COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
RURAL HEALTH TRANSFORMATION PROGRAM
Modernizing Healthcare Technology and Enabling Interoperability: FQHC and FQHC look-alikes
PROGRAM REQUEST AND ELIGIBILITY CERTIFICATION

SECTION I: PROGRAM AND PAYMENT AUTHORITY

Under Section 203-H of the Fiscal Code (72 P.S. § 203-H), the Department of Human Services ("Department") is authorized to issue program payments to qualified entities under the Rural Health Transformation Program ("RHTP"). A qualified entity shall use program funding in accordance with federal and state law and the Department's federally-approved RHTP application.

This request for funding and eligibility certification is for a program payment under the Technology and Infrastructure initiative.

This is not a competitive solicitation. Please note this program payment is an initial funding opportunity. If you do not qualify for this RHTP payment, a future opportunity may be a better fit.

Funding is contingent upon federal funds being appropriated to and received by the Department.

The objective of this funding is to advance Health Information Exchange ("HIE") efforts in Pennsylvania. By implementing a Certified Electronic Health Record Technology ("CEHRT") system, becoming a participant in one of Pennsylvania's five Health Information Organizations ("HIOs") and fully onboarding to the statewide health information exchange, an eligible organization can expect to increase the speed and accuracy of diagnoses for individuals and populations; alert providers and care teams to a patient's admission; reduce readmissions and redundant tests by sharing patient information with other providers who have treated the same patients; and increase patient satisfaction by reducing time spent in the healthcare system and eliminating frustrating duplication.

SECTION II: GUIDELINES AND INSTRUCTIONS

Payment Guidelines

Entities must complete all eligibility certification sections **in full** either by submitting the online form or by filling out the form and submitting via email. Prior to submission, entities should verify that they have accurately completed all the sections below and have attached all documents requested in those sections.

A qualified entity is a Federally Qualified Health Center ("FQHCs") or FQHC look-alike, as outlined in Section IV. Each qualified entity is limited to one submission and one payment not to exceed $300,000. Qualified entities shall use payments only for both of the following:

- Purchasing and implementing a CEHRT system in accordance with 45 CFR § 170.315; and
- Becoming a participant in one of the Commonwealth's five certified HIOs and fully onboarding to the statewide health information exchange (HIE), the Pennsylvania Patient and Provider Network ("P3N").

All entities receiving a program payment shall fully onboard to a P3N HIO within 90 days of implementing a CEHRT system.

The program payments fall under the Technology and Infrastructure initiative, Data Innovation and Information Exchange activity that is outlined in the Department's federally-approved RHTP application and shall be used in accordance with federal and state law. Payments shall not be used for ongoing programmatic projects that require monitoring by the Department following incursion of the costs.

The total funding available for all program payments under this funding opportunity is capped at no more than $1.800 million. The Department, in its sole discretion, may increase the funding cap. A funding cap increase does not change the submission deadline dates. There will be a total of six available program payments and each FQHC or FQHC look-alike is limited to one program payment under this funding opportunity, not to exceed $300,000.

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 last 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 7, 2026 at 11:59 AM**, or until the authorized funding cap has been met, whichever is sooner.

If the Department determines that an entity has failed to:

- Fully complete the eligibility certification; and
- Provide all required documentation listed in Section X,

the Department, in its sole discretion, will reject the program request or direct the entity to provide the missing information or documents. The program request will not be deemed received until the entity provides the completed eligibility certification form and all required documents to the Department.

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. The program payment must be expended before June 30, 2027. As part of the eligibility certification, the qualified entity shall provide an electronic health system ("EHR") system vendor quote or estimate for the eligible activity. 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.

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 current EHR system maintenance costs. This funding may not be used for ongoing user licensing costs or monthly and/or annual fees.

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. Acceptable documentation of HIO onboarding includes fully signed membership agreement with one of Pennsylvania's five P3N Certified HIOs and an onboarding attestation signed by the qualified entity and a P3N HIO.

Submission Instructions

Entities may complete the linked form which serves as the program request and eligibility certification.

Once the form is completed, a confirmation email will be sent to the email address entered in the form. The confirmation email will contain a submission number. Entities shall submit all required documentation via email to RA-HHRRLHLTHTRNSPLAN@pa.gov, with each subject line labeled "**[Submission Number] EHR/HIO Program Request Part X of Y" (total number of emails)**."

If unable to complete the webform, entities may submit the PDF form and all required documentation via email to RA-HHRRLHLTHTRNSPLAN@pa.gov, with each subject line labeled "**[Entity Name] EHR/HIO Program Request Part X of Y" (total number of emails)**."

Email attachments are limited to 10 MB, cumulatively, per email, and files may not be sent in any compressed format. **All required documents must be attached as separate files rather than as one file including all attachments**. Any attachment over 10 MB must be sent via separate emails. The Department will not accept encrypted email for the program request and eligibility certification submission. The program request and eligibility certification will be deemed received as of the date and time of the final email containing final required documentation.

Required documentation is noted in each section and cumulatively in Section X.

Questions and Answers

Entities may submit questions in writing via email to RA-HHRRLHLTHTRNSPLAN@pa.gov by **no later than Friday, July 17 at 11:59 PM**. Responses will be posted on the Department's website. The Department may, in its sole discretion, respond to questions after the **July 17th** deadline. If the Department elects to respond, it will post responses as noted above.

Incurring Costs

The Commonwealth of Pennsylvania and the Department are not liable for any costs incurred by an entity in preparation and submission of a program request and eligibility certification, in participating in the program request process, or for any service performed or expenses incurred prior to the Department's approval of a program request.

SECTION III: ENTITY INFORMATION

Entity Name: _____

Doing Business As (if applicable):_____

Address:_____

Mailing Address (if different):_____

Federal EIN:_____

UEI:_____

9 Digit PROMISe ID/Medical Assistance Provider ID number:_____

SECTION IV: QUALIFIED ENTITY CERTIFICATION

For this program payment, a "qualified entity" is a Medicaid-enrolled provider that is an FQHC or FQHC look-alike that meet Federal qualifications under Section 330 of the Public Health Service Act (42 U.S.C. § 254b).

The entity certifies:

- ☐ The entity meets Federal qualifications under Section 330 of the Public Health Service Act (42 U.S.C. § 254b)
- ☐ The entity is an enrolled provider in Pennsylvania's Medical Assistance Program.

Required Attachments:

- Entity Status
- Entity Location List

SECTION V: PENNSYLVANIA AND RURAL ELIGIBILITY

The entity certifies the following:

☐ The entity currently operates in the Commonwealth of Pennsylvania. Current operation means that the entity provides health care services, has at least one physical location in Pennsylvania, and has been in operation since at least December 29, 2025.

☐ The entity will be in full operation in the Commonwealth of Pennsylvania on the date funding is received and is not at risk of closure.

The entity operates in one or more of the following Pennsylvania RHTP regions[1]:

- ☐ Central
- ☐ North Central
- ☐ Northern Tier
- ☐ Northeast
- ☐ Northwest
- ☐ Southern Alleghenies
- ☐ South Central
- ☐ Southwest

The entity is located in RHTP-eligible rural counties classes 2A-8:

- ☐ A county of the second-class A containing a Health Resources and Services Administration ("HRSA")-defined rural census tract

  Identify County:_____

- ☐ A county of the third class containing a HRSA-defined rural census tract

  Identify County:_____

- ☐ A county of the fourth class containing a HRSA-defined rural census tract

  Identify County:_____

- ☐ A county of the fifth class containing a HRSA-defined rural census tract

  Identify County:_____

- ☐ A county of the sixth class

  Identify County:_____

- ☐ A county of the seventh class

  Identify County:_____

- ☐ A county of the eighth class

  Identify County:_____

[1] Rural Health Transformation Project February 2026

The entity provides services to 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:

- ☐ A census tract in a HRSA rural health area in a county of the second-class A

  County, Zip code: _____

- ☐ A census tract in a HRSA rural health area in a county of the third class

  County, Zip code: _____

- ☐ A county of the fourth class containing a HRSA-defined rural census tract

  County: _____

- ☐ A county of the fifth class containing a HRSA-defined rural census tract

  County: _____

- ☐ A county of the sixth class

  County: _____

- ☐ A county of the seventh class

  County: _____

- ☐ A county of the eighth class

  County: _____

Required Attachments:

- Proof of Pennsylvania registration or incorporation

SECTION VI: PAYMENT ELIGIBILITY CRITERIA

To be eligible for this program payment, an entity must be a qualified entity as outlined in Section IV, have Pennsylvania and Rural Eligibility as outlined in Section V, and the program payment must be used for both:

- Purchasing and implementing a CEHRT system in accordance with 45 CFR § 170.315; and
- Becoming a participant in one of the Commonwealth's five certified HIOs and fully onboarding to the P3N.

To be eligible for the program payment, the qualified entity must certify the following:

☐ The entity certifies that it shall use the funding for the qualified activities described above.

☐ The entity certifies that it has reviewed the ongoing financial commitments for the quoted CEHRT system and attests they have the financial means to maintain needed software maintenance and user fees.

☐ The entity certifies that is compliant with applicable federal and state requirements.

Required Attachments:

- Quote or estimate from technology vendor;
- Letter of verification from the EHR system vendor or a membership organization stating that the activities will be completed and funding expended by the deadline date of June 30, 2027. If the letter of verification is from a membership organization, the membership organization must have experience in EHR system implementation for FQHCs and FQHC look-alikes;
- Completed Budget Narrative; and
- Completed Budget Worksheet.

SECTION VII: USE OF FUNDS CERTIFICATION

The entity certifies:

- ☐ The requested funds are allowable under the CMS Rural Health Transformation Program Notice of Funding Opportunity.[2]

- ☐ All public statements, press releases, and publications the entity makes to announce funding or advertise the EHR update and HIO onboarding must include the following statement in accordance with federal requirements: *This project is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by CMS/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.*

- ☐ The entity shall use funding in accordance with federal and state law and the Department's federally-approved RHTP application.

- ☐ The entity shall not use funds for purposes outside authorized RHTP activities detailed in this form.

SECTION VIII: NON-DUPLICATION CERTIFICATION

All public funding that the entity has received for the purposes of the qualified activities outlined in Section VI must be disclosed to the Department.

The entity certifies:

- ☐ The entity has disclosed all public funding related to the supported activity.

- ☐ This program payment will not supplant any other allocation, stabilization award, federal or state funding, or insurance reimbursement.

Required Attachments:

- Public funding table, if applicable.

[2] https://grants.gov/search-results-detail/360442

SECTION IX: MONITORING, AUDIT, AND RECOVERY

Pursuant to 72 P.S. § 203-H, the Department may monitor, inspect, and audit the records of a qualified entity and withhold, recover, or reduce payment for a program violation.

The entity acknowledges:

- ☐ The Department may monitor, inspect, and audit records related to this payment. The entity shall cooperate with the Department's monitoring, inspection, and audit requests.

- ☐ The entity shall submit documentation supporting use of the full amount of the program payment to the Department within 30 days after incurring a cost attributed to this funding. Acceptable documentation includes an itemized receipt or invoice.

- ☐ The entity shall maintain documentation sufficient for audit through February 27, 2031, and provide that documentation, unredacted, to the Commonwealth, federal government, and their representatives upon request.

- ☐ The entity's failure to comply with program requirements, including, but not limited to, those related to monitoring, inspection, and audit, may result in withholding, reduction, or recovery of payments.

- ☐ If some or all funding is unspent on June 30, 2027, the entity shall return any unused funds to the Department by July 31, 2027.

SECTION X: DOCUMENT CHECKLIST

All documentation listed below must be submitted and complete. If a document is missing or if the information provided is not sufficient to confirm the program payment requirements, the entity will not be eligible for a payment.

Section IV: Qualified Entity Certification

☐Entity Status:

☐A Notice of Award (NoA) issued by HRSA, which indicates that the entity receives Health Center Program grant funding under Section 330 of the Public Health Service Act; **or**

☐A Look-Alike Designation Memorandum or Notice of Look-Alike Designation (NLD) issued by HRSA.

☐Entity Location List

Section V: Pennsylvania and Rural Eligibility

☐Proof of Pennsylvania registration or incorporation. At least one of the following allowable documents must be submitted:

- Articles of Incorporation, Certificate of Organization, Certificate of Limited Partnership

Section VI: Payment Eligibility Criteria

☐ Quote or estimate from technology vendor;
☐ Letter of verification from the EHR system vendor or a membership organization stating that the activities will be completed and funding expended by the deadline date of June 30, 2027. If the letter of verification is from a membership organization, the membership organization must have experience in EHR system implementation for FQHCs and FQHC look-alikes;
☐Completed Budget Narrative; and
☐Completed Budget Worksheet;

Section VIII: Non-Duplication Certification

☐Public Funding Table (if applicable)

SECTION XI: EXECUTIVE CERTIFICATION

I certify under penalty of perjury that:

- The entity meets the definition of a qualified entity as described in Section IV and has been in operation since at least December 29, 2025.
- The entity satisfies all eligibility criteria for this program payment.
- All information submitted is true, complete, and accurate.
- The entity understands and agrees that the Department may monitor, inspect, and audit the entity, and, in the event of noncompliance, withhold, recover, or reduce funding.
- The individual signing below has the legal authority to bind the entity to the terms of this document.

Authorized Signature:

Printed Name:

Title:

Date:

Phone:

Email: