



Kentucky Health Information Exchange Grant Application

In collaboration with the Department for Medicaid Services (DMS) and the Kentucky Health Information Exchange (KHIE), Anthem Blue Cross and Blue Shield Medicaid (Anthem) is offering Participating Anthem providers the opportunity to apply for a grant to help offset the costs associated with connecting to KHIE.

In alignment with the grant opportunity offered by the Cabinet for Health and Family Services, Anthem is offering this grant to providers to help relieve a degree of the financial burden.

Applicants are required to be located in the state of Kentucky, be enrolled with Kentucky Medicaid and be participating with Anthem. If approved, providers may be awarded up to \$2,000. Grants will be awarded on a first come first serve basis until all grant funds up to \$100,000 are depleted. Incomplete applications will not be considered and only one grant will be awarded per tax identification number and/or business entity.

If interested, please complete the application in its entirety, attach a completed *W9 Form* and email both documents to either **East.Team-KyProviderEngagement&Contracting@anthem.com** or **West.Team-KyProviderEngagement&Contracting@anthem.com** with the subject line: **Anthem KY Medicaid KHIE Grant Application**. Applications will be accepted through June 30, 2020.

If you need any assistance completing this application, please contact your Network Relations Consultant at **1-800-205-5870, option 3**.



<https://mediproviders.anthem.com/ky>

**Kentucky Health Information Exchange Grant
 Application**

Legal business name:	
Practice name <i>(if different from above)</i> :	
Address:	
Phone	Fax:
Email address:	
Federal tax ID #:	NPI #:
Medicaid provider number:	Medicaid provider type:
Primary contact lead:	Email address:
Phone:	Fax:
EHR vendor:	Product:
Version:	
Does your organization have a current <i>Participation Agreement</i> with KHIE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organization currently have an interface with KHIE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requested grant contribution:	
Primary focus area(s): <i>Please select all that apply.</i> <input type="checkbox"/> New interface with KHIE <input type="checkbox"/> Upgrade technology <input type="checkbox"/> Other (Please specify.):	
Statement of need: <i>Please provide any information that you wish to be considered in review of your application.</i>	



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I certify that the information contained herein is true and accurate to the best of my knowledge and I have the authority to submit this application on behalf of the applicant.

Signature

Date

Statement of Commitment

By submitting this grant application, _____
(Legal business name)
agrees to maintain the established connectivity to KHIE for a minimum of five years.

Printed name/title

Date

Signature

The W9 Form must be submitted with application