

HIT Regional Extension Center Intent to Participate



Practice Name: _____ Practice TIN: _____

Address: _____

City, State, Zip: _____

I understand that *HealthInsight*, a private, non-profit, has applied to become a Health Information Technology Regional Extension Center for Nevada and Utah. If awarded this contract, *HealthInsight* will receive funding to provide services to providers wishing to adopt and meaningfully use electronic health records. Providers must achieve meaningful use to be eligible for Medicare or Medicaid incentive payments.

HealthInsight will provide the following services to those providers who consent to participate in this program:

- Workflow analysis to assess and improve current work processes
 - Pinpoint areas that can be simplified and streamlined once the practice adopts an electronic health record (EHR) system
 - Assessment of current use of EHR and gaps in usage
- Tailored selection tools to help narrow vendor choices and facilitate clinic directed vendor demonstrations, based on each clinic's goals and needs
- Help practices assess whether their current vendor is on track to support meaningful use
- Referrals for site visits or calls with clinics that have thoroughly implemented EHR systems
- Tools for contract negotiation
- Project management and implementation planning resources
- Developing plans to address deficiencies and successfully reach meaningful use requirements
- Privacy and security best practice policies and procedures templates
- Assistance connecting to available health information exchange entities

I am interested in participating in this program and contracting with *HealthInsight* to perform the above services. Please consider this a non-binding letter of our commitment. A formal contract will be executed once *HealthInsight* is designated a Health Information Technology Regional Extension Center and a fee schedule is finalized.

Practice Representative: _____
Printed Name: _____
Date: _____

Sign and date here, complete page two, and fax or email both pages to Therese Bjorge at: Fax: 801-892-0160
Email: tbjorge@healthinsight.org

A list of all providers in our practice with prescribing privileges is on the back of this form →

HealthInsight Nevada
6830 West Oquendo Rd., Suite 102
Las Vegas, NV 89118
Phone: 702-385-9933 • Fax: 702-385-4586

HealthInsight Utah
348 East 4500 South, Suite 300
Salt Lake City, UT 84107
Phone: 801-892-0155 • Fax: 801-892-0160

The following providers are active in this practice:

Provider Full Name	Provider NPI	Provider Type MD, DO, NP, PA If other, specify	Provider Specialty FP, IM, OB/Gyn, Peds If other, specify
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

If > 14 please list here the total numbers of Primary Care Providers you have: _____

Please note current EHR status:

_____ We use an EHR. List product name and version: _____

_____ We plan to implement an EHR on ___/___/_____ (approximate date).
List product name and version (if known): _____

_____ We do not currently use an EHR

Questions? For information see www.healthinsight.org, or in Utah: Wyatt Packer at wpacker@healthinsight.org, 801-892-6627, or in Nevada: Keith Parker at kparker@healthinsight.org, 702-933-7308