**Kentucky Health Information Exchange**

**Electronic Case Reporting Incentive Program**

The Kentucky Health Information Exchange (KHIE) is taking proactive steps in response to the national COVID-19 pandemic. In collaboration with the Department for Public Health (DPH), KHIE is offering eligible healthcare facilities the opportunity to apply for an incentive to offset the vendor fees associated with the implementation of technology to establish an Electronic Case Reporting (eCR) interface to the HIE.

The eCR Incentive Program was created to help hospitals and healthcare clinics mitigate the challenges associated with establishing an eCR interface with KHIE. Our objective is to reduce the financial burden to help improve Public Health reporting and the secure exchange of patient health information.

Applicants are required to be a hospital or healthcare clinic, with an ordering facility, located and/or providing services in the Commonwealth of Kentucky. Funds may be used to mitigate technical barriers or offset the costs directly associated with the implementation of the technology required to facilitate eCR. If approved, eligible healthcare facilities can receive up to $10,000 per organization. Incentives will be awarded on a first come first serve basis, until all funds are depleted. Incomplete applications will not be considered and only one incentive opportunity will be awarded per business entity.

If interested, please complete the eCR Incentive Program Application in its entirety and email it to Brandi Genoe at [**Brandi.Genoe@ky.gov**](mailto:Brett.Brown@ky.gov) with the subject line**: <Insert your Facility Name>: Application for the eCR Incentive Program**. Applications will considered through September 30, 2021, and should include all supporting documentation required.

Revised: 2/8/21

**eCR Incentive Program Application**

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| **Legal Business name:** Click here to enter text.  **Federal tax ID:** Click here to enter text. | **Address:** Click here to enter text. |
| Project Lead: Click here to enter text.  Email Address: Click here to enter text.  Phone: Click here to enter text. | |
| **Technical Lead:** Click here to enter text.  Email Address: Click here to enter text.  Phone: Click here to enter text. | |

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| **Check all that apply:**  **Hospital  Healthcare Clinic**   |  | | --- | | **Does your organization have a current Participation Agreement with KHIE?  YES  NO** | | **Does your organization have Direct Secure Messaging capabilities?  YES  NO**  **If so, what is the Direct email address that will be utilized for this project?** Click here to enter text.  **Example: FictionalHealthFacility@FHF.Direct.org or Unknown** |   **Please list all locations associated with the business** | | | |
| **Location name** | **NPI** | **Address** | **Facility main contact email address** |
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| **Budget Information for eCR Project**  ***If additional space is needed, enter the information on a new page***  **Projected Project Cost:**  Click here to enter text.  **Break Down of Projected Expenses:**  Click here to enter text.  **Facility Contribution to Project:**  Click here to enter text.  **Requested Incentive Contribution for Project:**  Click here to enter text.  **Additional Supporting Documents are Attached:  YES  NO** |

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| **Statement of Need:**  **Choose all options that apply and elaborate in section provided below.**  Upgrading technology to meet reporting requirements  Staffing/working hours for eCR implementation  Other use of funding  **Please elaborate below:** |
| I certify that the information contained herein is true and accurate to the best of my knowledge and I have the authority to submit this application on behalf of the applicant.    Signature / Title Date |

**Statement of Commitment**

By submitting the Electronic Case Reporting (eCR) Incentive Program application, [**LEGAL BUSINESS NAME**] agrees to participate in the Kentucky Health Information Exchange’s eCR Incentive Program through September 2026 and commit to meet the following criteria:

1. Utilize the awarded incentive in its entirety from January 1, 2020 through June 30, 2022. Unused awarded incentive monies must be returned to KHIE by July 31, 2022.
2. Provide a detailed expenditure report indicating how the awarded funds were utilized by June 30, 2022.
3. Complete a post-project evaluation.
4. Maintain the established connectivity to KHIE for a minimum of five (5) years.
5. Provide a written testimonial of project success by June 30, 2022.

Printed Name/Title Date

Signature