eQIP Application Checklist
Solicitation No. RFP 2015–MeHI–03

Note: this document is for reference only, and Applicants should read the important detail about each requirement contained within the Solicitation. In the event of any conflict between this checklist and the Solicitation, the Solicitation shall govern.

Applicants MUST follow the deadlines and requirements in Solicitation Section 4.1 (Application and Submission Instructions). Late applications will not be accepted.

◄ CHECK LIST ►

NOTE: A (non-binding) *Notice of Intent to Submit Application* should be submitted by March 6, 2015 [Sec. 4.4.2]

Final application packages <u>must include</u> all of the following completed and/or signed documents:

<u>Included</u>	<u>Document</u>	<u>Solicitation Section #</u>
☐	Signed Organizational Approval Letter • Stating commitment to achieving all Program milestones	Section 4.4.1
☐	Proposal Narrative (8-page limit)	Sec. 4.4.1 §1
	☐ <u>Abstract</u> (≤500 words): Org overview & summary of Program approach	
	☐ <u>Statement of Need</u> (≤250 words): Why Organization needs eQIP grant funds	
	☐ <u>Project Approach</u> (≤2 pages): Synopsis of approach to adopt and use health IT to meet each proposed milestone & estimated cost, timelines	
	☐ <u>EHR product</u>: Describe IT product (vendor, version, etc.) & level of implementation	
	☐ <u>HIE/Mass HIway status</u>: How Org is connected/using HIE/HIway or intends to use HIE/HIway	
	☐ <u>Health System Integration</u> (≤1 page): How Org will support efforts to integrate LTPAC services with other care settings	
	☐ <u>In-Kind Resources</u> (≤1 page): Resources Org intends to provide & estimated value; designated PM & leadership support	
	☐ <u>Value of Investment</u> (≤1 page): How grant will help achieve long term benefits & meet state's health care goals.	
	☐ <u>Anticipated Challenges</u> (≤1 page): Anticipated challenges/problems in meeting milestones and ways Org will address them	
	☐ Name/contact information of PM & authorized persons	

All documents must be submitted in **MS Word** format, **Arial 10** point font, and with **1" margins**.

Included	Document	Solicitation Section
☐	Eligibility Substantiation Form & documentation	Attachment A-1
	☐ Copy of current DPH Level I / Level II facility license(s)	
	☐ Organizational LTPAC Profile Form (all facilities)	Attachment A-1-a
	☐ Documentation >50% PSR is public payer	
	☐ Organizational PSR form (and supporting documentation)	Attachment A-1-b
	☐ Detailed Corporate organizational chart (including any parent entities and/or corporate affiliates)	
	☐ Documentation Org is not an EH & that providers are not EPs *OR* that EPs comprise <30% all clinical staff	
☐	Current Use of Health IT Substantiation Form	Attachment A-2
	☐ Attests to having / not having CEHRT implemented	
	☐ Attest to levels of IT implemented and available	
☐	Officer's Certification Form	Attachment A-3
	☐ Certification – **Signature page**	
☐	EHR Current Product Table (if applicable)	Attachment B
☐	Application Summary Sheet Form	Attachment D
☐	Authorized Application Signature & Acceptance Form	Attachment E
☐	Exceptions to the General Terms & Conditions, if any	Attachment F
	☐ Certification – **Signature page**	