the respondent’s responsibility to appropriately mark and deliver the application to HHSC by the specified date. All applications become the property of HHSC after submission.
Application File Format	The application, including its attachments, must be in Microsoft WORD or Adobe PDF file format.
Application Deadline	COMPLETED APPLICATIONS DEADLINE: 2:00 P.M. C.T., January 13, 2011

2.3. Performance Measures and Associated Remedies

THSA will assist HHSC in monitoring the performance of the contract issued under this RFA. All services and deliverables under the contract shall be provided to the THSA at an acceptable

quality level and in a manner consistent with acceptable industry standard, custom, and practice. The reporting requirements of the contract will constitute performance measures and are outlined in Section 6 of this RFA.

3. General Instructions and Application Requirements

3.1. Questions and Comments

All questions and comments regarding this RFA should be sent to the HHSC Point of Contact (see Section 1.2) by 5:00 PM on December 27, 2010. Questions must reference the appropriate RFA page and section number, and must be submitted by the deadline set forth in Section 1.3. HHSC will not respond to questions received after the deadline. HHSC's responses to vendor questions will be posted to the HHSC website. HHSC reserves the right to amend answers prior to the application submission deadline.

Respondents must notify HHSC of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA by the deadline for submitting questions and comments. If a respondent fails to notify HHSC of these issues, it will submit a application at its own risk, and if awarded a contract: (1) shall have waived any claim of error or ambiguity in the RFA or resulting contract, (2) shall not contest HHSC's interpretation of such provision(s), and (3) shall not be entitled to additional compensation, relief or time by reason of the ambiguity, error, or its later correction.

3.2. Modification or Withdrawal of Application

Prior to the application submission deadline set forth in Section 1.3, a respondent may: (1) withdraw its application by submitting a written request to the HHSC Point of Contact, or (2) modify its application by submitting a written amendment to the HHSC Point of Contact. HHSC may request application modifications at any time.

HHSC reserves the right to waive minor informalities in a application and award a contract that is in the best interest of the State of Texas. A "minor informality" is an omission or error that, in HHSC's determination, if waived or modified when evaluating applications, would not give a bidder an unfair advantage over other bidders or result in a material change in the application or RFA requirements. When HHSC determines that a application contains a minor informality, it may at its discretion provide the respondent with the opportunity to correct.

3.3. News Releases

Prior to tentative award, a vendor may not issue a press release or provide any information for public consumption regarding its participation in the procurement. After tentative award, a vendor must receive prior written approval from HHSC before issuing a press release or providing information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact identified in Section 1.2.

This Section 3.4 does not preclude business communications necessary for a vendor to develop a application, or required reporting to shareholders or governmental authorities.

3.4. Incomplete Applications

HHSC may reject without further consideration a application that does not include a complete, comprehensive, or total solution as requested by the RFA.

3.5. State Use of Ideas

HHSC reserves the right to use any and all ideas presented in a application unless the respondent presents a valid legal case that such ideas are trade secret or confidential information, and identifies the information as such in its application (see Section 3.13). A respondent may not object to the use of ideas that are not the respondent's intellectual property and so designated in the application that: (1) were known to HHSC before the submission of the application, (2) were in the public domain through no fault of HHSC, or (3) became properly known to HHSC after application submission through other sources or through acceptance of the application.

3.6. Property of HHSC

Except as otherwise provided in this RFA or the resulting contract, all products produced by a respondent, including without limitations the application, all plans, designs, software, and other contract deliverables, become the sole property of HHSC.

3.7. Copyright Restriction

HHSC will not consider any application that bears a copyright.

3.8. Additional Information

By submitting a application, the respondent grants HHSC the right to obtain information from any lawful source regarding the respondent's and its directors', officers', and employees': (1) past business history, practices, and conduct, (2) ability to supply the goods and services, and (3) ability to comply with contract requirements. By submitting a application, a respondent generally releases from liability and waives all claims against any party providing HHSC information about the respondent. HHSC may take such information into consideration in evaluating applications.

3.9. Multiple Responses

A respondent may only submit one application as a prime contractor. If a respondent submits more than one application, HHSC may reject one or more of the submissions. This requirement does not limit a subcontractor's ability to collaborate with one or more respondents submitting applications.

3.10. No Joint Applications

HHSC will not consider joint or collaborative applications that require it to contract with more than one respondent.

3.11. Use of Subcontractors

Subcontractors providing services under the contract shall meet the same requirements and level of experience as required of the respondent. No subcontract under the contract shall relieve the respondent of the responsibility for ensuring the requested services are provided.

Respondents planning to subcontract all or a portion of the work to be performed shall identify the proposed subcontractors.

3.12. Texas Public Information Act

3.12.1. General Requirement for the Release of Applications

Applications will be subject to the Texas Public Information Act (the Act), located in [Chapter 552 of the Texas Government Code](#), and may be disclosed to the public upon request. Subject to the Act, respondents may protect trade secret and confidential information from public release. If the respondent asserts that information provided in the application is trade secrets or other confidential information, it must be clearly marked such information in boldface type and include the words “confidential” or “trade secret” at top of the page. Furthermore, the respondent must identify trade secret or confidential information, and provide an explanation of why the information is excepted from public disclosure, on the Respondent Information and Disclosures form.

HHSC will process any request from a member of the public in accordance with the procedures outlined in the Act. Respondents should consult the Texas Attorney General’s website (www.oag.state.tx.us) for information concerning the Act’s application to applications and potential exceptions to disclosure.

3.12.2. Publication of Major Contracts

[Texas Government Code §322.020](#) requires HHSC to provide copies of “major contracts” to the Legislative Budget Board (LBB). If the contract resulting from this procurement falls within the §322.020 definition of a “major contract,” the LBB will provide the public with access to all contract documents. This includes the application, unless the respondent can demonstrate that all or part of the application is excepted from disclosure under the Texas Public Information Act. In such cases, the respondent will be responsible for preparing, for HHSC’s approval, an appendix that describes the exempt information contained in the application without disclosing its content, as required by [Texas Government Code §322.020 \(d\)](#).

4. Historically Underutilized Business Participation

Though the estimated value is above \$100,000, and the HUB Program Office has determined that subcontracting opportunities are probable; the Health and Human Services Commission (HHSC) has determined that [HUB Subcontracting Plan](#) requirements are not applicable under this solicitation because grants are not identified in Texas Government Code §2161.004(a), and are financial assistance to qualified entities performing identified activities. Therefore, respondents are not required to submit a [HUB Subcontracting Plan](#) with their application at the time of submission.

5. Evaluation of Applications

Grant applications will be evaluated based on the General Selection Criteria and Local HIE Planning, Development, and Implementation Requirements as described under the HIO/RHIO Requirements on pages 14-17. The THSA and HHSC will follow a six-step grant award process as described below:

- 5.1. Preliminary Screening of Applications. HHSC will screen applications to determine if all requested information is complete and adheres to application requirements. An application must be submitted as described in *Submission of Application* to qualify for further consideration. Qualified applications will be forwarded to reviewers for evaluation.
- 5.2. Application Review Process. HHSC will select qualified individuals to evaluate the quality of applications according to the selection criteria described. Reviewers shall not evaluate any applications for which they have a conflict of interest. All evaluations of the review panel are final and will be based solely on information provided in the written application. It is the intent of the Local HIE Grant program to fund all applicants that meet the *Candidate Eligibility Criteria*. Reviewers, however, will consider the response of the applicant to each of the *HIO/RHIO Requirements*. At a minimum, a statement of work should provide the applicant's initial thoughts on each of the requirements and provide a clear description of the applicant's approach to addressing all of these requirements in a business and operational plan. HHSC reserves the right to award grants to limited number of applicants, based on the quality of the applications, particularly if an unexpectedly large number or low quality of applications is received.
- 5.3. Recommendations. Based on reviewer scoring and evaluation, the THSA Board of Directors shall recommend local HIEs for funding to HHSC through the Office of e-Health Coordination. HHSC shall consider the recommendation of the THSA Board of Directors in recommending local HIEs for funding to the Executive Commissioner.
- 5.4. Funding Decisions. HHSC shall make funding decisions based on recommendations and reviewer scoring. HHSC anticipates announcing grant awards by February 23, 2011.
- 5.5. Notice of Grant Award (NOGA). The grantee shall sign a NOGA with the HHSC, agreeing to the grant conditions and any other requirements of the HHSC and State of Texas.
- 5.6. Ongoing Funding Reviews. THSA staff will use progress reports, site visits, and other information from the grantee to inform recommendations to HHSC whether the project will receive funding for development, implementation, and evaluation.

6. Reporting Requirements

Grant recipients agree to complete all reporting requirements and a program evaluation. The following reports are required:

<p>Quarterly Progress Report</p>	<p>The grantee shall submit a quarterly progress report to the THSA. The monthly reports shall:</p> <ul style="list-style-type: none"> • Provide an update on key activities and milestones achieved; • Identify any changes to the project's timeline; • Identify any obstacles to success; • Summarize key activities and milestones for the next reporting period; • Report on the number of physicians, hospitals, pharmacies, and
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	<p>labs exchanging information through the HIO;</p> <ul style="list-style-type: none"> • Report on provider outreach activities (description of the number of physicians, hospitals, pharmacies, labs, and other providers contacted and how they were contacted); and • Include new provider commitments according to the schedule of provider commitments included in the notice of grant award.
Local HIE Business and Operational Plans	<p>Existing business and operational plan that is not consistent with HIO/RHIO requirements – Within ninety (90) days of the NOGA, the grantee shall submit an HIE business and operational plan to the THSA for review and approval.</p> <p>No existing business and operational plan – Within one hundred and eighty (180) days of the NOGA, the grantee shall submit a HIE business and operational plan to the THSA for review and approval.</p>
Quarterly Financial Report	Each quarter, the grantee shall submit a financial report that documents how funds were expended by the grantee, including non-federal spending and demonstration/attestation that all expenditures were on new HIE capacity.
<p>Templates and instructions for reports, standard data entry and program evaluation as required under this RFA will be provided by HHSC and THSA. The templates shall include, but may not be limited to:</p> <ul style="list-style-type: none"> • A standard form for collecting and reporting provider and hospital commitments; • Progress Reports and Financial Reports; and • Standard evaluation forms for collecting data during and/or upon completion of the grant period. <p>Applicants must participate in all evaluations and audits required by HHSC or THSA. Applicants must gather, review, and report to the HHSC, THSA, or its contractor appropriate data for evaluation and audit purposes as requested.</p>	
Reporting requirements may be added or changed by HHSC or the THSA.	

7. Grant Conditions

Budget Restrictions and Conditions

The application shall include a budget for the organization's expenditure of grant funds. The budget and budget justification shall include expenditures, cost sharing and matching funds for the grant period.

Allowable Expenditures

In developing the budget, applicants may include all reasonable expenditures in the following categories:

- Personnel
- Travel
- Other Direct Costs
- Capital Equipment
 - Capital equipment included in program costs must be specifically listed and justified in the Budget Justification.
 - Only capital equipment specifically listed in the approved Budget Justification may be purchased with grant funds.
 - All capital equipment must be purchased at least six months prior to the end of

the grant period, unless specifically substantiated in the approved grant application.

Disallowed Expenditures

Grant funds shall not be expended on the following items:

- Salaries and fringe benefits for positions other than those specifically identified in the approved grant application;
- Travel not specifically itemized in the approved grant application;
- Food Service; and
- Capital equipment not specifically itemized in the approved grant application.

Over the life of the grant, no more than a total of \$10,000 may be transferred across budget categories (Personnel, Travel, Capital Equipment, and Other Direct Costs) without prior approval.

The following kinds of costs shall not be included in the proposed budget:

- Costs incurred prior to the grant award. Applicants of an existing HIO/RHIO may not request grant funds to supplant existing support for initial or on-going costs incurred in operating an existing HIO/RHIO.
- Salaries or other stipends that are calculated at a higher pay rate than that which an individual (or similar position) normally receives. Costs for staffing must reflect salaries appropriate to the tasks that will be performed, and the length and time spent on the project.
- Travel not consistent with State of Texas guidelines.
- Foreign travel.
- Indirect costs.

Terms of Agreement

The RFA (including instructions for completing application forms), the resulting contract and grantee's application are incorporated into these grant conditions by reference for all necessary purposes and, together with the NOGA, shall constitute the agreement of the parties. The provisions of these grant conditions shall prevail in all cases of conflict arising from the terms of the RFA and grantee's application.

Funding under this RFA is contingent upon applicant's ability to meet the matching requirements, ability to meet agreed upon project milestones, compliance with other applicable statutory and regulatory requirements and demonstrated organizational capacity to accomplish the program's goals. Any funds received by the applicant are subject to Department of Health and Human Services (HHS) Administrative Requirements, which can be found in 45 CFR Part 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement.

As a condition precedent to the receipt, and continued receipt, of any funds under this RFA the applicant must unequivocally agree to reimburse or return without defense, set off, counterclaim, discount or charge of any kind, whether the funds are obligated or unobligated, any funds received by the applicant which HHSC is required to reimburse or return as a result of any review, determination, decision, audit, disallowance, recovery of funds, or other finding of HHS, the Office of the National Coordinator for Health Information Technology (ONC), Assistant Secretary for Preparedness and Response (ASPR), their designees or other proper authority under the State Health Information Exchange Cooperative Agreement Program. Failure to

timely reimburse or return such funds may subject the applicant to interest, penalties and administrative collection costs.

Payments

All payments due grantee shall be made by State of Texas warrant(s) upon receipt by HHSC of properly prepared and acceptable documentation for services.

Organizational Accountability System

Grantee shall have a financial management system that provides appropriate review and approval of expenditures of grant funds and monitoring of program performance.

Accounting System

Grantee shall have an accounting system that accounts for cost in accordance with generally accepted accounting principles. Grantee's accounting system must include an accurate and organized file/records system for accounting and financial purposes for providing backup materials for billings.

Audit and Records

The local HIE shall have its financial records and other materials pertinent to the grant available for review and audit by the HHSC, the State Auditor and other auditors for a period of three years following the end of the grant period.

Return of Unexpended Funds

It is the intention of the HHSC that all awarded funds be expended before the end of the grant period on September 1, 2013. However, if funds are not so expended, grantee shall return all unexpended funds to the HHSC within 90 days of the expiration of the grant period.

Title to Equipment

Title to equipment purchased or fabricated with these grant funds shall vest in the partner that made the purchase or fabrication.

Changes in HIE Chief Executive Officer

Grantee shall notify HHSC immediately if the HIE's Chief Executive Officer leaves the grantee's employ or otherwise relinquishes active direction of the project.

Copyright or patent rights

The local HIE shall abide by intellectual property rights.

Site Visits

The HHSC or THSA may visit the grantee facilities to review project accomplishments.

Suspension or Termination

The HHSC may suspend or terminate the grant if the local HIE fails to comply with the terms of the contract.

Conflict of Interest

Grantee must notify the HHSC of any potential conflicts of interest that arise prior to or during the grant period.

Nondiscrimination

No person shall be excluded from participation in, denied benefits of, or otherwise subjected to discrimination under the grant on the grounds of race, color, national origin, religious affiliation, disability or gender.

Acknowledgement of Support

Grantee shall acknowledge HHSC and THSA support in any publication of any material based on this program in terms such as the following:

“This material is based upon work supported by the Local HIE Grant Program, a grant program administered by the Texas Health and Human Services Commission in partnership with the Texas Health Services Authority.”

Liability

The HHSC and THSA shall not be held liable in the event of damages to persons or property which may occur in the course of activities conducted as a result of the grant.

Dispute Resolution Process

The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the HHSC and the grantee organization to attempt to resolve all disputes arising under these grants.

Compliance with Regulations

The grantee shall ensure that the partnership abides by all State and Federal regulations related to conduct for this grant.

Conformance with State Laws

Nothing in the RFA, grantee’s application, or these grant conditions shall be construed to violate any provision of the laws and/or regulations of the State of Texas, and all acts done shall be done in such manner as may conform to those laws. If any word, phrase, clause, paragraph, sentence, part, portion, or provision of the grant agreement or the application of those provisions to any person or circumstance is held to be invalid, the remainder shall nevertheless be valid.

Compliance with State and Federal Program Goals and Policies

The grantee shall agree to abide by any new program direction based on federal direction, legislative direction, or state priorities.

8. Appendices

Appendix A

Application Format and Content

Applications must respond to the RFA utilizing the proposal format provided with the RFA packet and include all of the information listed below. The application must be on 8-1/2” by 11” paper size, with all pages sequentially numbered. The applicants name and “Local HIE Grant Program Application” must show at the top of each page. The application, including attachments, must be in Microsoft WORD or Adobe PDF file format. Attachments, such as the certificate of formation, bylaws, business and operation plan, previous year budgets, letters of commitment, etc., will not be counted toward the application page count limitation.

Application Format and Content

Section	General Description / Specific Instructions	Maximum Length
Cover Letter	<p>Applicant Certification Letter – The “Applicant” refers to the organization that will enter into a written agreement with the HHSC and will serve as the fiscal agent for the Local HIE Grant Program funds. A representative of the organization with signature authority must sign the letter. The letter must certify the following:</p> <ul style="list-style-type: none"> • All of the information in the application, including all assurances herein, is, to the best of my knowledge, complete and accurate; • The HIO/RHIO has authorized me to submit this proposal; • The HIO/RHIO will comply with all terms of the proposed contract if one is awarded; and • The HIO/RHIO will comply with any new program direction based on ongoing federal policy development and direction, legislative direction, or state priorities in the areas of privacy, security, and standards. 	1 page
Applicant Information	<ul style="list-style-type: none"> • Full legal name of the applicant organization • Applicant’s mailing address or • Applicant’s street address (if different from above) • Federal Tax ID Number • Name, title, telephone number, and e-mail address of applicant’s representative with signature authority for the application • Name, title, telephone number, and e-mail for applicant’s contact person for the application • Applicant should provide past 3 years of organization operating budgets, broken out by budget category, including source of funds. 	1 page
Executive Summary	<p>The summary should highlight key points of the application, including a description of the organization, the patient population, the geographic region covered, and the number of hospitals and physicians targeted for participation in the HIO/RHIO. It should also define goals, objectives, and benchmarks, and provide a brief description of the current or planned model for delivering the core HIE services.</p>	1 page
Candidate Eligibility Criteria	<p>The application should address all of the requirements included in the RFA’s Candidate Eligibility Criteria section, including the following:</p> <ul style="list-style-type: none"> • Ownership model; • Governance Structure; • Stage of HIE Development; • Board Composition; • Technical Model; 	10 pages

<u>Section</u>	<u>General Description / Specific Instructions</u>	<u>Maximum Length</u>
	<ul style="list-style-type: none"> • Level of Collaboration; • HIE Service Level and Meaningful Use; • Patient Centric; • Privacy and Security Policies and Procedures; and • Sustainability Direction and Approach. <p>Please attach a copy of the organizations Certificate of Formation and Bylaws to the application. These documents will not count towards the applications total page count.</p>	
<p>Statement of Work/Description of Applicants Approach to Planning, Development, and Implementation</p>	<p>Applicants must address the following in their applications. At a minimum, a statement of work should provide the applicant's initial thoughts on each of the requirements listed below and provide a clear description of the applicant's approach to addressing all of these requirements in a business and operational plan. For applicants that need to update their business and operational plan, the application should address each of the items listed below and provide a statement of work to address any gaps between the organization's current business and operational plan and these requirements.</p> <ol style="list-style-type: none"> 1. Statement of Understanding of Statewide HIE Plan and HIO/RHIO Functional Requirements 2. Description of the organization's vision, mission, and principles. 3. Description of the organization's infrastructure, including: <ol style="list-style-type: none"> a. Ownership model b. Governance Structure c. Management and staffing 4. Description of the organization's approach to privacy and security, including: <ol style="list-style-type: none"> a. How the organization will facilitate the electronic exchange of health information consistent with the guidelines and policies adopted by the THSA in accordance state and federal law and regulations. b. A description of (for expanding organizations) or approach to (for new organizations) access, authorization, and authentication. 5. Description of the organization's current or planned technical architecture, including a description of its current status, technical design, and functional and technical specifications. 6. Description of the organization's approach to technical standards, including how the organization will facilitate the electronic exchange of health information consistent with the technical implementation specifications adopted by the THSA in accordance to guidelines and standards adopted by the U.S. Department of Health and Human Services. <p>The plan must demonstrate how the organization intends to engage in HIE with other HIOs and RHIOs, and the THSA.</p>	<p>15 pages</p>

<u>Section</u>	<u>General Description / Specific Instructions</u>	<u>Maximum Length</u>
	<p>7. Description of the organization’s financial model and approach to achieving sustainability after the grant period, including a proposed budget. The application must also describe the following:</p> <ul style="list-style-type: none"> a. A description of the geographic region the HIO/RHIO will cover (including the list of the counties targeted); b. The number of providers and hospitals targeted for participation in the HIO/RHIO (broken out by county); c. Letters of commitment from at least 20% of the targeted physicians and 20% of the targeted hospitals within the HIO/RHIO geographic region by February 7, 2011 (see Appendix E – Validating Provider Engagement with HIO/RHIO for additional information on this requirement); d. The organization’s approach to maintain and increase the number of commitments from hospitals and physicians during the grant period according to the “Schedule of Proof of Provider Commitments” discussed above; and e. Source of matching funds, cash or in-kind, that will be used to meet the 25% local match requirement. <p>8. Description of the organization’s approach to providing outreach and education to consumers, providers, hospitals, pharmacies, and labs.</p> <p>9. A gap analysis addressing the core HIE services. The application should also include a description of the organization’s approach to addressing any gaps in providing the core HIE services. Responders should also identify any other HIE services that will be offered during the grant period, including information on the value of these services to patients and stakeholders, timeline, cost, and revenue generating potential.</p> <p>10. Description of the organization’s approach to quality reporting and analysis.</p> <p>11. Description of the organization’s approach to program planning and evaluation.</p> <p>12. An attestation that the whole program funds, including the local match, will only be used for the development of new HIE capacity.</p> <p>13. Description of the organization’s strategy for getting pharmacies and clinical labs using interoperable systems and engaging in exchange.</p> <p>14. Description of the approach the organization took or intends to take to facilitate a community dialogue on the value of HIE in order to gain support, reach out to stakeholders (including physicians, hospitals, labs, pharmacies, and other providers), and identify community-specific HIE</p>	

<u>Section</u>	<u>General Description / Specific Instructions</u>	<u>Maximum Length</u>
	<p>functionality and a community value proposition.</p> <p>15. The organization's transition/development plan to support HIE operations by January 2012.</p>	
<p>Timeline and Work Plan</p>	<p>Timeline and Work Plan</p> <p>Provide an outline of the key activities for the program in chronological order for 2011, 2012, and 2013. Responders should show key milestones for achieving levels of HIE availability/operations, number of providers and hospitals contacted and exchanging, and number of pharmacies and labs contacted and exchanging. Each entry should include:</p> <ul style="list-style-type: none"> • Span of dates for accomplishing the activity • Brief description of the activity, method of delivery, and expected results • Identify the person(s) or position(s) responsible for completing or supervising the activity <p>The timeline should have entries for the following activities (if applicable):</p> <ul style="list-style-type: none"> • Significant hires or appointments • Submission of Monthly and Quarterly Reports to THSA • Proposed date of first day of operations • Evaluation activities 	<p>6 pages</p>
<p>Budget</p>	<p>Complete Budget Detail Form (Appendix B). All amounts should represent costs for the whole grant period from February 1, 2011 through September 31, 2013.</p> <ul style="list-style-type: none"> • Personnel represents salaries and wages of employees of the organization that are directly related to the program. • Fringe represents amounts and percentages that comprise fringe benefit costs, such as health insurance, FICA, retirement insurance, etc. • Travel represents total costs of out-of-town travel (travel requiring per diem) for staff of the project. • Equipment represents the total costs of all equipment to be acquired by the applicant. For all grantees, "equipment" is non-expendable tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. • Supplies represents the total costs of all tangible expendable personal property other than equipment with an acquisition cost of \$5,000 or more per unit. • Contractual services represents total costs of all contracts, including procurement • Contracts (except those, which belong on other lines such as equipment, supplies, etc.). Also include any contracts with organizations for the provision of technical assistance. • Other represents costs such as: insurance, non-contractual 	<p>1 pages</p>

Section	General Description / Specific Instructions	Maximum Length
	fees and travel paid directly to individual consultants; local transportation (all travel which does not require per diem is considered local travel); postage; space and equipment rentals/lease; printing and publication; computer use; training and staff development costs (i.e. registration fees).	
Budget Justification	Complete the Budget Narrative Form (Appendix C). Provide a budget narrative to document how budget estimates were derived, including the source of any leveraged funds. All numbers on the Budget Detail Form should coincide with the Budget Narrative Form.	3 pages
Evaluation	Identify program outcomes for performance measures. The HIO/RHIO will report actual outcomes on monthly and quarterly progress, and final reports. Specifically, the evaluation plans, shall include the following: <ul style="list-style-type: none"> • Goals • Activities/strategies planned to reach the goals. A single goal may have multiple activities/strategies • Outcomes, including proposed outcome and short- and long-term outcomes and associated date • Measure/indicator of success, including the evidence (qualitative and/or quantitative) that indicates success or failure of each strategy in achieving the proposed outcome(s) • Methods for collecting data (e.g., surveys, letters of commitment, etc.) 	2 pages
Total		40 pages

Appendix B

Budget Detail Form

CATEGORIES	2011	2012	2013	TOTAL
Personnel				
Fringe				
Travel				
Equipment				
Supplies				
Contractual				

Office Space				
TOTAL				

Appendix C

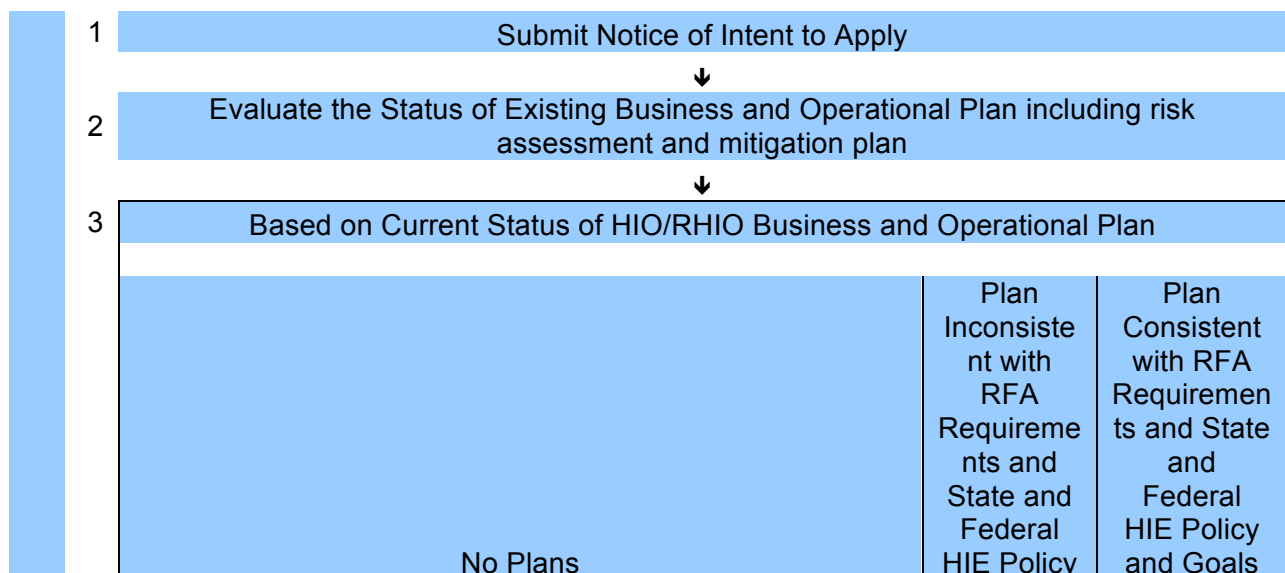
Budget Narrative Form

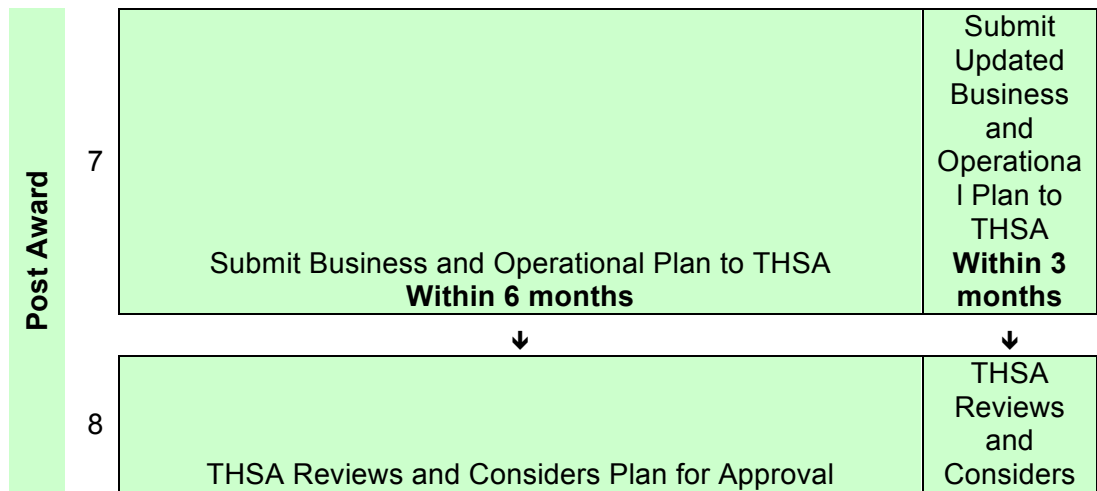
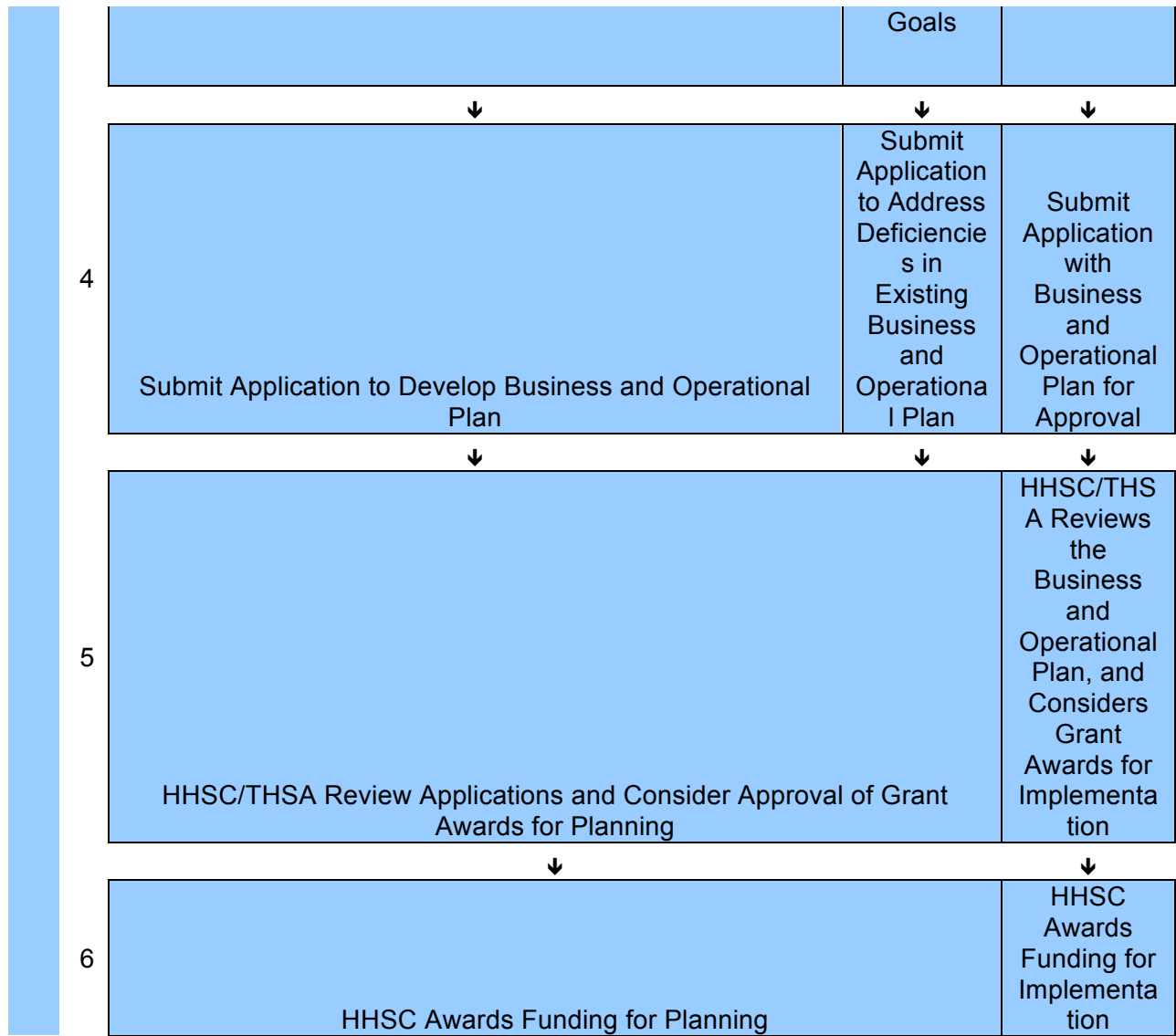
Using the Budget Narrative Form below, provide a budget narrative to document how budget estimates were derived, including the source of any leveraged funds. Please ensure that the numbers in the Budget Detail Form coincide with the Budget Narrative Form.

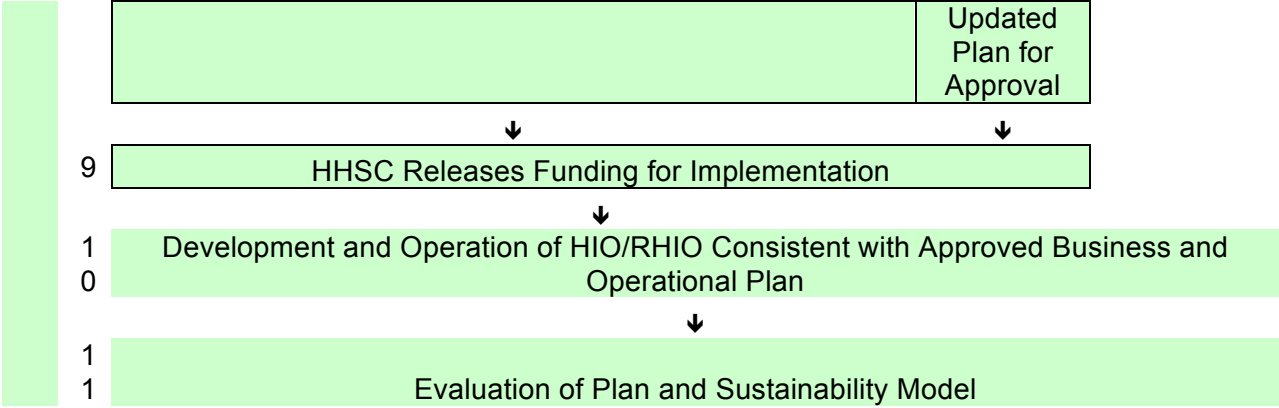
1. PERSONNEL (Describe purpose and relation to deliverables of positions or groups of positions, that link directly to the role and responsibility of each individual identified.)
2. FRINGE BENEFITS (Describe purpose and relation to the deliverables for each listed cost category.)
3. TRAVEL (Describe purpose and relation to deliverables for each listed cost category. Indicate the funded positions that will travel for this project.)
4. Equipment (For purchases over \$5,000. Describe use and relation to deliverables for each item or class of equipment.)
5. Supplies (Describe purpose and relation to deliverables for each listed cost category.)
6. Contractual (Describe purpose and relation to deliverables for each listed cost category. All costs related to services provided to grantee must be included in this form.)
7. Other (Describe purpose and relation to deliverables for each listed cost category.)

Appendix D

Application Process and Deliverables Process Chart







Appendix E

Validating Provider Engagement with HIO/RHIO

Partnering with a HIO/RHIO to build HIE capacity in the state is a strategy that will maximize the impact of Texas' HIE outreach and effectiveness. It is critical that in the planning, implementation, operation, and evaluation periods the THSA's HIO/RHIO partners maintain and increase their commitments from hospitals and physicians. Grantees will be required to show proof of commitments according to the schedule below. Additionally, as part of grant monitoring, the THSA will verify that commitments indicated in an application are being fulfilled through the delivery of services.

HIO/RHIO applicants will be required to submit proof of provider commitments according to the following schedule, and based on the target number of providers claimed in the application. Applicants may provide letters of commitment with their application. An applicant's award, however, will be contingent on whether the applicant provides letters of commitment from at least 20% of the targeted physicians and 20% of the targeted hospitals within the HIO/RHIO geographic region by February 7, 2011. The letters of commitment, if not submitted with the application, should be submitted to the HHSC point of contact noted in Section 1.2 of the RFA.

Schedule of Proof of Provider Commitments

	Hospitals	Physicians
By February 7, 2011	20%	20%
With plan submission (est. Jul 2011)	20%	20%
Third quarter report (est. Oct 2011)	20%	20%
Fourth quarter report (est. Jan 2012)	20%	20%

HIO/RHIO applicants must secure letters from individual physicians and hospitals committing to use the HIO/RHIO to achieve the HIE meaningful use requirements as defined by the Centers for Medicare and Medicaid Services.

The THSA will accept letters of commitment signed on behalf of multiple hospitals within a system if chief administrator of the hospital system signs the letter. All of the hospitals and license numbers for those hospitals, however, must be listed in the letter of commitment.

Similarly, the THSA will accept letters of commitment signed on behalf of physician if their office manager or chief administrator signs the letter. All of the physicians and license numbers for those physicians, however, must be listed in the letter of commitment.

A letter of commitment template is provided on the following page.

Letter of Commitment Template

My [practice/practice organization/hospital/hospital system] is committed to using [insert name of HIO or RHIO] to exchange electronic health information.

We understand that the Texas Health and Human Services Commission (HHSC) and Texas Health Services Authority (THSA) has asked local health information organizations (HIOs) or regional health information organizations (RHIOs) such as [insert name of HIO or RHIO] to seek commitments from hospitals and physicians as part of a Local Health Information Exchange (HIE) Grant Program. These grants will provide financial assistance to new or expanding HIO/RHIOs to partially fund planning, development, and operations of local or regional HIE networks. The commitments will be one of the aspects used to assess the merits of HIOs/RHIOs who apply for grants. We also understand that the vision for statewide HIE in Texas is to support the development of infrastructure made up of interoperable, electronic health records (EHRs) composed of standardized, structured data elements that are exchanged among authorized health care organizations and providers across secure regional and statewide networks. We further understand, that the American Recovery Act and Reinvestment Act provides incentives for eligible Medicaid and Medicare providers and hospitals to encourage adoption of EHRs, and in order to fully qualify for these incentives, providers and hospitals must make "meaningful use" of the EHRs by exchanging clinical health data across secure networks.

We look forward to working with [insert HIO/RHIO name], HHSC, and THSA to improve the quality, safety, and efficiency of the Texas health care system through secure, electronic networks that protect individual privacy.

Sincerely,

Name of Physician/Physician Organization/Hospital/Hospital

System: _____

Address: _____

Phone Number: _____

Practice Type (Circle One): Hospital Hospital System Physician Physician Organization

Name of Hospital or Hospitals in System and License Number:

Hospital Name
License #

Department of State Health Services

Name of Physician or Physicians in Organization and License Number:

Physician Name

Texas Medical Board License #

Appendix F

Definitions

Health Information Organization (HIO)	An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
Regional Health Information Organization (RHIO)	A HIO that brings together health care stakeholders within a defined geographic area and governs health information exchange among them for the purpose of improving health and care in that community.
Core HIE Services	The core HIE services identified in the Texas HIE Strategic and Operational Plans are: <ul style="list-style-type: none">• Electronic prescribing;• Electronic exchange of clinical lab results; and• Electronic exchange of patient care summaries.
Electronic Prescribing	Enabling a HIO/RHIO provider to generate and transmit permissible prescriptions electronically.
Electronic Exchange of Clinical Lab Results	Enabling a HIO/RHIO provider to electronically order clinical lab tests and deliver clinical lab tests to an ordering provider.
Electronic Exchange of Patient Care Summaries	Enabling a HIO/RHIO provider to query/lookup a patient's summary record AND electronically transmit a patient's summary record to other providers and organizations including, at a minimum, diagnostic results, problem list, medication list, medication allergy list, and procedures.
Hospital	A hospital or health care system under this RFA: <ol style="list-style-type: none">1. Provides in-patient services in the State of Texas;2. Is not owned, maintained, or operated by the federal government or an agency of the federal government; and3. Has a current Texas state hospital license as of the RFA submission deadline and is in good standing with its hospital accreditation entity.
Physician	All physicians licensed with the Texas Medical Board that are actively practicing. Locum Tenens, those that indicated "Not in Practice" in the Practice Address field, and those with a

	Practice Type of "Not in Practice" or "Unknown" are excluded.
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