UNIFIED NETWORK INITIATIVES OF TEXAS

401 W 15th Street,
Suite 840,
Austin, TX 78701

PROVIDER REPORTING TOOL – SYSTEMS, PROVIDER, JV

- Please indicate "Yes" if the Person completing the Survey certifies the accuracy of the information.
  - ☐ Yes
  - ☐ No

Name of Person completing Form: _____

Title: _____

Email Address: _____

Zip Code: _____

Phone Number: _____

Date: _____

Electronic Signature:

Section 1: Connectivity Expansion (All responses should be as of September 1, 2025, unless otherwise noted)

HIE Participation Growth

1) Has your hospital established or expanded HIE participation by connecting with an MCO payor or any electronic health exchange, like the national or regional HIEs since Year 1? (Select one)

   a) ☐ Significantly Expanded

   b) ☐ Moderately Expanded

   c) ☐ Minor Expansion

   d) ☐ Established initial HIE participation

   e) ☐ Planning HIE participation

   f) ☐ No change from previous level

   g) ☐ Reduced Participation

2) If your hospital expanded HIE participation which of the following new capabilities were added?
   (Select yes or no to each drop-down):

☐ Yes ☐ No	Real - time data exchange
☐ Yes ☐ No	New data types
☐ Yes ☐ No	Additional HIE partnerships
☐ Yes ☐ No	Enhanced security features

3) How would you describe your hospital's current volume of HIE data sharing activity?

(Select one)

    a) ☐ High volume data sharing (daily exchanges)

    b) ☐ Moderate volume data sharing (weekly exchanges)

    c) ☐ Low volume data sharing (monthly or as needed)

    d) ☐ Initial data sharing just beginning

    e) ☐ Technical setup complete, data sharing not yet active

    f) ☐ No data sharing currently

Volume and Type of Data Sharing with MCOs

4) For the data sharing activities reported in Q3, please specify the ADT data sharing HIE platforms used. (Select yes or no to each drop-down to indicate all currently active)

☐Yes ☐No	THSA/HIE Texas
☐Yes ☐No	Regional HIEs (C3HIE, HTX. CCE, PHIX, Connxus)
☐Yes ☐No	Direct MCO Connections
☐Yes ☐No	Private HIEs

5) For the data sharing activities reported in Q3, please specify the C-CDA data sharing HIE platforms used. (Select yes or no to each drop-down to indicate all currently active)

Note: C-CDAs sent to THSA go to Medicaid only.

☐Yes ☐No	THSA/HIE Texas
☐Yes ☐No	Regional HIEs (C3HIE, HTX. CCE, PHIX, Connxus)
☐Yes ☐No	Direct MCO Connections
☐Yes ☐No	Private HIEs

MCO Partnership Development

6) How many MCOs does your hospital currently share data with directly?

(Select one)

a) ☐ 5 or more MCO partnerships

b) ☐ 3 - 4 MCO partnerships

c) ☐ 2 MCO partnerships

d) ☐ 1 MCO partnerships

e) ☐ Data sharing agreements signed but not yet active

f) ☐ No direct MCO partnerships

7) If there is a MCO partnership, please choose the partnership development activities you engage in.

(Select yes or not to each drop-down)

☐Yes ☐No	Executed new data sharing agreements in past 12 months
☐Yes ☐No	Participating in MCO pilot programs
☐Yes ☐No	Regular data exchange meetings with MCOs
☐Yes ☐No	Planning for MCO partnerships

Section 2: Clinical Workflow Integration

Discharge Planning Processes

8) How has your hospital incorporated HIE connectivity into discharge planning?

(Select yes or no to indicate all activities your facility has established)

☐Yes ☐No	Set up processes to access patient HIE data during discharge planning
☐Yes ☐No	Established workflows to send discharge summaries via HIE
☐Yes ☐No	Created processes to notify outpatient providers of discharges
☐Yes ☐No	Developed processes to identify post-discharge care needs using HIE data
☐Yes ☐No	Started coordination with post-acute care facilities via HIE

9) What best describes your current discharge planning process development status.

(Select one)

  a) ☐ Processes operational and being used regularly

  b) ☐ Processes developed and in testing phase

  c) ☐ Processes designed but not yet implemented

  d) ☐ Planning processes but not yet designed

  e) ☐ No processes planned

Care Transition Activities

10) What care transition activities has your hospital established using HIE data?

(Select yes or no to each drop down to indicate all activities your facility has established):

☐Yes ☐No	Set up post-discharge follow-up alert processes
☐Yes ☐No	Established care plan sharing workflows
☐Yes ☐No	Created medication reconciliation processes using HIE data
☐Yes ☐No	Developed provider notification processes
☐Yes ☐No	Established patient engagement activities using HIE information
☐Yes ☐No	Created readmission prevention processes

11) What best describes your current implementation progress on care transition activities?

(Select one):

  a) ☐ Multiple activities operational

  b) ☐ Some activities operational, others in testing

  c) ☐ Activities in pilot/development phase

  d) ☐ No activities established

Section 3: Quality Initiative Participation

Quality Initiative Participation

12) What quality-related activities has your hospital engaged in using HIE data?

(Select yes or no to each drop down to indicate all activities your facility participates in):

☐Yes ☐No	Participating in readmission reduction planning discussions
☐Yes ☐No	Engaged in ED utilization management conversations
☐Yes ☐No	Participating in care coordination planning with MCOs
☐Yes ☐No	Exploring population health data sharing
☐Yes ☐No	Established quality data validation processes
☐Yes ☐No	Engaged in quality reporting preparation activities

13) What best describes your current participation level? (Select one)

a) ☐ Actively participating in multiple quality initiatives

b) ☐ Participating in some initiatives, exploring others

c) ☐ Initial participation or exploration phase

d) ☐ No current or planned participation

Workflow Development

14) How has your hospital integrated HIE data into clinical workflows?

(Select yes or no to each drop-down to indicate all integration activities your facility has established):

☐Yes ☐No	Created processes to review HIE data during patient admissions
☐Yes ☐No	Established workflows to check HIE data before procedures
☐Yes ☐No	Set up HIE data review processes for care planning
☐Yes ☐No	Incorporated HIE data into clinical documentation processes
☐Yes ☐No	Completed staff training on HIE data access and use
☐Yes ☐No	Established quality assurance processes for HIE data

15) What best describes your current workflow status? (Select one)

    a)   ☐ Workflows operational and staff trained

    b)   ☐ Workflows developed, staff training in progress

    c)   ☐ Workflows being developed

    d)   ☐ Planning workflow integration

    e)   ☐ No activities established

Section 4: Cross – Provider Integration

Facility Readiness and implementation Status

16) What is your facility's current HIE connectivity and data sharing status?

(Select the option that best describes your current status):

    a) ☐ Actively sharing data through multiple HIE connections

    b) ☐ Connected and sharing data through at least one HIE

    c) ☐ Technical implementation completed, beginning data sharing

    d) ☐ Data sharing agreements executed, completing technical setup

    e) ☐ Agreements under review, preparing for technical implementation

    f) ☐ Initial discussions with HIEs or MCOs underway

    g) ☐ Evaluating HIE options but no formal discussions initiated

17) What are the implementation activities you have completed?

   (Select yes or no to each drop – down):

☐Yes ☐No	Staff training on HIE systems completed
☐Yes ☐No	Technical infrastructure upgrades completed
☐Yes ☐No	Data sharing agreements signed with at least one entity
☐Yes ☐No	Quality assurance processes for HIE data established

Multi -Provider Care Coordination

18) How does your facility coordinate care with other provider types using electronic health information?

   (Select yes or no to each drop down to indicate all coordination activities your facility participated in):

☐Yes ☐No	Electronic care plan sharing with primary care providers
☐Yes ☐No	Automated discharge summaries sent to outpatient providers
☐Yes ☐No	Medication reconciliation data shared with pharmacies
☐Yes ☐No	Referral information exchanged electronically with specialists
☐Yes ☐No	Care transition notifications sent to long-term care facilities
☐Yes ☐No	Clinical data shared with behavioral health providers
☐Yes ☐No	Laboratory/diagnostic results shared with ordering providers

19) What best describes your facility coordination frequently with other provider types using electronical health information? (Select one)

   a) ☐ Daily automated processes

   b) ☐ Weekly batch processes

   c) ☐ Monthly or as-needed basis

   d) ☐ No established frequency

Current Barriers and Challenges

20) What are the technical/system barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

(Select yes or no to each drop down):

☐Yes ☐No	EHR system limitations or compatibility issues
☐Yes ☐No	Inadequate IT infrastructure or bandwidth
☐Yes ☐No	Data interface and integration challenges
☐Yes ☐No	HIE system reliability or performance issues
☐Yes ☐No	Technical support limitations from HIE vendors

21) What are the operational/workflow barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

(Select yes or no to each drop down):

☐Yes ☐No	Staff training and adoption challenges
☐Yes ☐No	Workflow disruption concerns
☐Yes ☐No	Time constraints for implementation
☐Yes ☐No	Competing clinical and operational priorities
☐Yes ☐No	Insufficient staff expertise with HIE systems

22) What are the financial/resource barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

  (Select yes or no to each drop down)

☐Yes ☐No	Implementation and maintenance costs
☐Yes ☐No	Limited financial resources for HIE participation
☐Yes ☐No	Uncertain return on investment
☐Yes ☐No	Additional staffing requirements

23) What are the regulatory/compliance barriers your hospital is currently experiencing in advancing HIE connectivity and data sharing?

  (Select yes or no to each drop down):

☐Yes ☐No	Data sharing agreement complexities
☐Yes ☐No	Privacy and security compliance concerns
☐Yes ☐No	Legal liability concerns
☐Yes ☐No	Regulatory uncertainty

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24) What are the barrier response actions your hospital has taken in advancing HIE connectivity and data sharing?

(Select yes or no to each drop down):

☐Yes ☐No	Sought additional funding or budget allocation for HIE initiatives
☐Yes ☐No	Partnered with other facilities to share implementation costs
☐Yes ☐No	Invested in staff training and education programs
☐Yes ☐No	Engaged HIE vendors for enhanced technical support
☐Yes ☐No	Developed internal action plans to address top barriers
☐Yes ☐No	Participated in collaborative forums to address common challenges