EHR FAQ Question #	EHR Program FAQ Question	EHR FAQ Response
Program Overview		
1.1	What is the purpose of these FAQs and the State's responses to public questions?	These FAQs and the State's responses to public questions are intended to provide general guidance regarding the eligibility requirements for applications submitted under the Innovative Pilot Program. The State cannot determine or confirm the eligibility of a specific proposed project before receiving and reviewing a complete application. It would not be appropriate for the State to opine on a project's specific eligibility during a public question-and-answer or comment period based only on the limited facts presented in a question. To ensure a fair and impartial application process, the State also cannot provide individualized technical assistance or advise an applicant how to draft or modify an application to establish eligibility. Final eligibility determinations will be made through the formal review of each complete application under the applicable program requirements. Responses provided during the public question-and-answer process should not be interpreted as an eligibility determination, approval, or guarantee of funding.

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1.2	What is the purpose of the MS RHTP Electronic Health Record Replacement for Small Provider Providers Program, and what types of projects is the State seeking?	The EHR Program is intended to help independent, small rural healthcare and mental health providers adopt an electronic health record system or modernize outdated, non-certified, or minimally interoperable technology. The program seeks projects that will improve clinical workflows and care delivery, strengthen secure information exchange, support quality reporting and value-based care, and expand connectivity with the Statewide Health Information Exchange. Competitive proposals should: • Identify a quantifiable technology need and explain how the investment will benefit Mississippi's rural residents; • Propose an EHR adoption, replacement, upgrade, enhancement, or module addition appropriate to the applicant's current technology environment; • Include necessary implementation activities, such as data migration, interoperability testing, system customization, staff training, workflow redesign, or eligible supporting hardware; • Present a realistic work plan demonstrating readiness to complete the project within the performance period; • Establish measurable outcomes and a plan for evaluating results; and • Explain how the technology and related activities will be sustained after the grant period.[CN1.1] The State will prioritize applicants in the following order: • Providers without an EHR system; • Providers converting from a non-certified system to a HITECH-certified EHR system; • Providers upgrading an existing non-certified EHR system; and • Providers upgrading an existing HITECH-certified EHR system[CN2.1]. Because federal requirements limit funding for replacing an existing HITECH-certified EHR, applicants with certified systems should focus on justified upgrades, enhancements, module additions, interoperability improvements, or workflow integration, rather than replacement alone. The program is not intended to support the unchanged resubmission of a previously submitted application. An applicant seeking consideration of a previously proposed project should revise the application to address this NOFO's specific purpose, eligibility requirements, priorities, performance period, and evaluation criteria. The application should clearly describe the applicant's current EHR environment, the rural population that will benefit, the specific technology investment proposed, implementation readiness, measurable outcomes, and sustainability. Renaming or making minor edits to a prior application does not demonstrate alignment with this funding opportunity. Proposed activities must complement, rather than duplicate, other programs in the State's Rural Health Transformation Plan, and grant funds must support new or expanded activities, not replace existing funding.
1.3	What is the period of performance for the EHR Program?	The period of performance for the EHR Program is from the sub-award execution date until July 31, 2027.
Eligibility and Funding		
2.1	Are contractual services allowable under the EHR Program?	Yes, contractual and vendor services are allowed, although subrecipients may not further subaward their funds through the creation of additional sub-awards.
2.2	What expenses are allowed under the EHR Program?	Proposed uses of funding will be considered if they comply with applicable RHT Program requirements and the Notice of Funding Opportunity (NOFO) and align with the stated goals of the EHR Program. Activities that meet these criteria are generally eligible for consideration, subject to review of the proposed scope and budget. Eligibility does not guarantee funding. Applicants must also demonstrate how the proposed activities and services will be sustained beyond the Year 1 funding period, including a plan for continued operations, financing, staffing, and community impact after grant funding ends. Funds should not be expended until an awardee's budget has been approved.
2.3	Who is eligible to apply for EHR Program funding?	Eligible applicants 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 and dental practices, independent behavioral health clinics, Tribal or Indian Health Services (IHS)-operated clinics where eligible, and other community-based rural clinics. 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. Please see the NOFO for more detail.

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2.4	Does the telehealth restriction prohibit telehealth services or only telehealth infrastructure costs?	Telehealth costs that simply add telehealth systems to an existing healthcare practice are not eligible for funding. Telehealth costs, however, that are a component of a larger EHR system (e.g., to advance patient care options or to enhance remote patient monitoring operability) are eligible for consideration under this program.
2.5	Are provider payments allowed?	Provider payments are not an allowable use of funds under this award. CMS' final definition of provider payments includes (1) payments to providers for performance in alternative payment models tied to outcomes, and (2) payments to providers for services that are not paid by insurers but support the strategic goals of the RHTP and tie to a specific initiative.
2.6	What documentation is required to delineate between provider payments and salary?	Applicants seeking funding must have appropriate financial management and timekeeping systems in place to accurately classify, track, and document these costs and demonstrate compliance with the NOFO and applicable RHTP requirements.
2.7	What documentation demonstrates current service to rural Mississippians?	Applicants must provide data documenting the rural Mississippi populations they currently serve, including the annual number of rural encounters and unduplicated rural patients or clients served. Applicants should identify the data source and explain how rural status was determined. There is no minimum percentage of rural patients or clients required.
2.8	Can a newly established specialty practice apply if it will begin serving rural Mississippi patients during the grant period?	Applicants must demonstrate that they are currently serving rural Mississippi clients and/or patients, as required by the NOFO. A plan to begin serving rural patients during the grant period alone does not satisfy this eligibility requirement. Newly established practices that already serve rural Mississippi patients may apply, provided they meet all other NOFO requirements.
2.9	What constitutes program income under the terms of the EHR Progam? Which program income method will be required?	Program income is gross income directly generated by grant-supported activities or earned as a result of the award during the period of performance. Examples may include fees for grant-supported services or income from the use or rental of equipment purchased with grant funds. Program income must be tracked and used in accordance with applicable federal requirements and the subaward agreement. CMS continues to issue guidance on this topic. Additional information and any updated requirements will be shared with awardees as that guidance becomes available.
2.10	For services delivered under the EHR Progam that are also billable to insurers, how should the budget treat them? Should grant funds be limited to the non-billable components of the program?	Grant funds may not duplicate reimbursement from insurers or other funding sources. Applicants should clearly distinguish costs covered by insurance from costs proposed for grant funding. However, a cost is not automatically eligible simply because it is non-billable. All proposed costs must meet RHTP and NOFO requirements. Applicants must maintain systems and documentation to separate these costs and prevent duplicate reimbursement.
2.11	Can an organization with another Mississippi RHTP award apply for a distinct EHR Program project? How should nonduplication be demonstrated?	Yes, provided the organization meets all eligibility requirements. Applicants should clearly distinguish each project's scope, activities, deliverables, and budget and demonstrate that the same costs will not be charged to more than one funding source. Separate accounting and supporting documentation must be maintained to prevent duplicate reimbursement.
2.12	Given that the first program-year performance period ends July 31, 2027, what costs may be obligated and expended during that period if the health center's proposed service model is designed to continue for three years? Can the application include a longer-term operating plan while requesting funding only for eligible costs within the first-year award period?	Yes. Applicants may include a longer-term operating plan to explain the project's sustainability and future direction. However, the requested budget must be limited to allowable costs for approved activities within the Year 1 performance period, from execution of the subaward agreement through July 31, 2027. Applicants should clearly distinguish Year 1 activities and costs from those planned for later years and identify how continued operations will be supported. Future RHTP funding is not guaranteed.
2.13	Will there be a centralized vendor or technical-assistance pathway for RHTP implementation, or should implementation partners develop relationships directly with individual awardees and regional entities?	Training and technical assistance will be available to awardees to support compliant project implementation and procurement. Organizations interested in providing implementation services may work directly with awardees and regional entities to explore opportunities. Any selection of paid vendors or contractors must follow applicable procurement requirements; establishing a relationship does not guarantee selection or reimbursement.
2.14	What is required to apply?	A PDF of the application outlining the required information and supporting documentation is available on the Mississippi RHTP website, under Funding Opportunities. Applicants should review it along with the NOFO before submitting through the online application portal.
2.15	Can grant funds be used to pay for an EHR system that was installed before the award?	Grant funds may only be used for costs incurred during the approved period of performance. Costs associated with purchasing, implementing, or installing an EHR system before the award date are not allowable for reimbursement. However, applicants may use grant funds for eligible enhancements, upgrades, interfaces, modules, training, optimization, interoperability improvements, or other approved activities that occur during the period of performance and are within the approved project scope. Applicants should clearly distinguish between pre-existing EHR investments and proposed grant-funded activities in their application and budget.

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2.16	How does the program define a “small provider,” and what documentation may be required to verify eligibility?	To be eligible, applicants must be among the provider types identified in the NOFO and serve rural populations in Mississippi. A “small provider” is an independent rural healthcare practice or facility that is not owned or controlled by a large health system and meets at least one of the following criteria: • Licensed for 60 or fewer inpatient beds; • Has 50 or fewer licensed, full-time healthcare professionals; or • Demonstrates limited health IT capacity, such as reliance on outdated or minimally interoperable EHR technology. Applicants should be prepared to provide documentation supporting their eligibility, which may include ownership and organizational information, staffing data, licensure information, and evidence of their current health IT environment. Independent pharmacists are eligible only if they operate as independent rural patient-care provider sites 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, pharmacy chain, PBM, FQHC network, or other larger parent organization are not eligible.
2.17	Is there a maximum funding award amount under the EHR Program?	The State is not imposing a maximum individual award amount under this funding opportunity. Applicants should request only those funds reasonably necessary to carry out the proposed project during the Performance Period. The State reserves the right to limit award amounts, make awards in an amount less than requested, or otherwise allocate available funding in a manner that best supports program objectives, taking into consideration the number of applications received, applicant demand, available funding, and other programmatic considerations.
2.18	Can an FQHC apply on behalf of all clinics within its network, or may individual clinic sites apply separately?	No. An FQHC parent organization, network, or other larger healthcare system may not apply on behalf of multiple clinics under a single application if the organization does not meet the program's definition of an independent small provider. Individual clinic sites are eligible only if the applicant entity itself independently meets all program eligibility requirements, including the ownership, control, and small-provider criteria established in the NOFO. Clinics that are owned, governed, or operationally controlled by an FQHC network or parent organization generally would not be considered independent providers for purposes of this program.
2.19	What certification requirements are there for EHR systems adopted or upgraded under the EHR Program?	Under the RHT Program, CMS limits funding on replacing Health Information Technology for Economic and Clinical Health (HITECH) certified EHRs, but encourages the funding of upgrades, enhancements, and module additions to existing EHR systems. An EHR HITECH-certified system is an electronic health record system that has been tested and approved to meet federal standards for securely managing and sharing patient health information. Organizations can verify with vendors or check whether their EHR system is certified through the Certified Health IT Product List (CHPL). As such, MS RHTP will prioritize funding based on the following criteria: • Those without any EHR system. • Those with an existing EHR system converting to HITECH-certified EHR system. • Those with an existing EHR system in need of an upgrade. • Those with an existing HITECH-certified EHR system in need of an upgrade.
2.20	Are payments to pharmacies or clinics for nonclinical support services prohibited provider payments or allowable contractual services?	The determination depends on the services being purchased, rather than the type of organization receiving payment. Nonclinical support services may qualify as allowable contractual services if they support the approved project and meet applicable procurement and funding requirements.

2.21	Are salary costs a permissible expense under the MS RHTP?	CMS imposed the following restrictions on an awardee’s use of RHTP funds to pay for salary costs:
		• Funds cannot be used to support clinician salaries or wages for facilities that have non-compete clauses.
		• Non-clinician salaries may be allowable only under the following conditions:
		  o Directly ties to an approved RHTP initiative
		  o Not used to supplant existing funding
		  o Properly documented and allocable to the project
		
		• U.S. Department of Health & Human Services (HHS) Executive Level II Salary Cap applies. Any amount paid above the federal salary cap will be required to be paid with non-federal funds.
		• Salaries charged to the award may not exceed the federal salary cap of $225,700.

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2.22	Is there a limit to the number of applications an organization may submit or the total amount of funding it may request?	The NOFO does not establish a specific limit on the number of applications an eligible organization may submit. However, applicants are encouraged to submit a comprehensive application that reflects the full scope of their proposed EHR replacement or upgrade project. All applications will be evaluated in accordance with the published review criteria and available funding.
Compliance		
3.1	Is advanced funding allowed under the EHR Program?	This is a reimbursement-based program, however, some rare exceptions may be granted allowing awardees to utilize a controlled advance payment model where sufficient evidence is demonstrated. Awardees may request this exception by submitting a controlled advance request form for consideration by the State. A copy of this form is located on the program website.
3.2	What is the expected process and timing for an advance funding request?	Awardees may submit an advance funding request using the form available on the Mississippi RHTP website, along with the required supporting documentation. Requests will be reviewed as quickly as possible; however, a specific review or disbursement timeline cannot be guaranteed. Advance funding is subject to approval by the State. Please note, the controlled advance payment model is the exception. The majority of all payments will be made on a reimbursement basis in compliance with 2 CFR 200 guidelines.
3.3	Can applicants identify anticipated vendors or partners before procurement?	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.
3.4	What requirements and deadlines must awardees meet to receive reimbursement, and what support is available?	Awardees will submit reimbursement requests with supporting documentation showing that costs are allowable and meet applicable procurement requirements. Training and technical assistance will be available to help awardees navigate procurement and prepare reimbursement requests. While participation is optional, awardees are encouraged to take advantage of this support, as costs that do not meet applicable procurement requirements cannot be reimbursed. To help the State meet its deadlines with CMS, all funds must be expended by July 31, 2027.
3.5	What is the deadline for expending funds for this award?	July 31, 2027
3.6	How does 2 CFR 200 distinguish between equipment and supplies?	Under 2 CFR 200.1, equipment is tangible personal property with a useful life of more than one year and a per-unit acquisition cost equal to or greater than $10,000 or the organization's capitalization threshold, whichever is lower. Supplies are tangible personal property that does not meet the equipment definition. Computing devices below the applicable cost threshold are supplies, regardless of useful life.
3.7	What do we do about procurement for products that are not sole source procurements but they are products we already utilize within our practice and are compatible with our current software and EHR? We don't want to procure other brands that we are not currently utilizing or trained on.	Applicants must follow applicable procurement requirements, even when purchasing products they already use. Solicitation specifications may identify necessary compatibility and interoperability requirements, but those requirements must be justified and cannot unnecessarily restrict competition. Familiarity with a brand or existing staff training alone does not justify a noncompetitive purchase. Technical assistance will be available to help awardees navigate these requirements.
3.8	Can you provide additional detail regarding the competitive procurement, application, and evaluation processes that will be used for RHTP contracts and funding opportunities?	All procurements, funding opportunities, and application processes conducted under the RHTP will be administered in accordance with all applicable federal and state laws, including procurement requirements, CMS requirements, and Uniform Guidance requirements under 2 CFR 200. Evaluation and award processes will be designed to promote fairness, transparency, competition, accountability, and alignment with the goals of Mississippi's approved RHT Plan.
3.9	Is there an indirect rate cap for awards under MS RHTP?	Total indirect and administrative costs may not exceed 5% of the award amount. Typically, administrative costs refer to expenses for general management and administrative support, which can be charged directly or indirectly depending on how they benefit an award. Indirect costs are expenses incurred for common or joint purposes that cannot be readily tied to a single specific award, but for this grant all indirect costs would be considered part of administrative costs. The rules for classifying Indirect Cost and Direct Cost can be found at 2 CFR 200.412.

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