



2022 Kentucky Health Information Exchange Grant

In collaboration with the Kentucky Health Information Exchange (KHIE), Anthem Blue Cross and Blue Shield Medicaid (Anthem) is offering participating Anthem providers the opportunity to apply for a grant to help offset the costs associated with connecting to KHIE.

Applicants must be located in the state of Kentucky, have an active Kentucky Medicaid ID number, have a signed *Participation Agreement* with KHIE, and be a participating provider with Anthem. If approved, providers may be awarded up to \$5,000, and hospital may be awarded up to \$10,000. Grants will be awarded on a first come first serve basis until all grant funds up to \$200,000 are depleted. Incomplete applications will not be considered, and only one grant will be awarded per tax identification number and/or business entity.

If interested, please complete the application in its entirety, attach a completed *W9 Form*, and email both documents to providerexperiencekyprojects@anthem.com with ***Anthem 2022 KHIE Grant Application*** in the subject line. Applications will be accepted through December 30, 2022.

If you need any assistance completing this application, please contact your Provider Experience consultant at **800-205-5870, option 3** or email <https://www.anthem.com/provider/contact-us/email-form>.



<https://providers.anthem.com/ky>

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Legal business name:	
Practice name (if different from above):	
Address:	
Phone	Fax:
Email address:	
Federal tax ID #:	NPI #:
Medicaid provider number:	Medicaid provider type:
Primary contact lead:	Email address:
Phone:	Fax:
Electronic health record (EHR) vendor:	Product:
Version:	
Does your organization have a current <i>Participation Agreement</i> with KHIE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organization currently have an interface with KHIE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requested grant contribution:	
Primary focus area(s): (Please select all that apply) <input type="checkbox"/> New interface with KHIE <input type="checkbox"/> Upgrade technology <input type="checkbox"/> Other (Please specify.):	
Statement of need: <i>Please provide any information that you wish to be considered in review of your application.</i>	



<https://providers.anthem.com/ky>

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:

Date:

Statement of Commitment

By submitting this grant application, _____
(Legal business name)

agrees to maintain the established connectivity to KHIE for a minimum of five years.

Printed name/title:

Date:

Signature

The W9 Form must be submitted with application.