SECTION 1. OVERVIEW

1.1 BACKGROUND

The Health Passport application, required by Tex. Fam. Code §§ 266.003 and 266.006, is a portable and secure health information tool that bridges core clinical and claims information to deliver relevant healthcare information when and where it is needed for the foster care system in the State of Texas. The core business function of the Health Passport application is to facilitate Service Coordination and Continuity of Care for Members, as well as streamline data sharing and coordination between the Members' Providers and DFPS. The Health Passport serves as an easily accessible, paperless repository of information related to each Member, his or her Providers, demographics, medical services rendered, and pertinent administrative documentation. Additional information, such as recent usage statistics and access policies and procedures is available in the **Exhibit Q**, **Procurement Library**.

SECTION 2. DESIGN, AND SUPPORT REQUIREMENTS

2.1 INTRODUCTION

The Health Passport application must provide the capability to meet current and future Medicaid Information Technology Architecture (MITA) or other external architecture requirements. The MCO will coordinate with HHSC's efforts to achieve a higher level of MITA maturity and participate in development of the State Self-Assessment (SSA) required by Centers for Medicare & Medicaid Services (CMS). The Health Passport application and all data within the application will be the property of HHSC after successful completion of the MCO's contract obligations.

2.2 STEERING COMMITTEE

The MCO must establish a Health Passport steering committee and processes by which potential enhancements, new functionality, or additional features can be proposed, reviewed, and prioritized for implementation. The committee must include representation from HHSC, DFPS, and stakeholders who use the application on a regular basis. The MCO must maintain and provide to HHSC a record of steering committee meetings, including agendas, minutes, and timelines for enhancement projects completion. The MCO will develop and maintain project artifacts, to support all system-related planning, design, development, testing and implementation activities. HHSC will provide and approve artifact formats and deliverable timeframes.

2.3 SYSTEM SUPPORT

The MCO must provide software support, support communication lines, and trouble-shooting assistance to providers, State personnel and other entities identified by HHSC,

free of charge and as requested. The Health Passport application will support online, mobile, and browser-based web capabilities (supporting at minimum the most current three versions of Internet Explorer, Chrome, Firefox, and Safari), with no client component download(s) for all authorized users.

2.4 USER-FRIENDLY

The Health Passport must be designed in a manner to deliver the data in a summarized, user-friendly, printable format, especially for when transitioning out of the foster care system and must employ hierarchical security measures to limit access to designated persons as defined by HHSC.

2.5 AVAILABILITY

The Health Passport must be available 24 hours per Day, 7 Days per week, except during limited scheduled system downtime. Routine scheduled downtime must be posted on the MCO website. The MCO must communicate non-routine scheduled downtime to HHSC and the DFPS Help Desk before the scheduled downtime occurs.

2.6 MINIMUM OPERATIONAL ELEMENTS

The MCO is allowed to offer any functionality that will assist with the core business function of Health Passport and the provisioning of Healthcare Services for Members. However, Health Passport must be maintained in a web-based electronic format with the following minimum system functions and features:

1. Compliance with the Information Security and Privacy Appendix found in the **Exhibit Q, Procurement Library**. This appendix will be updated by HHSC and the MCO prior to Health Passport operations to reflect the current state;

2. Advanced security capabilities to protect Member confidentiality and comply with security and privacy rules adopted by the U.S. Department of Health and Human Services (HHS) under HIPAA, 45 C.F.R. §§ 164.302–.318; 164.500–.534, the HITECH Act, all applicable state and federal laws, including Texas Administrative Code Chapter 390, and current Information Security Controls (IS-Controls) Enterprise Information Security Standards and Guidelines (EISSG). More information is available at https://hhs.texas.gov/sites/default/files//documents/doing-business-with-hhs/contracting/information-security-controls.pdf;

3. Retention of records until the Member reaches age 26 or the timeframe prescribed in **Section 8.01 of Exhibit A** (whichever occurs later);

4. Role-based access to Health Passport data by designated parties as defined by HHSC, in which the Member's designated PCP, Medical Consenter, named Service

Coordinator, and additional Providers must be clearly identifiable by role in the Health Passport;

5. Additional security layer for cases deemed sensitive by DFPS to allow access only by personnel as designated by DFPS;

6. Secure user access to prevent unauthorized use of data, data loss, tampering and destruction;

7. Audit trail functionality to include security audits (i.e., logging of Health Passport access attempts) and data audits (e.g., logging when, and by whom, records are created, viewed, updated, extracted, or deleted), in which the MCO must report any security Incident in the Health Passport application to HHSC in accordance with the Contract;

8. Integration of Health Passport with the 24-hour Nurse Hotline and BH Hotline to allow case-specific access to Health Passport records by designated Hotline staff;

9. Integration of the Health Passport with the MCO's Provider portal;

10. Ability to integrate with HHSC Medicaid Trading partners using seamless integration technologies such as Simple Object Access Protocol (SOAP), Representational State Transfer (RESTful) Web Services, or similar type of industry standard web services. Integration should also include the ability to exchange data files through secure file transfer protocol calls with other systems;

11. Integration with, or provide, a document management component to store all user supplied inputs, all system-generated outputs, including, but not limited to, system activity reports and generated correspondence. The reporting and correspondence output media must be approved by HHSC;

12. Integration with, or provide, care-gap software functionality by comparing retrospective and prospective analysis to determine medical service needs based on available data inputs, such as enrollment, medical claims, pharmacy claims and lab results;

13. Sorting and printing capacity at a record and data category level;

14. Standard and ad hoc reports with flexible, user-established parameters (e.g., record selection, field inclusion, sort, and grouping). The final library of standard reports will be developed in cooperation with HHSC, DFPS and the MCO after the Contract is signed. HHSC and DFPS will approve the library of standard reports;

15. Ownership, transferability, and exportability of the complete Health Passport application and data in a file format designated by HHSC;

16. Export of Member clinical data to a portable, electronic format that can be imported into Certified Electronic Health Record Technology (CEHRT) to allow providers to maximize their use of electronic Member data. Implementation of this functionality should carefully follow up-to-date guidance of the Office of the National Coordinator for Health IT, which specifies the standards and criteria for interoperability of software involved in Member care. Current criteria call for the use of Consolidated Clinical Document Architecture (CCDA) to describe clinical data elements and the use of the XML-based Continuity of Care document (CCD) template as the format by which the data elements are organized;

17. The information contained in **Section 2.6.50 of the Exhibit H, STAR Health Scope of Work,** related to BH Providers' contractually required data for Health Passport;

18. Search functionality; and

19. Basic functionality depicted in **Section 3 of this Exhibit**.

2.7 MOBILE ACCESSIBILITY

The MCO must develop and maintain accessibility and secure viewing of Health Passport on users' mobile devices. At a minimum, this mobile accessibility must meet requirements for usability, security, availability, and downtime described in items 1-6 of **Section 2.6 of this Exhibit** and displaying all of the required data elements within **Section 2.8 of this Exhibit**. The mobile accessibility must be implemented by the Operational Start Date.

2.8 REQUIRED DATA ELEMENTS

The MCO is required to include the following data elements in the Health Passport:

1. Member-specific information including name, address of the current placement, date of birth, race/ethnicity, gender, and other demographic information, as provided on the DNF or as otherwise appropriate, for each Member;

2. Name and address of each Member's PCP, Caregiver and Medical Consenters, with clear designation of the Member's authorized primary Medical Consenter;

3. Name and contact information of each Member's DFPS caseworker as well as any named Service Coordinator, as appropriate;

4. Acquisition and retention of the Member's Medicaid ID and DFPS personal identification number ("Person ID"), when available, are required;

5. The initial ISP, as well as any updates, for each Member receiving Service Coordination, including the plan of treatment to address the Member's physical, psychological, and emotional healthcare problems and needs, and plan of care for PCS, CFC, and MDCP, if applicable;

6. Identification of level of Service Coordination the Member is receiving, as well as the Member's enrollment in a DM program, the TYP, or any other type of specialized program assistance the Member is receiving;

7. Complete record of all PMURs, to include the outcome of each review and any actions taken to address identified concerns with the Member's medication regimen;

8. Complete record of claims and/or Encounter data;

9. Provider-specific information including, name of Provider, professional group, or facility, Provider's address and phone number, and Provider type including any specialist designations and credentials or certifications, such as for CANS, TIC, TF-CBT, PCIT, TBRI, or CPP;

10. Record of each service event with a physician or other Provider, including THSteps checkups, that include the date of the service event, location, Provider name, the associated problem(s) or diagnosis, and treatment given, including drugs prescribed;

11. Forms and documents related to THSteps medical and dental checkups and BH exams;

12. Record of future scheduled service appointments and referrals, when known;

13. Record of all diagnoses applicable to the Member, with emphasis on BH diagnoses utilizing either the applicable DSM or International Classification of Diseases (ICD) national code sets as based on claims submitted. Any utilization of an informational code set, such as ICD-10, should provide the used code value as well as an appropriate and understandable code description;

14. Record of current and past medications and doses, including psychotropic medications, interaction alerts, and where available, the prescribing physician, date of prescription(s) and target symptoms;

15. Record and results of all THSteps medical, dental, and BH exams, including all required information from THSteps forms;

16. Monthly progress notes from BH exams or treatments, submitted more frequently if necessary to document significant changes in a Member's treatment or progress. Such monthly summaries must include:

a. Primary and secondary (if present) diagnosis;
b. Assessment information;
c. Brief narrative summary of Member's progress or status;
d. Scores on each outcome rating form(s);
e. Referrals to other Providers or community resources; and
f. Any other relevant care information;

17. Family Strengths and Needs Assessment (FSNA), as applicable, and as submitted by DFPS;

18. The Texas CANS 2.0 assessment, including:

    a. Scores from the rating sheet; and
    b. The results page, including narrative and recommendation fields;

19. Listing of Member's known health problems and allergies;

20. Complete record of all immunizations, supplemented by and exchangeable with data from ImmTrac2, the Texas Immunization Registry that meets the requirements of Texas Health & Safety Code Chapter 161 as well as the recommended immunization schedules for Member's age birth through 18 years, and the catch-up immunization schedule as posted on the Centers for Disease Control and Prevention website;

21. List of Member's DME must be reflected in the claims or visits module, and in the Member's ISP;

22. Laboratory test results; and

23. Functionality that assists DFPS caseworkers.

The Health Passport may contain additional information proposed by the MCO and approved by HHSC.

2.9 USAGE REQUIREMENTS

The MCO and the Member's Providers, as appropriate, will be responsible for updating each Member's Health Passport with the required medical information. The MCO must contractually require Providers to submit the required information for the Health Passport.

The MCO must design an efficient application that will allow Providers to either input data directly into the Health Passport at the point of service through a web-based interface or submit the required information to the MCO for entry into the Health Passport.

The MCO must develop a process to encourage that Providers submit monthly BH progress notes, required forms, and assessment information to the Health Passport in a timely manner.

The MCO is encouraged to design the Health Passport in such a way as to allow for electronic communication via the Health Passport among the Member's Providers for Service Coordination and service planning purposes.

If the status of an authorized user of the Health Passport changes, the MCO must terminate the user's access to the Health Passport application within 24 hours of notification of the user's change in status. Examples of status changes include a Provider leaving the MCO's Network, or a DFPS employee leaves employment with DFPS. When a Member is disenrolled from the MCO, web access to the Member's Health Passport must be suspended for all users except for the approved DFPS users who shall continue to have access to all records. The MCO must retain the Member's records in a manner such that the Health Passport may be readily reinstated should the Member return to conservatorship and/or be re-enrolled with the MCO.

To facilitate Service Coordination, the MCO will provide a daily upload to HHSC/DFPS of designated Health Passport data, as determined by HHSC, via the use of a secure file transfer protocol site that will be designated by HHSC.

The MCO must develop instructional and training materials for Health Passport users, including web-based materials.

2.10 REPORTING

Report Name	Report Frequency	Report Description
Passport usage summary report	The MCO must submit this Deliverable on a quarterly basis.	The report must show the overall usage of the Health Passport application. The report must include, at a minimum, the following data elements for each user role, and including geographical trending of the data: 1. Number of registered Health Passport users; 2. Number of unique Member charts viewed; 3. Number of forms used; and 4. Number of log ins.
Care coordination report	The MCO must submit this Deliverable on a quarterly basis.	The report must show the extent to which the Health Passport application is assisting in the coordination of BH and physical health services. The report must include, at a minimum, the number and percentage of:

		1. Member records that have been accessed by both the Member's BH Provider and physical health Provider; and 2. Members who have received both BH and physical health services, as demonstrated by claims data.
Quarterly forms report	The MCO must submit this Deliverable on a quarterly basis.	The report must show the extent to which Providers are submitting contractually required documents for THSteps checkups and BH visits. The report must include, at a minimum, the following data elements: 1. The number of compliant and non-compliant Health Passport form submissions for THSteps checkups and BH; and 2. A list of Providers, and their provider type, responsible for the highest number of non-compliant submissions.
Excessive usage report	The MCO must submit this Deliverable on a daily basis.	The report must show users who have exceeded the typical number of log-ons to the Health Passport application. The MCO must maintain standardized usage thresholds for each user type (e.g., Medical Consenter, DFPS caseworker, CASA staff, Provider) that will be used to measure excessive usage. The MCO must review a user exceeding his or her assigned threshold in a given day to ensure the user's use of the Health Passport is appropriate. The MCO must refer situations involving the possible abuse of the Health Passport application to HHSC and DFPS for their additional review. This report must include, at a minimum, the following data elements: 1. The names of the users and user types that appear to that exceed the

		usage threshold within a specified date range; 2. The number of times each user accessed the application within a specified date range; and 3. The date and time of each access.
Full access report	The MCO must submit this Deliverable on a daily basis.	The report contains detailed information on each Member associated to an excessive usage incident recorded in the excessive usage report. This report is utilized to assist HHSC and DFPS in determining the appropriateness of a user's use of the Health Passport application. The report must include, at a minimum, the following data elements: 1. The name of each Member accessed; 2. The name of the user and user type that accessed each Member's record; and 3. Each area of that Member's record that was accessed during the incident.

SECTION 3. CURRENT APPLICATION OVERVIEW

The MCO is expected to present their own solution to address the requirements for the Health Passport application and HHSC is always looking for innovative ideas and solutions to improve upon the goals and objectives of Medicaid services to Texans and the foster care system. This section provides an overview of the current Health Passport application and its aim is to guide the MCO in designing their application to meet the minimal modular requirements for the Health Passport application.

3.1 HIGH-LEVEL APPLICATION DESCRIPTION

By using Health Passport, Providers and Service Coordinators can improve care coordination, eliminate waste, and reduce errors by gaining a better understanding of a person’s medical history and health interactions as the person progresses through the clinical process. Figure 1 Details the high-level flow of the existing Health Passport application functionality and integration points.

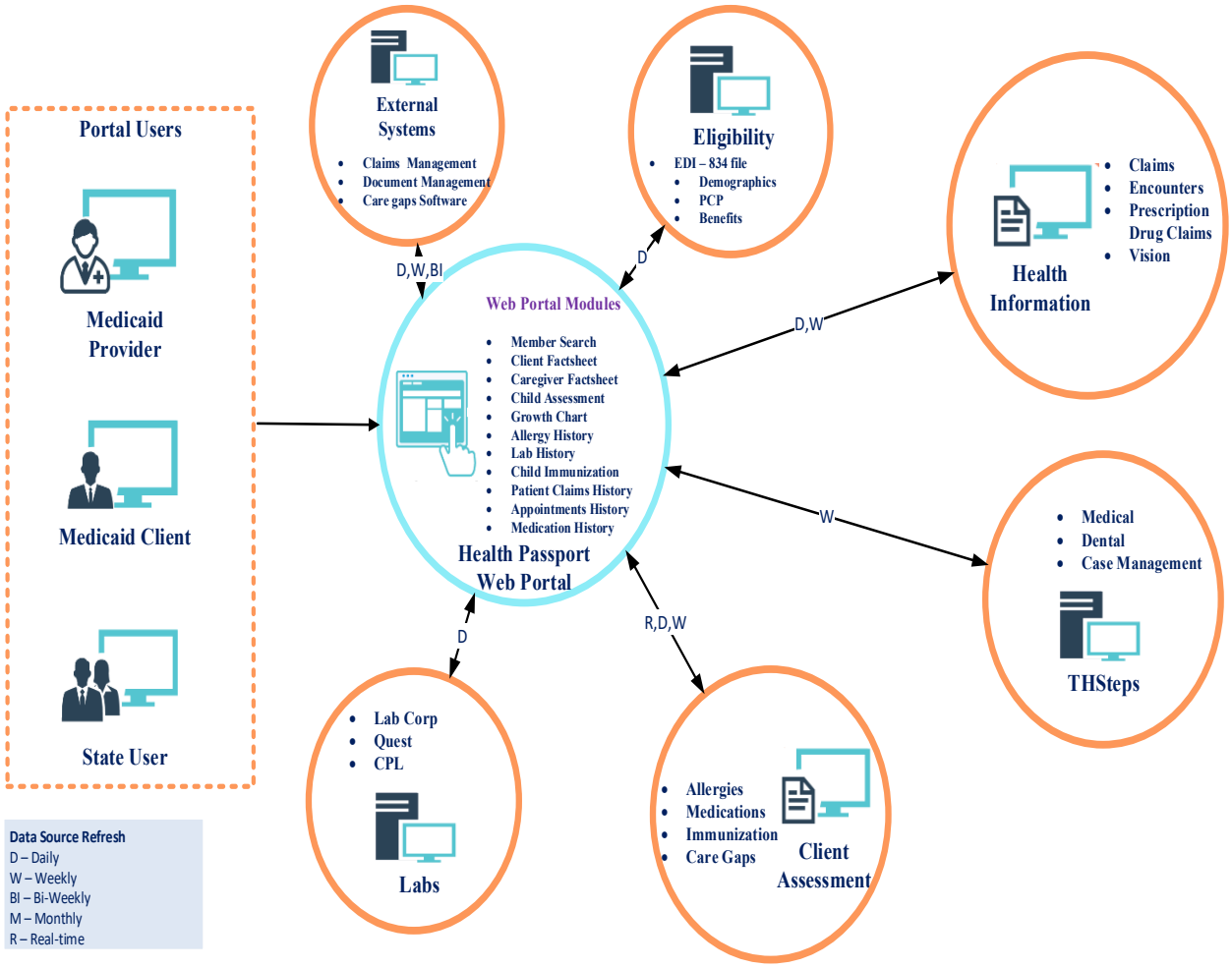

Figure 1 - Health Passport Functional View

3.2 SUB-SYSTEM OVERVIEW

Figure 2 depicts various sub-systems (i.e., dashboards) that must be provided.

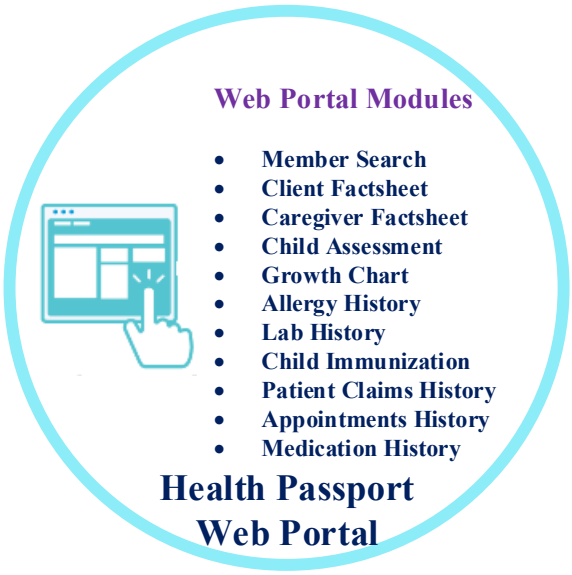

Figure 2 - Health Passport Sub-System Diagram

Once securely accessed, Health Passport presents the authorized user with information including:

1. Client Factsheet – An easy-to-read summary that includes Member demographics, care gaps, THSteps and dental last visit dates, active allergies, active medications and more;

2. Caregiver Factsheet – Easily find a Member's PCP, Medical Consenter, Caregiver, caseworker, and Service Coordinator contact information in one place;

3. Child Assessment History – Providers can document THSteps, dental and BH forms directly online. Mailing or faxing in documents critical to patient care for display is also available;

4. Growth Chart – Providers can chart weight, height, length and head circumference at the point of care to track growth of infant and children Members;

5. Allergies History – Providers can use interactive fields to add or modify allergies at the point-of-care. Once an allergy is charted, it is instantly checked for medication interactions;

6. Labs History – All lab results are made available, where providers typically only have access to the lab results they have requested;

7. Child Immunizations – A comprehensive list of a person's immunizations history;

8. Appointment History – A comprehensive list of a Members appointment history;

9. Patient Claims History – Past visits with details that include the description of service, treating provider, diagnosis and the service date; and

10. Medication History – A summary of medications filled and access to more detail, including name of the prescription, the prescribing clinician, date filled, and dosage. Indicators representing drug-drug, drug-allergy, and drug-food interactions appear when applicable as soon as new medications or allergies are added to the Member record.

3.3 CLIENT FACTSHEET

The Client Factsheet, depicted in Figure 3, provides a quick overview of the Member's health record including common diagnoses and procedures, active medications, active allergies, care gaps, and Member demographics.

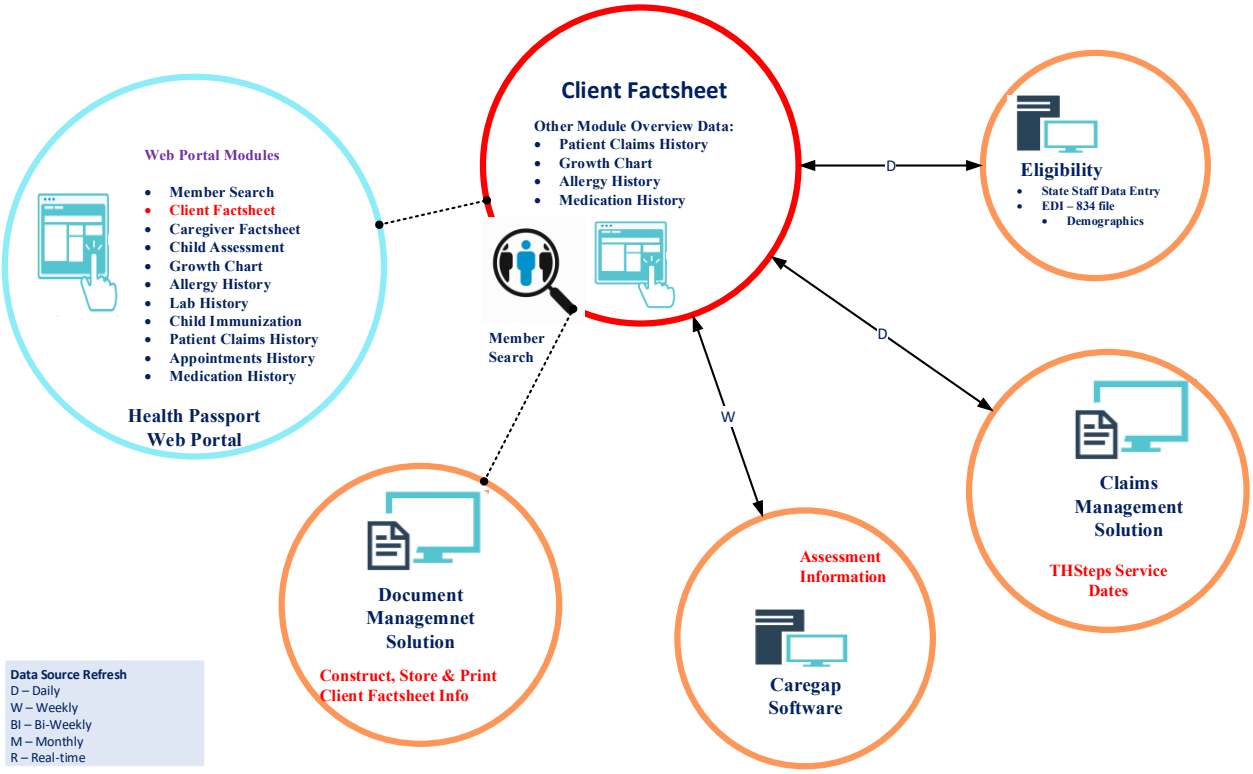

Figure 3 - Client Factsheet Diagram

3.3.1 FACTSHEET FUNCTIONALITY

1. The Client Factsheet displays the Member's health records from other Health Passport modules. The dashboard should include demographic information, care gaps, THSteps service dates, allergy history, prescription medication history, top 5 diagnoses and procedures history. The dashboard's content and format must be approved by HHSC;

2. The Client Factsheet allows the end-user the ability to easily navigate back to the Member Search form from the Client Factsheet dashboard;

3. The Client Factsheet allows the end-user the ability to print various views of the client record from the dashboard with print options approved by HHSC;

4. The Client Factsheet displays a client's demographics such as name, age, date of birth, Medicaid ID and other fields with dashboard content and format approved by HHSC;

5. The Client Factsheet displays a client care gap(s) information populated from the integration with the care-gap software. The content and format must be approved by HHSC;

6. The Client Factsheet displays a THSteps service date(s) presentation with format approved by HHSC;

7. The Client Factsheet displays a current allergies history view with content and format approved by HHSC;

8. The Client Factsheet displays a top 5 claims services presentation of codes for patient diagnoses and codes for care, equipment, and medications provided with format determined by HHSC; and

9. The Client Factsheet displays a prescription medication(s) view with content and format approved by HHSC.

3.4 CAREGIVER FACTSHEET

The Caregiver Factsheet, depicted in Figure 4, displays a Member’s medical and personal contacts.

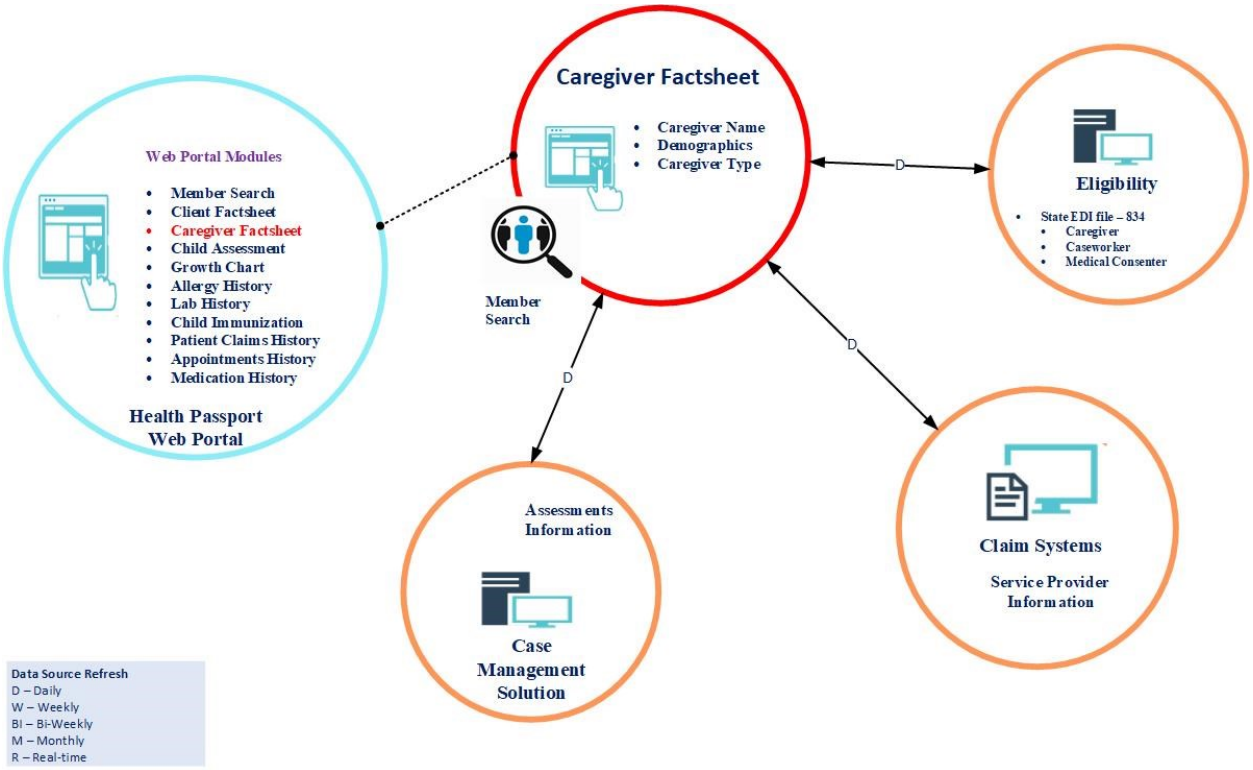

Figure 2 - Caregiver Factsheet Diagram

3.4.1 CAREGIVER FUNCTIONALITY

1. The Caregiver Factsheet displays an overview of the Caregiver's name, demographics and caregiver type;

2. The Caregiver Factsheet allows the end-user the ability to easily navigate back to the Member search form;

3. The Caregiver Factsheet allows the end-user the ability to print various views of the record from the form with print options approved by HHSC;

4. The Caregiver Factsheet allows the end-user the ability to add/update/delete records and keep a reportable audit trail of end-user activity; and

5. Designated fields that are clickable and sortable in the search results of the Caregiver Factsheet.

3.5 CHILD ASSESSMENT HISTORY

The Child Assessment History, depicted in Figure 5, provides a history of a Member's assessments. Providers can document THSteps, dental and BH forms directly online. Mailing or faxing in documents critical to patient care for display must be available.

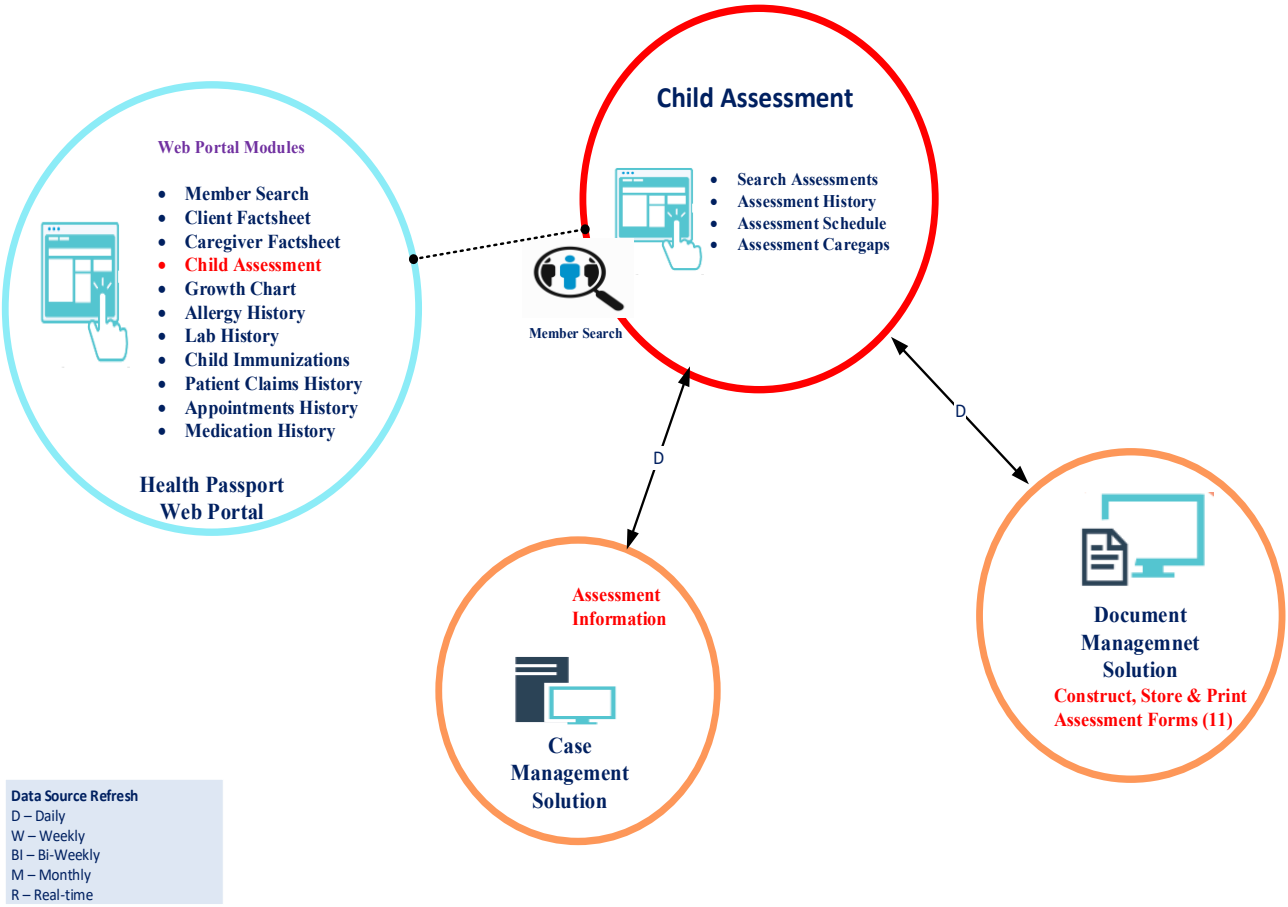

Figure 3 - Child Assessment Diagram

3.5.1 CHILD ASSESSMENT FUNCTIONALITY

1. The Child Assessment displays an overview of the Member's assessment history;

2. The Child Assessment allows the end-user the ability to easily navigate back to the Member search form;

3. The Child Assessment allows the end-user the ability to print various views of the record from the form with print options determined by HHSC;

4. The Child Assessment captures data from the end-user and populates the data in the assessment paper forms for THSteps, dental, and BH;

5. The Child Assessment allows the end-user the ability to document THSteps, dental, and BH assessments in the form;

6. The Child Assessment allows end-users the ability to view previous and current child assessment documents;

7. The Child Assessment allows end-users the ability to see an overview and detailed view of each child assessment;

8. The Child Assessment allows end-users the ability to export child assessment detail record to a "pdf" document. Exported document format must be approved by HHSC;

9. The Child Assessment allows end-users the ability to search child assessment records by either entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year); and

10. Designated fields are clickable and sortable in the search results of the Child Assessment.

3.6 GROWTH CHART

The Growth Chart, as depicted in Figure 6, provides a history of a Member's growth. Providers can chart weight, height, length and head circumference at the point of care to track growth of infants and children.

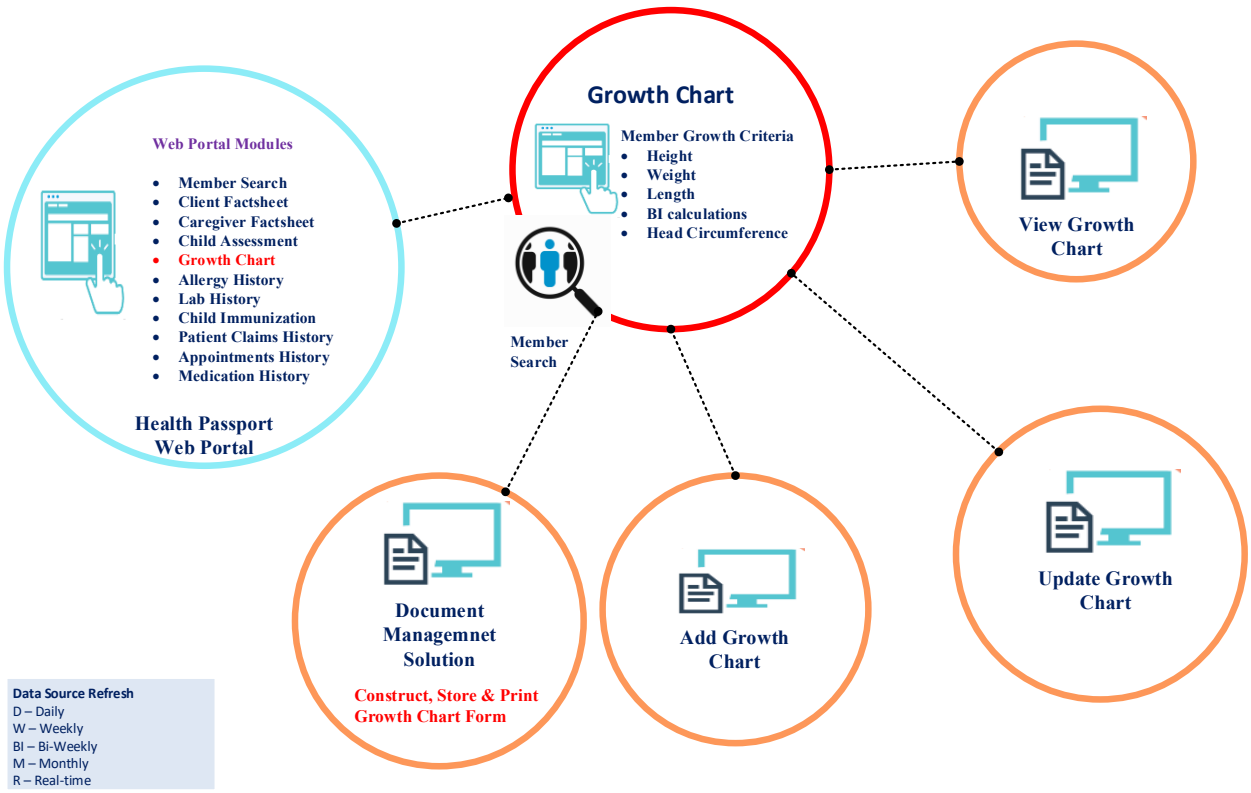

Figure 4 - Growth Chart Diagram

3.6.1 GROWTH CHART HISTORY FUNCTIONALITY

1. The Growth Chart captures Member profile information like the Member's height, weight, length, head circumference and Body Mass Index (BMI) calculations;

2. The Growth Chart allows the end-user the ability to easily navigate back to the Member search form;

3. The Growth Chart allows the end-user the ability to print various views of the Growth Chart record with print format approved by HHSC;

4. The Growth Chart allows the end-user the ability to search through the form's records by entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year); and

5. The Growth Chart opens a detail view upon click of a record in the search results.

3.7 ALLERGIES HISTORY

The Allergies History, depicted in Figure 7, provides a Member's allergy history. Providers can use interactive fields to add or modify allergies at the point-of-care. Once an allergy is charted, it is instantly checked for medication interactions.

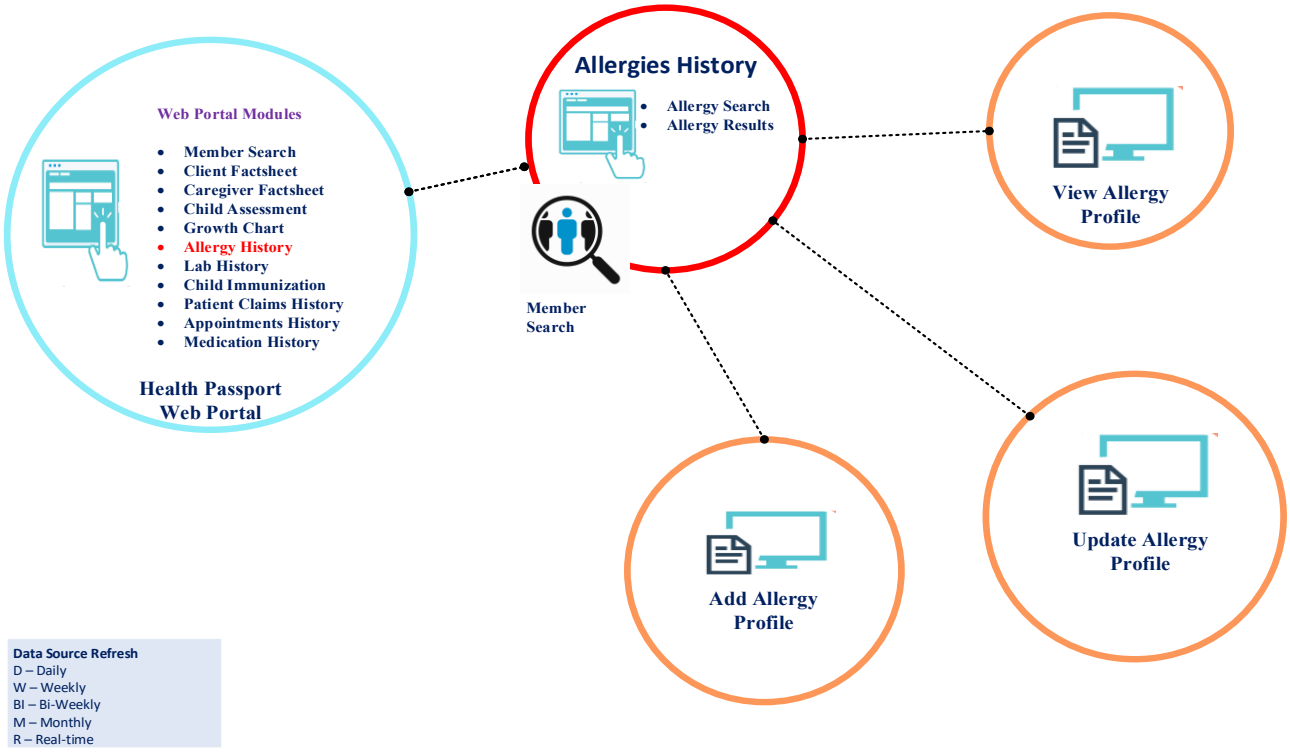

Figure 5 - Allergies History Diagram

3.7.1 ALLERGIES HISTORY FUNCTIONALITY

1. The Allergies History displays a summarized presentation of the Member's allergies history entered into the system;

2. The Allergies History allows the end-user the ability to easily navigate back to the Member search form;

3. The Allergies History allows the end-user the ability to print various views of the record from the form with print views determined by HHSC;

4. The Allergies History allows the end-user the ability to view, modify or add records to the Member's allergy history; and

5. The Allergies History opens a detail view of an allergy record upon click of a record in the search results.

3.8 LABS HISTORY

The Lab History, depicted in Figure 8, provides a history of a Member's lab results. All lab results are made available, where providers typically only have access to the lab results they have requested.

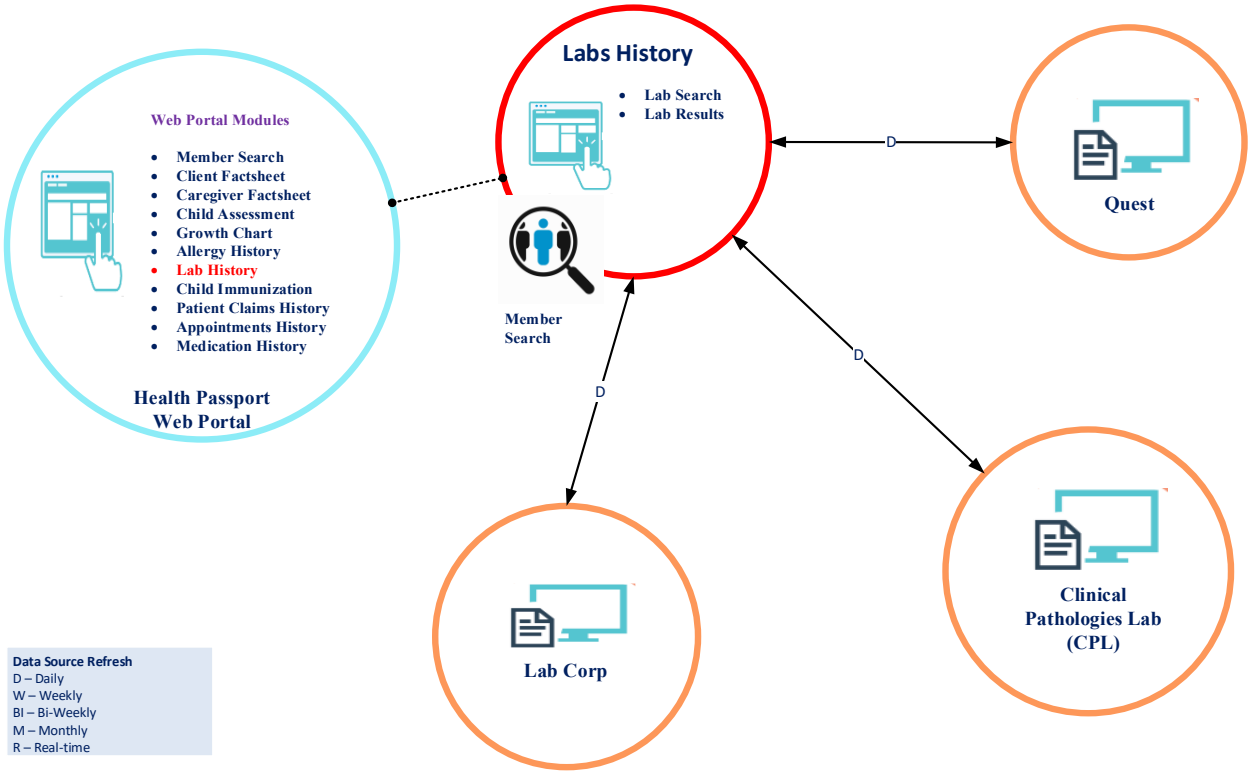

Figure 6 - Labs History Diagram

3.8.1 LABS HISTORY FUNCTIONALITY

1. The Lab History displays an overview of the Member's lab results;

2. The Lab History allows the end-user the ability to easily navigate back to the Member search form;

3. The Lab History allows the end-user the ability to print various views of the lab record with print format determined by HHSC;

4. The Lab History allows the end-user the ability to search lab results records by entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year);

5. The Lab History allows end-users the ability to filter and group the lab results by field headers. The filter criteria format and functionality will be approved by HHSC;

6. The Lab History allows end-users the ability to tab through pages of lab results. The number of records per page will be determined by HHSC; and

7. The Lab History opens a detail view upon click of a lab record in the search results.

3.9 CHILD IMMUNIZATION HISTORY

The Child Immunization History, as depicted in Figure 9, provides a history of a Member's immunizations. All immunization history is made available.

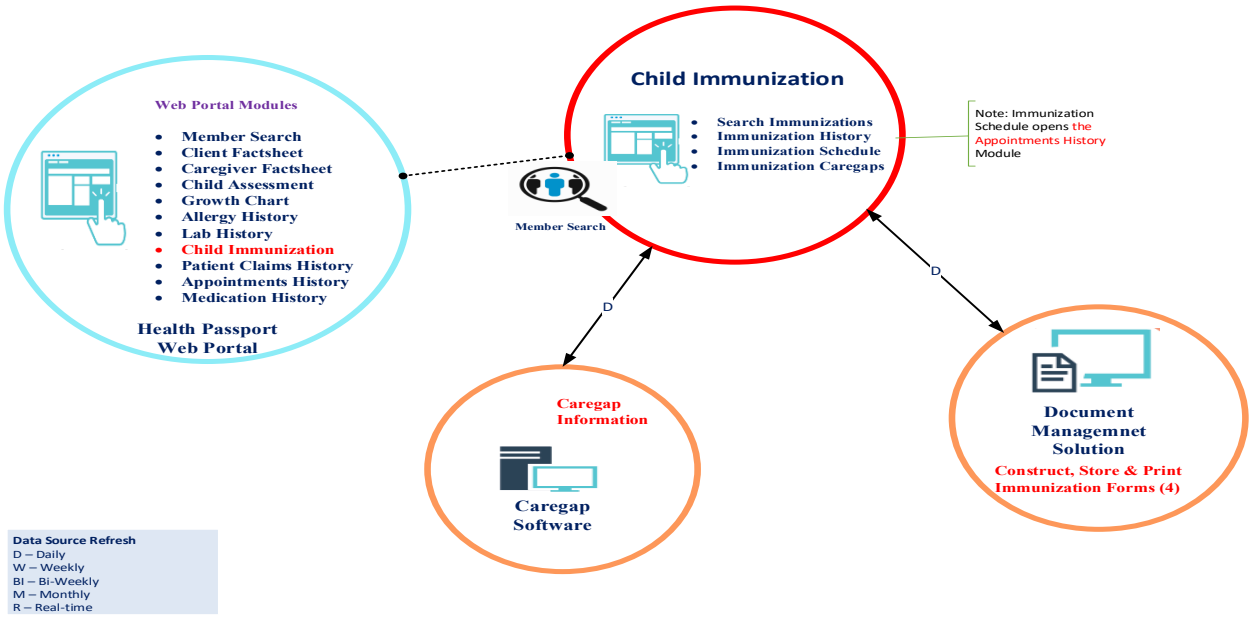

Figure 9 - Child Immunization History Diagram

3.9.1 CHILD IMMUNIZATION FUNCTIONALITY

1. The Child Immunization History contains an overview of the client's immunization history and captures and displays "'immunization type,'" "'schedule,'" and "'care gaps'" in a user-friendly format;

2. The Child Immunization History allows the end-user the ability to easily navigate back to the Member search form;

3. The Child Immunization History allows the end-user the ability to print various views of the Child Immunization record with print options determined by HHSC;

4. The Child Immunization History allows end-users the ability to search Child Immunization results records by entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year);

5. The Child Immunization History form allows end-users the ability to filter and group the Child Immunization results by field headers. The filter criteria format and functionality will be approved by HHSC;

6. The Child Immunization History form allows end-users the ability to tab through pages of Child Immunization results. The number of records per page will be approved by HHSC;

7. The Child Immunization History opens a detail view of a Child Immunization record upon click of a record in the search results;

8. The Child Immunization History displays an "Appointment" schedule section and makes available any of the following documents when attached to the immunization record through integration with the document management solution:
    a. Child Immunization Schedule form;
    b. Adolescent Immunization Schedule form;
    c. Adult Immunization Schedule form; and
    d. Catch-Up Immunization Schedule form; and

9. The Child Immunization History integrates with care-gap software and presents identified gaps in the Member's care.

3.10 APPOINTMENT HISTORY

The Appointments History, as depicted in Figure 10, details past appointments.

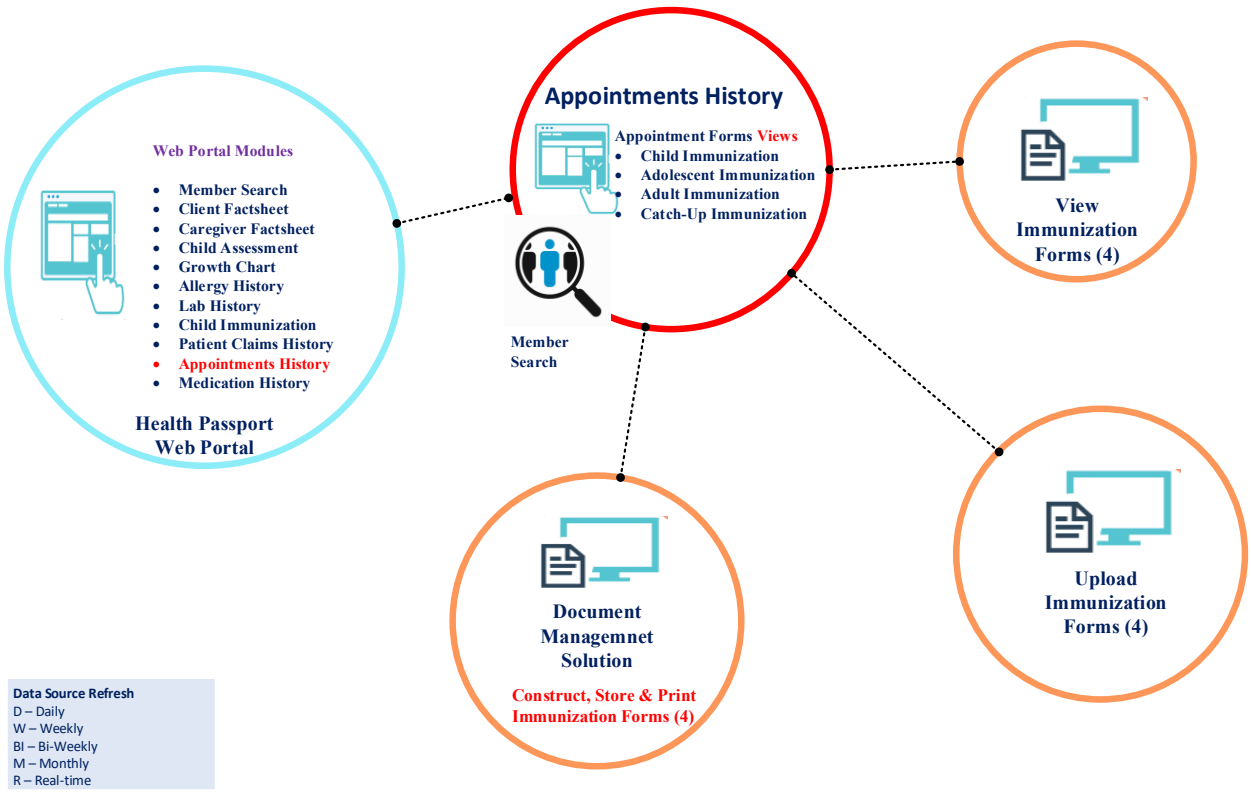

Figure 7 - Appointments History Diagram

3.10.1 APPOINTMENT HISTORY FUNCTIONALITY

1. The Appointments History displays a Member's a list of past and future care appointments;

2. The Appointments History allows the end-user the ability to easily navigate back to the Member search form;

3. The Appointments History allows the end-user the ability to print various views of the Appointments record with print format options approved by HHSC;

4. The Appointments History allows the end-user the ability to view, update and/or add to the Member care appointment calendar;

5. The Appointments History allows the end-user the ability to search appointment results records by entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year); and

6. The Appointments History opens open a detail view upon click of an appointment record in the search results.

3.11 PATIENT CLAIMS HISTORY

The Patient Claims History, as depicted in Figure 11, displays a history of a Member's claims with details that include the description of service, treating provider, diagnosis and the service date.

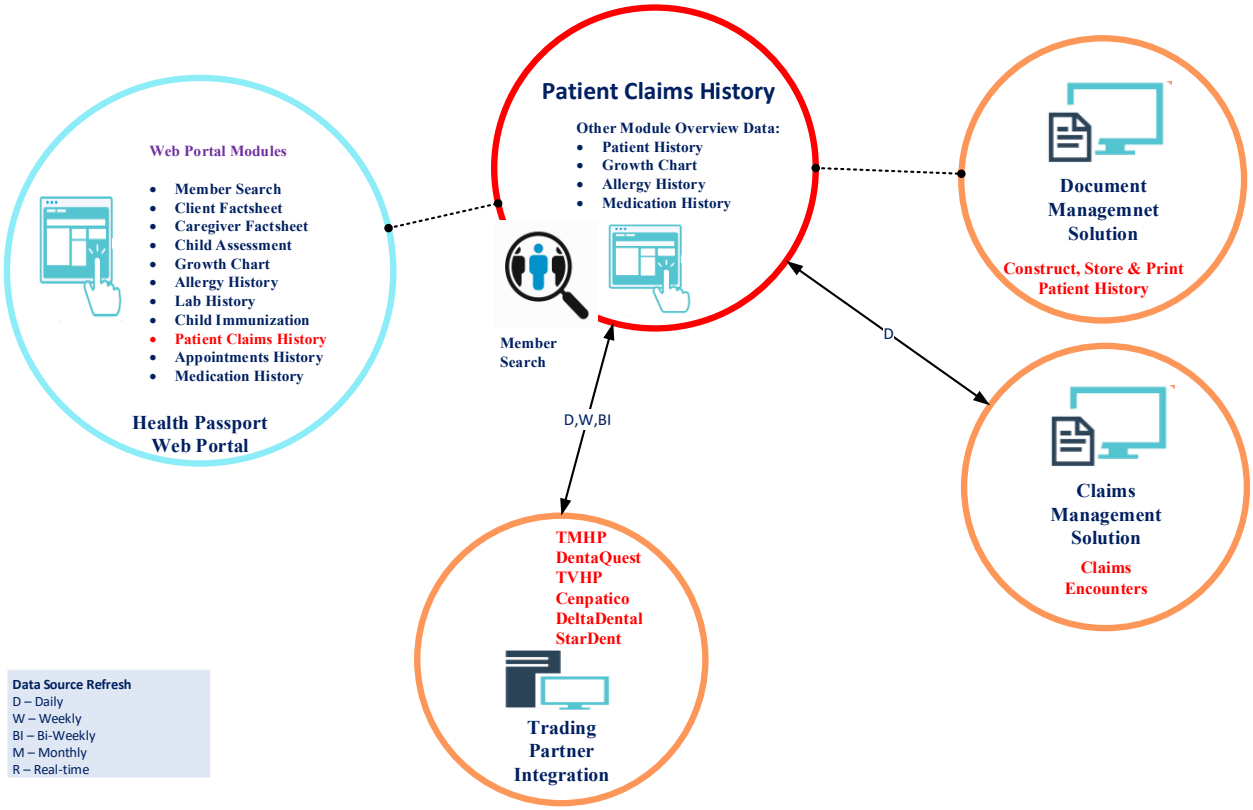

Figure 8 - Patient Claims History Diagram

3.11.1 PATIENT CLAIMS FUNCTIONALITY

1. The Patient Claims History displays history for all services rendered and captures and group the claims data by "Visits," "Diagnoses," and "Procedures" in a user-friendly format;

2. The Patient Claims History allows the end-user the ability to easily navigate back to the Member search form;

3. The Patient Claims History allows the end-user the ability to print various views of the Patient Claims record with print options determined by HHSC;

4. The Patient Claims History allows the end-user the ability to search patient claim results records by entered date range searches or by predetermined timeframe searches (i.e., last 3 months, 6 months, 9 months, or 1 year);

5. The Patient Claims History allows the end-user the ability to toggle between claims history views (i.e., claims history filtered and sorted by "Visit dates," "Diagnoses," or "Procedures" from the claim record. The category and filter criteria format and functionality must be approved by HHSC; and

6. The different views of the Patient Claims History provides functionality to open a detail view of the selected record. The detail view format and functionality must be approved by HHSC.

3.12 MEDICATION HISTORY

The Medication History, as depicted in Figure 12, provides a history of a Member's medications and includes medications filled and access to more detail, including name of the prescription, the prescribing clinician, date filled, and dosage. Indicators representing drug-drug, drug-allergy, and drug-food interactions appear when applicable as soon as new medications or allergies are added to the Member record.

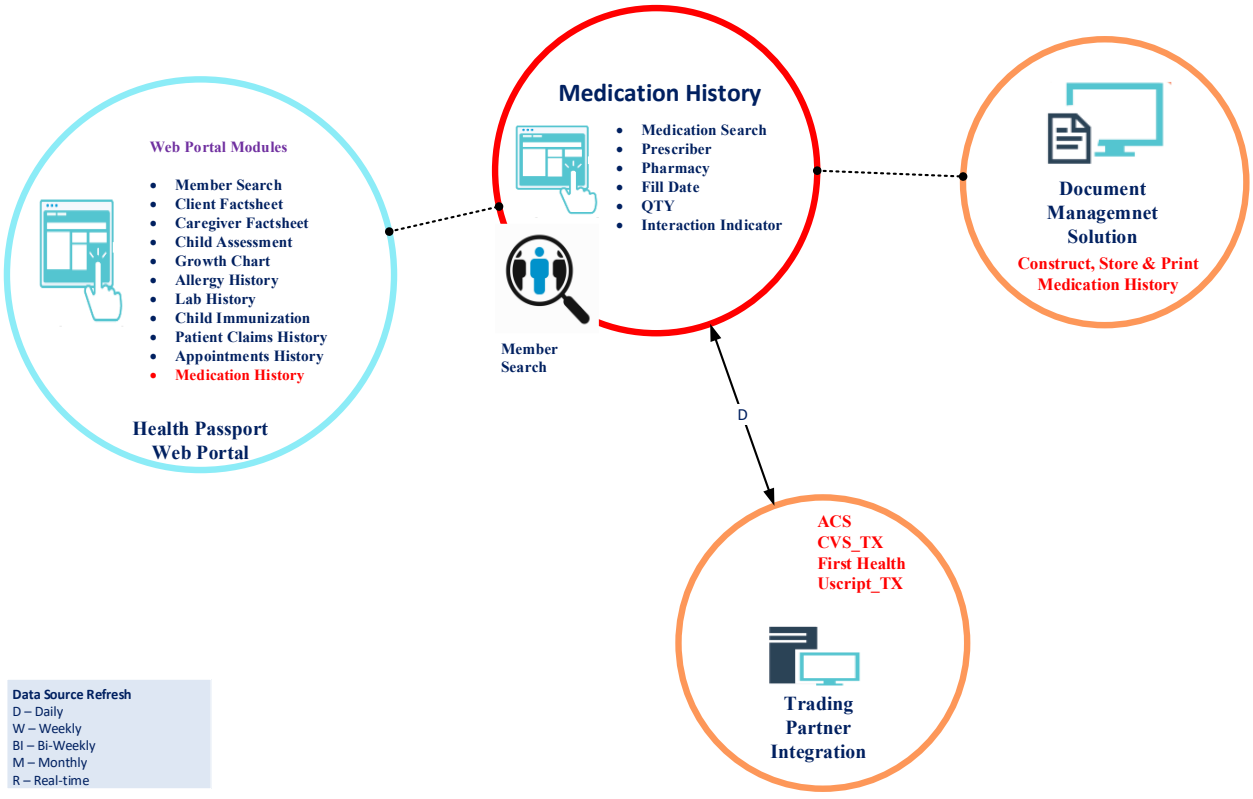

Figure 12 - Medication History Diagram

3.12.1 MEDICATION HISTORY FUNCTIONALITY

1. The Medication History displays and groups the claims data by "Visits," "Diagnoses," and "Procedures" in a user-friendly format with the ability to toggle between;

2. The Medication History allows the end-user the ability to easily navigate back to the Member search form;

3. The Medication History allows the end-user the ability to print various views of the Medication record with print options determined by HHSC;

4. Each medication record must denote the medications interaction to the Member. For example, a major interaction would be life threatening or allergic reaction would mean the Member is allergic to the medication. The MCO will work with HHSC to determine the medication indicators; and

5. The Medication History opens a detail view upon click of a medication record in the search results.

3.13 JIP INTEGRATION

The proposed solution must successfully integrate with HHSC trading partners. The Joint Interface Partnership Report Foster Care spreadsheet is a sub-set of the Foster Care interface files shared between Medicaid Trading Partners and is found in the **Exhibit Q**, **Procurement Library.**