



Application for funding to establish or improve an HL7 immunization interface between KIDSNET and electronic health records

** Note: Applications must be received and approved and a purchase order issued before work begins. No reimbursement can be made for activities and expenses incurred prior to a Purchase Order having been issued by the State of Rhode Island.*

***The successful completion of this project must include a New or Upgraded HL7 2.5.1 Immunization Interface submitting data on an ongoing basis to KIDSNET's Production data base, as determined by KIDSNET. ***

Date of application: _____

- Enter date application is submitted.

Health Care Provider that will submit invoice when work is complete

- Name, address, FEIN (federal employer identification tax ID number) and KIDSNET Provider ID for provider practice that will be submitting the invoice and sending the immunization data.
- Reimbursement cannot be made without an FEIN.
- Checks will be made out using this information.

Name of Provider: _____

Address: _____

FEIN (federal employer identification tax ID number): _____

KIDSNET Provider ID# _____

Primary contact for communication

- Name, address, email, and phone contact information for primary contact. This individual will be included on all communications related to this funding.

Name: _____

Address: _____

Email: _____

Phone: _____

Proposed time-line for work:

- Start Date work will begin. Enter "immediately upon approval" if work will begin as soon as award notification is made. **Costs incurred prior to final award notification (P.O. Issue Date) are not reimbursable.**
- Estimated Completion Date must be prior to Sept. 30, 2016. If a working interface is not established prior to this date, no reimbursement will be made.

Start Date: _____

Estimated Completion Date: _____
(Must be prior to Sept. 30, 2016)

Budget amount requested:

- Attach a detailed budget of \$4999.00 or less detailing how funds will be used to accomplish work plan. Examples of allowable costs include but are not limited to purchase of EHR upgrade or interface that will allow submission of immunization data using HL7 2.5.1, computer programming, and KIDSNET immunization data clean-up. The budget may include costs of downloading data from KIDSNET to populate an EHR only if the KIDSNET patient list is cleaned, the KIDSNET missing immunization report is run, and all missing data are submitted to KIDSNET.
- Electronic submission of manufacturer and lot number for non-historical immunizations are required for funding.
- **Only work begun and expenses incurred after final approval and the issuing of a purchase order will be eligible for reimbursement.**

Budget:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Budget amount requested: _____
(Total amount \$4999.00 or less.)

Statement of work plan:

- Attach a work plan of no more than 5 pages that describes planned activities and timelines.
- The plan must establish or improve an HL7 immunization interface with KIDSNET as described in the HL7 implementation guide for immunization data (<http://www.health.ri.gov/publications/guidelines/KIDSNETHL7.2.5.1ImplementationGuide.pdf>). The use of CVX codes for all reported vaccines, and manufacturer and lot number for non-historical immunizations are required for reimbursement.

Application Guidance

Purpose: Provide funding to establish or improve an HL7 immunization interface between KIDSNET and electronic health record systems

General Guidelines:

- Only Rhode Island healthcare providers utilizing vaccine for individuals less than 19 years old are eligible to apply
- New Application deadline is May 1st, 2016. Applicants will be notified if application has been approved.
- Funding is limited. Awards of \$4999.00 or less will be made on a first come, first serve basis.
- Proposed work must establish or improve an HL7 immunization interface with KIDSNET as described in Rhode Island's HL7 Implementation Guide for Immunization Transactions (<http://www.health.ri.gov/publications/guidelines/KIDSNETHL7.2.5.1ImplementationGuide.pdf>).
- Electronic submission of CVX codes, manufacturer codes, and lot number for non-historical immunizations are required for funding.
- Awards are cost reimbursement and made only when interface or enhancement is approved and implemented in production. **Only work begun and expenses incurred after final approval and the issuing of a purchase order will be eligible for reimbursement.**
- No costs will be reimbursed beyond Sept. 29, 2016. If successful production implementation of HL7 immunization data submission is not completed by that date, **no costs will be reimbursed.** KIDSNET will supply an approval notice to be submitted with the invoice.
- Upon completion of work and establishment of a successful new or upgraded HL7 2.5.1 immunization interface, an invoice should be submitted to Ellen Amore, KIDSNET, RI Dept. of Health, 3 Capitol Hill, Providence, RI 02908 with an approval notice from KIDSNET. Documentation of all expenses as related to work plan must be provided with the invoice.

Submit Application to:

By mail:

Ellen Amore
KIDSNET
Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908

Or by email:

Ellen.Amore@health.ri.gov