



Statement of Interest in Participating in the Integrated Care Collaboration's HIE Network

The Texas Health and Human Services Commission (HHSC) and Texas Health Services Authority (THSA) are supporting a Local Health Information Exchange (HIE) Grant Program to award grants to new or expanding health information organizations (HIO) or regional health information organizations (RHIO) to partially fund planning, development, and operations of local or regional HIE networks. It is a requirement of this program that such HIOs and RHIO be Texas non-profit corporations in order to be eligible for this grant funding. The vision for statewide HIE in Texas is to support the development of an 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. Additionally, the American Recovery Act and Reinvestment Act, in order to encourage physician and hospital adoption of EHRs, provides incentives for eligible Medicaid and Medicare providers and hospitals to adopt EHRs and to use them to exchange information electronically. To get the maximum incentive payment, Medicaid and Medicare eligible providers and hospitals must make "meaningful use" of the EHRs by exchanging clinical health data across secure networks by January 1, 2012.

Statement of Interest

Although this statement of interest does not represent a binding commitment, my [practice/practice organization/hospital/hospital system] would be interested in utilizing the services of the Integrated Care Collaboration to support the vision for statewide health information exchange (HIE) in Texas and to achieve the HIE meaningful use requirements as defined by the Centers for Medicare and Medicaid Services.

We look forward to working with the Integrated Care Collaboration, HHSC, and THSA to improve the quality, safety, and efficiency of the Texas health care system through secure, electronic networks in compliance with applicable state and federal privacy laws related to the use and disclosure of individuals' personal health information.

Sincerely,

Signature: _____ **Date:** _____

Printed Name and Title: _____

Name of Practice/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

Department of State Health Services License #

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Name of Physician or Physicians in Organization and License Number:

Physician Name

Texas Medical Board License #

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