Modernizing Healthcare Technology and Enabling Interoperability

Frequently Asked Questions

Updated: 7/21/2026

These FAQs apply only to the EHR & HIO – Modernizing Healthcare Technology and Interoperability program payment.

1. **What provider types are eligible for this funding?**

The following provider types are eligible for this program payment. If an entity is not one of the provider types below, that entity is not eligible for a payment.

- Hospital licensed as a general acute care hospital by the Pennsylvania Department of Health.
- Long-term care nursing facility as defined in 35 P.S. § 448.802a.
- Home health care agency as defined in 35 P.S. § 448.802a.
- Behavioral health provider, identified by either a license or certificate of compliance from the Department of Human Services, Office of Mental Health and Substance Abuse Services or a psychiatric hospital licensed by the Pennsylvania Department of Health.
- Community home for individuals with an intellectual disability or autism licensed under 55 Pa. Code Chapter 6400 and serving at least 11 residents.
- Intermediate care facility for individuals with an intellectual disability licensed under 55 Pa. Code Chapter 6600 and serving at least 11 residents.

In addition to meeting one of the above definitions, the provider also must be an enrolled Medicaid provider.

Correctional facilities are not eligible for this funding opportunity unless they are qualified as one of the provider types listed above and are enrolled as a Medicaid provider.

Only home health care agencies, not home care agencies, are an eligible provider type. 35 P.S. § 448.802a defines both home health care agency and home care agency. Entities should refer to the statute for more information.

Providers licensed only by the Department of Drug and Alcohol Programs (DDAP) do not qualify for this funding opportunity.

There may be future funding opportunities for provider types not eligible for this payment.

2. **How is eligibility determined?**

Eligibility is determined based on completion of the eligibility certification form and submitting all required attachments.

Entities must complete the eligibility certification sections in full either by submitting the online form or by filling out the form and submitting it via email. If an entity cannot attest to the certifications by checking all boxes, that entity is not eligible for a payment. Prior to submission, entities should verify that they have accurately completed all the sections and attach all documents requested in those sections.

The entity also must provide all applicable attachments listed in Section X of the eligibility certification form. These attachments are linked on the funding opportunities page under the heading "EHR & HIO – Modernizing Healthcare Technology and Enabling Interoperability".

The Department will authorize program payments in the order eligibility certifications are received by the Department, as evidenced by the date and time of the most recent email containing the full eligibility certification and receipt of all required documents. The Department will accept submissions beginning Monday, July 27, 2026, at 8:00 AM, through Friday, August 14, 2026, at 11:59 PM. The Department will not accept submissions received prior to the start date and time or submissions received after the end date and time. If the Department determines that an entity has failed to fully complete the eligibility certification, and provide all required documentation listed in Section X of the eligibility certification form, the Department, in its sole discretion, will reject the program request or direct the entity to provide the missing information or documents

3. **What documentation are entities required to submit to be authorized for a program payment?**

In addition to the eligibility certification, entities must provide the required attachments listed in Section X of the eligibility certification form.

4. **What are the location requirements for this program payment?**

A qualified entity can include multiple locations if under the same corporate structure. An entity with multiple locations should submit only one eligibility certification and will be eligible for only one program payment. The program payment cap will be based on Table 1: Program Payment Award Caps and Table 2: Qualifying Activity. To calculate the payment cap, multiply the amounts in Table 1 by the number of locations in Table 2.

Entities are required to complete Attachment 1: Entity Location List.

If an entity has locations that are not in RHTP-eligible rural counties classes 2A-8, those locations can be included in the program payment cap calculation **if** the entity has the majority of locations in an RHTP-eligible rural county class 2A-8, the entity serves residents of RHTP-

eligible rural counties classes 4-8 or in a HRSA rural health area in RHTP-eligible rural counties classes 2A and 3, and the entity is implementing one instance of the CEHRT system and onboarding to the same health information organization ("HIO") across all locations.

5. **If an entity has multiple locations, how should that entity submit an eligibility certification?**

A qualified entity can include multiple locations if under the same corporate structure. An entity with multiple locations should submit only one eligibility certification and will be eligible for only one program payment. Entities are required to complete Attachment 1: Entity Location List to provide a list of the entity's locations.

If replacing more than one EHR system, the entity must complete a CEHRT worksheet for each system.

6. **If an entity operates with multiple lines of service, only some of which meet the definition of qualified entity, can that entity receive funding?**

Yes, the entity can still receive a program payment if it operates multiple lines of service but only some of which meet the definition of qualified entity. The entity can include any location that is included in the list of provider types in Tables 1 and 2 in its submission. Entities will use Attachment 1: Entity Location List to list all eligible locations.

7. **What does it mean to be a licensed or certified compliant program/entity?**

A licensed or certified compliant program/entity means that each location of the entity has the applicable license or certificate of compliance from the applicable state regulatory authority to operate.

Examples:

- If an entity operates multiple long-term care nursing facilities, each long-term care nursing facility would need a license from the Pennsylvania Department of Health.
- If one behavioral health entity operates multiple satellite locations, OMHSAS issues a certificate of compliance to the legal entity that lists all satellite locations. All locations submitted for this funding opportunity must be listed on the certificate of compliance or addendum to certificate of compliance.

8. **What is a certificate of compliance?**

A certificate of compliance is the licensing document that some state regulatory authorities provide instead of a license.

9. For a community home for individuals with an intellectual disability or autism licensed under 55 Pa. Code Chapter 6400 and serving at least 11 residents, does each community home have to serve at least 11 residents?

No, each community home does not need to serve 11 residents. The entity must serve 11 residents across locations.

10. How does a change of ownership after submission affect payment, compliance, and the June 30, 2027, onboarding deadline?

Change of ownership after submission would affect payment if there was a change in licensure or certificate of compliance status or the entity reduces services and the entity no longer meets the eligibility requirements for this program payment after the change of ownership. Change of ownership does not alter any of the conditions of this program payment, including the June 30, 2027 HIO onboarding deadline.

11. What can this funding be used for?

The funding can be used to update or implement a CEHRT system in accordance with 45 CFR § 170.315, and to become a participant in one of the Commonwealth's five certified HIOs, and fully onboarding to the statewide health information exchange ("HIE"), the Patient and Provider Network ("P3N").

12. Can this funding be used for expenses that have already been incurred?

No. A program payment may not be used for costs that have already been incurred or to supplant any other allocation, stabilization award, federal or state funding, or reimbursement.

13. Can funding be used for HIO re-onboarding driven by an EHR conversion?

Yes, this funding can be used for HIO re-onboarding driven by an EHR conversion. For example, if an entity has an EHR system that is not a CEHRT system, and updates their EHR system to a CEHRT system, they may also need to re-onboard to an HIO even if they were already onboarded with the previous EHR system. HIO re-onboarding is an allowable cost if it is necessary as part of updating to a CEHRT.

14. How is the total funding amount determined?

The program payment cap will be based on Table 1: Program Payment Award Caps and Table 2: Qualifying Activity. To calculate the payment cap, multiply the amounts in Table 1 by the number of locations in Table 2.

Entities are required to complete Attachment 1: Entity Location List.

If the entity's costs are less than the program payment cap, the entity will receive funding to cover the costs to update or implement a CEHRT system in accordance with 45 CFR § 170.315 and become a participant in one of the Commonwealth's five certified HIOs, and fully onboarding to the statewide HIE, the P3N.

15. What are the allowable costs for updating the current EHR system to a CEHRT system or implementing a CEHRT system? For example, are data migration, interface development, HIO onboarding, P3N connectivity, project implementation, and user training allowable costs?

Any costs associated with updating the current EHR system to a CEHRT system are allowable including data migration, interface development, HIO onboarding, P3N connectivity, project implementation, and user training. A program payment may not be used for costs that have already been incurred or to supplant any other allocation, stabilization award, federal or state funding, or reimbursement. A program payment may not be used for indirect or administrative costs incurred to operationalize an eligible activity. This funding may not be used for updates or maintenance costs for EHR systems that already meet the standards of a CEHRT system. This funding may not be used for current EHR system maintenance costs. This funding may not be used for ongoing user licensing costs or recurring fees (e.g., monthly, annual, etc.).

16. If an entity already has an agreement with an EHR vendor or HIO but has not begun implementation, is the entity eligible for funding?

A program payment may not be used for costs that have already been incurred or to supplant any other allocation, stabilization award, federal or state funding, or reimbursement. If the entity has not started implementation with an EHR vendor or HIO due to lack of funding, the entity could use a program payment toward implementation if the entity attests that lack of funding is the barrier to implementation.

17. If an entity already has a CEHRT system, can this funding be used to purchase new functionality or modules for that system?

No, but the costs associated with connecting the CEHRT system to an HIO can be covered by this program payment.

18. If an entity has a CEHRT system and only needs to connect to the HIO, can the costs for the CEHRT system updates to successfully connect to the HIO be incorporated into the quote of the grant?

Yes. This would fall under Category A, HIO Onboarding Only, and would be subject to the payment caps per eligible location.

19. What is the difference between Category B, "Update current EHR system to a CEHRT system & HIO Onboarding" and Category C "Implement CEHRT system & HIO Onboarding"?

For both categories, the entity lacks a CEHRT system.

Category B: The current EHR system can achieve compliance by upgrading with additional vendor modules or functionalities that exist for the product.

Category C: The entity must implement an EHR for the first time or replace their current EHR system entirely.

> Example: If an entity's EHR vendor maintains an ONC-certified CEHRT product, but the provider's deployed environment is unable to fully support interoperability, HIO participation, FHIR connectivity, HL7 data exchange, or documentation integrity requirements, the entity is eligible for Categories B and C. In this scenario, the entity is required to complete Attachment 2: CEHRT Worksheet to identify and attest to the requirements not met in their current system.

20. For entities requesting Category B or C funding, how does the entity certify that it does not have a CEHRT system?

For entities requesting Category B or C funding, the entity must complete Attachment 2: CEHRT Worksheet to certify that it does not have a CEHRT system. If an entity is unsure of how to complete this form, their EHR vendor should be able to answer.

21. What are the Commonwealth's five certified HIOs?

A list of the five P3N certified HIOs is available here: 2025-05-06-choose-your-hio.pdf

22. What is the difference between an EHR system and a CEHRT system?

A CEHRT system meets certain requirements set by the Centers for Medicare & Medicaid Services ("CMS"). Entities can determine if their EHR is a CEHRT here: CHPL Search or ask their EHR vendor.

23. What are the requirements for an EHR system to be considered a CEHRT system?

The definition of a CEHRT system is available at 42 CFR 495.4 and 42 CFR 414.1305. Entities can determine if their EHR is a CEHRT here: CHPL Search or ask their EHR vendor.

24. What data elements need to be shared for HIO onboarding?

The entity needs to share HL7 Admission, Discharge, and Transfer message documents (ADTs) and discharge summary/continuity of care documents (CCDs) as well as have the ability to query

and retrieve Historical Lists (medications, allergies, etc.) and Longitudinal Medical Records. The standards for the document types listed above must meet CMS Meaningful Use standards which currently follow the United States Core Data for Interoperability (USCDI) - July 2022 - Version 3.

25. If an entity onboards to an HIO, does that mean they are also connected to the P3N?

Yes, if an entity onboards to a P3N-certified HIO, they will be connected to the P3N. Certified HIOs serve as the regional networks that link directly to the statewide P3N hub. To receive funding, an entity must become a participant in one of the Commonwealth's five certified HIOs, and fully onboard to the P3N.

26. What does it mean for an entity to participate in one of the Commonwealth's five certified HIOs and fully onboard to the P3N?

Becoming a participant in one of the Commonwealth's five certified HIOs and fully onboarding to the statewide HIE, the P3N, means that the entity's EHR system has functionality to share HL7 Admission, Discharge, and Transfer message documents (ADTs) and discharge summary/continuity of care documents (CCDs) as well as have the ability to query and retrieve Historical Lists (medications, allergies, etc.) and Longitudinal Medical Records. The standards for the document types listed above must meet CMS Meaningful Use standards which currently follow the United States Core Data for Interoperability (USCDI) - July 2022 - Version 3.

27. What does "fully" onboarded mean?

Fully onboarded means that there are active production data exchanges.

28. If entities onboard to a P3N certified HIO for RHTP funding, but in the future disconnect from the P3N certified HIO, are there penalties?

The Department is statutorily authorized to withhold, recover or reduce funding for program violations. The Department will recoup program payments for EHR upgrades and purchases if the entity does not fully onboard a P3N HIO within 90 days of implementing a CEHRT system, or, if the entity is funded for HIO onboarding only, by June 30, 2027.

The Department anticipates that hospitals not onboarded to one of the Commonwealth's five certified HIOs will not qualify for future RHTP Technology and Infrastructure funding initiatives.

As part of the eligibility certification form, the entity must attest that "The entity has reviewed the ongoing financial commitments for the quoted CEHRT system and attests they have the financial means to maintain any needed software maintenance and user fees" and the entity attests that "all information submitted is true, complete, and accurate."

29. How does an entity receive payment?

Prior to receiving a program payment, a qualified entity shall submit further documentation supporting use of the authorized funding amount to the Department within 30 days of incurring a cost attributed to this funding. Acceptable documentation includes itemized invoices or receipts. Failure to provide adequate documentation may result in withholding, reduction, or recovery of payments.

30. If I don't qualify for this funding, where can I find additional information about funding opportunities through Pennsylvania's RHTP?

All funding opportunities will be listed here: https://www.pa.gov/agencies/dhs/programs-services/healthcare/rural-health/rhtp-funding-opportunities

Funding opportunities will also be shared with the RHTP listserv.