

Exhibit 1 – Departments, Programs, and Users

To Non-Exclusive License Agreement Between Webb County, Texas And Indigent Healthcare Solutions (IHS)

The Licensee Departments identified in this Exhibit 1 are authorized to use the specific Department Program(s) stated below. The number of authorized Users and the Concurrent User Number for each such Department and each Program authorized for that Department are specified in this Exhibit. Licensee will assign to each authorized User a unique User identification and unique password, each of which Licensee must report in writing to Company. No more than the authorized Concurrent User Number of Users may access and use the applicable authorized Program at any given time. Monthly fees are not based on the number of authorized Users, but on the authorized Concurrent User Number. The Concurrent User Number may be increased on request of Licensee with the consent of Company, with an approved Addendum to this Exhibit 1 signed by both Parties. Each additional authorized Concurrent User will result in an increased license fee as specified below, per additional authorized Concurrent User, per month. The License fee includes all new releases and versions of the specified Program. Company connections are protected by certified RSA 2048-bit (SHA 256 with RSA) encryption.

Applications Software – Departments

1. Indigent Health Care

<u>Program</u>	<u>Monthly License Fee</u>
Concurrent Users (6 @ \$407 each)	\$2,442.00
Redbook Codes	\$100.00
CPT Codes (6 @ \$10 each)	\$60.00
1 st Imaging License	\$349.00
Additional Imaging License	\$175.00
Total Monthly Fee	\$3,126.00

Fees

Unless otherwise expressly provided in this Exhibit 1, monthly fees are due and payable in advance of the first day of each month by Licensee at Company's Conroe, Texas, office (or at such other place for payment designated in writing by Company from time to time) by 5:00 p.m. Central Time. Payment must be in U.S. Dollars, by check drawn on Licensee's account, certified check, or wire transfer to an account specified by Company. Payment is deemed made when Company receives payment. Payment is to be made in United States dollars.

Additional Departments or Department Programs

Upon written request of Licensee, additional Departments or Department Programs may be added, subject to consent of Company and mutual agreement regarding any applicable additional fees. Additional fees for deployment of additional or different Programs, or installation, training, or additional data conversion/formatting, and other costs, including but not limited to travel and reasonable per diem expenses, may apply.

Additional Concurrent Users

Additional Concurrent Users may be added upon request of Licensee with the approval of Company, to be documented in an Addendum to this **Exhibit 1** executed by Licensee and Company, for an increase in the license fee stated for that Department Program equal to \$443.00 per month per additional Concurrent User during the Initial Term, and thereafter at agreed fee rates.

Programs

Administrative Menu:

- Active User List
- Budget Tracking
- Change Batch Dates
- General Ledger Maintenance
- Hidden Clients
- Hidden Vendors
- Message Center
- Posting Check Numbers
- System Setup
- Voiding Records

Administrative Reports:

- Bill Processing Time Report
- Case Entry Statistics
- Case Management Detail Report
- Case Processing Time Report
- CPT Usage Reports
- Dashboard Report
- Diagnosis Class Report
- Diagnosis Detail Report
- Diagnosis Usage Reports
- DRG Usage Reports
- Generic Drug Lookup
- Productivity Report
- RX/NDC Usage Reports
- Trends Reports

Bill Management:

- Automatic CPT/HCPCS Rates Updated from Medicaid and/or Medicare Fee Schedules

- Automatic Monthly NDC Updates from Redbook
- Bill Entry and Re-pricing
- Duplicate Invoice Screening
- Envelope/Label Printing
- Invoice Validation Checks
- Real-Time Expenditure Tracking

Bill Reports:

- Amount Paid to Clients
- Amount Paid to Vendors
- Client Explanation of Benefits (EOB)
- Date of Service (DOS) Report
- GL Totals Report
- Hospital Utilization Report
- Daily Invoice List
- Invoice List by Group
- Provider Explanation of Benefits (EOB)
- Referrals Report
- Single Invoice Print
- Vendor Directory

Client Management

- Address Validation & Search
- Case Document Scanning
- Case Management with Assessments and Goal Tracking
- Custom Client Letters
- Duplicate Client Checks
- Eligibility Determination
- Envelope/Label Printing
- Extensive Notes Tools
- Phone Number Information Display
- Printable Forms History
- Quick Income Calculator
- Referral Authorization Tracking
- Tracking of Previous Drugs and Diagnoses

Client Reports:

- Active Client List
- Application Report
- Case Management Goals Report
- Case Management Time Report
- Case Notes Report
- Clients Classification Report
- Client Information Report
- Client FY History
- Client YTD Report
- Monthly RX Report

- Rapid Registration Information
- Termination List

Statements:

- Reimbursement Agreement
- Real-Time Reimbursement Tracking
- Monthly Statements

Codes Menu:

- Ability to Set Codes for Custom Software Configuration
- Appointment Settings & Preferences
- Bill Rates & Preferences
- Client Letter Setup
- Client Group Tracking
- Client Program Setup
- Fee Schedule Reference:
 - CPT/HCPCS Codes (Procedure Codes)
 - ICD-10 (Diagnosis Codes)
 - MS-DRG/APR-DRG Codes (Inpatient Grouping Codes)
 - NDC Codes (Drug Codes)

Forms:

- Assistance Approval Form
- Assistance Denial Form
- CAT Board Application
- CAT Report
- Hearing Notice
- Notice of Lien
- Release of Lien Form
- Request for Appointment Form
- Request for Information Form
- Request for Medical Records

Other Functionality:

- AMA Licensed Updates for CPT Procedure and ICD-9/ICD-10 Diagnosis Terminology
- Appointment Screen
- Appointment Reports
- User Dashboard with Live User and System Reminders
- Client Support Portal
- Data Export Menu; Ability to Export Client, Provider and Invoice Information to Excel
- Live Remote Support
- Online Documentation for Procedures
- Provider Management
- Rapid Registration (Client Pre-Screening)
- Referral Authorization Form
- Reimbursement Request Tracking
- Self-Study Training Videos
- System Activity Audit Reports

Exhibit 2 – Term and Scope of Services

To Non-Exclusive License Agreement Between Webb County, Texas And Indigent Healthcare Solutions (IHS)

Webb County Indigent Health Care

Term of Agreement; Renewals

Initial Term:

Start Date	April 1, 2021
End Date	March 31, 2026

Renewals:

Unless notice is given in writing by either Party to the other on or before Ninety (90) days before the end of the Initial Term (or, as applicable, the then-current Renewal Term), this Agreement will automatically renew for a Renewal Term of the same length as the Initial Term (or, as applicable, the current Renewal Term), for up to Twenty-Five (25) Years.

Hosted Programs – Cloud-based computing and data management

No Programs will be installed on Licensee's site. The Programs will be hosted remotely at Company's facilities located at The Data Foundry, 4100 Smith School Road, Austin, Texas. Upon execution of the Agreement, Company will configure its hosting servers and other facilities to provide Licensee access to and use of the authorized Programs and to store Licensee's data.

Licensee is wholly responsible for obtaining and maintaining appropriate workstations and other equipment, and software and operating systems (e.g., Company might specify use of Windows 10 or later); having and maintaining appropriate and secure internal and external networks, including appropriate Internet or other connectivity having sufficient bandwidth and speed to permit suitable working access to and communication with Company's cloud-based servers. Licensee's Internet connectivity must have at least the minimum upload and download rates required by Company. Company is not responsible for failure of or unsatisfactory performance of the Program(s) where Licensee's equipment, networks, or connectivity are not adequate for use with Company's cloud-based hosted Programs.

Licensee is wholly responsible for having, applying, and maintaining security systems and procedures necessary to ensure the integrity of Licensee's operations utilizing the Program(s) and security of Licensee's transmission and receipt of data to and from Company's hosted servers. Company will not be responsible or liable for any failures of such security that result in interruption of any kind of the access to or use of the Program(s), or loss, corruption, or theft of, or other

adverse effects on, Licensee's data arising in whole or part because of inadequacies in Licensee's security systems or procedures.

Licensee is wholly responsible for ensuring that its security is adequate to prevent intrusion into or access by unauthorized third parties of Licensee's equipment, networks, and other systems, including without limitation hereby third party hacking into or other unauthorized access to Licensee or Licensee contractor equipment connected to or through networks or other means of access to Company's facilities or Programs.

Maintenance

Company will provide maintenance during the Term of the Agreement. For cloud-based hosted services, Company will provide maintenance to its hosting servers and other equipment. For onsite installations, after initial installation, access to and maintenance of the Programs by Company will be by remote access.

Licensee Requests and Trouble Notices

Licensee must submit all requests for services of any kinds, including any Special Services ("Service Requests"), and submit all complaints or reports of errors or malfunctions ("Error Reports") in writing to Company. Company is not responsible for responding to Licensee Error Reports or Service Requests that are not timely submitted in writing. Emails properly addressed to robertb@indigenthealthcaresolutions.com are acceptable; and any period of time required for or stated under this Agreement for response or cure by Company of asserted Errors, or for the provision of requested services, shall not be deemed to have begun until and unless such Error Report or Service Request has been received by Company. The purpose for this procedure is to provide a record of Licensee requests and error reports, with Licensee's own descriptions, as well

Data Backup

For remote installation (cloud-hosted service), unless otherwise agreed, Company will be responsible to conduct daily and monthly backup of Licensee data kept on the hosted services server(s), by means consistent with industry standards, or as may be otherwise specifically described. Licensee may request other backup procedures or frequencies, which Company may agree to provide in its sole discretion, and for which there may be additional fees or costs (including possibly treatment as a Special Service).

Orientation

Company will provide training to Licensee when in the opinion of both Parties, it will further the intent of this Agreement and facilitate and expedite the provisions of the services. Initial access to the Programs will occur after the initial orientation of appropriate Licensee personnel by Company, at a time and location to be arranged by and agreed to by Company. Orientation and training shall be at no additional cost to Licensee beyond reasonable expenses of Company as defined in **Exhibit 1**.

Company will provide Licensee with up to Five (5) days of onsite training at no additional cost other than reimbursable travel and per diem expenses. It is Licensee's responsibility to identify personnel to be trained, and to provide space for, and to schedule training at times agreed by Company, to occur in time for Licensee's personnel to be able to perform their functions without interference with or delay of Licensee business functions dependent on the Programs.

Expenses and out-of-pocket costs

Licensee shall reimburse Company for reasonable costs and expenses incurred by Company other than as included in stated License fees for use of the authorized Programs and related materials. Company will usually ask Licensee to pre-approve all anticipated Company expenses, the costs of which are to be reimbursed by Licensee, except where impracticable because of, for example, the need to respond quickly to an unanticipated situation. Company will submit to Licensee original receipts supporting the costs and expenses requested to be reimbursed by Licensee.

Unless otherwise agreed, Company will be reimbursed

- At then-current government rates for the applicable region;
- For hotel room categories corresponding to Courtyard by Marriott or Hampton Inn;
- For mid-size car rental;
- For airfare on Southwest Airlines or United Airlines;
- For mileage at the current legal reimbursement rate; and
- For the then-current daily federal per diem rate for the area, plus applicable tax, plus fifteen percent (15%) meal gratuity per ACA 19-4-925(b).

Customer Input

Company sends each customer an annual survey seeking customer comments, to which Company strongly encourages you to respond.

Company also periodically holds a customer advisory meeting. All current customers are invited and are encouraged to attend. (Attendance is at the client's expense.) Software performance is discussed, new software features and/or enhancements are demonstrated, and clients are asked to identify any improvements, modifications, or enhancements they may desire. Based on the clients' interests and priorities of those in attendance, Company identifies improvements, modifications and/or enhancements it will seek to make to the Company Programs over the next year.

Any improvements, modifications, or enhancements Company makes as a result of the customer survey or advisory meeting will be provided in new software releases at no cost to Licensee. Additionally, any software changes / enhancements mandated by state or federal law will be provided at no cost to Licensee.

BUSINESS ASSOCIATE AGREEMENT

(Intended to be an Amendment or Addendum to an Agreement
For Services Involving the Use, Creation or Transmission of
Protected Health Information)

This Business Associate Agreement (“Agreement”) effective on April 1, 2021 (“Effective Date”) is entered into by and between Indigent Healthcare Solutions, IHS (“Business Associate”) and Webb County, Texas (“Covered Entity”).

RECITALS

A. The purpose of this Agreement is to comply with the Standards for Privacy of Individually Identifiable Health Information (“protected health information”) published on December 28, 2000 by the Secretary of the U.S. Department of Health and Human Services (“HHS”) to amend 45 C.F.R. Part 160 and Part 164 (the “Privacy Rule”) under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and to comply with Health Insurance Reform: Security Standards published on February 20, 2003 by the Secretary of HHS to amend 45 C.F.R. Parts 160, 162, and 164 (the “Security Rule”) under HIPAA.

B. The parties have a prior agreement (the “Non-Exclusive License Agreement” or “NELA”) under which the Business Associate regularly uses protected health information (PHI) in its performance of services for the Covered Entity.

C. This Agreement sets forth the terms and conditions pursuant to which protected health information that is provided by, or created or received by, the Business Associate from or on behalf of the Covered Entity will be handled.

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants and agreements hereinafter addressed, the parties agree as follows:

1. Services. The Business Associate provides services for the Covered Entity that involve the use of protected health information. Except as otherwise specified herein, the Business Associate may make any and all uses of protected health information necessary to perform its obligations under the NELA between the parties provided that such use or disclosure would not violate the Privacy Rule or the Security Rule if done by the Covered Entity or the minimum necessary policies and procedures of the Covered Entity. Additionally, Business Associate may disclose protected health information for the purposes authorized by this Agreement only to its employees, subcontractors and agents, in accordance with Section 2(b) or (d) as directed by the Covered Entity.

2. Responsibilities of Business Associate. With regard to its use of protected health information, the Business Associate hereby agrees to do the following:

(a) Use the protected health information only as permitted or required by this Agreement or as otherwise required by law;

(b) Report to the designated privacy officer of the Covered Entity, in writing, any use of the protected health information that is not permitted or required by this Agreement, including breaches of unsecured Protected Health Information as required by 45 C.F.R. 164.410, and any security incident of which Business Associate becomes aware within fifteen (15) days of the Business Associate's discovery of such unauthorized use;

(c) Use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to electronic protected health information to prevent use or disclosure of the protected health information other than as provided by this Agreement;

(d) Require all of its employees, representatives, subcontractors or agents that receive or use or have access to protected health information under this Agreement to agree to adhere to the same restrictions and conditions on the use of protected health information that apply herein, including the obligation to return or destroy the protected health information;

(e) Make available all records, books, agreements, policies and procedures relating to the use and/or disclosure of protected health information to the Secretary of HHS for purposes of determining the Covered Entity's compliance with the Privacy Regulation;

(f) Business Associate agrees to document disclosures of protected health information and information related to such disclosures as would be required for the Covered Entity to respond to a request by an individual for an accounting of disclosures of protected health information in accordance with 45 C.F.R §164.528.

(g) Business Associate agrees to make any amendment(s) to protected health information in a designated record set that the Covered Entity directs or agrees to pursuant to 45 C.F.R §164.526 at the request of the Covered Entity or an individual, and in a reasonable time and manner.

(h) Business Associate agrees to provide access, at the request of the Covered Entity, and in a reasonable time and manner, to protected health information in a designated record set, to Covered Entity or, as directed by Covered Entity, to an individual in order to meet the requirement under 45 C.F.R §164.524.

(i) Within forty-five (45) days of receiving a written request from the Covered Entity, provide to the Covered Entity such information as is requested by the Covered Entity to permit the Covered Entity to respond to a request by the subject individual for amendment and accounting purposes of the disclosures of the individual's protected health information in accordance with 45 C.F.R. §164.526 and §164.528. Covered Entity shall reimburse Business Associate for reasonable fees associated with providing said information;

(j) Return to the Covered Entity or destroy, as requested by the Covered Entity, within thirty (30) days of the termination of this Agreement, the protected health information in Business Associate's possession and retain no copies. Upon a determination by the Business Associate that return, or destruction of protected health information is infeasible, Business Associate shall extend the protections of this Agreement to such protected health information and limit further uses and disclosures of such protected health information to those purposes that make the return or destruction infeasible for so long as Business Associate maintains such protected health information.

3. Responsibilities of the Covered Entity. With regard to the use of protected health information by the Business Associate, the Covered Entity hereby agrees:

(a) To inform the Business Associate of any changes in the form of notice of privacy practices that the Covered Entity provides to individuals pursuant to 45 C.F.R. §164.520 and provide the Business Associate a copy of the notice currently in use;

(b) To inform the Business Associate of any changes in, or withdrawal of, the consent or authorization provided to the Covered Entity by individuals whose protected health information may be used by Business Associate under this Agreement pursuant to 45 C.F.R. §164.506 or §164.508; and

(c) To notify the Business Associate, in writing and in a timely manner, of any restrictions on the use of protected health information agreed to by the Covered Entity as provided for in 45 C.F.R. §164.522 to the extent such restriction may affect Business Associate's use or disclosure of protected health information.

(d) To notify Business Associate of any limitation(s) in its notice of privacy practices in accordance with 45 C.F.R §164.520 to the extent that such limitation may affect Business Associate's use or disclosure of protected health information.

(e) Not to request Business Associate to use or disclose protected health information in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity.

4. Mutual Representation and Warranty. Each party represents and warrants to the other party that all of its employees, agents, representatives and members of its work force, who services may be used to fulfill obligations under this Agreement, are or shall be appropriately informed of the terms of this Agreement.

5. Termination. As provided for under 45 C.F.R. §164.504(e)(2)(iii), the Covered Entity may immediately terminate this Agreement if it determines that the Business Associate has breached a material provision of this Agreement and that cure is not possible. Alternatively, the Covered Entity may choose to: (i) provide the Business Associate with thirty (30) days written notice of the existence of an alleged material breach; and (ii) afford the Business Associate an opportunity to cure said alleged material breach upon mutually agreeable terms. Failure to cure in

the manner set forth in this paragraph is grounds for the immediate termination of this Agreement. If termination or cure is not feasible, the Covered Entity shall report the breach to the Secretary of HHS. This Agreement will automatically terminate without any further action of the parties upon the termination or expiration of the NELA.

6. Amendment. This Agreement may not be modified or amended, except in writing as agreed to by each party. The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for the Covered Entity to comply with the requirements of the Privacy Rule, the Security Rule, and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

7. Regulatory References. A reference in this Agreement to a section in the Privacy Rule or Security Rule means the section as in effect or as amended.

8. Survival. The respective rights and obligations of Business Associate under Section 2 (j) of this Agreement shall survive the termination of this Agreement.

9. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy Rule and the Security Rule.

10. No Third-Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor anything herein shall confer, upon any person other than the parties hereto any rights, remedies, obligations, or liabilities whatsoever.

11. Notices. Any notices to be given hereunder shall be made via U.S. mail or express courier, or hand delivery to the other party's address given below as follows:

If to Business Associate: Indigent Healthcare Solutions
2040 North Loop 336, Suite 304
Conroe, Texas 77304

If to Covered Entity: Webb County, Texas
1000 Houston Street
Laredo, Texas 78040

IN WITNESS WHEREOF, the parties hereto hereby set their hands and seals as of the 1st day of April 2021. IN PRESENCE OF: Business Associate


Indigent Healthcare Solutions (IHS)

By: 

Robert Baird
President

Date: 2-10-21

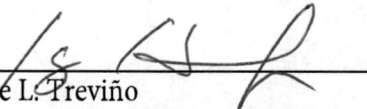
Webb County, Texas

By: 

Honorable Tano Tijerina
County Judge

Date: 5-11-2021


APPROVED AS TO FORM:



Jorge L. Treviño
Assistant General Counsel
Civil Legal Division

The General Counsel, Civil Legal Division's Office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).

ATTESTED:


Margie Ramirez-Ibarra
Webb County Clerk



