

This program is designed to assist providers desiring participation in the NDHIN, by providing financial incentives to meet specific, defined milestones. The funding is intended to help with expenses which may be encountered when providers wish to participate in the NDHIN as data contributors and data consumers.

#### **Application Instructions and information:**

1. Complete Application, electronically or manually, and return to your Outreach Coordinator
2. Note- if completing the application electronically – do not type in “\$” in the amount-requested fields. Type numbers only.
3. See sample application for reference.
4. In Amount Requested field, you may request up to \$7000 for each data feed.
5. In Total Estimate Project Cost, you must put the total estimated project cost as given to you by your vendor.

#### **NDHIN IAP Milestones:**

**Outbound Feed.** To meet this milestone the provider must send an outbound feed in real-time to the NDHIN that meet specifications defined by the NDHIN. Each feed may be its own milestone.

- Admit, Discharge, Transfer (ADT),
- Lab Results (LAB),
- Radiology Reports (RAD),
- PACs Image (IMG),
- Clinical Documents (MDM),
- Continuity of Care Documents (CCD),
- Immunizations (IMM).

**Single Sign-on.** To meet this milestone the provider must work in conjunction with their EHR vendor and the NDHIN to enable Single Sign-on from the Electronic Medical Record into the North Dakota Health Information Network.

#### **Funding:**

- The total maximum payment **per Milestone** met will be \$7,000.
- Participants will pay EMR vendor for the interfaces and submit the payment information along with the technical acceptance document to NDHIN for reimbursement.
- NDHIN pays within 30 days of receipt of appropriate information.

#### **Valid Use of IAP Funds:**

- Participants may use grant funds for project management, technical development or configuration and testing, workflow integration, training, and go-live support for users.
- Participants will be required to attest that all expenses being claimed are valid under the terms of the grant and may be required to provide proof to justify these expenses at any time.
- Facilities may expend grant funds directly to a vendor or use them for expenses incurred by the participant, so long as the expenses are appropriately documented.
- Under no circumstances may a participant be compensated for the same work under multiple grant awards.
- Under no circumstances may a participant organization be compensated under this program for work already paid for using any other source of federal funding.



# INTEROPERABILITY ASSISTANCE PROGRAM (IAP) GRANT APPLICATION

STATE OF NORTH DAKOTA

NORTH DAKOTA HEALTH INFORMATION NETWORK

Be Legendary.™ SFN 61839 (7-2020)

Please direct questions to [ndhin@nd.gov](mailto:ndhin@nd.gov)

Application Date 7/6/2021	Legal Name of Organization ABC Hospital		
Name of Contact Person John Smith		Title IT GUY	
Address Alphabet Road	City Anywhere	State ND	ZIP Code 58000
Email Address jsmith@abchospital.org		Telephone Number (701) 111-1111	

Milestone 1 Title Admission, Discharge, Transfer (ADT) Feed	
Purpose To support patient care by providing ADT data feeds to NDHIN; Complimenting NDHIN data aggregation; Allowing for better care coordination	
Amount Requested (numeric only) 7000.00	Total Estimate Project Cost (numeric only) 8000.00
Milestone 2 Title Lab Results (LAB)	
Purpose To support patient care by providing LAB data feeds to NDHIN; Complementing data aggregation; To build a more comprehensive patient record to enhance care coordination.	
Amount Requested (numeric only) 7000.00	Total Estimate Project Cost (numeric only) 9000.00
Milestone 3 Title Single Sign-on (SSO)	
Purpose To integrate/embed NDHIN with organization EMR to improve access for NDHIN users.	
Amount Requested (numeric only) 7000.00	Total Estimate Project Cost (numeric only) 8500.00

Project Goals Participate in NDHIN and share data with other HCP across the state to improve and support patient care.	
Estimated Project Start Date 7/15/2021	Estimated Project End Date 7/15/2022
Organization Chief Executive Officer Signature Big Guy Signature	

## FOR INTERNAL NDHIN USE ONLY

Review Date	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny	NDHIN Director Signature
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