**Kentucky Health Information Exchange**

**Electronic Laboratory 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 improving or establishing an Electronic Laboratory Reporting (ELR) interface to the HIE.

The ELR Incentive Program was created to help labs, including labs within hospitals and healthcare facilities, mitigate the challenges associated with establishing or upgrading an ELR HL7 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 lab located and/or providing services in the Commonwealth of Kentucky. Funds may be used to offset technology upgrades or modifications required to establish an interface or to mitigate technical barriers directly related to electronic laboratory reporting. If approved, eligible labs and healthcare facilities containing labs can receive up to $20,000 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 ELR 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 ELR Incentive Program**. Applications will be considered through September 30, 2021, and should include all required supporting documentation.

Revised: 3/22/21

**ELR 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. |
| **EHR Vendor:** Click here to enter text. | **HL7 Version:** Click here to enter text.  **(Ex: v2.3.1, v2.5.1, etc.)** |
| **Product:** Click here to enter text. |  |
| **Vendor Contact Name:** Click here to enter text. | **Vendor Contact Email:** 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:**  **Independent Lab  Commercial Lab  Non-Profit Lab  Lab Ordering Healthcare Facility  Hospital with Onsite Lab  Healthcare Clinic with Onsite Lab**   |  | | --- | | **Does your organization have a current Participation Agreement with KHIE?  YES  NO** | | **Does your organization currently have an interface with KHIE?  YES  NO** |   **Does your organization have an electronic laboratory reporting (ELR) feed with KHIE?  YES  NO** | | | |
| **Does your organization process COVID-19 labs?  YES  NO** | | | |
| **Does your organization outsource COVID-19 lab processing?  YES  NO** | | | |
| **List all Physical Lab Sites that Fall Under Your Organization at the Business Level.**  ***Insert rows as needed or enter the information on a new page*** | | | |
| **Location name** | **NPI** | **CLIA** | **MSH 4.1** |
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| **Budget Information for ELR 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 the section provided below.**  **ELR HL7 Implementation to KHIE**  *Ex: Interface development fees; upgrading versions of HL7, etc.*  **Upgrading technology**  *Ex: Any verifiable upgrades needed to contribute ELR*  **Staffing/working hours for ELR implementation**  *Ex: Interface development contracted hours*  **Other use of funding**  **Please elaborate in the space 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 Laboratory Reporting (ELR) Incentive Program application, [**LEGAL BUSINESS NAME**] agrees to participate in the Kentucky Health Information Exchange’s ELR 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