Indiana Health Information Exchange

SOW Issuance Date: 06/18/2025
Pricing is valid for 60 days from SOW Issuance Date

Statement Of Work – Lake County

Member Legal Name:	Lake County Health Department
Member Address:	2900 W 93rd Ave, Crown Point, IN 46037
Product(s)/Service(s):	Clinical Data Search with Patient Association

This Statement of Work ("**SOW**") is entered into by and between the Member identified above (**"Member"**) and the **Indiana Health Information Exchange, Inc.** (**"IHIE"**) and incorporated by reference into the executed Indiana Network for Patient Care Subscription Agreement on June 20, 2025 ("**Agreement**") between the parties. Capitalized words that appear in this SOW and not defined herein shall have the meanings assigned to them in the Agreement. This SOW is effective as of the date of the last signature of the parties ("Effective Date").

In consideration of the mutual covenants and promises set forth below and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, IHIE and Member agree to the products/services as described in this SOW.

Public Health Authority & Purpose:

Lake County Health Department is the Public Health Authority utilizing PASS and Clinical Data Search for public health case management and follow-up purposes.

Scope

Member requests the following products and services from IHIE:

Products and Services	Description	Specify date if part of an Implementation, Upgrade, or Conversion
HIE Services: • Clinical Data Search (CDS) • Patient Association (PASS)	Clinical Data Search("CDS")-A cloud-based, clinical search application that allows a clinician to search IHIE's clinical data repository to efficiently gather information on their patient in a clean, mobile friendly application. PASS -PASS is an application allowing CDS users to create an association between the	Per approved project plan

	patient and the User's organization. In addition to other demographic data, the association process requires entry of the organization's assigned medical record number. Once the patient has been associated, Users can access the patient's data within the IHIE repository.	

Technical Scope:

Both CDS and PASS are cloud-based applications accessible via the web using either MS Chrome or MS Edge internet browser. Each User will have secure login credentials required to access the application(s).

The CDS application requires multi-factor authentication ("MFA"). Therefore, each User must use a smart phone and download an approved MFA application to access the CDS application. Approved MFA applications are: Okta Verify, Google Authenticator, and Microsoft Authenticator.

Users will need to provide the cell phone number for the smart phone they will use for the MFA to IHIE. MFA verification is required every 24hours. Therefore, Users will need access to their work/personal cell phone to perform the authentication to access CDS. Users will need to provide a secure email address to IHIE to enroll in the MFA process. The email address should be a secure email supplied by the organization (not Gmail/Hotmail/Yahoo, AOL, etc.)

Group User Training (live, recorded, webcast, and/or printed) will be provided during the implementation and Go Live period.

IHIE Responsibilities and Deliverables. Subject to Member's fulfillment of its responsibilities under this SOW, IHIE will provide Member the following:

- **One-Time Activities:** Beginning on the SOW Effective Date, IHIE shall:
  - Provide a project manager after the SOW Effective Date to coordinate the responsibilities of IHIE and act as the principal point of contact between IHIE and Member for matters related to this SOW.
  - Prepare a Project Plan for implementation of the products and services as indicated in the Scope, which shall be subject to Member's approval, which shall not be unreasonably withheld, conditioned, or delayed.
  - Subject to Member performing the applicable obligations, implement only the Products and Services identified in table above.

- **On-Going Activities:** Following implementation of the Products and Services, as stated above:
  - Operate a help desk to respond to questions about and address problems with the products and services. IHIE's help desk will be available Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays. Help desk calls outside of these hours will be routed to on-call personnel.
  - Provide a Customer Relationship Manager to support Member with on-going support for troubleshooting, and problem resolution as well as other Member questions/concerns.

Member Responsibilities. In support of the Products and Services indicated in the Scope, Member will provide the following:

- Provide a project manager to coordinate the responsibilities of Member team members and act as the principal point of contact between IHIE and Member for matters related to this SOW. The project manager will be identified below.

Member Project Manager Contact Information	
Name:	Marianne Kundich
Email:	kundime@lakecountyin.org
Phone:	219-755-3659

- Designate adequate resources to be able to complete the project on the agreed upon Project Plan timeline.
- Provide an Escalation Owner, identified below:

Member Escalation Owner	
Name:	Sheila Paul
Email:	paulsl@lakecountyin.org
Phone:	219-755-3662

- Manage any Member vendor activities needed to complete project implementation tasks for the products and services indicated in the Scope on the agreed upon Project Plan dates.
- Respond to and correct any interface issues provided to Member in the project issues logs delivered to Member during project implementation.
- Approve the Project Plan, if such approval shall not be unreasonably withheld, conditioned, or delayed.
- Should Member be responsible for delays or extensions to the proposed SOW milestones in the Project Plan, such delays could result in IHIE suspending the project until a future time decided upon by both Member and IHIE. IHIE is not liable for any delays in the Project Plan.

TERM OF SOW

This SOW is effective as of the SOW Effective Date (see above). The **"Initial SOW Term"** of this SOW shall expire three (3) years following the calendar year end of the date from the first available production use of the applicable Product or Service in a production environment with actual patient information (for example, first production clinical results delivered). For the avoidance of confusion, the Initial SOW Term shall begin as soon as the any Product or Service achieves First Productive Use.

Unless written notice of termination is provided by either party to the other party at least thirty (30) days prior to the expiration of the then-current SOW Term this SOW shall automatically renew for successive three (3) year renewal terms (each such renewal term, a **"SOW Renewal Term"**) (the Initial SOW Term and SOW Renewal Term(s), if any, may be referred to in this SOW collectively as the **"SOW Term"**). In the event the SOW Term extends beyond the term of the Agreement, the Agreement shall remain in effect.

FEES

In consideration of the Products and Services described in the Scope of this SOW, the Indiana Department of Health (IDOH) will pay the One-Time Fee for implementation in the amount of $1750 and the first year of Recurring Fees. Thereafter, Member shall pay the Recurring Fee to IHIE on an annual basis.

Recurring Fee Member agrees to pay the Recurring Fees commencing concurrently with the SOW Term after.

Product(s)/Service(s)	Recurring Fee Per Year
HIE Services: • Clinical Data Search • PASS	$1,800
Total Recurring Fee Per Year:	**$1,800**

(*Quoted fees are valid for 60 days from SOW Issuance Date. Contact IHIE for updated pricing if signing and SOW has expired)

Invoice and Payment.

IDOH will pay the One-Time Fee and one (1) year of the Recurring Fee.

- Upon execution of SOW,
  - IHIE will invoice IDOH for the One-Time Fee payment.
  - IHIE will invoice Member for the One-Time Fee with IDOH credit applied.
- Upon First Production Use,
  - IHIE will invoice IDOH for the annual Recurring Fee.
  - IHIE will invoice Member for a pro-rated portion of the Recurring Fee showing application of payment by IDOH and the remaining credit.
- IHIE will invoice Member for subsequent annual Recurring Fees for payment by January 1.
  - Any remaining credit from IDOH's payment for the first year of Recurring Fees will be applied to the Member's invoice.

All invoices will be due and payable within thirty (30) days after the date of invoice. Member agrees to pay IHIE interest at the lesser of One and a Half Percent (1.5%) per month or the highest rate allowed by law on all amounts not paid when due, with interest accruing from the date originally due until payment is made. Member agrees to be responsible for payment of all reasonable legal and collection fees incurred by IHIE for collection of all past due amounts.

Pricing Changes. During the SOW Term, IHIE may adjust Member's Recurring Fee (either up or down): (i) in accordance with changes to the Project Plan; or (ii) upon thirty (30) days' prior written notice to Member on account of: (A) additional facilities owned by Member or entities controlled, managed, joint-ventured, or operated by Member becoming Connected; or (B) other significant changes that result in Member's Recurring Fee no longer accurately reflecting the Member's size, geographic market, or volumes of users or healthcare provided by Member (e.g. expansion or closure of an existing facility or the opening or acquisition of a new facility). For purposes of this SOW, "**Connected**" means the facility is interfaced to IHIE (either directly or through one or more interfaces that transmit healthcare data to or from multiple facilities) and in production for the service(s) provided to Member or receives information from the INPC or other INPC member.

The Parties also agree that on an annual basis, the Member Recurring Fees may be increased by the amounts set forth below. In the event of a pricing increase, IHIE shall, by providing Member written notice no later than October 31st of each calendar year during the term of this SOW of the applicable increase to be effective January 1st of the subsequent calendar year.

Products / Services	Pricing Change (Percentage Increase)
CDS and PASS	4% per calendar year

Additional Terms and Conditions.

1. **Additional Service Fees.** The Fees described above apply to the Scope specifically described in this SOW for work performed during normal business hours, 9:00 a.m.–5:00 p.m. EST. If, however, Member requests additional services, requests modification to deliverables, or IHIE were to find issues with productions messages at go-live that require additional time past Project Plan timeline or other changes to the work described, IHIE reserves the right to charge additional fees for such modifications. In addition, should Member be solely responsible for delays or extensions to the proposed SOW milestones in the Project Plan, such delays could result in additional costs and IHIE reserves the right, in its sole discretion, to charge additional fees for such services at its standard rates.

2. **Compliance with Laws.** The parties intend that this SOW comply with applicable law. Member acknowledges and expressly agrees: (i) except for previously executed agreements or statements of work, this SOW wholly revokes and replaces any prior or existing request by Member to access, exchange, or use Electronic Health Information from IHIE; and (ii) pursuant to this SOW, Member's request for Electronic Health Information is satisfied and performed in a manner requested by Member in accordance with 45 CFR 171.301(b)(1)(ii).

IN WITNESS WHEREOF, Member and IHIE have caused their duly authorized representatives to execute this SOW, effective as of the date first written above.

Indiana Health Information Exchange, Inc.		**LAKE COUNTY HEALTH DEPARTMENT**	
Signature:		Signature:	
Name:		Name:	Sheila Paul
Title:		Title:	Administrator
Date:		Date:	6/20/25

Member Billing Information

Name:	Lake County Health Department c/o Kathleen Taylor
Billing Address:	2900 W 93rd Ave, Crown Point, IN 46037
Phone:	219-755-3655
Email:	taylorkm@lakecountyin.org
Purchase Order Number:	