



MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH)
HEALTH TECHNOLOGY ADVANCEMENT & MODERNIZATION INITIATIVE
(HTAM)
ELECTRONIC HEALTH RECORDS (EHR) REPLACEMENT FOR SMALL RURAL
PROVIDERS PROGRAM
(EHR PROGRAM)

Prequalifying Questions

1. Are you a Mississippi-located eligible provider under the Electronic Health Records (EHR) Replacement for Small Rural Providers Program (EHR Program)? * ☐ Yes ☐ No

Note: Mississippi classifies “rural” as counties with fewer than 50,000 residents, fewer than 500 people per square mile, or municipalities with populations under 15,000. Consistent with CMS guidance, organizations do not need to be physically located in a rural area to be eligible for participation in this initiative. Applicants must demonstrate how proposed activities will provide meaningful benefit to rural communities and rural residents in Mississippi.

Note: Eligible providers include Mississippi-located licensed rural hospitals and critical access hospitals, independent pharmacies, skilled nursing facilities, long term care facilities, home health services, hospice care providers, independent rural health clinics, solo/small group physician practices, independent behavioral health clinics, Tribal or Indian Health Services (IHS)-operated clinics where eligible, and other community-based rural clinics) to apply for funding through the EHR Program. These entities must not be owned, managed, or financially controlled by a hospital system, integrated delivery network, FQHC parent network, or similar enterprise and must be located in rural areas or servicing rural populations.

Eligible applicants are limited to small providers serving rural populations in Mississippi. These eligible applicants are listed on page 1 of the EHR Program Notice of Funding Opportunity (NOFO).

For purposes of this program, a small provider means an independent rural healthcare practice or facility that is not owned or controlled by a large health system and meets at least one (1) of the following criteria:

- Licensed for 60 or fewer in-patient beds
- Has 50 or fewer licensed, full-time healthcare professionals
- Demonstrates limited existing health IT capacity, including use of outdated or minimally interoperable EHR technology

The MSDH may request documentation to verify eligibility, including ownership information, staffing levels, and current health IT environment.

Note: Independent pharmacists are eligible only if they operate as an independent, rural patient-care provider site and furnish reimbursable clinical services supported by health IT/EHR functionality.

Standalone dispensing pharmacies, and pharmacies owned by, affiliated with, or operationally supported by a hospital system, chain, PBM, FQHC network, or other larger parent organization, are not eligible.



2. Is the proposed project designed to support the adoption and/or upgrade of EHR systems to modernize clinical workflows, expand patient care capabilities to allow telehealth or remote patient monitoring, meet standard requirements for participation in value-based care models, and/or enhance health information exchange (HIE) connectivity and utilization? * ☐ Yes ☐ No

Note: Telehealth systems, cybersecurity, other technology solutions, broadband infrastructure, new construction or major building expansion, lobbying, provider payments, demolition, and other non-allowable uses identified in the NOFO **may not be charged to this award**. Funding for telehealth systems, cybersecurity, and other technology solutions were offered under separate grant programs.

3. Does the proposed project align with at least one EHR Program objective? * ☐ Yes ☐ No

For reference, the EHR Program objectives include the following:

- Expand adoption and modernization of EHR systems for independent rural healthcare facilities and providers to improve clinical workflows, operational efficiency, and care delivery.
- Strengthen interoperability and connectivity to enable more seamless, secure exchange of clinical information across care settings.
- Improve care delivery capabilities through technology-enabled services, including support for telehealth, remote patient monitoring, and related workflow integration.
- Enhance quality reporting and data utilization, support performance improvement, regulatory compliance, and better patient outcomes.
- Advance readiness for and participation in value-based care models by helping rural providers meet standard technical, reporting, and care coordination requirements.
- Build sustainable rural health technology infrastructure and user capacity through system upgrades, training, workflow redesign, and shared technology network participation.

I understand that by accepting RHT Program funding from the State of Mississippi, I commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

Yes – to all questions (No. 1-3) will advance to the Application

No- to any of these questions will result in a message stating “*Currently, you are not eligible to proceed to the next stage of the application process. Additional funding opportunities are expected to become available soon, and we encourage you to continue checking [MississippiRHTP.com](mailto:info@mississippirhtp.com) for updates and future opportunities. For further inquiries, contact info@mississippirhtp.com.*”

Applicant Information

* Applicant Legal Name: _____

Doing Business As (if applicable): _____

* Federal Employer Identification Number (FEIN): _____

Unique Entity Identifier (UEI): _____

MAGIC Vendor Number: _____

Applicants are not required to have a UEI or MAGIC Vendor Number at the time of application submission. However, any organization selected for funding will be required to obtain and maintain an active UEI and MAGIC Vendor Number prior to award execution and disbursement of funds.



*** National Provider Identifier (NPI #):**

*** CMS Entity Type:** _____
(DROPDOWN BOX)

Applicant Mailing Information

*** Street Address:** _____

*** City:** _____

*** State:** _____

*** Zip Code:** _____

Applicant Primary Contact Information

*** Name:** _____

*** Title:** _____

*** Email Address:** _____

*** Phone Number:** _____

Authorized Grant / Contract Representative

*** Name:** _____

*** Title:** _____

*** Email Address:** _____

*** Phone Number:** _____

Facility Information

*** Is the project being submitted on behalf of a specific facility, campus, department, clinic, or subsidiary?** ☐ Yes ☐ No

Facility / Project Site Name: _____

Facility Type: _____

Physical Address: _____

County: _____

(DROPDOWN BOX)

Organizational Capacity

Debarment/Suspension Certification *

Is the organization currently debarred, suspended, or otherwise excluded from receiving federal funds?
(Verification required.)

DROPDOWN BOX

Yes - Organization is excluded from receiving federal funds

No - Organization is not excluded from receiving federal funding



By submitting an application, the offeror certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government. The offeror further certifies that it is not an agent of any such person or entity. The offeror certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. The offeror certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein. The offeror certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the offeror's failure to perform, default, or any other action or inaction by the offeror.

Federal Funding History *

Has the organization received federal grant funds before?

Dropdown Box

Yes - Organization has received federal funds in the past.

No - Organization has never received federal funds.

Past Single Audit *

Has the organization been subject to single audit requirements in the past?

DROPDOWN BOX

Yes - Organization has had single audits conducted in the past.

No - Organization has not had past single audits.

Past Single Audit/Audited Financial Statement Findings *

Has the organization received any single audit and/or audited financial statement findings in the past 3 years? If yes, attach a Summary Schedule of Prior Audit Findings.

DROPDOWN BOX

N/A - No past audits.

Yes - Organization has audited findings within the past 3 years.

No - Organization has had no audit findings in the past 3 years.

Financial Statements *

Please submit audited financial statements if available. If audited financial statements are not available, applicants should submit the most recent internally prepared fiscal year-end financial statements.

UPLOAD REQUIREMENT

Financial Management System Certification *

Does the organization have financial systems that meet federal standards for internal controls?

DROPDOWN BOX

1 Organization has a financial management system that meets federal standards for internal controls.

2 Organization has a financial management system that does not meet federal standards for internal controls.

3 Organization does not have a financial management system.

NOTE: Applicants selecting options 2 or 3 will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Written Policies and Procedures *

Does the organization maintain written policies and procedures related to the management of federal grant funds and internal financial controls?

DROPDOWN BOX

1 Organization has written policies and procedures related to the management of federal grant funds and internal financial controls.

2 Organization has written policies and procedures that do not cover the management of federal grant funds and internal financial controls.

3 Organization lacks written policies and procedures.

NOTE: Applicants identified as having limited or incomplete written policies and procedures will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Procurement Standards Certification *

Does the organization have written procurement procedures compliant with 2 CFR 200 and can adhere to federal procurement guidelines and contracting standards?

DROPDOWN BOX

1 Organization has written procurement procedures that address 2 CFR 200 compliance and has the capacity to meet federal procurement guidelines and contracting standards.

2 Organization has written procurement procedures that do not address 2 CFR 200 compliance or does not have the capacity to meet federal procurement guidelines and contracting standards.

3 Organization does not have written procurement procedures that address 2 CFR 200 compliance.

NOTE: Applicants identified as having limited or incomplete procurement procedures will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Compliance With Federal Award Conditions *

Does the organization agree to comply with all terms and conditions under 2 CFR 200 and 300, and program specific guidelines?

DROPDOWN BOX

1 Organization currently complies with all terms and conditions under 2 CFR 200 and 300, and program-specific guidelines.

2 Organization agrees to comply with all terms and conditions under 2 CFR 200 and 300, and program-specific guidelines.

3 Organization does not agree to comply with all guidelines.

NOTE: By selecting options 2 or 3, applicants will be required to participate in additional training or technical assistance prior to award or during the period of performance.

Capacity *

Does the organization have the capacity to complete the project and submit progress reports?

DROPDOWN BOX

- 1 Organization has capacity to complete work.
- 2 Organization lacks capacity but is actively seeking resources.
- 3 Organization lacks capacity and has yet to begin seeking resources.

Describe the capacity the organization will utilize to complete the proposed project including: (1) number of personnel to be utilized; (2) titles and tenure of proposed personnel; (3) brief description of the roles and responsibilities of the identified personnel; and (4) whether or not these positions are currently filled or if hiring or contracting will need to take place if the applicant is awarded funding under this program.

Conflict of Interest Disclosure *

Are there any actual or potential conflicts of interest related to this award?

DROPDOWN BOX

- Yes - Conflicts exist.
- No - No conflicts exist.

Under 2 CFR 200, a conflict of interest exists when personal or corporate relationships compromise the impartiality of individuals involved in the selection, award, or administration of federal contracts, necessitating a mandatory written disclosure to the funding agency.

If yes, provide the following information:

Conflicts Explanation

Please describe any conflicts or potential conflicts of interest that exist.

Response: _____

Applicant Questions**Electronic Health Records (EHR) Replacement for Small Rural Providers Program (EHR Program)**

Because EHR Program funding is currently structured as a one-year award period, applicants should propose phased or scalable projects that can achieve meaningful planning and/or initial implementation milestones within the available funding period. Applicants should ensure that Phase I activities are completed by July 31, 2027, and clearly describe how the proposed scope can function independently or support future, sustainable expansion in subsequent funding years, if additional funding becomes available. See the related NOFO for additional detail.

1. Executive Summary



Purpose: The purpose of Section 1 of the application is to provide the grant evaluation team with a concise overview of the project and reference key values that appear in Sections 2–5.

1.1 Project Snapshot

Project Name: _____

Requested Amount (**note: funds must be expended by the subrecipient by July 31, 2027**):

\$ _____

Program Objective Alignment (check all that apply):

☐ Expand adoption and modernization of EHR systems for independent rural healthcare facilities and providers to improve clinical workflows, operational efficiency, and care delivery.

☐ Strengthen interoperability and connectivity to enable more seamless, secure exchange of clinical information across care settings.

☐ Improve care delivery capabilities through technology-enabled services, including support for telehealth, remote patient monitoring, and related workflow integration.

☐ Enhance quality reporting and data utilization to support performance improvement, regulatory compliance, and better patient outcomes.

☐ Advance readiness for and participation in value-based care models by helping rural providers meet standard technical, reporting, and care coordination requirements.

☐ Build sustainable rural health technology infrastructure and user capacity through system upgrades, training, workflow redesign, and shared technology network participation.

1.2 Short Executive Narrative (500-word limit)

Summarize the snapshot above and present a clear high-level overview of why the project is needed and how it will advance the goals of the EHR Program.

2. Project Description

Complete Sections 2A–2D. Use objective, applicant-reported values and upload supporting documentation where available.

2A. Need and Intended Outcomes

2A.1 Need Summary (350-word limit)

Instructions: Provide a short need summary describing the specific need or needs to be addressed through the proposed project.

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2A.2 Quantified Need Indicators (provide at least 1)

Instructions: Provide at least one quantified need indicator. Examples of quantified indicators: quantifiable operational, clinical, interoperability, compliance or patient care issues, such as wait times, downtime, backlog, capacity constraints, service gaps, not HITECH compliance, etc.

Need indicator (name)	Baseline value	Baseline time period	How this indicates an EHR upgrade or adoption (1 sentence)	Upload Excel Template
				☐
				☐

2A.3 Intended Outcomes (provide at least 2)

Instructions: Provide at least two intended outcomes.

Outcome (measurable)	Baseline	Target / expected change	Timeframe	How measured (data source)	Upload Excel Template
					☐
					☐

2B. How the Investment Addresses the Need

Instructions: List the major components of the EHR Program and map each component to the need indicator(s) and intended outcome(s) above.

2B.1 EHR Program Components (list all major components)

Component / activity	Type (adoption / upgrade / etc.)	What will be purchased / built / implemented?	Need indicator(s) addressed (from 2A.2)	Outcome(s) supported (from 2A.3)	Deliverable produced
<i>EHR platform</i>	<i>Upgrade</i>	<i>EHR data migration and interface engine</i>	<i>Enhance capacity to share data with</i>	<i>Expanded utilization of</i>	<i>Upgraded, interoperable EHR system</i>

			<i>partner providers</i>	<i>EHR within the practice</i>	

2B.2 Connection Between Components and Outcomes (350-word limit)

Explain how the components above produce the outcomes proposed.

2C. Communities/Population Impacted

2C.1 Service Area Impacted

Indicate all counties served that will be positively impacted by this program.
 (MS county dropdown list):

2C.2 Populations Served & Estimated Reach

Will your project serve patients that reside in rural Mississippi based on the definition provided?

*☐ Yes ☐ No

Provide the number of rural encounters served annually _____

Provide the number of unduplicated rural patients served annually _____

Baseline time period (FFY 2026 preferred):

Estimated reach after project (annual rural patients/encounters served- please specify patient or encounters):

Baseline method/source (example: EHR report, scheduling report):

Upload Supporting Documentation: ☐

2C.3 Impact Indicators (choose at least 2)

Provide at least two impact indicators with baseline and target.

Impact type	Indicator (measurable)	Baseline Measure	Source of Baseline Data	Target Measure/ expected change	Upload Excel Template
Upgraded capacity supporting EHR systems					☐
Improved care delivery					☐

Increased shared data through interoperable EHR system					☐
Improved clinical workflows					☐
Increased EHR knowledge and skills by staff utilizing the EHR system					☐
Other (specify)					☐

2C.4 Short Narrative (350-word limit)

Summarize C.1–C.3 and explain how the project creates rural impact. Reference the rural encounters and/or patients treated and your indicator targets.

2D. Challenges, Risks, and Barriers

Instructions: Provide at least two challenges, obstacles, or risks that may affect achievement of the intended outcomes. Each risk must include an owner and mitigation steps.

Risk Category	Risk description (1-2 Sentences)	Mitigation (1-2 sentences)	Owner (role/title)	When addressed (phase/date range)

3. Implementation

Instructions: Provide a detailed workplan with tasks, milestones, procurement steps, and dates. Identify responsible parties. Include planned obligation timing. (Note: funds must be expended by the subrecipient by July 31, 2027 and all procurements must be approved before expenses are incurred. Costs incurred prior to subaward execution are not allowed.)

3A.1 Implementation Workplan and Timeline

For each row, first select an activity:

- Planning
- Procurement

- Configuration/Integration
- Launch
- Closeout

Applicants are expected to use each activity at least once. You may use each activity multiple times (multiple rows per activity are expected).

Then list the milestone/task and deliverable for that activity (one milestone/task per row) and include Responsible Party (role/title) and the Start Date and End Date for each milestone/task. If the row involves procurement, complete Procurement Method and Procurement Step; otherwise enter N/A.

Activity	Milestone / Task	Deliverable	Responsible Party (role/title)	Procurement Size (if applicable)	Procurement Step (if applicable)	Start Date	End Date
<i>Example Procurement</i>	<i>Procure software</i>	<i>Executed contract</i>	<i>Procurement officer</i>	<i>\$</i>	<i>Formal advertisement bid evaluation, contract execution</i>	<i>03/2027</i>	<i>04/2027</i>

3A.2 Planned Obligation

For each procured component, identify the obligation method and planned obligation timing (date or days post-award). Vendors must not be selected prior to award. Vendor selection, as needed, will occur post-award through the appropriate procurement process in accordance with compliance requirements.

Procured Component	Obligation Method (Contract / Purchase Order / Direct Cost / Other)	Planned Obligation Timing (date or days post-award)
<i>Example: EHR platform</i>	<i>Purchase order</i>	<i>Within 30 days post award</i>

3B. Project Management and Readiness

Instructions: Assign owners for each management area. If a dedicated project manager will be used (internal or contracted), identify them. If external vendors/partners are involved, describe their roles and note 'Vendor TBD'. Vendors must not be selected prior to award. Vendor selection, as needed, will occur post-award through the appropriate procurement process in accordance with compliance requirements.

Management Area	Owner (name or role/title)
Scope	
Schedule	

Budget	
Approvals / Decision Authority	
Risk Mitigation	
Reporting	

3C. Sustainability Plan

Instructions: Address each category below. If a category does not apply, enter N/A.

Topic	Addressed?	Plan (1–2 sentences)
How will you ensure completion by July 31, 2027?	Required	
Maintenance (includes factors such as cost to maintain the investment long term and any related costs)	☐ Yes ☐ No	
Staffing	☐ Yes ☐ No	
Operations (includes overall operations interoperability and data exchange continuity as well as patient satisfaction and experience)	☐ Yes ☐ No	
Other (if applicable)	☐ Yes ☐ No ☐ N/A	

Sustainability owner (role/title):

4. Budget Narrative

Instructions: This section is required for completeness/responsiveness. Please provide reasonable estimates related to the budget for your proposed project. Use brief narrative and cite assumptions. Please highlight the amounts that will be applied to indirect and/or administrative costs.

Your budget narrative must address these points:

- Explain how each major budget category supports the proposed project scope, implementation tasks, and intended outcomes. Please highlight the amounts that will be applied to indirect and/or administrative costs.
- Explain how the proposed expenditures do not duplicate other existing funding sources. If any portion is supported by another source, identify the source and describe how costs are separated.
- Describe the basis for estimates (quotes, internal estimates, prior purchases, market comparisons). Upload supporting documentation.

5. Evaluation

Instructions: Provide measures and describe how you will collect, verify, track, and report data related to performance metrics for the proposed project. Identify the owner and include at least one implementation and one outcome measure where appropriate.

By submitting the application, the applicant certifies that they will provide monthly/quarterly progress reports and any additional required reporting.

5.1 Measures Table

Measure	Type (Implementation / Outcome)	Data Source	Baseline Measure (or how baseline will be established)	Target Measure/ expected change	Responsible Owner (role/title)	Collection frequency

5.2 Methods (600-word limit)

Instructions: Describe how data for the measures listed above will be collected, verified for accuracy, and consistently tracked over time.

Part 6 – Required Documentation and Uploads

Include the following attachments with the application package, consistent with the Request for Application and any final application instructions issued by the MS RHTP:

- Completed and signed IRS Form W-9
- SAM.gov documentation (if available)
- Most recent financial statement audit or internal financial documentation
- Summary of Findings, if applicable
- Written policies and procedures
- Documentation showing proof of rural population served
- Completed budget template (Microsoft Excel/Portal)

Part 7 – Applicant Attestations

By submitting this application, the authorized representative attests to the following statements:

☐ I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

☐ By submitting this application, the Applicant attests that funds awarded under this program will not supplant existing funding, services, activities, or obligations currently supported through other federal, state, local, or private funding sources. The Applicant further attests that program funds will not be used to replace or substitute for existing budgeted expenditures or ongoing financial commitments.

☐ The Applicant attests that awarded funds will be used solely for allowable activities and costs consistent with applicable federal laws, regulations, program guidance, award conditions, and CMS requirements, and will not be used for unallowable activities or expenditures.

☐ The Applicant hereby certifies that it understands and will comply with all duties and requirements applicable under the Rural Health Transformation Program (RHTP), including the RHTP Terms and Conditions, the Notice of Funding Opportunity (NOFO), the RHTP Frequently Asked Questions, and all other programmatic supporting documentation provided or referenced by the awarding entity. The applicant



acknowledges the following: All federal statutes, regulations, and award conditions apply to entities participating in RHTP, including those set forth in 2 CFR Part 200 and applicable provisions in 2 CFR Part 300, which are incorporated by reference into the NOFO and related federal award materials. The terms and conditions of federal awards flow down to subawards, as required under 2 CFR 200.101(b)(1), and RHTP funds—once passed through—remain subject to 2 CFR Part 200 and 2 CFR Part 300 as explained in the RHT Program FAQs. As stated in the NOFO, compliance with administrative, financial, and national policy requirements under 2 CFR Part 200 and 2 CFR Part 300 is mandatory, including any modifications adopted by CMS. The Applicant understands that these regulations include obligations related to financial management, internal controls, procurement, performance measurement, reporting, cost allowability, and other standardized requirements described in 2 CFR Part 200. If selected as a subrecipient, the organization will maintain an adequate working knowledge of the RHTP program and all associated federal regulatory requirements sufficient to fulfill all subrecipient duties imposed under 2 CFR Part 200, 2 CFR Part 300, the NOFO, the FAQs, and all programmatic guidance referenced by the awarding entity. By providing this certification, the Applicant attests that it has reviewed all relevant governing documents, understands the compliance obligations associated with the RHTP, and agrees to adhere to all requirements as a condition of being considered for a subaward under the program.

☐ By submitting this application, the Applicant acknowledges and understands that applicable federal and/or state laws, regulations, reporting requirements, guidance, and program requirements may change over time. The Applicant attests that it will remain in compliance with all current and future applicable requirements, including any updates, modifications, revised reporting obligations, or additional guidance issued by CMS or other authorized entities throughout the period of performance.

☐ By signing this application, the Applicant attests that it qualifies as a small provider for purposes of this funding opportunity. The Applicant certifies that it is an independent rural healthcare practice or facility that is not owned or controlled by a large health system and meets at least one (1) of the following criteria:

- Is licensed for sixty (60) or fewer inpatient beds;
- Employs fifty (50) or fewer full-time healthcare professionals; or
- Demonstrates limited existing health information technology (Health IT) capacity, including the use of outdated or minimally interoperable electronic health record (EHR) technology.

The Applicant further attests that all information provided in support of this certification is true, accurate, and complete to the best of its knowledge.

The Applicant acknowledges that the Mississippi State Department of Health (MSDH) reserves the right to request documentation or other information necessary to verify eligibility and compliance with program requirements, including but not limited to ownership and control information, staffing levels, facility licensure, and the current Health IT environment. Failure to provide requested documentation may result in the application being deemed ineligible or otherwise affect funding consideration.

☐ By submitting this application, the Applicant acknowledges that they will commit to supporting the Statewide Health Information Exchange (HIE) developed under the RHT Program.

Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____