



## Program Information Notice

DATE: June 10, 2010

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SUBJECT: Clarification of the Provider Payment Cap Identified in the Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement (FOA)

TO: Regional Extension Center Grantees

The purpose of this Program Information Notice (PIN) is to clarify the maximum amount that Regional Extension Centers (RECs) may be reimbursed for direct technical assistance services that they provide to priority primary-care providers in their service area.

If you have any questions or require further guidance, please contact the Regional Extension Center Division of the Office of Provider Adoption Support at [regional-center-applications@hhs.gov](mailto:regional-center-applications@hhs.gov).

Sincerely,

/David Blumenthal/  
David Blumenthal

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## I. PURPOSE

The purpose of this Program Information Notice (PIN) is to clarify the Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement. The Regional Extension Center (REC) program will furnish assistance to help providers in geographic service areas select, successfully implement, and meaningfully use certified electronic health record (EHR) technology. The REC program will support primary-care providers in priority settings, and it is expected that RECs in the aggregate will assist at least 100,000 such providers. Because there is a limit to the amount of funding that ONC can provide to support these providers, ONC has established policies on how it will reimburse RECs to ensure that the funds are used to support its programmatic goals.

## II. APPLICABILITY

This policy will be applicable to all RECs that enter into cooperative agreements with ONC to support priority primary-care providers who seek to implement EHR technology and achieve meaningful use.

## III. BACKGROUND

The Health Information Technology Extension Program: Regional Centers Cooperative Agreement Program Funding Opportunity Announcement (FOA) and Grant Application Instruction, Section II. Award Information, Item 2: Years One-Two Funding (FY 2010-2011) Direct Assistance Support 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."

ONC recognizes that many of the priority primary-care settings, such as federally qualified health centers and public hospitals, operate multiple sites that each operate essentially in the same way as a small provider office. Each site may serve a different population and therefore have different workflows/training needs, which a REC will need to address if the providers at the site are to attempt to achieve meaningful use of certified EHR technology.

## IV. PROCESS

Consistent with ONC policy, Section II. of the FOA as quoted above is clarified as follows: "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 site or specific geographic location will be capped at the amount allocated for a practice equal to or less than ten priority primary-care providers."

No other sections of the FOA are modified by the issuance of this PIN. Moreover, your Notice of Grant Award (NGA) remains in full effect as issued. Each REC grant recipient is required to read and adhere to the requirements of the FOA and its NGA, including the terms and conditions of the NGA. The terms and conditions include but are not limited to adherence to: (1) HHS Grants Policy Statement (GPS); (2) Federal Regulations (45 CFR 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other NonProfit Organizations and Commercial Organizations; and 2 CFR 230, Cost Principles for Non-Profit Organizations (OMB Circular A-122)); and (3) all applicable requirements of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5), including the reporting requirements in Section 1512.