



2011 Minnesota e-Health Connectivity Grant Program for Health Information Exchange

Program Guidance

Introduction

The Minnesota e-Health Connectivity Grant Program for Health Information Exchange (HIE) provides modest resources to help health care providers and hospitals in rural and underserved areas of Minnesota build health information exchange capacity and achieve health information exchange capability. Health information exchange in Minnesota is the electronic transmission of health related information between organizations according to nationally recognized standards.

Health information exchange is a requirement to access [federal incentives for meaningful use of an electronic health record \(EHR\)](#) and to meet [Minnesota's 2015 interoperable electronic health records mandate](#) and [2011 electronic prescribing mandate](#).

In 2011, the Minnesota Department of Health (MDH) Office of Health Information Technology received \$9.6 million from the Office of the National Coordinator for Health Information Technology (ONC) to implement the [State HIE Cooperative Agreement](#) program over three years. MDH is using these funds to expand HIE capacity, support robust electronic exchange of health information statewide, and help health care providers achieve Minnesota's goal for interoperability by 2015.

Minnesota recognizes two categories of [State-Certified HIE Service Providers](#) that health care providers and hospitals can use to establish connectivity through this grant program.

2011 Program Summary

The 2011 Minnesota e-Health Connectivity Grant Program for HIE is designed to: a) assist health care providers in rural or underserved communities who are potentially eligible for federal incentives for meaningful use of an EHR in exchanging health information with other health care providers, and b) increase the number of rural Minnesota pharmacies capable of accepting electronic prescriptions.

Funding: One million dollars is currently available.

Grant awards: Up to \$10,000

Award process: Grant applications will be reviewed and evaluated first come; first served.

Application Deadline for 2011 Program: January 31, 2012.

Matching fund requirement: One dollar in cash match from grantee for every \$10 in grant funds awarded

2011 Eligibility Requirements¹

Qualifying hospitals and clinics must be potentially eligible, or employ professionals that are potentially eligible, for federal incentives for meaningful use of an EHR and must have a certified EHR a) partially implemented (installed and in use for some staff and providers) or b) fully implemented (installed and in use for all [more than 90 percent] staff and providers). *Check to see if your EHR is certified ([Certified EHR Product List](#)).*

Qualifying pharmacies are located in rural Minnesota, serve ambulatory patients in cities with populations less than 10,000 and are currently not able to accept electronic prescriptions or meet requirements for exchange without updating existing pharmacy systems. Electronic prescribing must be done using national standards as specified in [Minnesota Statute 62J.497](#), and does **not** include faxed prescriptions.

| Eligible Applicants | Eligible Activities |
|--|--|
| Qualifying Hospitals (up to \$10,000 maximum per hospital) | |
| Critical Access Hospital | <ul style="list-style-type: none"> ▪ Consultant costs associated with planning for health information exchange capabilities ▪ Costs associated with establishing connectivity with a State-Certified Health Information Exchange Service Provider http://www.health.state.mn.us/divs/hpsc/ohit/certified.html and up to one year's subscription costs. |
| Small rural ² hospital (<100 beds) | |
| Qualifying Clinics (up to \$10,000 maximum per clinic) | |
| Rural Health Clinic (RHC) | <ul style="list-style-type: none"> ▪ Consultant costs associated with planning for health information exchange capabilities ▪ Costs associated with establishing connectivity to a State-Certified Health Information Exchange Service Provider http://www.health.state.mn.us/divs/hpsc/ohit/certified.html and up to one year's subscription costs. |
| Federally Qualified Health Center (FQHC) | |
| Rural ² physician clinics | |
| Qualifying Pharmacies (up to \$10,000 maximum per pharmacy) | |
| Rural pharmacies serving ambulatory patients in cities with populations less than 10,000 that are currently not able to accept electronic prescriptions or meet requirements for exchange without updating existing pharmacy system. | <ul style="list-style-type: none"> ▪ Hardware (up to \$5,000) required for pharmacy system upgrade for e-prescribing functionality ▪ Software required for pharmacy system upgrade for e-prescribing functionality ▪ Transaction costs, up to one year maximum |

¹ Future funding periods may include revised and/or expand eligibility

² Located in community outside the seven county metropolitan area with populations of less than 50,000 according to U.S. Census Bureau statistics or in a Rural-Urban Commuting Areas classification category of isolated, small rural or large rural.



Grant Award Process and Grant Recipient Requirements

Application Process

Complete application form and send grant application via email, courier or mail to:

Anne Schloegel
Minnesota Department of Health-Office of Rural Health and Primary Care

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|---|--|
| Courier delivery: | Postal address: |
| 85 East Seventh Place, Suite 220 Saint Paul, Minnesota 55101 | P.O. Box 64882 Saint Paul, Minnesota 55164-0882 |

E-mail: anne.schloegel@state.mn.us

Application deadline for 2011 Program is January 31, 2012

Award Selection Criteria

Grant applications will be reviewed and evaluated first come; first served. Grant awards will be based upon:

1. Eligibility of the applicant
2. Eligibility of the project
3. Availability of grant funds
4. Date of application receipt

Grant Recipient Requirements

Applicants awarded a grant contract will be expected to:

1. Sign grant agreement and return to MDH for final signature.
2. Begin work upon receipt of fully executed grant agreement. ***Project work begun before the grant contract is fully executed is not eligible for reimbursement.***
3. Submit invoices for payment of grant funds including supporting documentation of expenditures. Grant funds will be disbursed on a reimbursement basis only, after expenditures have been incurred or invoiced and cash match has been documented.
4. Complete and submit final narrative and expenditure reports (on specified MDH form) that will require information on:
 - Project details including current status of health information exchange and/or e-prescribing and documentation of any challenges or barriers
 - For those doing interstate exchange, report on methods used to manage patient consent (applies only to hospital or clinics)
 - Documentation of activities/communications to notify area providers when e-prescribing services are enabled and activated (applies only to pharmacies)
 - Additional details that may be requested to comply with federal reporting requirements.
5. Final 10 percent of the total grant award will be withheld until grant duties are completed.

Contact Information

Questions about the grant should be directed to:

Anne Schloegel
Minnesota Department of Health-Office of Rural Health & Primary Care
Phone: 651-201-3850 E-mail: anne.schloegel@state.mn.us

More information is available at:

[Minnesota e-Health Connect](#)
[Office of Health Information Technology](#)