OCHIN, Inc. HEALTH CENTER CONTROLLED NETWORK

Memorandum of Agreement
2025-2028

This Memorandum of Agreement ("MOA or Agreement") is made between OCHIN Inc. (hereafter known as "OCHIN") (a Health Center Controlled Network and the primary applicant) and Participating Health Center Entity, as signed for on the signature line (page 5) (hereafter known as "PHC" or "Member"), entered for the purposes of pursuing the "Health Center Controlled Network" funding opportunity made available by the Health Resources and Services Administration ("HRSA").

This MOA shall be effective upon the signature of both parties' authorized officials.

WHEREAS Member is a part of the OCHIN community and wishes to contribute to and participate in the Health Center Controlled Network funding opportunity as specified in this MOA.

WHEREAS Member has been engaged by OCHIN with overall responsibility for the leadership and management of this award and all HCCN activities of OCHIN (Abby Sears, CEO) , and the PHC designee (Champion identified on page 5).

NOW THEREFORE, OCHIN and PHC, as Parties to this MOA, agree as follows:

1.   **Project Scope**

    1.1   *Purpose.* The purpose of this partnership is to support health centers in leveraging health information technology (IT) and data to enhance how they deliver affordable, accessible, and high-quality primary health care, with a specific focus on:

- Data management and analytics,
- Interoperability and data sharing
- Uniform Data System (UDS+) implementation
- Digital health tools
- Artificial Intelligence

    1.2   If awarded, this Agreement will be in effect from August 1, 2025 - July 31, 2028.

    1.3   *HRSA Activities and Goals.* Both parties intend to collaboratively pursue the following HRSA objectives and goals:

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	Objectives	Numerator
1	**Data Management and Analytics –** Increase the percentage of PHCs that advance and optimize clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.	Number of PHCs that advance and improve clinical, financial, and operations data to improve clinical quality, health outcomes, and operations.
2	**Interoperability and Data Sharing –** Increase the percentage of PHCs that improve bidirectional interoperability with health care providers and community-based organizations by strengthening care coordination, reducing unnecessary medical testing and data duplication, and implementing more efficient and effective referral and information sharing processes to improve health outcomes and reduce provider burden.	Number of PHCs that improve bidirectional interoperability with health care providers and community-based organizations by integrating data from at least two external clinical or non-clinical sources into structured EHR fields to improve health outcomes and reduce provider burden.
3	**UDS+ Implementation –** Increase the percentage of PHCs that submit some or all disaggregated patient level data in their UDS+ reports in each calendar year as required by HRSA.	Number of PHCs that successfully submit some or all disaggregated patient level data in UDS+ reports in each calendar year as required by HRSA.
4	**Digital Health Tools –** Increase the percentage of PHCs that adopt and expand use of digital health tools to improve health outcomes.	Number of PHCs that document an increase in patient usage of digital health tools to improve health outcomes. Tools include but are not limited to: • Electronic messaging through patient portal • Telehealth provider consultation • Remote monitoring devices
5	**Artificial Intelligence** – Increase the percentage of PHCs who have policies and practices in place to ensure the safe, fair, equitable, and informed use of artificial intelligence tools.	Number of PHCs that have documented policies and practices in place to ensure staff are using artificial intelligence in a safe, fair, equitable, and informed manner as they deliver patient care and conduct health center operations. Practices may include but are not limited to: • Governance frameworks • Checklists (e.g., for vendor vetting) • Process documentation • Training and education • Bias Mitigation Strategies

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2.   **Obligations**

    2.1   *OCHIN HCCN* **will be responsible for:**

- Oversight and coordination of the Cooperative Agreement with HRSA and agreements with PHCs

- Developing and submitting HRSA-required reports

- Monitoring award activities and overall progress against award goals

    2.2   Coordinating services with award partners such as a Primary Care Association, HITEQ, and/or other collaborators

    2.3   Partnering with PHCs to develop a customized work plan within 90 days of award and review and update that plan at least annually

- Providing tools and resources to support PHCs in achieving goals based on customized work plan, providing up to 125 hours of individualized training, technical assistance, and support (may include on-site, as needed) to support PHCs in achieving goals

- Providing multi-modal education and training to support PHCs in achieving goals

    2.4   *PHCs* **will be responsible for:**

- Assigning a champion, who will be responsible for acting as primary point of contact with OCHIN for all award activities and for implementing work plan recommendations within the PHC (see signature page for name)

- Assurance that the of use of 2024 Edition Office of the National Coordinator for Health Information Technology (ONC)-certified health IT products, including but not limited to EHR systems is being utilized

- Partnering with OCHIN to develop a customized work plan within 90 days, which will include providing accurate, up-to-date data as requested to enable measurement of progress against award activities, goals, and measures, if not automated

- Regularly monitoring progress against customized work plan and award goals, which includes regularly meeting with an OCHIN Account Manager or Program Manager to discuss HCCN activity.

- Providing OCHIN with accurate, up-to-date data [as requested] on at least a yearly basis, to enable measurement of progress against award activities, goals, and measures.

- Actively participating in feedback mechanisms to share lessons learned, successes, and barriers to accomplishing award activities and achieving award goals

- Actively engaging in activities (see Appendix 1) that promote implementation of the customized work plan

- Maintaining continued use of national standards as specified in the ONC Interoperability Standards Advisory when there are no applicable certified health IT products, or if there are

no health IT products that meet the applicable standards in 45 CFR Part 170 for activities proposed in this application, including but not limited to AI/algorithmic technologies.

3. **Other Terms and Conditions:** *Both OCHIN and PHC recognize the following other terms and conditions:*

3.1 *Conflict Resolution:* OCHIN has in place policies for resolving conflict with members and affiliates that include specific contract provisions requiring specific elevation of issues first to the appropriate work groups and then to the appropriate executive levels of the organization.

3.2 *Contracting:* OCHIN and PHC agree that, if selected for award, the parties will enter into additional agreements including but not limited to a data use agreement and other terms and conditions as deemed appropriate.

3.3 *Membership:* Note that PHCs are not required to become network members or pay to receive services provided by this award. Additional services beyond the scope of this award may be purchased at the discretion of the PHC and OCHIN.

3.4 *Participation in Multiple HCCNs:* Per HRSA, a PHC may only be counted as a PHC for one HCCN award**.**

3.5 *Artificial Intelligence Oversight and Evaluation:* OCHIN and PHC are committed to address artificial intelligence (AI) oversight and evaluation and to develop a framework to increase transparency aligned with fair, appropriate, valid, effective, and safe (FAVES) principles set forth by the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP/ONC).

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Signatures following

By signing below, I am committing that my health center will actively participate in the project for the three (3) year project period from August 1, 2025, to July 31, 2028.

I further acknowledge that the services to be co-developed in my work plan will not result in the reduction of the volume or quality of health services currently provided to patients served at my health center.

OCHIN Health Center Controlled Network (applicant)	**Participating Health Center**
	Health Center Name:
	Primary Contact Name:
	Grant/ LAL # # of Sites
	CEO or Designee Name: Dana Gamble
Abigail Sears, CEO OCHIN, Inc.	CEO or Designee Signature:
Date: 10/21/2024	Date:
DocuSigned by: *Abigail Sears* 707B54B4A65144A...	

Attachment A

APPENDIX 1

Menu of Services: Health Center Controlled Network (HCCN)

Throughout the award period, participating health centers will have access to a wide variety of resources and technical assistance. Activities will be focused in three areas:

- **Analysis and Evaluation:** activities which support an increased understanding of trends, themes, opportunities, and barriers relative to award goals and objectives
- **Innovation and Implementation:** activities which create or improve a product, service, or functionality which will benefit all participating health centers or a targeted group of participating health centers as they pursue award goals and objectives
- **Training and Technical Assistance:** activities which are directly offered and individually tailored to participating health centers to help achieve award goals and objectives

Activities funded by the HCCN will be tailored to the needs and interests of participating health centers and will be informed using data collected from health center assessments, to be completed within 90 days of the HRSA award date.

Based on the results of health center assessments, OCHIN will work with each participating health centers to co-develop an individualized work plan which takes full advantage of award activities.

Examples of activities offered to participating health centers include but are not limited to:

- Workflow design and optimization
- Practice facilitation support
- EHR optimization
- Change management support
- Quality and process improvement training and support
- Report development and assistance
- Interoperability and data integration consulting
- Access to Master Service Agreements (MSAs) supporting device integration and patient engagement solutions

- Access to subsidized and/or group pricing for key software modules
- Participation in robust learning collaboratives and peer network groups
- Access to a growing collection of toolkits, resources, and on demand trainings that support evidence-based and emerging practices