



### *Regional Extension Center Facts-At-A-Glance*

- The HITECH Act amends Title XXX of the Public Health Service Act by adding Section 3012, Health Information Technology Implementation Assistance. This section provides supportive services for the rest of the HITECH Act. Section 3012 (a) establishes the **Health Information Technology Extension Program (Extension Program)**.
- The Extension Program provides grants for the establishment of Health Information Technology Regional Extension Centers (Regional Centers) that will offer technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs). The consistent, nationwide adoption and use of secure EHRs will ultimately enhance the quality and value of health care.
- The Extension Program will establish cooperative agreements through a competitive process to support an estimated 70 (or more) Regional Centers each serving a defined geographic area. The Regional Centers will support at least 100,000 primary care providers, through participating non-profit organizations, in achieving meaningful use of EHRs and enabling nationwide health information exchange.
- The Extension Program will also establish a national Health Information Technology Research Center (HITRC), funded separately, which will gather relevant information on effective practices from a wide variety of sources across the country and help the Regional Centers collaborate with one another and with relevant stakeholders to identify and share best practices in EHR adoption, effective use, and provider support.
- The HITECH Act clearly prioritizes access to health information technology for historically underserved and other special-needs populations, and use of that technology to achieve reduction in health disparities. The HITRC will assemble and disseminate materials to support and address the needs of all prioritized providers, including but not limited to materials addressing the unique needs of providers serving Native Americans, persons with limited proficiency in the English language, persons with disabilities, and other historically underserved populations, as well as those that serve patients with maternal, child, and behavioral health needs.
- Grants under the Extension Program will be awarded on a rolling basis with an expected 30 to 40 grants awarded in the first quarter of FY2010, another 25 to 30 in the second quarter of 2010. The initial funding includes approximately \$598 million to ensure that comprehensive support is available to providers under the Extension Program beginning early in FY2010, with an additional \$45 million available for years 3 and 4 of the program. Federal support continues for four years, after which the program is expected to be self-sustaining. Of the total federal investment in this program, about \$50 million is dedicated to establishing the national HITRC, and \$643 million is devoted to the Regional Centers.
- The law requires that Regional Centers be affiliated with a U.S.-based, nonprofit institution or organization, or an entity thereof that applies for and is awarded funding under the Extension Program. The program anticipates that potential applicants will represent various types of nonprofit organizations and institutions with established support and recognition within the local communities they propose to serve.
- The performance of each Regional Center will be evaluated every two years by a HHS-appointed panel of private experts, none of whom are associated with the center being evaluated. Continued support for the Regional Center after the conclusion of the second year of performance will be contingent on the panel's evaluation being, on the whole, positive and on HHS' determination that such continued federal support for the center is in the best interest of the program.



- The Regional Centers will focus their most intensive technical assistance on clinicians (physicians, physician assistants, and nurse practitioners) furnishing primary-care services, with a particular emphasis on individual and small group practices (fewer than 10 clinicians with prescriptive privileges). Clinicians in such practices deliver the majority of primary care services, but have the lowest rates of adoption of EHR systems, and the least access to resources to help them implement, use and maintain such systems. Regional Centers will also focus intensive technical assistance on clinicians providing primary care in public and critical access hospitals, community health centers, and in other settings that predominantly serve uninsured, underinsured, and medically underserved populations.
- The Regional Centers will support health care providers with direct, individualized and on-site technical assistance in:
  - Selecting a certified EHR product that offers best value for the providers’ needs;
  - Achieving effective implementation of a certified EHR product;
  - Enhancing clinical and administrative workflows to optimally leverage an EHR system’s potential to improve quality and value of care, including patient experience as well as outcome of care; and,
  - Observing and complying with applicable legal, regulatory, professional and ethical requirements to protect the integrity, privacy and security of patients’ health information.
- The Extension Program expects all Regional Centers to be operating at full capacity by the end of December 2010 ([This requirement may have changed due to the new funding cycle dates](#)). In addition, it is expected that by the end of December 2012, the Regional Centers will be largely self-sustaining and their need for continued federal support in the remaining two years of the program will be minimal.

## Revised Funding Cycles

**Key Dates and Submission Information:** The application review and funding process will be separated into two application cycles, the dates of which are outlined in the table below. Applicants will be required to submit a preliminary application that will undergo an objective review; successful preliminary applicants will be requested to submit a full application for merit review. Successful full applications will result in award of four-year cooperative agreements. Initial award decisions for Regional Centers are anticipated to be made in the first quarter of FY2010. Additional awards are expected to be made as a result of two subsequent application cycles to be completed in FY2010.

Initial Cycle	Approx Funding	Preliminary Application	Preliminary Approval	Full Applications	Anticipated Awards Date
1	\$350,000,000*	September 8, 2009	September 29, 2009	November 3, 2009	January 21 2010
2	\$290,000,000*	December 22, 2009	January 5 <sup>th</sup> 2010	January 29 <sup>th</sup> , 2010	March 31 <sup>st</sup> 2010
3	This cycle will be canceled and the funds will be reallocated to the first two cycles				
* The approximate funding for this announcement is increased by \$43 million.					

### A. BACKGROUND/GENERAL

[UPDATED 9/9/09]

#### **A1. Will the Regional Centers provide any sort of assistance to other types of providers in their service areas, or only to priority primary-care providers?**

Regional Centers will furnish assistance, defined as education, outreach, and technical assistance, to help providers in their geographic service areas select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Pursuant to the statute, direct technical assistance will be prioritized to



primary-care providers as described in the opportunity announcement, but all providers in the service area will be welcome and encouraged to participate in outreach and educational opportunities made available through the Regional Centers.

***A2. What are the acceptable areas or regions to define a Regional Center service area?***

A Regional Center's geographic service area may be any of the following:

- 1) A geographic area within a state;
- 2) A Metropolitan Statistical Area (MSA) or other medical trading area that crosses state boundaries;
- 3) An entire state, including all MSAs and rural areas within that state; or
- 4) Multiple contiguous states, including all MSAs and rural areas within those states' boundaries.

In this context, "state" includes any of the 50 United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. For service areas in or including the territories, contiguous will be understood to mean within a reasonable distance.

ONC may choose to negotiate modifications to any proposed service area(s) in the best interest of the program. Proposals to serve one or more entire states must be accompanied by a letter of support from the Medicaid Director(s) of that state or states.

***A3. If a State has fewer than 1,000 priority primary-care providers in total, can its providers receive the benefit of Regional Center services?***

Yes. Eligible applicants will simply need to propose a service area wherein there are at least 1,000 priority primary-care providers and where such providers represent at least 20 percent of the total primary-care provider population.

***A4. What is the statutory authority for establishing the Health Information Technology Regional Extension Centers (Regional Centers)?***

Section 3012 of the Public Health Service Act (PHSA) as amended by the American Recovery and Reinvestment Act of 2009 (Pub.L 111-5)(Recovery Act) directs the Secretary to establish a Health Information Technology Extension Program, including a Health Information Technology Research Center (HITRC) and Health Information Technology Regional Extension Centers (Regional Centers).

***A5. What will the Health Information Technology Research Center (HITRC) do?***

The HITRC will:

- Provide a forum for the exchange of knowledge and experience;
- Accelerate the transfer of lessons learned from existing public and private sector initiatives, including those currently receiving federal financial support;
- Assemble, analyze, and widely disseminate through Regional Centers and other appropriate means both evidence and experience related to the adoption, implementation, and effective use of health information technology that allows for the electronic exchange and use of health information, including in medically underserved communities;
- Provide technical assistance for the establishment and evaluation of regional and local health information networks to facilitate the electronic exchange of information across health care settings and improve the quality of health care; and
- Provide technical assistance for the development and dissemination of solutions to barriers to the exchange of electronic health information.

***A6. What are the relationships between the HITRC and the Regional Centers?***

Each Regional Center will, upon award, become a member of a national learning consortium facilitated by the HITRC. All consortium participants will share and collaboratively develop best practices, lessons learned, and effective practices for supporting and accelerating the adoption, implementation, and effective use of health information technology that allows for the electronic exchange and use of health information.

***A7. What will the Regional Centers do?***

Each Regional Center will deliver the outreach, education, and technical assistance services necessary to meet the objective of assisting providers in its geographic service area to improve the quality and value of care they furnish



by attaining or exceeding meaningful use criteria established by the Secretary. On-site technical assistance will be a key service offered by the Regional Centers to priority primary-care providers, and will represent a significant portion of the Regional Center’s activities. Regional Centers are expected to work with both priority primary-care providers who have not yet adopted EHR systems, and with priority primary-care providers who have existing EHR systems, to assist them in achieving meaningful use of certified EHR technology.

***A8. How will the detailed “meaningful use” requirements be defined for purposes of the Medicare and Medicaid provider incentive payments?***

Pursuant to Titles 18 and 19 of the Social Security Act as amended by Title IV in Division B of ARRA, the Secretary will establish a definition for meaningful EHR use through formal notice-and-comment rulemaking by the end of FY 2010.

***A9. What providers are eligible for the Medicare health information technology meaningful use incentive payments?***

For purposes of the Medicare incentive payments for meaningful use of certified EHR technology, eligible professionals are defined at Section 1848(o)(5) of the Social Security Act (SSA) as amended by the American Recovery and Reinvestment Act of 2009 (Public Law 111-5)(Recovery Act), as being physician as defined at SSA 1861(r)). SSA Section 1886(d) hospitals are established by SSA 1886(n), as added by the Recovery Act, as eligible to receive the incentives. SSA Section 1814, as amended by the Recovery Act, provides for incentives for Critical Access Hospitals.

***A10. What types of activities should be expected to be included in the detailed requirements for meaningful use, for purposes of the Medicare provider incentives?***

For purposes of the Medicare incentive payments, an eligible professional or hospital shall be treated as meaningful users of certified EHR technology with respect to a payment year (or for an EHR reporting period with respect to that payment year) if the provider demonstrates to the Secretary’s satisfaction, pursuant to the detailed definitions to be established through formal rulemaking, that the provider has met each of the statutory requirements specified in the following table:

<b>Eligible Professional Meaningful Use Requirements per Social Security Act 1848(o)(2)</b>	<b>Eligible Hospital Meaningful Use Requirements per Social Security Act 1886(n)(3)</b>
(i) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY. – The eligible professional demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period the professional is using the certified EHR technology in a meaningful manner, which shall include the use of electronic prescribing as determined to be appropriate by the Secretary.	(i) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY. – The eligible hospital demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period the professional is using the certified EHR technology in a meaningful manner.
(ii) INFORMATION EXCHANGE. – The eligible professional demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period such certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information, for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination.	(ii) INFORMATION EXCHANGE. – The eligible hospital demonstrates to the satisfaction of the Secretary, in accordance with subparagraph (C)(i), that during such period such certified EHR technology is connected in a manner that provides, in accordance with law and standards applicable to the exchange of information,
(iii) REPORTING ON MEASURES USING EHR. –Subject to subparagraph (B)(ii) and using such certified EHR technology, the eligible professional submits information for such period, in a form and manner specified by the Secretary, on such clinical quality measures and such other measures as selected by the Secretary under subparagraph (B)(i).	(iii) REPORTING ON MEASURES USING EHR. – Subject to subparagraph (B)(ii) and using such certified EHR technology, the eligible professional submits information for such period, in a form and manner specified by the Secretary, on such clinical quality measures and such other measures as selected by the



Secretary under subparagraph (B)(i).

Both Social Security Act Sections 1848(o) and 1886(n), as added by ARRA, require the Secretary to define more stringent meaningful use criteria over time. In 2015, eligible providers failing to demonstrate meaningful use pursuant to criteria defined by the Secretary, will be subject to financial penalties under Medicare Sections 4101(b) and 4102(b) of ARRA.

For access to the most current publicly available information on meaningful use, please visit the Office of National Coordinator (ONC) programmatic website at: <http://healthit.hhs.gov>

***A11. How will Regional Centers help providers select a health information technology (HIT) vendor?***

Each Regional Center will be required to offer providers in its geographic service areas unbiased advice on the EHRs and other HIT products that will enable achievement of the meaningful use requirements defined by the Secretary of Health and Human Services. Regional Centers will assist priority primary-care providers receiving individual assistance to assess their practice patterns and needs, in the context of applicable laws, regulations, and available HIE infrastructures, and help each provider to select and obtain the highest-value option for its circumstances.

***A12. How will the Regional Centers specifically help providers implement health information exchange (HIE)?***

The program will offer providers access to information and assist them with selecting and implementing certified EHRs, and integrating HIE using those EHRs into provider care delivery and administrative workflows to enhance the quality and safety of care while protecting patients' privacy.

***A13. How will Regional Centers maintain vendor independence and avoid furnishing biased advice when helping providers select an HIT vendor?***

Regional Centers shall be required to avoid entering into business arrangements creating an actual or apparent conflict of interest with the Regional Center's obligation to act solely on the best interest of advancing meaningful use of certified EHRs by the providers it serves. Regional Centers that choose to offer group purchasing of EHR software, IT support services, and/or hardware must offer a choice of software, service, and/or hardware vendors and products.

***A14. How will support be prioritized across providers?***

The Regional Centers will give priority for intensive, individualized technical assistance to primary-care providers in individual and small-group practices, community and rural health centers, public and critical access hospitals, and other settings predominately serving uninsured, underinsured, or medically underserved patients. Such providers deliver the majority of primary care services, but have the lowest rates of adoption of EHR systems, and the least access to quality improvement resources.

***A15. How is "primary-care provider" defined for purposes of the Regional Centers?***

For purposes of the Regional Centers cooperative agreements, a "primary-care provider" is any doctor of medicine or osteopathy, any nurse practitioner, nurse midwife, or physician assistant with prescriptive privileges in the locality where s/he practices, who is actively practicing one of the following specialties: family, internal, pediatric, or obstetrics and gynecology.

***A16. How many priority primary-care providers will the Regional Centers serve?***

It is expected that, in its first two years of operation, each Regional Center will provide individualized technical assistance to a minimum of 1,000 priority primary-care providers. Nationally, the Regional Centers are expected in their first two years of operation to help over 100,000 priority primary-care professionals become meaningful users of certified EHR technology.

Assistance may include maintenance of group purchasing mechanisms to help solo-practice and small providers leverage volume discounts and assure responsive, quality service from vendors.



## B. FUNDING

[UPDATED 9/4/09]

**B1. Can the state Medicaid Director sign more than one letter per state?**

Yes. It is up to each State Medicaid Director to determine which (if any) applicant or applicants she or he might choose to support as potential providers of Regional Center services in or for his or her state.

**B2. On page 14 of the funding opportunity announcement in the Direct Assistance Support paragraph, it states, "In order to prioritize provision of support for providers in small practices, and in light of the greater economies of scale and internal resources of larger practices, the federal subsidy for a Regional Center's direct technical assistance to any single incorporated will be capped at the amount allocated for a practice equal to or less than ten priority primary-care providers." Would this prohibit assistance to a large group practice (of >10 physicians) even though it may have 5 small practices with 3 physicians at each clinical site?**

Provision of assistance to priority primary-care providers within such a practice would not be prohibited. However, the amount of extension program federal financial support that the Regional Center would be permitted to expend on such a single incorporated practice under the cooperative agreement would be capped at the amount representing assistance to 10 individual priority primary-care providers.

**B3. Are the anticipated minimum, maximum, and average award amounts described in the funding opportunity announcement applicable to the full four-year project period or only to the initial two-year budget period of the award?**

The anticipated minimum, maximum, and average funding values listed in the FOA apply only to the first two-year budget period.

**B4. Can this funding be used to provide funds for healthcare organizations to implement HIT?**

No. Assistance furnished to providers under this program is defined as education, outreach, and technical assistance, to help providers in its geographic service area select, successfully implement, and meaningfully use certified EHR technology to improve the quality and value of health care. Funding support for costs incurred by providers in obtaining and implementing health information technology is addressed by other provisions of the Recovery Act.

**B5. What is the anticipated federal funding for years one and two of the Regional Center cooperative agreements?**

In the first of the two two-year budget periods for cooperative agreements issued under this program, ONC will make \$598 million available for approximately 70 Regional Centers. The estimated range of award values for the initial two-year budget period is approximately \$1 million to \$30 million per Regional Center, with an estimated average of around \$8.5 million.

**B5. Are there any limitations on the ways that program income may be used by the Regional Centers?**

Fees and other funds generated by the project are considered program income under Part 215 of Title 2 of the Code of Federal Regulations (CFR). Program income generated by the recipient shall be retained by the recipient and first used to finance the non-federal share of the project. To support sustainability, ONC places no limits on the accrual of program income. After the federal cost sharing requirement is met, program income generated shall be added to funds committed to the project by the federal government and used to further eligible project or program objectives. In other words, funds generated using federal funds, including fees for services, will be used to meet the cost sharing requirement of the program. All funds generated after that requirement is met can be retained by the recipient and used for the same purposes for which the project was funded

**B6. How are the Regional Center budgets to be structured?**

In the first two years, recipients will use federal funding across two categories: core support and direct assistance support. Core support includes such activities as outreach and education, grant and program management, local workforce support, and participation peer-learning and knowledge transfer activities facilitated by the HITRC. Direct assistance support will be used for direct technical assistance to priority primary-care providers, and will be



released quarterly based on the number of client providers that have achieved specific milestones within the preceding quarter.

For detailed description of the funding and budget structure for the Regional Centers under this program, please see the Funding Opportunity Announcement.

### C. ELIGIBILITY

[UPDATED 9/9/09]

**C1. *Are institutions of higher education, such as land grant universities, eligible to apply for funding under this program?***

An institution of higher education may receive funding under this program provided it meets the statutory requirement of being a nonprofit institution, organization, or group thereof, and submits a successful application.

**C2. *Is a Health Center Controlled Network eligible to be a Regional Center?***

Yes, a Health Center Controlled network can serve as a Regional Center under this program provided it meets the statutory requirement of being a nonprofit institution, organization, or group thereof, and submits a successful application.

**C3. *Can a Health Center Controlled Network (HCCN) be part of a group of nonprofit entities that receive a cooperative agreement to serve a specific area, even if the HCCN is headquartered outside the area? Can one HCCN thus participate in multiple Regional Centers?***

Yes, a Health Center Controlled network may participate as a member of a group of nonprofits awarded support, or as a local resource partnering with an applicant or awardee, based on where the HCCN operates rather than where its organizational headquarters are located. Participation in multiple Regional Centers will require demonstration that the HCCN can fulfill its commitments to all affected Regional Centers and providers, including the health centers it serves in its core mission as an HCCN.

**C5. *Due to the scope of the project, will or can the nonprofits hire or source other groups who are for-profit organizations?***

Yes, awardees may obtain goods and services from other organizations, including through contracts with for-profit firms, subject to the terms and conditions established in the cooperative agreement award. In any case, the nonprofit organization awarded funding will retain full accountability for fulfilling the awardee responsibilities under the agreement, pursuant to its terms and conditions.

**C6. *In the case of a group or consortium application to serve as a Regional Center, do all members of the consortium need to be nonprofit organizations?***

Pursuant to the statute, the funding opportunity announcement defines eligible applicants as United States-based nonprofit institutions or organizations or groups thereof.

**C7. *It is understood that eligibility for the extension grants is limited to non-profit organizations. Can for-profit corporations team with these organizations to offer their HIT services?***

Any entity submitting a preliminary application for this award must be a United States-based nonprofit institution or organization, or group thereof. Proof of nonprofit status is required. Eligible applicants may, if they choose, propose to leverage services and expertise of for-profit entities, but in every case the applicants and awardees under this program will be required to avoid real or perceived conflicts of interest with their ability to serve as Regional Centers, including but not limited to attesting that they have no conflict of interest, real or perceived, with EHR and other HIT vendors.

### Eligibility

**D1. *Who is eligible to apply for the Regional Centers grants?***

Any entity submitting a preliminary application for support under this program must be a United States-based nonprofit institution or organization, or group thereof. Any entity submitting a Final Application for support under



this program must have been invited to do so as a result of objective review of the applicant's preliminary application.

**D2. *What types of nonprofit institutions or organizations may apply?***

Consistent with the program's authorizing statute, any United States-based nonprofit institution or organization, or group thereof, may apply. Such eligible entities include, but are not limited to, those that have been determined by the Internal Revenue Service to have tax-exempt status under Section 501(c) (including but not limited to paragraphs 3 and 6 of such section). Applicants must furnish proof of nonprofit status.

For purposes of this application, acceptable evidence of nonprofit status includes the following:

- A copy of a currently valid Internal Revenue Service tax exemption certificate
- A statement from a State taxing body, State attorney general, or other appropriate State official certifying that the applicant organization has a non-profit status
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes non-profit status
- Any of the above proof for a State or national parent organization and a statement signed by the parent organization that the applicant organization is a local non-profit affiliate.
- States or other government organizations may partner with a nonprofit institution or organization to apply for an award.