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| **DHSS Logo Red 3D** | ***DELAWARE HEALTH AND SOCIAL SERVICES*** |
| **Delaware Health Care Commission** |
| 410 FEDERAL STREET, SUITE 7, DOVER, DE 19901 \* TELEPHONE 302-739-2730 FAX 302-739-6927 |

# Health Information Exchange Support Mini-Grant

**Program Summary**

The Department of Health and Social Services (DHSS), Delaware Health Care Commission (DHCC) is charged with developing a pathway to affordable healthcare for all Delawareans and authorized to conduct pilot projects to test methods for catalyzing activities that will help the state meet its health care needs.

During the State Innovation Model (SIM) grant in July 2018, the DHCC launched a mini-grant initiative to increase the readiness of the state to take on payment reform models to improve the coordination of patient care, integrate data, and increase readiness to integrate into an Accountable Care Organization (ACO), or operate through an Alternative Payment Method. Eligible mini-grant applicants included primary care providers, behavioral health providers, hospitals, ACOs, Federally Qualified Health Centers (FQHCs), or clinically integrated networks licensed in the State of Delaware.  Of the 50+ applications received, many applicants included a request for funding for connectivity to the Delaware Health Information Network (DHIN), Delaware’s Health Information Exchange (HIE).

In response, the DHCC is offering one-time funding to assist medical practices, with preference to primary care, with adopting the full range of health information exchange tools offered by the DHIN.  These services include:

* Access to the Community Health Record (CHR), the longitudinal view of each patient’s health data regardless of place and date of service
* A results-delivery interface that enables DHIN to securely deliver all result types from all data senders directly into the provider’s electronic health record (EHR)
* Care Summary Exchange, which enables the provider to send a summary of each clinical encounter to the DHIN, thus enriching the data within the CHR for all users
* Event Notification Services (ENS), by which DHIN can notify the provider or a designated care coordinator of admissions or discharges of their patients to approximately 200 hospitals, emergency departments (EDs), and other care settings across Delaware, Maryland, West Virginia, District of Columbia, Southern New Jersey, and selected Pennsylvania EDs.
* Patient Portal/Personal Health Record (PHR), co-branded for the practice, by which a participating patient can view all their health data submitted to DHIN by all sources.  The DHIN PHR is certified by the Office of the National Coordinator for Health Information Technology to meet all requirements for patient engagement under Meaningful Use and the Merit-based Incentive Payment System.
* Medication History, activated through the CHR, which enables on-demand retrieval of a 12-month prescription fill history, thus facilitating medication reconciliation.

This mini-grant is an opportunity for practices to expand their use of data as a lever in preparation for new payment models, including Total Cost of Care (TCC) and risk-sharing arrangements by having connectivity with the DHIN. To achieve this outcome, these mini-grants will support investments in EMRs (Electronic Medical Records), proper technology infrastructure, and DHIN bundled services, with the ultimate goal of contributing data to and receiving data from the DHIN.

**Eligible Applicants**

**Who can apply?**

Eligible applicants include medical practices (preference to primary care), behavioral health providers, ACOs, or Federally Qualified Health Center (FQHC) that are not adopting the full range of health information exchange tools offered by the DHIN.  All applicants must be licensed in the State of Delaware and must provide a valid medical license where applicable.

**Application Submission Process**

Complete and submit application before the deadline submission date: **November 30, 2019**.

The following information needs to be provided to be considered for funding:

• Organizational information

• Project description

• Project work plan for long-term sustainability for adopting health information exchange tools offered by the DHIN

• Project budget

• Copy of organization’s Delaware business license

• Copy of organization’s medical license (if applicable)

Applications will be evaluated and considered on a rolling basis, as they are received.

All questions and final applications should be submitted by email to: DHCC@delaware.gov. Applications will be accepted until the deadline date, **11:59 PM (EST) November 30, 2019**.

Applications received after deadline will not be considered (See “Timeline” for additional details).

A confirmation email acknowledging application was received will be sent to applicant. The application will be reviewed for completeness and compliance with the applicable requirements.

Please read the program eligibility requirements before completing and submitting your application. Applications not meeting all requirements will not be considered.

**Reporting Requirements**

## Reporting Requirements

Reporting requirements will be finalized in a Memorandum of Understanding (MOU) between the awardee and DHCC.

Applicants will be required to provide documentation verifying the received funds were spent to access the DHIN.

**Funding**

Funding is being provided through a one-time General Fund Fiscal Year 2020 award.

DHSS/DHCC is prepared to award up to 25 applicants. Award totals will vary. **The maximum award is $8,000**.

Funds must be spent by June 30, 2020.

**Timeline**

## Timeline

Applications will be reviewed on a rolling basis starting October 8, 2019. The timeline will vary based on when the application was submitted.

**October 8, 2019 – November 30, 2019 (Applications received and reviewed**)

* October 7, 2019 – Applications will be accepted
* October 7, 2019 - November 30, 2019 – Applications reviewed by DHCC
* November 30, 2019 – Final date to submit applications *(This date may be extended if funding is still available.)*

**October 21, 2019 - December 15, 2019 (Notification of Award)**

* Award notification and budget approval
* MOU with awardee and the DHCC
* Purchase Order

**December 15, 2019**

* If funding is still available, DHCC will accept applications for review and award until funds are exhausted

**June 30, 2020**

* Funds must be fully expended

**Health Information Exchange Support Mini-Grant Application**

**Organizational Information**

**Organization Information**

|  |
| --- |
| Organization Name: Enter organization name. |
| Type of Organization: Enter type of organization. |
| Address: Address line 1 Address line 2 |
| Organization’s Website (if applicable): Enter organization’s website URL |
| Contact Name: Enter contact nameTitle: Enter contact’s title  |
| Work Phone: (xxx) xxx-xxxx |
| Email Address: Enter contact’s email address |

**Project Description**

1. Describe how your practice will benefit from utilizing DHIN’s services.

Click or tap here to enter text.

1. How does your practice plan to sustain Results Delivery Interface beyond this one-time funding opportunity?

Click or tap here to enter text.

1. If applicable, what DHIN services does your practice currently utilize?

Click or tap here to enter text.

your practice currently utilize?

Describe which new DHIN services your practice will be utilizing. (The recommended DHIN bundled services are referenced and described in the “Project Summary.” Preferential consideration will be given to applications for the full suite of services, especially those that include Care Summary Exchange.)

Click or tap here to enter text.

**Project Work Plan and Budget**

**Narrative Project Description**

**Work Plan**

Provide a project work plan. You may attach a work plan in a different format.

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| --- | --- | --- | --- | --- |
| **Tasks**  | **Date** | **Date** | **Date**  | **Date**  |
| Enter task | Enter task | Enter task | Enter date | Enter date |
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**Budget**

Provide a budget for the proposed project. **Funding must be expended by June 30, 2020.**

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| **Expense** | **Cost** |
| DHIN Implementation Fee(DHIN guarantees no further fees for five-years for the included services) | Enter cost |
|  |  |
| DHIN full bundle of services **WITH** medication history (cost $3,650) | Enter cost |
|  |  |
| DHIN full bundle of services **WITHOUT** medication history (cost $2,000) | Enter cost |
|  |  |
| EHR vendor charges | Enter cost |
|  |  |
| Other expenses (please specify) | Enter cost |
|  |  |
| **Total Cost (maximum award $8,000)** | Enter total cost |

**Applications are due no later than November 30, 2019.**

Applications will be evaluated and considered as they are received.

Applications should be submitted by e-mail toDHCC@delaware.gov