Electronic Health Record Replacement For Small Rural Providers Program (EHR Program)

Public Question And Answer Period Opened | October 13, 2026 – Closed October 28, 2026

Questions	Innovative Pilot Program FAQ Reference and Response
Is telehealth included or just EHR?	Please see FAQ 2.4.
Can the grant be used to pay off an inadequate EHR contract for a new/better EHR?	Please see FAQ 2.2 and FAQ 2.7.
Are CMHCs eligible to apply for EHR grants?	Please see FAQ 2.3.
Can a Separate FQHC Clinic Site with 50 or less employees be an applicant, if the EHR funds will only be used for patients who are residents of the rural county served by that site?	Please see FAQ 2.3 and 2.16.
Just confirming that hospitals with more than 60 licensed beds are NOT eligible to apply?	Please see FAQ 2.3 and FAQ 2.17.
Where are the presentations and recordings located on the website?	Please see FAQ 2.15.
We are a Rural Emergency Hospital only. Do we qualify?	Please see FAQ 2.3 and FAQ 2.17.
Our State Hospital Association HIE is connected for some via Azara DRVS - a pop health software. Could we use these funds to connect the pop health software to the HIE, or only connect our EHR to the HIE?	Please see FAQ 1.2.
You stated that FQHC parent networks cannot apply. Does that mean that the FQHC cannot apply for ALL their clinics as a whole, but can still apply for individual clinics in their network?	Please see FAQ 2.3, FAQ 2.16, and FAQ 2.18.
If we pursue a shared network arrangement, does the state/federal requirements indicate we must obtain competitive quotes from multiple EHR vendors, or will a sole-source justification be accepted?	Please see FAQ 3.7 and FAQ 3.8.
We are a technology company based out of San Francisco, Ca and Raleigh, NC. San Mateo County in CA has used our technology for rural health. Are we eligible to perform services for rural health subrecipients in Mississippi?	Please see FAQ 2.3.
Could you please confirm whether the federal salary cap is $225,700 or the current cap of $228,000?	Please see FAQ 2.21.
We are a dental office that has been awarded the BRIDGE grant, dental does not have EHR. We do communicate with specialists by phone and email. Is that sufficient?	Please see FAQ 2.2 and FAQ 2.3.
Is there a limit to the number of submissions one organization can make? And a total dollar amount?	Please see FAQ 2.3, FAQ 2.16, FAQ 2.17, and FAQ 2.22.
Is there a funding cap limit?	Please see FAQ 2.17.
You mentioned RHC, CAH, and other rural community-based clinics can apply. Does this rule out an FQHC?	Please see FAQ 2.3, FAQ 2.16, and FAQ 2.18.
So there is a bed size limit for hospitals. Would a BH hospital be eligible if over 60 beds?	Please see FAQ 2.16. The 60 or fewer in-patient bed restriction applies to any healthcare facility.

Updated November 2026

© 2026 Mississippi Rural Health Transformation Program, All rights reserved.

Do you get any of the funding upfront or just reimbursement?	Please see FAQ 3.1.
Are school based health clinics eligible?	Please see FAQ 2.3 and FAQ 2.16.
Is there a funding cap for this proposal that an entity can apply for?	Please see FAQ 2.17.
Our current EHR vendor has notified us that our existing platform will be discontinued effective January 1, 2027. Consequently, we are actively evaluating replacement systems and anticipate needing to select a vendor and begin implementation as early as December 2026 to maintain continuity of patient care. Would selecting and contracting with an EHR vendor before the anticipated February 2027 award automatically make our entire EHR replacement project ineligible for funding?	Please see FAQ 3.3 and FAQ 3.7.
Could separately identifiable implementation activities and costs occurring after subaward execution qualify for reimbursement, even if the primary EHR vendor was selected before the award?	Please see FAQ 2.15.
Is there an exception or alternative procurement process for providers facing a documented, mandatory EHR discontinuation that requires implementation before the grant award date?	Please see FAQ 3.3 and FAQ 3.7.
If the primary EHR replacement contract is ineligible, could separately procured and independently eligible components, such as additional data interfaces, staff training, or system configuration, be considered for funding after award?	Please see FAQ 2.15.
Will technology vendors be eligible to apply directly, or will applications be limited to eligible healthcare providers?	Please see FAQ 2.3 and FAQ 2.13.
If an applicant proposes replacing or implementing an EHR, will the EHR be required to be ONC-certified?	Please see FAQ 2.19.
I'm seeking clarification on the upcoming EHR grant opportunity, particularly regarding the July 31, 2027 period of performance. Does this mean an EHR project must be fully implemented and completed by July 31, 2027?	Please see FAQ 1.3.
Can we incorporate or request previously expended RHC funds into the EHR Replacement application as an enhancement, even though they were expended back in 2024 for a project that will soon kick off?	Please see FAQ 2.15.
Our center has one bed for individuals who need a place to rest until emergency services or a caregiver arrives. We are a social services entity serving senior citizens and people with disabilities and provide services that prevent or delay the need for nursing services. Would our center qualify for the Electronic Health Records Replacement Program Application?	Please see FAQ 2.3 and FAQ 2.16.
Is there a way for technology vendors to connect with rural providers that received awards?	Please see FAQ 2.13.
Will future funding rounds include clinical decision support or similar health IT projects?	Please continue to monitor the program website for information about future funding opportunities. We encourage you to sign up for regular email updates as well by completing the contact form on the program website.
What positions, or job titles or licenses are included in the 50 or fewer full-time healthcare professionals?	Please see FAQ 2.3 and FAQ 2.16.
We were recently informed that our existing long term EHR will not be renewing their certification in 2027, so it is currently Certified but will essentially become outdated after the end of the first quarter 2027. Would our optometric clinic with satellite clinics be eligible to possibly utilize this grant to migrate to an inter-operable certified system next year (assuming we begin migration by July 31, 2027)?	Please see FAQ 2.3, FAQ 2.16, and FAQ 2.15.
Eligibility of for-profit care coordination organizations. The October 9 amendment removed the "licensed healthcare providers or nonprofit organizations" language and lists "organizations focused on care coordination or specialty services" and "other entities." Please confirm that a for-profit care coordination organization that is not licensed by MSDH is an eligible applicant.	Please see FAQ 2.3 and FAQ 2.16.

© 2026 Mississippi Rural Health Transformation Program, All rights reserved.

Prequalifying Question 1 still begins "Are you a Mississippi-located eligible provider applicant"; should an eligible applicant located outside Mississippi that currently serves rural Mississippians answer "Yes"?	Eligible applicants must be Mississippi-located. Please see FAQ 2.3.
What documentation satisfies the requirement to demonstrate current service and to report rural encounters and unduplicated rural patients (Application 2C.2; FAQ 3.2)? For a care coordination organization that reaches rural Mississippians through contracted community pharmacies and other partner sites under existing agreements, may encounters delivered through those partners count, and is a report from the applicant's care coordination or referral system an acceptable baseline source?	Please see FAQ 2.3 and FAQ 2.7.
Would payment under a competitively procured services contract to community pharmacies or clinics for defined non-clinical services (for example, social needs screening, referral handoff and appointment reminders) that are not billed to any insurer be treated as a provider payment under footnote 1 of the NOFO, or as allowable contractual services?	Please see FAQ 2.20.
Are oncology or chemotherapy ordering modules, dose verification functionality, and pharmacy system interfaces allowable as "upgrades, modules, interfaces, and added functionality" for a hospital that already has a certified EHR?	Please see FAQ 1.2 and FAQ 2.2.
For the small provider test, is a critical access hospital with 25 licensed acute beds and additional licensed nursing home or swing beds evaluated on acute beds only or on total licensed beds?	Please see FAQ 2.15.
Is there a limit on the number of EHR applications per entity, and may one application cover multiple modules and interfaces?	Please see FAQ 2.22.
Are vendor implementation, configuration, and staff training for a new module allowable when the underlying EHR is already HITECH certified?	Please see FAQ 2.15.
Are contracted project management and workflow redesign services allowable costs within an EHR award?	Please see FAQ 2.1 and FAQ 2.2.
If a hospital applies for both the EHR Program and the Innovative Pilot Program, how should related but distinct costs be documented to demonstrate non duplication?	Please see FAQ 2.11.
Are recurring subscription or license fees for a new module allowable during the performance period, and how should costs after July 31, 2027 be addressed in the sustainability plan?	Subscriptions are only able to be reimbursed for costs incurred during the period of performance under the grant. Costs, even if paid annually, are only reimbursable for the costs incurred during the time period from date of execution of the subaward through July 31, 2027.
Will the EHR grant need to be paid back? Will we have to pay taxes on the money granted?	This is a reimbursement-based grant. Awardees will be reimbursed for eligible costs incurred during the period of performance. Awardees may be subject to claw back of their award for failure to comply with the terms of the subaward. This grant is not structured as a loan, however, and will not be required to be paid back unless certain terms and conditions of the subaward are violated by the Awardee.
Given the current eligibility limitation to small rural providers, could you clarify whether MSRHTP anticipates a future HTAM funding opportunity for larger healthcare or behavioral health providers with significant EHR modernization, interoperability, and health information exchange needs serving rural populations? If so, when do you anticipate such an opportunity may be announced or become available, and is there a projected program year or funding cycle that larger providers might watch for?	Please continue to monitor the program website for information about future funding opportunities. We encourage you to sign up for regular email updates as well by completing the contact form on the program website.
The NOFO states that Program Year 1 awards are anticipated in February 2027 and that the performance period runs from award execution through July 31, 2027. If award announcements or subaward execution are delayed beyond the anticipated schedule, would you consider adjusting the performance period or expenditure deadlines to preserve the intended implementation window for awarded projects?	Currently, the period of performance for Funding Year 1 is set as July 31, 2027, to ensure that the State is able to satisfy all federal expenditure deadlines imposed by CMS. If this deadline changes in the future, the State will update all Awardees as applicable.

© 2026 Mississippi Rural Health Transformation Program, All rights reserved.