The Mass HIway, the Commonwealth’s state-sponsored health information exchange (HIE), is offering **HIway Adoption and Utilization Services** or “**HAUS**” services to MassHealth Accountable Care Organizations (ACOs), Community Partners (CPs), and Community Service Agencies (CSAs), or other organizations approved by EOHHS, in partnership with MassHealth, to assist organizations’ transition to secure, electronic exchange of health information to improve care coordination among providers.

Organizations that opt to participate in HAUS will be assigned a dedicated HIway Account Manager that will provide project management and consulting services to support the organization’s connection to the Mass HIway (if not already connected) and the implementation of a care coordination use case with another organization. These services are offered to assist organizations improve electronic exchange of health information, and each participating provider organization shall remain solely responsible for compliance with all state and federal requirements, including compliance with the HIway connection requirement under the Mass HIway Regulations (101 CMR 20.00).

Services provided under HAUS are offered to participating organizations without charge. However, organizations may be subject to separate charges established outside of the HAUS program, if applicable (e.g., HIway connection fee), and participating organizations shall be solely responsible for any internal financial obligations needed to effectively participate in the program. Services may be discontinued by EOHHS at any time due to lack of available funding, alternative policy direction, or as a result of insufficient engagement on the part of the participating organization.

Participating organizations are required to identify another organization (trading partner) that is committed to working with them on the identified care coordination use case, as well as a project lead within their organization that will serve as the primary contact for the HIway Account Manager. This project lead will be responsible for the following activities:

* Work closely with the HIway Account Manager to identify organizational staff that will be part of the project team
* Ensure that all tasks assigned to staff within the organization are completed in accordance with the project plan timeline
* Work with the HIway Account Manager and project team to complete the HIE Use Case Planning Form. This Form will serve as the project charter
* Work with HIway Account Manager to update the HIE Technology and Workflow Project Plan and share risks as they are identified

Please list the care coordination use case your organization plans to implement, along with your identified trading partner, project lead and the authorized signatory in the table below. These Terms of Participation should be signed by a member of the organization’s leadership team (e.g. CEO, COO, or Executive Director).

|  |  |
| --- | --- |
| Brief description of care coordination use case |  |
| Trading partner organization |  |
|  | Name | Title | e-mail | Phone number |
| Project Lead name |  |  |  |  |
| Agreement Signatory |  |  |  |  |

By signing these Terms of Participation, the provider organization hereby intends to actively participate in the HAUS program and to commit the resources necessary to fully and effectively achieve the program goals.

Project Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Project Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Chief Medical Officer

or Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Chief Information Officer

or IT Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)