Rhode Island
HIT Stakeholder Collaborative

April 13, 2026

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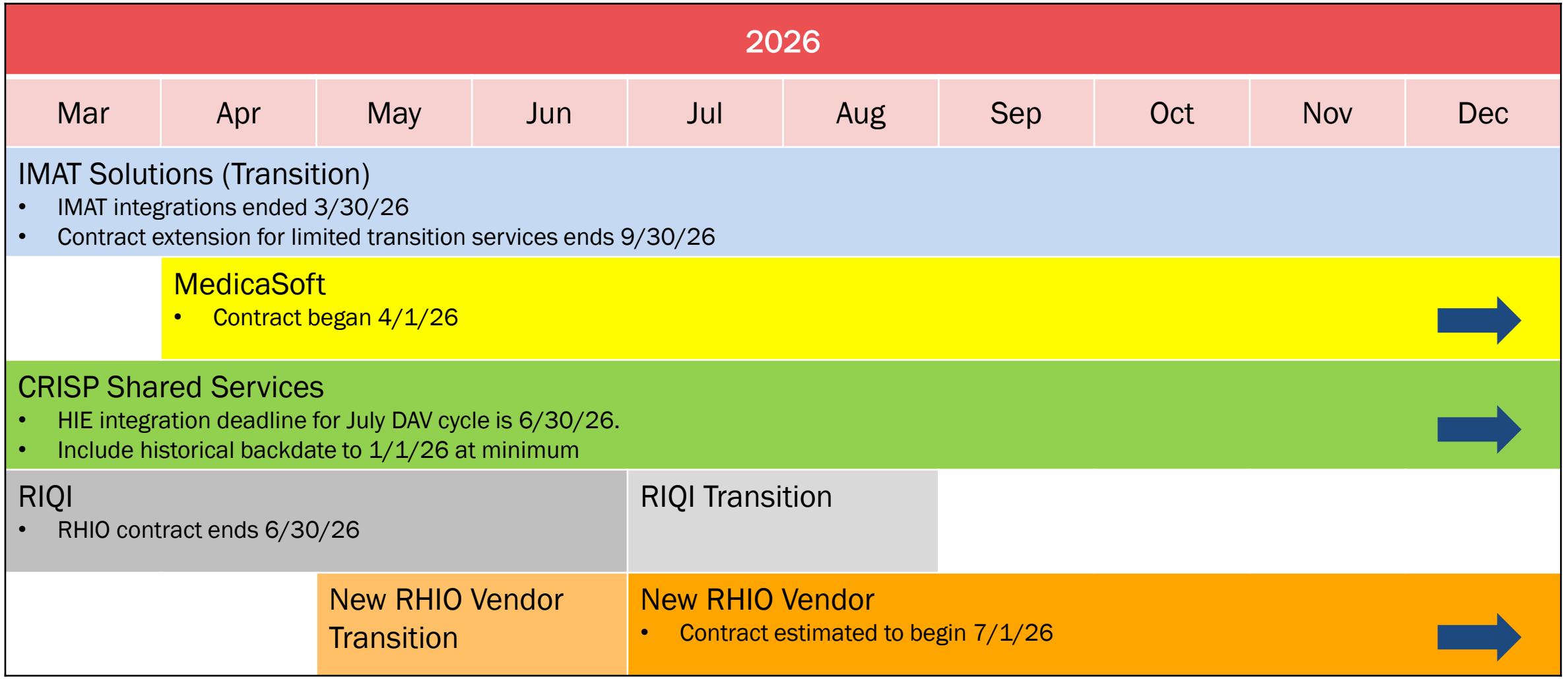
Agenda

- Welcome
- General Announcements
- Rhode Island Rural Health Transformation Program
- Open Discussion

General Announcements



RHODE ISLAND
RURAL HEALTH TRANSFORMATION

Rhode Island Rural Health Transformation Program

March 2026

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES
STATE OF RHODE ISLAND

Acknowledgements

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RHTP Background

In July 2025, Congress created the Rural Health Transformation Program as part of H.R.1. RHTP is a partnership between the federal government and state governments to support rural communities across the country.

Overview

RHTP was designed to help states create innovative solutions that address the unique health needs of their rural residents. The federal and state governments will work together to achieve this.

Approach

- The program sets aside $50 billion to distribute to states over the next five years (FFY26-FFY30).
- In order to get funds, each state had to submit an application in late 2025.
- The Centers for Medicare & Medicaid Services (CMS) announced award amounts for the first year of the program on December 29, 2025.
- Over the next year, states will begin to develop and implement projects that transform the delivery of care in rural communities. Future funding will be determined based on the progress they make, pending CMS review and approval.

Sources: Notice of Funding Opportunity; Notice of Award

RHTP Guidelines

CMS set clear guidelines about how states should use RHTP funds.

What must these funds be used for?

- Investments in rural communities through three or more of the below funding categories:
  - Chronic disease prevention and management
  - Provider payments
  - Consumer technology solutions
  - Training and technical assistance
  - Workforce development and retention
  - IT advances
  - Appropriate care availability
  - Behavioral health
  - Innovative care models

What is not allowed?*

- New construction
- Independent research and development
- Duplicate billable services
- Currently funded investments (i.e., supplanting state or federal funds)
- EMR replacement over a 5% cap**
- Administrative spending over the 10% cap (direct and indirect)

Note: This is one time funding, which States are not allowed to use to fill current or potential budget holes.

** This is not exhaustive. CMS has final approval for all funding uses.*

***5% cap applies to upgrading EMRs that are HITECH certified.*

Source: Notice of Funding Opportunity

Program Structure

RHTP is a cooperative agreement between the federal and state governments (defined in 2 CFR 182.620), meaning they will work together to implement the program.

Setting Expectations

The federal government set terms & conditions in their "Notice of Award" and a formal cooperative agreement. By participating, states agree to follow these.

Approvals

CMS reviewed each state's application and makes overall funding decisions. They must approve the state's planned projects and use of funds.

Monitoring

States will check in with CMS at least monthly and submit formal quarterly & annual reports. States are expected to meet milestones and outcomes identified in their applications.

Consequences

If states do not meet expectations, CMS may require corrective action or even recover funds. Funding for future years depends on progress states make towards their commitments.

Source: *Notice of Funding Opportunity*

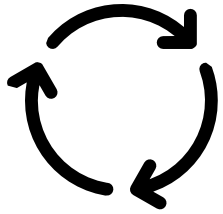
Cooperative Agreement Detail

RHTP is a cooperative agreement between the federal and state governments (defined in 2 CFR 182.620), meaning they will work together to implement the program.

The federal government sets terms & conditions of this award in their "Notice of Award" as part of the "cooperative agreement" established when they approve state budgets. In general, collaboration may look like:

Federal Government (CMS):

- Sets overall strategic goals & framework
- Approves, rejects, or provides feedback on state's proposed projects and awards funding to implement it
- Releases funding upon review and approval of submitted project and budget narratives
- Reviews progress, provides feedback, and determines future funding; may impose corrective action if deemed necessary



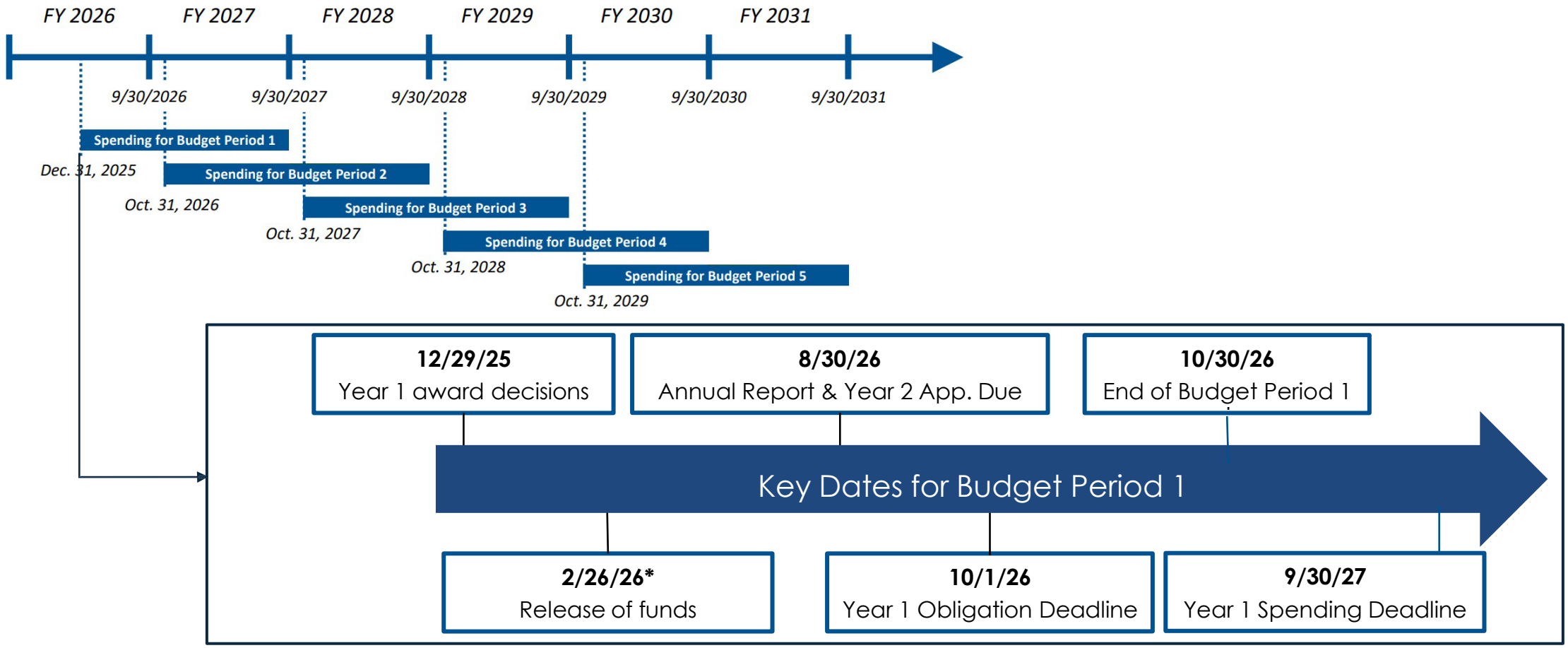
State Government:

- Develops a set of projects to achieve these goals in their own state's rural context
- Incorporates CMS feedback and submits a proposed budget based on awarded funds
- Implements projects (with identified partners); develops reports on progress & spending
- Makes program changes based on CMS feedback and implementation

Source: *Notice of Funding Opportunity*

RHTP Overall Timeline

RHTP will be implemented over five years, from Federal Fiscal Year (FFY) 26-30, with key milestones throughout.



**RI's final amount was released on 3/13/26, but 99% of funds were released on 2/26/26.*

Sources: CMS Webinar for Applicants; Notice of Award

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Applicable Regulations

There are several sources of rules and regulations that govern RHTP, including H.R. 1, the Notice of Funding Opportunity, and the Notice of Award.

RHTP-Specific Requirements

- Public Law 119-21 (H.R. 1) Section 71401
- RHTP Notice of Funding Opportunity (NOFO)
- RHTP Notice of Award (NoA)
- RHTP FAQ (10/2025)

General Federal Requirements

- 2 CFR 200 (Uniform Guidance)
- 2 CFR 300 (HHS Uniform Guidance)
- HHS Grants Policy Statement
- HHS Admin. & National Policy Requirements
- All Anti-Discrimination Laws

State-Specific Requirements

- State Laws & Regulations
- Medicaid State Plan & Waivers, as applicable
- Municipal Laws, as applicable
- Private Payors Rules & Regulations

Sources: Notice of Funding Opportunity; RHTP FAQ; Notice of Award

Rhode Island's Vision for Rural Health

RI is working towards a connected, community-based system that ensures every rural resident has timely, coordinated, high quality care where they live. This marks a fundamental shift from top-down, state-driven approaches to building lasting infrastructure that empowers communities to lead their own health transformation.

RHTP is structured around five strategic goals that will help achieve this vision:

1. Make Rural America Healthy Again - Improve the health of rural residents
2. Sustainable Access - Expand access to comprehensive, quality, low-cost care
3. Workforce Development - Strengthen the rural health care workforce
4. Innovative Care - Accelerate value-based & affordable care models
5. Tech Innovation - Integrate technology into rural practice

Note: This aligns with the five goals set in H.R. 1.

Source: Notice of Funding Opportunity

Rhode Island's Approach to Rural Health

Rhode Island continues to use RI 2030 (the State strategic plan) and the Health Care System Planning Foundational Report to work towards a world where everyone can access high quality, affordable health care. RHTP is a crucial investment to ensure the path forward will work for all people by providing targeted support to rural communities.

RHTP goes hand-in-hand with Rhode Island's overall goals for improving health and transforming the healthcare system in the state.

RI 2030 and the Health Care System Planning Foundational Report identify priorities to transform health care, like:

- Improve health outcomes by addressing lifestyle factors & determinants of health, behavioral health, and more
- Make it easier for people to access health care in their communities
- Strengthen the health care workforce to ensure that people receive the amount and quality of care they need
- Limit health care costs using innovative models of care
- Modernize the health care system by integrating technology into care

RHTP provides an important investment to help RI continue working towards these goals in rural communities.

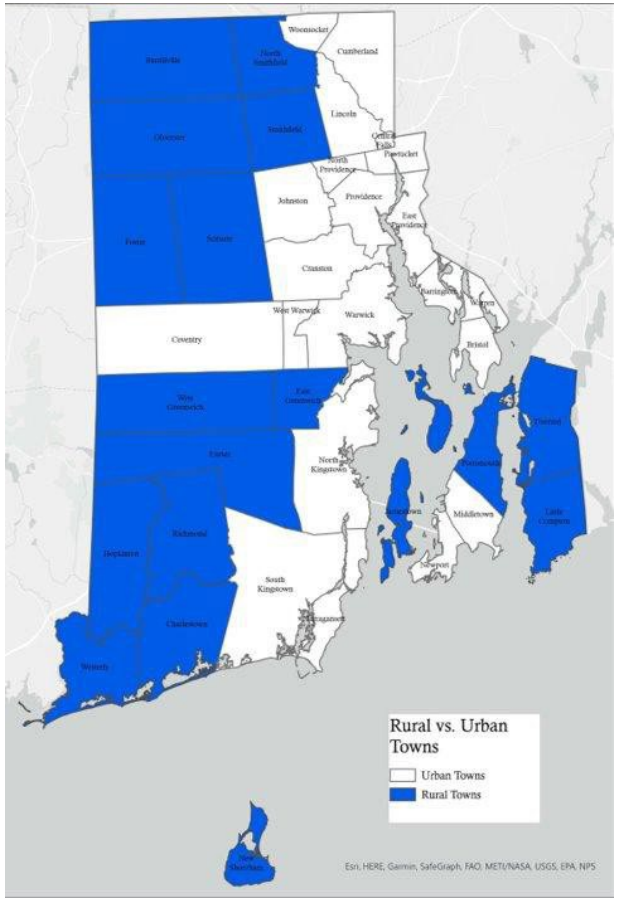
RHTP in Rhode Island

CMS awarded Rhode Island $156.2 million to serve rural Rhode Islanders for the first year of RHTP.

CMS awarded Rhode Island **$156.2 M** for the first year of RHTP (until 10/30/26).

These funds will be used to support residents of Rhode Island's rural towns, which are defined as having fewer than 25,000 people and lower population density. This includes the following 18 towns:

Burrillville	Charlestown	East Greenwich	Exeter
Foster	Glocester	Hopkinton	Jamestown
Little Compton	New Shoreham	North Smithfield	Portsmouth
Richmond	Scituate	Smithfield	Tiverton
	West Greenwich	Westerly	



Some funds will also support members of the **Narragansett Indian Tribe.**

RHTP Partnerships & Community

Many people and organizations have been and will continue to be involved in RHTP in Rhode Island. The State will continue to prioritize rural voices to make sure that this project can support people the best they can.

Agencies & Partner Organizations

The **Executive Office of Health & Human Services** will be leading the RHTP effort, but will collaborate with other State agencies & organizations. This group may grow:

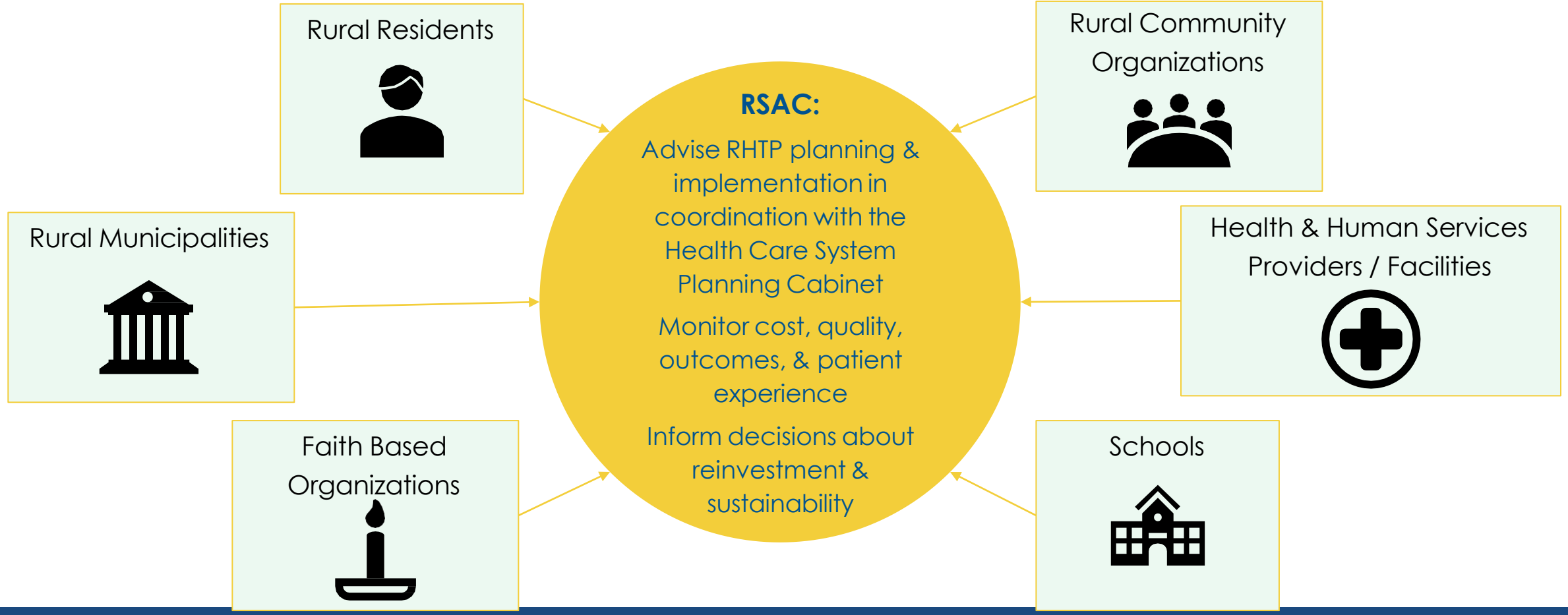
Community Feedback & Engagement

- In fall 2025, the State collected feedback on what rural communities need and how best to address those needs. This feedback formed the basis of the State's RHTP proposal
- The State will establish a **Rural Stakeholder Advisory**
- **Committee** to help guide the project
- As the State starts to implement projects, community outreach will be key to make sure that they are working well for the people they serve

Note: The State will continue to issue requests for proposals & contract vehicles to implement programs. The State will also open grant funds for rural communities and partners.

Rural Stakeholder Advisory Committee (RSAC)

The State will create a Rural Stakeholder Advisory Committee to provide feedback on RHTP projects and inform implementation and planning. Information about how to get involved will be shared in the coming months as the charter, term-lengths, and eligibility criteria are developed.



RHTP Initiatives

Rhode Island has developed 13 initiatives that will be used achieve the five RHTP goals, which CMS has approved as part of the State's application.

Goal #1: Make Rural America Healthy Again	**Goal #2:** Sustainable Access	**Goal #3:** Workforce Development	**Goal #4:** Innovative Care	**Goal #5:** Tech Innovation
Initiative #1 Integrated Rural Population Health Infrastructure	**Initiative #4** Rural EMS Health Access & Integration	**Initiative #10** Rural Workforce Program	**Initiative #11** Supporting Hospitals and Primary Care in Value-Based Payment Transition	**Initiative #12** Rural Health Information Technology Modernization Program
Initiative #2 Rural Community-Integrated and Mobile Health Services	**Initiative #5** Rural Hospital-at-Home Program			
Initiative #3 Expanding Access to Rural Community Resources	**Initiative #6** Expanding BH Services Availability in Rural Regions			
Initiative #13 Rural Health Data and Workforce Tracking System	**Initiative #7** Strengthening Rural Oral Health Delivery Through Innovation & Integration			
	Initiative #8 Building Capacity for Block Island HHS			
	Initiative #9 Modernizing Health Care Delivery for the Narragansett Indian Tribe			

Notes:

1. *Initiative 13 will support the state in tracking success across RHTP activities.*
2. *Additional detail about initiatives can be found in the appendix and in RI's project narrative (here).*

Next Steps

The State will begin implementing RHTP initiatives throughout the year and will continue to share information is it is available.

Additional information will be posted online: https://eohhs.ri.gov/initiatives/rural-health-transformation-grant

Please reach out to OHHS.RIRHTP@ohhs.ri.gov with any questions or concerns you may have.

Goal 1/Initiative #1: Integrated Rural Population Health Infrastructure

Goal: 1. Make Rural America Healthy Again – Improve the Health of Rural Residents

Overview:

- Establish a statewide rural population health infrastructure that connects Community Clinical Care Hubs with Rural Community Health Networks.
  - Hubs serve as the clinical backbone, delivering accessible, integrated care.
  - Networks mobilize local partners and resources to improve health outcomes and strengthen community wellness.

Goal 1/Initiative #2: Rural Community Integrated and Mobile Health Services

Goal: 1. Make Rural America Healthy Again – Improve the Health of Rural Residents

Overview:

- Expand access to care through community-based and mobile health delivery across Rhode Island's rural regions.
  - Enhance rural Community Learning Centers to include health, education, and telemedicine programs.
  - Launch mobile dental units to provide preventive and restorative oral health services.
  - Deploy mobile nutrition and maternal–child health units to expand WIC services, screenings, and counseling.
  - Integrate mobile outreach and telehealth for well-visits, chronic disease management, and specialist consultations.

Goal 1/Initiative #3: Expanding Access to Rural Community Resources

Goal: 1. Make Rural America Healthy Again – Improve the Health of Rural Residents

Overview:

- Conduct accessibility assessments and implement improvements to ensure rural clinics and community spaces are inclusive for older adults and people with disabilities.

Goal 1/Initiative #13: Rural Health Data and Workforce Tracking System

Goal: 1. Make Rural America Healthy Again – Improve the Health of Rural Residents

Overview:

- Establish an integrated rural data system to track health drivers, monitor workforce needs, improve coordination across community and clinical settings, and guide targeted RHTP investments

Goal 2/Initiative #4: Rural EMS Access and Integration

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Expand Rhode Island's Mobile Integrated Health–Community Paramedicine (MIH-CP) model to all rural towns for in-home preventive and post-acute care.
- Establish a State EMS Academy to strengthen rural EMS education, training, and career pipelines.
- Modernize EMS equipment and technology, with targeted investments for Block Island and Prudence Island.

Goal 2/Initiative #5: Rural Hospital-at-Home Program

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Launch a scalable home-based hospital care model providing safe, high-quality acute-level care in rural homes as an alternative to inpatient hospitalization.

Goal 2/Initiative #6: Expanding Behavioral Health Services Availability in Rural Regions

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Establish a new 24/7 behavioral health and crisis stabilization centers.
- Open a new Recovery Community Center offering peer-led supports, treatment referrals, and recovery services.
- Integrate hospital-based SUD bridge clinics with peer navigators to ensure care coordination across rural regions.

Goal 2/Initiative #7: Strengthening Rural Oral Health Delivery through Innovation & Integration

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Implement virtual dental triage to connect ED patients with licensed dentists via tele-dentistry.
- Transform Zambarano's dental facility into a specialized outpatient dental center serving patients with disabilities or complex needs.

Goal 2/Initiative #8: Building Capacity for Block Island Health Services

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Integrate rural Hub, EMS, HIT, and workforce strategies to strengthen island health infrastructure.
- Establish the island's first PACE partnership to support aging in place and expand community wellness & social support services.

Goal 2/Initiative #9: Modernizing Health Care Delivery for the Narragansett Indian Tribe (NIT)

Goal: 2. Sustainable Access – Expand Access to Comprehensive, Quality, Low-Cost Care

Overview:

- Partner with the Tribe to upgrade facilities, expand workforce capacity, and enhance care coordination.
- Deploy remote monitoring, diagnostic tech, & infrastructure improvements to advance access and chronic disease management.

Goal 3/Initiative #10: Rural Workforce Program

Goal: 3. Sustainable Access – Strengthen the Rural Health Care Workforce

Overview:

- Launch a rural-focused Family Medicine Residency in partnership with Thundermist Health Center and Block Island Health Services.
- Expand rural clinical rotations and field experiences for medical, NP, and PA students in community-based settings, including FQHCs.
- Establish a centralized clinical placement system to streamline student placements and strengthen rural training partnerships.
- Expand early exposure in K-12 to health careers through Career and Technical Education programs in rural school districts.
- Support rural dental residency opportunities to expand access to oral health services through community health centers and mobile care units.
- Provide financial incentives—such as hiring bonuses, relocation stipends, and retention payments—to attract and retain clinicians and frontline staff (CNAs, home health aides, CHWs).

Goal 4/Initiative #11: Supporting Adoption of Alternative Payment Models (APMs)

Goal: 4. Innovative Care – Accelerate Value-Based and Affordable Care Models

Overview:

- **Incentive Payments for APM Reporting & Performance -** Provide early incentive payments to help hospitals and primary care practices build reporting capacity needed for value-based care (starting Year 1).
  - Transition to pay-for-performance in FFY28, rewarding organizations serving rural communities for meeting cost and quality targets.
  - Establish a State approval process for Advanced Payment Models that include shared financial risk & quality-linked payments.
- **Targeted Technical Assistance (TA) Program -** Tailored, hands-on support for hospitals and primary care practice as they transition to State-approved APMs. Sample TA activities may include (but are not limited to):
  - Strengthening financial management, operations, cost accounting, and data analytics.
  - Supporting care delivery transformation and efficiency projects.
  - Training staff on value-based care and accurate cost/quality reporting.
- **Hospital & Primary Care Transformation Funds -** Competitive funding for projects that help providers implement value-based care. Eligible uses include minor capital improvements, equipment, staffing, and innovations in care delivery.

Goal 5/Initiative #12: Rural Health Information Technology (HIT) Modernization Program

Goal: 5. Tech Innovation – Integrate Technology Into Rural Practice

Overview:

- **State-Sponsored EHR for Rural Providers** - Provide a shared, pre-configured EHR solution that meets all federal and state requirements. Leverage statewide purchasing power to reduce costs.
- **Rural HIT Infrastructure Grant Fund** - Support rural practices with targeted funds for practical, sustainable technology upgrades. Focus on interoperability, care coordination, and reducing administrative burden. Allowable uses may include (but are not limited to):
  - Enhancements to existing HIT systems
  - Telehealth and remote patient monitoring tools
  - Workflow and practice management technologies (e.g., ambient AI documentation)
  - Diagnostic, medication management, and care-coordination tools
- **Coordinated Technical Assistance & Alignment** - Provide hands-on TA to help practices assess needs and implement solutions.
  - Align awards with RHTP goals, rurality, readiness, and quality-improvement impact, coordinating with other initiatives.

Health Information Exchange (HIE) Background Briefing

Liv Keaton

State Health IT Coordinator

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RIDOH Authority

The RI Heath Information Exchange (HIE) is operated under state authority and established in statute as the state designated entity for health information exchange. It may be thought of as a public service or infrastructure.

§ 5-37.7-5. Regulatory oversight.

(a) The department [of Health] shall develop regulations [...]

(b) The department has exclusive jurisdiction over the HIE [...]

(c) The department shall promulgate rules and regulations for the establishment of an HIE advisory commission. The HIE advisory commission, in consultation with the RHIO, will be responsible for recommendations relating to the department regarding the use of, and appropriate confidentiality protections for, the confidential healthcare information of the HIE.

High Level Roles

Regional Health Information Organization: Rhode Island Quality Institute (until 6/30/26)

The RHIO works as a support to the HIE. Services provided by the RHIO include:

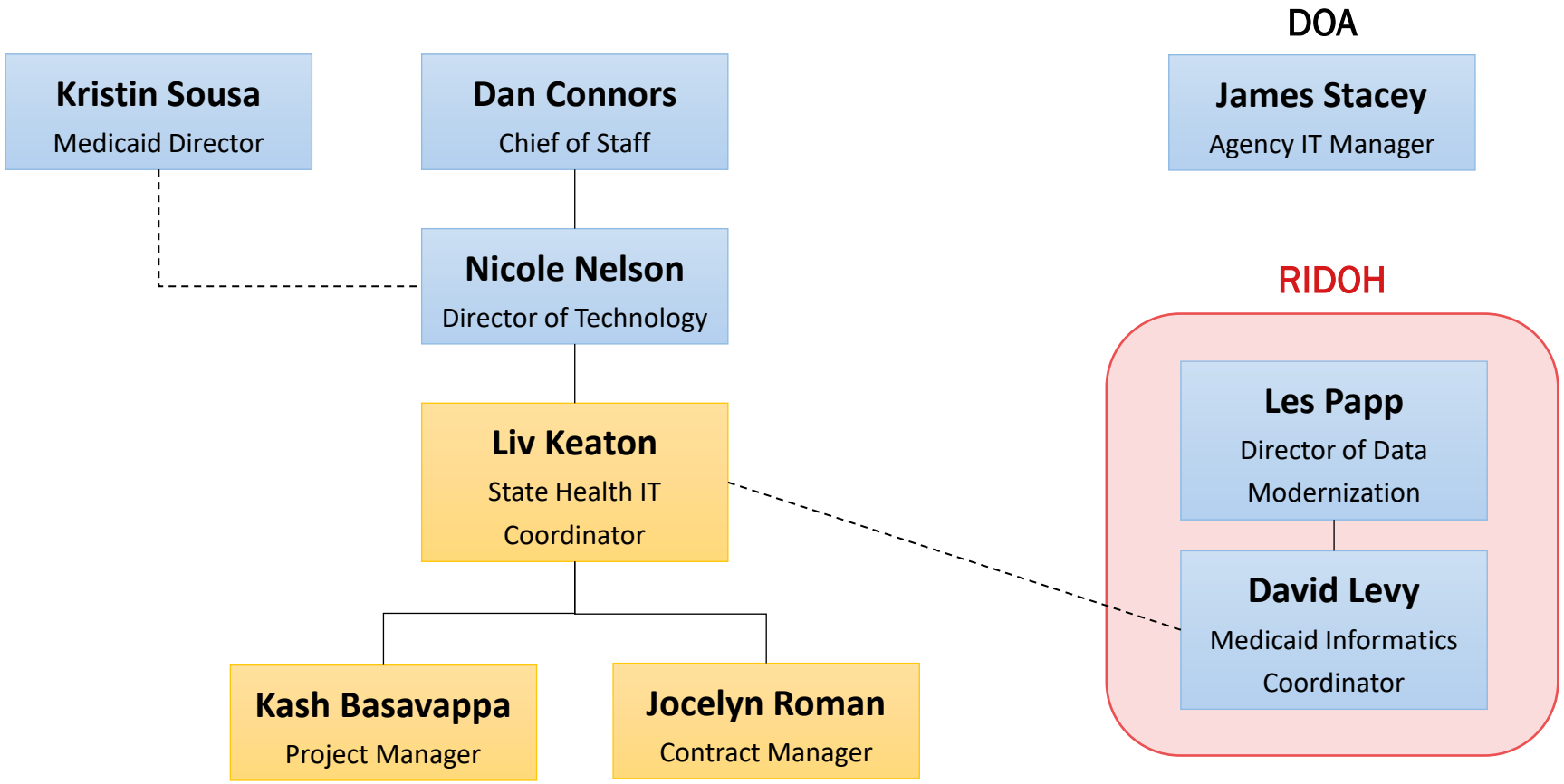
- Governance Services (legal agreements, communications, policy development)
- Financial Services (multi-payer financing management, business plans)
- Operational Services (technical assistance, outreach, user training, consent processing)

Health Information Exchange Vendor: CRISP Shared Services

The HIE primarily refers to the information technology required to exchange health information electronically, including:

- HIE applications, software, and tools, such as patient and provider portals
- Technical infrastructure environment(s)
- Integration services with data sharing partners
- Event notification services

State of Rhode Island Project Team



Funding Model

- The HIE has been funded using a multi-payer model since roughly 2010 when grant funding ended
- All commercial plans and the majority of self-insured plans in RI contribute $1 per member per month on a monthly basis, which will be re-based annually from actual operating costs starting 7/1/26
- EOHHS pays for Medicaid beneficiaries (including Managed Care) utilizing General Revenue matched by CMS
- Notable exceptions to contributors are Medicare and Veterans' Health Administration (VHA)

Timeline (1)

- 2004 – Agency for Healthcare Research and Quality (AHRQ) grant was awarded by RIDOH to a technology vendor for initial development of the HIE
- 2006 – Initial passage of the RI HIE Act into state law
- 2008 – RIDOH selected Rhode Island Quality Institute (RIQI) to be the RHIO and authorized RIQI to subcontract with InterSystems to oversee the HIE contract
- 2009 – HITECH Act[1] passed into federal law
  - *Over time, management of the RHIO contract moved from RIDOH to EOHHS*
  - *HIE expands to over 51 data-sharing partners, but the use of the HIE by patients is limited due to "opt-in" consent requirement*

[1]https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html

HIE Consent Models

	To Collect	To Disclose
Opt-In	• Prioritizes patient privacy • No historical records • Limited utility for public health and quality reporting 37%	• Records are collected but not disclosed until consent is received • Allows prioritizing privacy while supporting public health and quality reporting
Opt-Out	• Records-sharing occurs by default for all patients • Patients with privacy concerns can opt out • Creates data gaps	• Records-sharing occurs by default for all patients • Patients notified of right to opt out by providers (**approx. 3% rate**) • Fully supports public health and quality reporting 100%

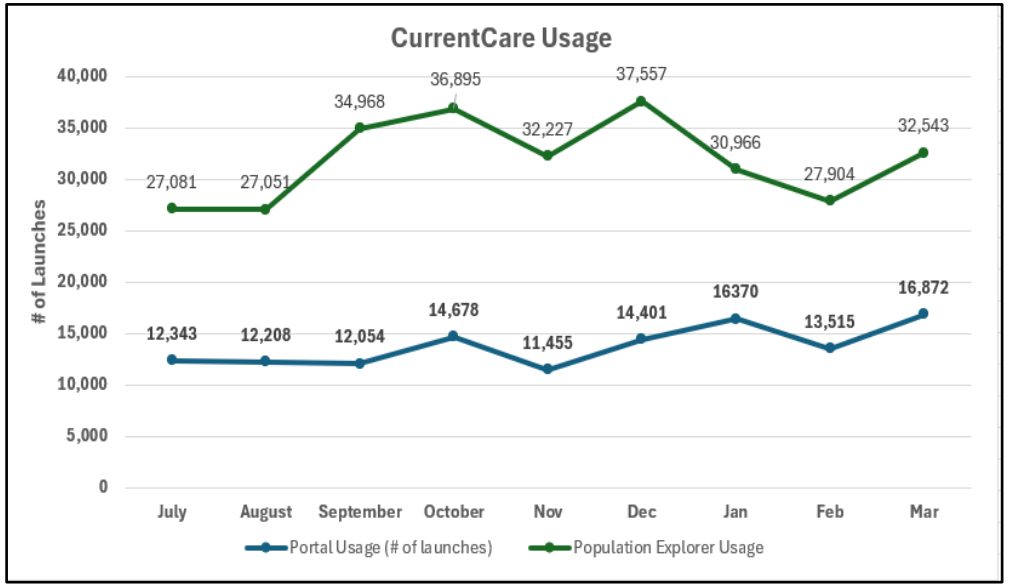
Timeline (2)

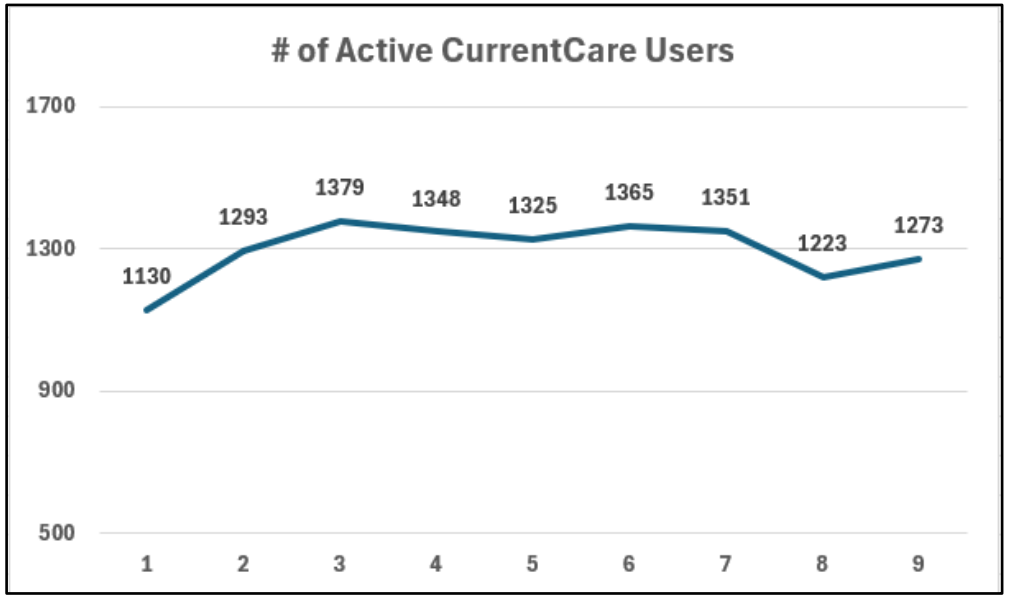
- 2021 – Statute change in consent model from opt-in to collect to opt-out to disclose
- 2022 – Regulatory rule promulgated by RIDOH to align with changes in statute
- 2023-2024 – Request for Information (RFI) and Request for Proposals (RFP) for RHIO and HIE contracts
- 2024 – Contracts awarded to RIQI for the RHIO and to CRISP Shared Services (CSS) for the HIE, beginning 7/1/24
- 2025 – RFP held for RHIO contract reflecting lessons learned from system implementation
- 2026 – Transition to new RHIO vendor will occur alongside transition out of legacy Quality Reporting System (QRS)

Participation and Connectivity

	February	March
# of Orgs Actively Using *	57	59
# of Active CurrentCare Users (Portal and Population Explorer)	1,223	1,273
Portal Usage (# of launches)	13,515	16,872
Population Explorer Usage	27,904	32,543
# of Outbound Feeds (user orgs)	13	14
# of Data Sharing Partners **	31	34

*Active: Number of users or organizations launching the app or engaging with it per month
**Federal VA HIE Data Now Available via National Network (eHX)





MPI Update

Date	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
EIDs CSS issued unique identifier for a patient. Think of as HIE MRN	78,789	131,138	581,085	900,108	960,132	1,083,388	1,110,418	1,134,698	1,221,966	1,253,517	1,264,970	1,277,137	1,254,705	1,300,608
% EIDs that are Singletons A record that does not merge with other records due to a missing or invalid attribute/s.	77.16%	83.52%	76.73%	54.82%	46.43%	38.18%	35.41%	32.95%	33.15%	32.46%	31.17%	30.07%	27.60%	28.56%
SMRNs Unique identifier for a patient that ties it to it's sending source. = Source + MRN	111,931	169,037	764,231	1,603,194	2,014,035	2,597,175	2,879,391	3,205,385	3,638,804	3,892,880	4,108,596	4,307,147	4,414,948	4,685,473

EIDs and SMRNs appropriately have a 1:Many relationship

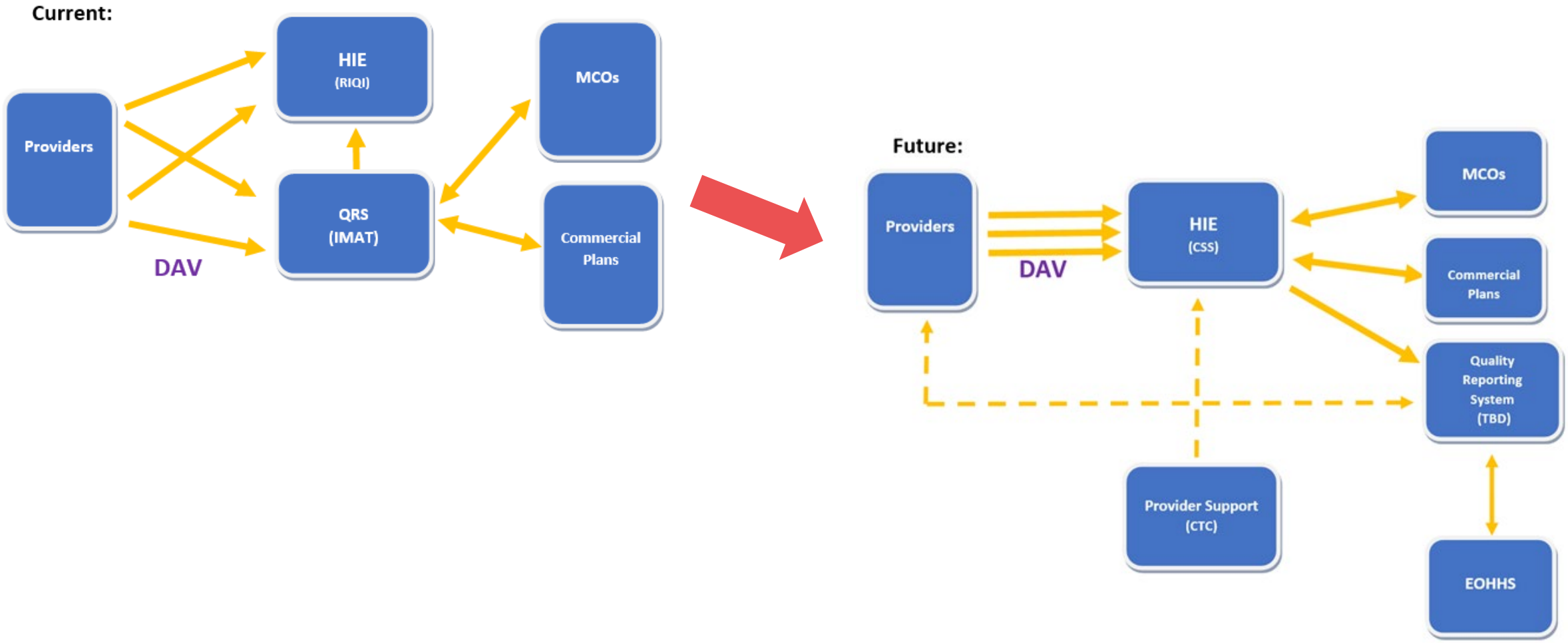
A given person has a CSS Issued EID: 1234567

- **And a SMRN for Brown University Health:** BUH456789
- **And a SMRN for Care New England:** CNE678910
- **And a SMRN for University Orthopedics:** UO12345

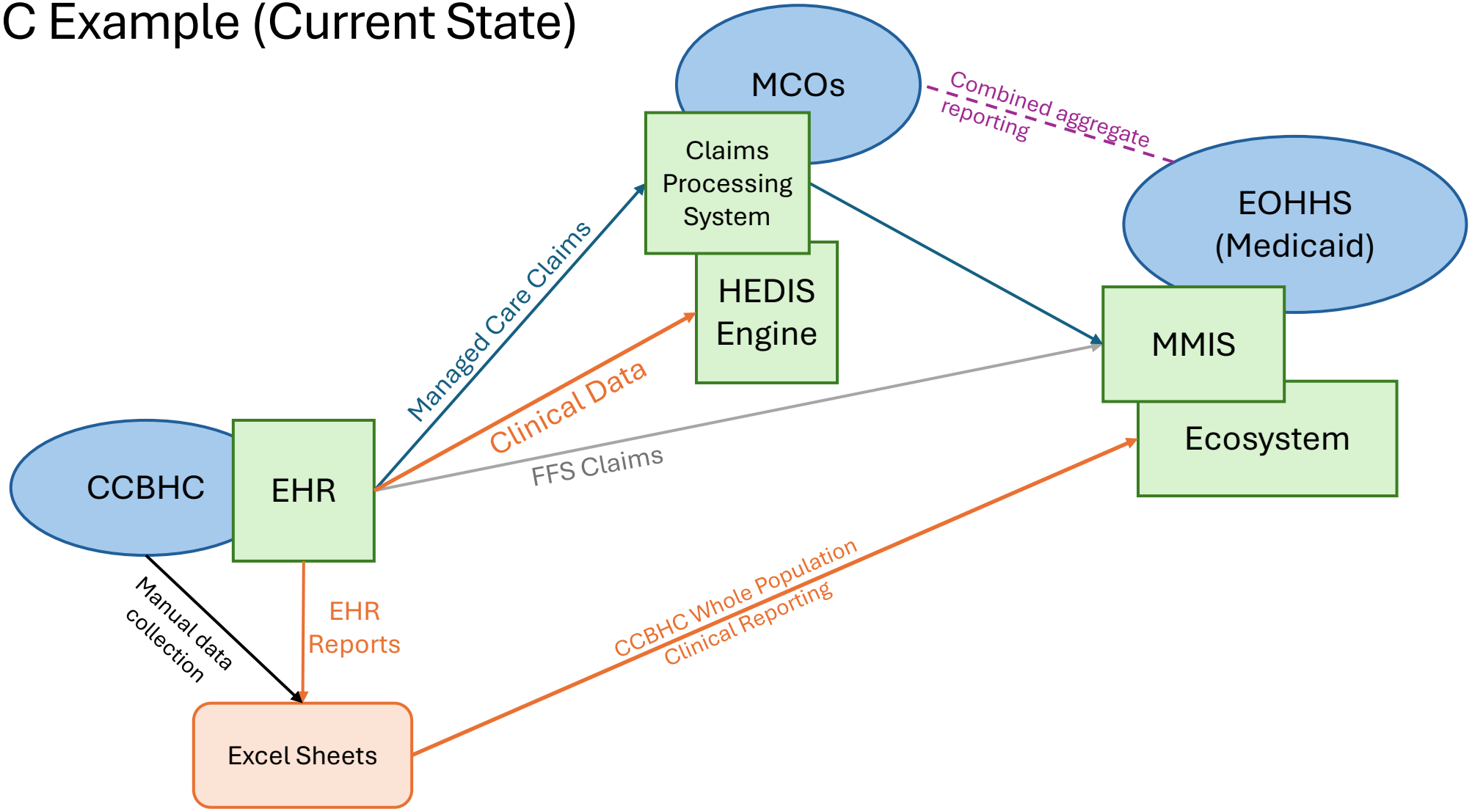
Quality reporting redirection to HIE

- Opt-out consent model offers us a huge opportunity
    - We were not previously able to use the HIE for quality reporting due to opt-in, so we pursued the QRS for the AE program
- Redirecting current QRS clinical data feeds to the HIE will allow providers to maintain one interface for both purposes and cut costs to the state (estimated savings $2-3M/year)
- **CSS is undergoing DAV certification for the January 2026 cohort (results pending but encouraging)**
- EOHHS will coordinate this shift with AE providers throughout 2025-2026
    - We expect funding to support HIE connections to become available through RHTP later in 2026

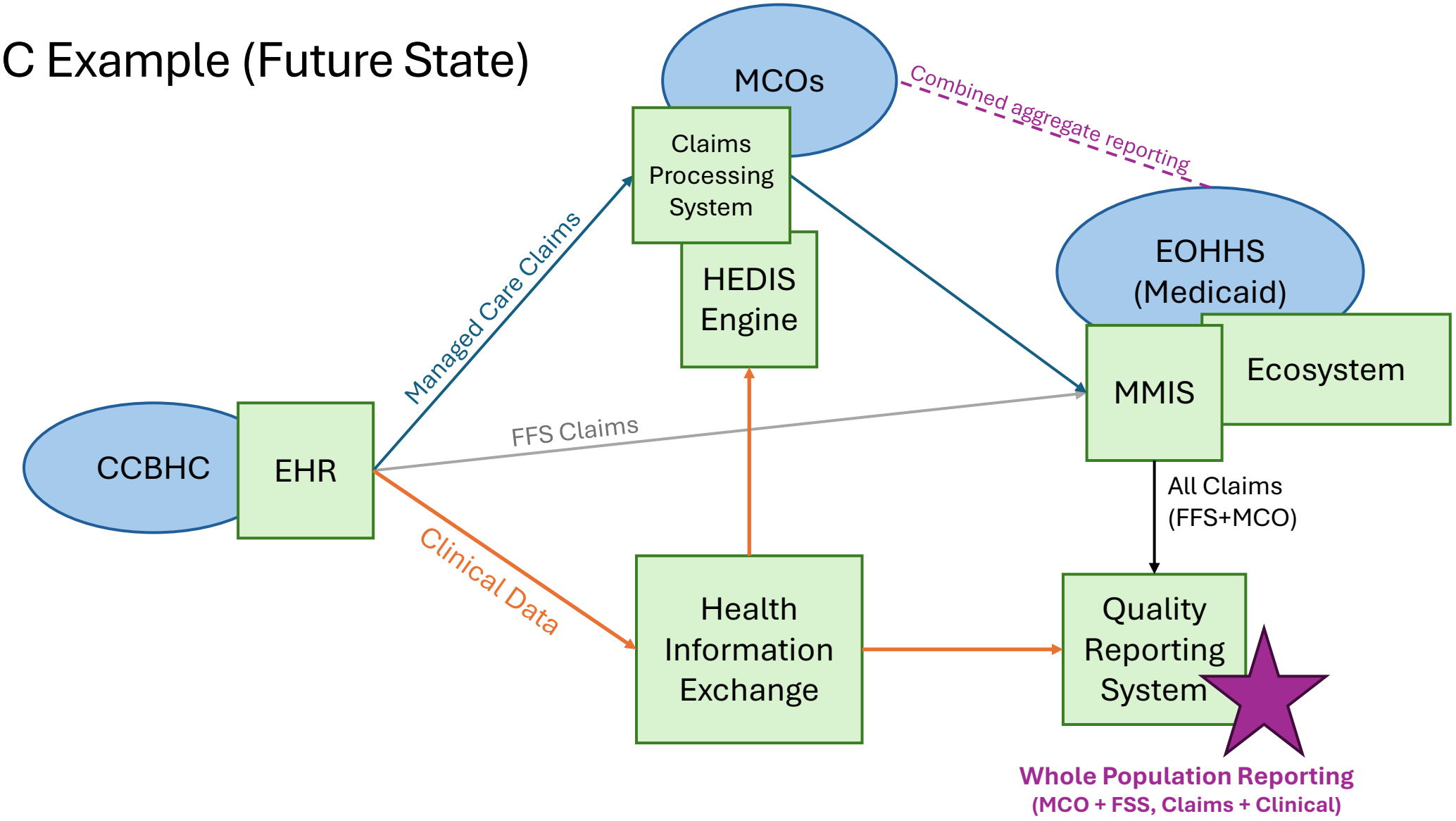
Data Flow Diagram (Simplified)



CCBHC Example (Current State)



CCBHC Example (Future State)



WHAT HAVE WE BEEN WORKING ON?

- **BHIT Grant:** Sharing Part 2 data in the HIE by **September 2026**
  - **Care New England: Butler and TPC**
  - **Thrive, Newport, CCA:** Working with EHR vendor Ensora to kick off mixed use parsing of their CCDs.
  - **FSRI:** In kickoff stage with EHR vendor Credible.
- Not part of the grant, but in discussions with **BUH** on approach for submission of **Gateway** data

- **DAV:** Transition sites sharing data **Nextgen → IMAT → CSS** to be **Nextgen → CSS** by **end of June 2026**
  - **WellOne:** Live in production!
  - **EBCAP:** Pilot mixed use Part 2 interface for CurrentCare, dev to begin in April/May
  - **Tri-County:** Pilot mixed use Part 2 interface for CurrentCare, dev to begin in April
  - **Wood River:** Client is still engaging Nextgen, goal of May for dev
  - **CCAP:** CCAP in process of signing paperwork to utilize mixed use Part 2 interface
  - **Blackstone Valley Community Health Center (BVCHC)** – deferred to December 2026 due to technical obstacles; will meet January 2027 DAV cohort timeline
  - **Providence Community Health Center (PCHC)** – working with EOHHS on timeline

- **988:** Met to discuss how 988 could utilize the HIE to help their mobile crisis teams
- **Public Health:** Ongoing discussions with RIDOH in several program areas (syndromic surveillance, chronic disease, state labs)

NOTABLE INTEGRATION NEXT STEPS

“Hub” Integrations

Athena

- Block Island Health Services will go live week of 4/13
- East Greenwich Pediatrics went live in March
- Panoramic Health Nephrology Associates + Hypertension and Nephrology Inc went live in March

Greenway Hub

- Pilot practice for the Greenway hub went live in Feb (Atwood Medical Associates)
- 2nd slated to go live in April (James Cardi)
- 3rd slated to go live in April (Wellcare)

ECW Hub

- CSS completed dev work on the eClinicalWorks pilot hub connection in early January. We are now in the testing phase that eCW conducts. We have some testing hurdles we are working on and planning for an April go live.

Ensora

- Working toward pilot site Community Care Alliance being ready for CSS development

Elation

- Working toward pilot site Compassionate Care being ready for CSS development

Harris Amazing Charts

- Awaiting funding availability to support interface fees

Open Discussion

RHODE ISLAND