

PROGRAM OFFICE:

Office of the National Coordinator for Health Information Technology

FUNDING OPPORTUNITY:

Testing and Demonstrations of the Nationwide Health Information Network Trial Implementations

AGENCY:

Department of Health and Human Services

ANNOUNCEMENT TYPE:

Announcement of the availability of funds and a request for applications for a cooperative agreement to fund the testing and demonstrations of the NHIN Cooperative standards and specifications for the NHIN Trial Implementations.

CONTENTS:

- 1. Background..... 2
 - 1.1 Legislative Authority 2
 - 1.2 Definitions..... 2
 - 1.3 Eligible Applicants..... 2
 - 1.4 Registration Requirements..... 3
 - 1.5 Project History 4
 - 1.6 Purpose of the Cooperative Agreement 5
 - 1.7 Available Funds 6
 - 1.8 Matching Requirements 6
 - 1.9 Project Period and Budget Period 6
- 2. Responsibilities of the Grantee and the Federal Government 7
 - 2.1 Grantee Responsibilities 7
 - 2.2 ONC Responsibilities..... 8
 - 2.3 Joint Responsibilities 9
- 3. The Application Process/Review Process..... 9
 - 3.1 Project Narrative 9
 - 3.2 Application Submission 12
 - 3.3 Catalog of Federal Domestic Assistance (CFDA) Number 15
 - 3.4 Components of a Complete Application..... 15
- 4. The Review Process..... 16
 - 4.1 Initial Screening 16
 - 4.2 Competitive Review and Evaluation Criteria 16

LIST OF FIGURES AND TABLES:

- Table 1. Terms Used in This Document2
- [Appendix A](#). NHIN Core Services.....17

1. Background

1.1 Legislative Authority

This cooperative agreement is authorized by Public Law No. 110-161, Consolidate Appropriations Act and Executive Order dated April 27, 2004 (“Incentives for the Use of Information Technology and Establishing the Position of the National Health Information Technology Coordinator”).

1.2 Definitions

The following terms, used throughout this document, are defined in Table 1 below to facilitate understanding of the following sections.

Table 1. Terms Used in This Document

Term	Description
Nationwide Health Information Network (NHIN)	A ‘network of networks,’ built on top of the Internet, that securely connects consumers, providers and others who have, or use, health related data and services while protecting the confidentiality of health information. The NHIN does not include a national data store or centralized systems at the national level. Instead, the NHIN uses shared architecture (services, standards, and requirements), processes and procedures to interconnect health information exchanges and the users they support.
Health Information Exchange (HIE)	An organization that enables the movement of health-related data with or among other state, regional or non-jurisdictional participant groups. HIEs themselves may be geographically-based, dedicated organizations or non-geographical organizations that support health information exchange in addition to supporting other health care functions (i.e. an Integrated Delivery Network, a health data bank or a specialty network such as a large lab system).
NHIN Health Information Exchange	An HIE that implements the NHIN architecture (services, standards and requirements), processes and procedures and participates in the NHIN.

1.3 Eligible Applicants

You may submit an application(s) if your organization has any of the following characteristics AND meets at least one of the four special eligibility criteria below:

- Public nonprofit organizations
- Private nonprofit organizations

- For-profit organizations - For-profit entities are advised that no cooperative agreement funds may be paid as profit to any recipient. Profit is any amount in excess of allowable direct and indirect costs.

Four special eligibility criteria: Applicants must clearly document and provide evidence for which of these four eligible types of health information exchange organizations they qualify. Failure to provide sufficient evidence of your eligibility will eliminate you from further consideration or competition.

1) Integrated delivery systems (IDS) or health plans with care delivery components that represent a substantial proportion of their operations – networks of health care providers and organizations which provide a continuum of health care services to a defined population. IDS may include community and/or tertiary hospitals, home health care and hospice services, primary and specialty outpatient care and surgery, social services, rehabilitation, preventive care, health education and, at times, managed care financing.

2) A dedicated geographic or non-geographic health information exchange organization that demonstrates an open and participatory governance process supporting state, regional or non-geographic interoperable health information exchange with involvement from a broad and representative range of health care-related organizations representing at least 50,000 consumers. Governance should include representation from jurisdictional or non-jurisdictional constituencies representing the breadth of health care participants such as multiple, competing provider organizations, consumers, ancillary health care services, safety net providers, payers and public health.

3) Personally controlled health record support organizations - health data banks, personal health record systems, or other related service providers that support the provision of electronic health records where the consumer has full control of the included information. Personally controlled health record support organizations must have at least 1,000 participants to be eligible.

4) A specialty network that provides a particular function in support of health care and/or population health (e.g. a testing laboratory network, medication prescribing transaction network, etc.). Such networks must have appropriate authorities to share data with others in the NHIN Cooperative.

1.4 Registration Requirements

All applicants must have a D&B Data Universal Numbering System (D-U-N-S) number. On June 27, 2003, the Office of Management and Budget (OMB) published in the *Federal Register* a new federal policy applicable to all federal grant applicants. The policy requires federal grant applicants to provide a D-U-N-S number when applying for federal grants or cooperative agreements on or after October 1, 2003. The D-U-N-S number is required whether an applicant is submitting a paper application or using the government-wide electronic portal, <http://www.grants.gov>. A D-U-N-S number is required for every application for a new award or continuation of an award, including applications or plans under formula, entitlement, and block

grant programs, submitted on or after October 1, 2003. Please ensure that your organization has a D-U-N-S number. You may acquire a D-U-N-S number at no cost by calling the dedicated toll-free D-U-N-S number request line at 1-866-705-5711 or you may request a number online at <http://www.dnb.com>.

You will also need to register with the Central Contractor Registry (CCR), if you haven't already done so. In order to help centralize information about grant recipients and provide a central location for grant recipients to change organizational information, the government will be using the CCR for grant applicants and recipients. Registering with the CCR is required for organizations to use Grants.gov for electronic submission of a grant application. If your organization is not registered, you can apply by telephone at 1-888-227-2423 or register online at <http://www.ccr.gov>.

1.5 Project History

On April 27, 2004, the President issued an Executive Order (EO) 13335, Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator announcing his commitment to the use of health information technology (health IT) to reduce medical errors, increase quality and efficiency, and provides better information for consumers and physicians. In particular, the President called for the widespread adoption of electronic health records (EHRs) and for health information to follow the consumer. The EO directed the Secretary of Health and Human Services (HHS) to establish within the Office of the Secretary the position of National Coordinator for Health Information Technology (National Coordinator). The Nationwide Health Information Network (NHIN) Initiative is a critical element in this national health IT agenda. The NHIN's vision is to become a "network of networks" where state and regional health information exchanges and other networks that provide health information services work together, through common architecture (services, standards and requirements), processes, and policies to securely exchange information. The NHIN will:

- Provide consumers with capabilities to help manage the flow of their information
- Allow health information to follow the consumer
- Provide critical information to clinicians at the point of care
- Improve healthcare, population health, and prevention of illness and disease.

In its first year, the NHIN initiative produced four prototype architectures and a number of architectural products that will be used in 2008, the second year of this initiative. First year products included public input from three NHIN public fora, a set of initial NHIN functional requirements processed by the National Committee on Vital and Health Statistics (NCVHS), needed data and technical standards, security and business models, harmonized standards from the Healthcare Information Technology Standards Panel, and privacy and security recommendations from the NCVHS and work groups of the American Health Information Community (AHIC).

There are now a total of seven AHIC use cases that define specific areas of importance that have been designated as priorities for the national health IT agenda and the NHIN. Additional NHIN

guidance is available in the form of a Gartner report (http://www.hhs.gov/healthit/healthnetwork/resources/summary_report_on_nhin_Prototype_architectures.pdf) on the four prototype architectures and their interfaces and in spring 2008, initial certification criteria will be available from the Certification Commission on Health Information Technology (an HHS recognized certifying body) for network services.

In the fall of 2007 nine contracts were awarded to advance NHIN Trial Implementations with multi-stakeholder organizations that are supporting the secure, non-proprietary exchange of health information. These Trial Implementations are developing detailed specifications and agreements to support NHIN data exchange and will be among the first to offer data to others through the NHIN Cooperative.

1.6 Purpose of Cooperative Agreement

The purpose of this cooperative agreement is for other networks, such as integrated delivery systems, personally controlled health record support organizations, state, regional and non-geographic health information exchange entities, and specialty networks to participate in the “network of networks” that is the Nationwide Health Information Network (NHIN). In doing so, participants will implement and test the NHIN specifications and demonstrate their connectivity to others. Awardees shall achieve, test and demonstrate technical and trust relationships with the other participants in the NHIN through the NHIN Cooperative and when participating in the production NHIN, will add value for additional networks to also participate in the NHIN without funding support.

Awardees shall work with the other awardees and contractors to cooperatively refine and implement specifications for, and trial implementations of, the NHIN. Additionally, awardees and contractors shall test these trial implementations with each other to ensure that they can all work together to implement an interoperable “network of networks” built on top of the Internet.

Awardees shall demonstrate the “core” services (listed in Appendix A) to support four principal outcomes:

- Patient lookup and information retrieval
- Secure information routing and delivery (including, but not limited to a defined summary patient record)
- Provision of data for population uses
- Consumer managed access to appropriate information

Trial implementations shall demonstrate necessary information exchanges with other NHIN awardees and contractors to support these principal outcomes and, where appropriate, the relevant American Health Information Community use cases. Awardees will also demonstrate supporting connections to other relevant provider organizations, personal health records, specialty networks and systems.

Awardees will test and demonstrate successful implementation of the NHIN specifications for:

- NHIE to NHIE exchange including the implementation of these specifications in production ready systems. Specialty networks will not have to implement all core services (e.g., delivering a summary record) as defined by Program Officer.
- NHIEs to provider organizations, consumer organizations, specialty networks and other non-NHIE entities necessary to carry out the activities and objectives of health information exchange. Since many of these “non-NHIE” organizations may not yet fully implement the NHIN specifications, awardees will not be expected to demonstrate fully compliant implementations with these organizations, only that the awardee can implement the specifications themselves.

Awardees will also be expected to sign and fully participate in a data use and reciprocal support agreement (DURSA) with the other awardees and contractors enabling them to test and demonstrate the activities described above and to support the development of a DURSA for production capabilities.

Awardees shall also work collaboratively with other HHS sponsored health IT activities including, but not limited to:

- The Healthcare Information Technology Standards Panel
- The Certification Commission for Healthcare Information Technology (and any other certification bodies that may be recognized by HHS over the course of the award period)
- Health Information Security and Privacy Collaboration – participating states and territories
- State Alliance for eHealth
- The State-level Health Information Exchange Consensus Project
- Participating federal agencies and the Federal Health Architecture

1.7 Available Funds

HHS will make available approximately \$1,000,000 in total costs (direct and indirect) in FY2008 to fund up to 10 applications. An applicant may request a project period of up to three years and request up to \$100,000 in total costs (direct and indirect) for the first 12-month budget period. The anticipated start date for the new awards is March 31, 2008.

1.8 Matching Requirements

There are no specific matching requirements. However, in accordance with Section 1.7 grantees are encouraged to provide funding, in addition to that awarded by ONC, and in-kind donations.

1.9 Project Period and Budget Period

The project period is from March 2008 through February 2011. The initial budget period is from March 2008 through February 2009 for the first year of funding.

ONC expects to provide initial funding of up to \$100,000 for the grantee for year one (1) of the cooperative agreement.

The applicant should describe any additional funds and/or in-kind donations that might be available beyond the amount offered by ONC to accomplish the milestones and deliverables during the project period.

Funding for the grantees will be made available as a monthly draw based on ONC review of monthly progress.

2. Responsibilities of Awardees and the Federal Government

2.1 Awardee Responsibilities

To demonstrate readiness to participate in a production NHIN, awardees must:

1. Participate in the meetings and related activities of the NHIN Cooperative, as described below:

(a) Two NHIN public fora - Awardees shall participate, help manage, and help develop fora agenda and content. The first public forum will be held in a Midwest city in Spring 2008. The second public forum will be held in the Washington, DC area in the Fall of 2008.

(b) Cooperative exchange testing – Awardees will participate in a working conference focused on having all participants test information exchange between participants with appropriate specialty systems and networks. Awardees will be expected to support work on testing scenarios and data sets necessary to fully exercise the data and systems necessary to support the Trial Implementations. Testing will be used to demonstrate interoperability and eliminate any final issues of connectivity for core services and the AHIC use cases (as they are being implemented).

(c) Demonstrations – Awardees will participate in demonstrations to show the connectivity across all participants in sharing data by implementing the agreed upon specifications for interfaces and demonstrate production readiness of systems to support the NHIN for the American Health Information Community (AHIC), in the second public forum identified above, and for other audiences (not to exceed 2) identified by the Project Officer.

(d) Tracking – Awardees are expected to monitor the meetings of the American Health Information Community (the Federal advisory committee), the work of the Healthcare Information Technology Standards Panel, the Certification Commission for Healthcare Information Technology, and the work of several committees and projects working on confidentiality, privacy, and security.

2. Work with the NHIN contractors and other awardees (the NHIN Cooperative) to produce and refine technical specifications and legal agreements for the production NHIN. This work will be done through the working groups of the NHIN Cooperative and will include meetings, written documents and presentations necessary to refine the technical and legal specifications necessary to build the NHIN. Specifications are being initially developed as part of HHS RFP 07EASRT070057 (NHIN Trial Implementations) and the resulting contracts and will meet the requirements of this RFP for implementing standards and specifications from the Healthcare

Information Technology Standards Panel and requirements and policies established in conjunction of the Office of the National Coordinator for Health Information Technology (ONC) and the National Committee on Vital and Health Statistics, the working groups of the American Health Information Community and others.

3. Develop, test, and demonstrate the implementation of technical specifications of the NHIN as developed by the NHIN Cooperative and approved by ONC in support of:

- NHIE to NHIE exchange including the implementation of these specifications in production ready systems.
- NHIEs to provider organizations, consumer organizations, specialty networks and other non-NHIE entities necessary to carry out the activities and objectives of health information exchange. Since many of these “non-NHIE” organizations may not yet fully implement the NHIN specifications, awardees will not be expected to demonstrate fully compliant implementations with these organizations, only that the awardee can implement the specifications themselves.

4. Accept and execute a Data Use and Reciprocal Support Agreement (DURSA) for the NHIN trial implementations and contribute to the process of establishing a DURSA for the production NHIN. Data use in the NHIN Trial Implementations will involve de-identified patient information that is statistically representative of relevant populations, but where individuals cannot be identified. These data may be based on real patient data but all direct and statistical identification will be blocked through the use of test data elements. Awardees will need to participate in the Trial Implementations DURSA in order to demonstrate connectivity with others and should contribute to the DURSA process for production ready systems.

5. As requested, assist the Project Officer in developing reports, briefings, and other analyses in response to requests from internal and external entities.

2.2 ONC Responsibilities

The ONC will have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

1. Supporting the awardee’s efforts by collaborating and providing ongoing consultation in the development and implementation of activities related to the cooperative agreement;
2. Serving as a liaison for scientific and technical matters that may require access to ONC subject matter experts;
3. Approving the testing and demonstration of the implementation of the NHIN specifications, as developed by the NHIN Cooperative and approved by ONC;
4. Reviewing and approving the reporting and communication of the results of the activities in technical reports, scientific publications, at conferences, and other speaking engagements;

2.3 Joint Responsibilities

Awardees and ONC will have joint responsibility for the following:

1. Participating and supporting the work of the NHIN Cooperative.
2. Reporting the findings and recommendations from the project through presentations, technical reports, and manuscripts for peer-reviewed publications commensurate with contributions.
3. Disseminate the findings and recommendations from this activity to organizations engaged in healthcare, health information exchange, health IT, and others as appropriate.

3. The Application Process

Part 3.0 contains information on the preparation of an application for submission under this announcement and identifies any standard forms necessary for a complete application. Potential applicants should read this part carefully. In order to be considered for an award under this program announcement, an application must be submitted on the identified forms and in the manner prescribed by HHS. Application materials including forms and instructions are available for download through Grants.gov.

For a listing of required forms, see Section 3.4. Applicants are requested to be concise. To that end, applicants are not to attach or include materials other than those specified in this announcement.

3.1 Project Narrative

Applicants for funding should reflect, in the narrative section of the application, how they will be able to fulfill the responsibilities and requirements described in the announcement. It is expected that, to achieve the objectives of the NHIN Trial Implementations, the applicant may require funds in addition to this grant. Therefore, if additional funds are required, please discuss any funding arrangements with other organizations and institutions in the project narrative of the application where such funding may be provided.

The project narrative should be submitted in the following format:

- Use an Arial, Helvetica, Palatino Linotype, or Georgia typeface, a black font color, and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters; the font size requirement still applies.)
- Single line spacing
- 1 inch top, bottom, left, and right margins
- Limit of 15 pages
- Attachments

Please provide the following items to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Be sure each attachment is clearly labeled.

1) Attachment 1: Biographical Sketches of Key Personnel

Include biographical sketches (maximum of two [2] pages) for persons occupying the key positions. Biographical sketches should contain the following information: Education (institutions attended and their locations, degrees and years conferred, fields of study); professional certifications and licensure; professional positions/employment in reverse chronological order; and any additional information that would contribute to the objective review committee's understanding of relevant qualifications, expertise and experience. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person along with the biographical sketch.

5) Attachment 2: If applicable, Letters of Agreement and/or Description(s) of Proposed/Existing Contracts Provide any documents that describe working relationships between the proposed project and other programs, agencies and organizations cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Letters of agreements must be dated. Include only letters of agreement that indicate a specific commitment to the project (in-kind services, dollars, staff, space, equipment, etc.). Simple letters of support should be listed in Attachment 5, Other Relevant Documents.

6) Attachment 3: Project Organizational Chart Provide (a) figure(s) that depict(s): 1) the organizational structure of the project, including internal relationships of project staff; relationships between project staff and any advisory boards; relationships with subcontractors; and relationships with organizations represented on the project's consortium and other significant collaborators; and 2) the placement of the project within the structure of its parent organization(s).

7) Attachment 4: Project Plan/Timeline

Provide a project plan/timeline that links activities to project objectives. This chart details activities necessary to carry out each activity with milestones and deliverables.

8) Attachment 5: Other Relevant Documents

This attachment includes any additional documents that are relevant to the application. Examples include rosters of Board, Executive Committee, or Advisory Council members; and simple letters of support, which must be dated. Please limit this attachment to no more than 10 pages.

The project narrative should be organized into the four sections described in Sections 3.1.1 through 3.1.4.

3.1.1 Approach, Work Plan and Quality of Proposed Staffing

The work plan shall provide a written description of a proposed process and strategy to execute all activities. The work plan shall also provide the Program Officer with a detailing of project activities; resource requirements; interim milestones to achieve deliverables; interdependencies and intersections with other activities and risk mitigation strategies. It should include:

- A description of the approach and plan for accomplishing the proposed work, organizational assets to be employed, tools, and techniques proposed to ensure objective, credible, timely, and high quality work.
- A description of the organizational structure and project team that can link data providers as well as integrate with national activities to successfully carry out the required work. Provide a list the names, credentials, roles, and relevant qualifications of all key personnel that will materially contribute to the leadership, planning, and advancement of this effort and the expected level of participation of each of these people expressed as hours.
- Key methodologies, integration strategies, organizational considerations, milestones, risk mitigation strategies, level and nature of co-investment by other organizations, and an estimated timeline showing interim and final milestones.

3.1.2 Value to the NHIN Cooperative

The project narrative should describe the data the awardee could appropriately make available to other NHIN participants. The narrative should include evidence of the appropriate authorities of the awardee to contribute available data to others in the NHIN in keeping with all applicable state and federal laws and regulations as well as patient preferences. A description of the importance of the data that could be available to other participants and the scope and breadth of the data available should also be included. The following are examples of such “data”. Applicants should describe the following in conjunction with a description of their authorities for making the data available when the NHIN goes into production. These examples are not fully descriptive or inclusive of all of the special eligibility criteria types. Examples include;

- The number of personally controlled health records the applicants can connect to the NHIN
- The number of ambulatory physicians and hospitals the applicant connects and could make accessible to others in the NHIN Cooperative
- The amount of laboratory, pharmacy, etc, data that the applicant can appropriately provide to support the functioning of the others in the NHIN Cooperative and the providers and patients they connect.

3.1.3 Technical Approach

The project narrative should provide an understanding of, and plans for the implementation of, NHIN architecture elements including NHIN functional requirements, HITSP Interoperability Specifications, AHIC use cases (as appropriate), health information exchange services (Appendix A), and necessary interfaces (as referenced in the Gartner report on NHIN Architectures).

The narrative should provide evidence of an understanding of, and plans for the implementation of, health information exchange between and among EHRs, PHRs, other health information exchanges and specialty networks, including a description of the approach to be used; organizational assets to be deployed; access to other subject matter experts as needed; ability to

leverage experience and knowledge of health exchange, EHRs, PHRs, public and private sector healthcare and delivery systems; and strategies, tools, and techniques proposed to ensure objective, credible, timely, and high quality work.

The narrative should address how the following areas will be supported:

- Privacy and Security Protection -- Assuming the obligation of data stewardship, including the protection of data in a manner consistent with the HIPAA privacy and security requirements along with any other federal, state, and local laws. Sets appropriate, consistent, agreed upon business practices for privacy and security protections for all participants where laws permit variation.
- Business operations – business services capabilities and resources available in direct or subcontracted form that can support the production-level complexities of seven days a week/ 24 hours per day healthcare service provision. Possible services should include, but not be limited by, the health information exchange services in Appendix A. Business services must demonstrate a knowledge of, and be able to operate in conjunction with, relevant state and federal law and regulation as well as the policy guidelines referenced in this RFP.
- Technical operations – proven expertise in direct or subcontracted form that can support the technical rigor of reliable, redundant and secure data exchange to include, but not be limited by, the health information exchange services in Appendix A.

3.1.4 Adequacy and Appropriateness of Overall Budget and the Allocation of Resources

Provide a detailed budget that allocates funds to achieve the objectives of this project during the first year. Indicate any level of additional funding from sources other than this grant, including the grantee. For each budget allocation, provide a narrative description and justification.

3.2 Application Submission

Questions should be directed to Dwight Mowery, Chief Grants Management Officer, National Library of Medicine, 301-496-4222 or moweryd@mail.nih.gov.

3.2.1 Submission Dates and Times

Applications must be postmarked by 5:00 pm Eastern Time on March 17, 2008.

Applications will be reviewed beginning March 20, 2008, with an award expected on or before March 31, 2008.

3.2.2 Sending an Application.

You may submit your application in either hard copy (paper) or electronic format through Grants.gov. Applications transmitted by e-mail or facsimile (fax) will not be accepted regardless of date or time of submission or receipt.

3.2.3 Hard Copy Submissions

Application packages submitted by mail or hand-delivered must include an original and four copies of the complete application. All pages of the narrative must be sequentially numbered and unbound.

Mailed applications postmarked after the closing date will be classified as late. The closing date and time for submission of applications is listed in Section 3.2.1. Mailed applications shall be considered as meeting the announced deadline if they are either received on or before the deadline date or postmarked before the deadline date and received by HHS in time for the independent review. Hard copy applications should be sent to: Dwight Mowery, Chief Grants Management Officer, Office of Extramural Programs, National Library of Medicine, NIH, DHHS, Attention: NHIN NoFA, Rockledge Building 1, 6705 Rockledge Drive, Bethesda, MD 20892-7968

Private metered postmarks shall not be acceptable as proof of timely mailing.

Applications hand-carried by applicants, applicant couriers, or by other representatives of the applicant shall be considered as meeting an announced deadline if they are received on or before the deadline date, between the hours of 8:00 a.m. and 5:00 p.m. Eastern Daylight Savings Time, at the Office of Extramural Programs, National Library of Medicine, NIH, Rockledge Bldg 1, 6705 Rockledge Drive, Suite 301, Bethesda, MD 20892-7968. (Applicants are cautioned that courier, express, and overnight mail services do not always deliver as arranged.)

3.2.4 Electronic Submission

Electronic applications submitted after the closing date will be classified as late. The closing date and time for submission of applications is listed in Section 3.2.1.

Electronic submission is voluntary, but strongly encouraged. You will not receive additional point values because you submit a grant application in electronic format, nor will you be penalized if you submit an application in hard copy.

You may access the electronic application for this program at <http://www.Grants.gov>. There you can search for the downloadable application package by utilizing the Grants.gov FIND function. If you use Grants.gov, you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

We strongly recommend that you do not wait until the application deadline date to begin the application process through Grants.gov. We encourage applicants that submit

electronically to submit well before the closing date and time so that if difficulties are encountered, an applicant can still submit a hard copy via express mail or other means.

Be sure to complete all Grants.gov registration processes listed on the Organization Registration Checklist, which can be found at http://www.acf.hhs.gov/grants/registration_checklist.html.

In particular, before you submit an electronic application, you must complete the organization registration process as well as obtain and register "electronic signature credentials" for the Authorized Organization Representative (AOR). Since this process may take more than five business days, it is important to start this process early, well in advance of the application deadline.

The electronic application is submitted by the AOR. To submit electronically, the AOR must obtain and register electronic signature credentials approved by the organization's E-Business Point of Contact as assigned by Grants.gov. You may submit all documents electronically, including all information typically included in the SF-424 R&R package listed below and all necessary assurances and certifications. The project narrative component of the application must comply with the 15 page limitation requirements described in this program announcement.

After you submit your application electronically, you will receive an automatic acknowledgment from Grants.gov that contains a Grants.gov tracking number. HHS will retrieve your application from Grants.gov. HHS may request that you provide original signatures on forms at a later date.

If you encounter difficulties in using Grants.gov, please contact the Grants.gov Help Desk at 1-800-518-4726, or by email at support@grants.gov to report the problem and obtain assistance. Checklists and registration brochures are maintained at <http://www.grants.gov/GetStarted> to assist you in the registration process.

Applications transmitted by e-mail or facsimile (fax) will not be accepted regardless of date or time of submission or receipt.

3.2.4.1 Late applications

Applications that do not meet the criteria above are considered late applications. HHS will notify each late applicant that its application will not be considered.

3.2.4.2 Extension of deadlines

HHS may extend an application deadline when circumstances such as an act of God (floods, hurricanes, etc.) occur, or when there are widespread disruptions of the mail service, or in other unusual circumstances.

3.2.5 Application Processing

Upon timely receipt, applications will be evaluated for completeness and responsiveness. Incomplete and non-responsive applications will not be reviewed.

3.2.6 Funding Restrictions

The award is subject to the terms and conditions, cost principles, and other considerations for federal grants. OMB Cost Circulars are available at <http://www.whitehouse.gov/omb/circulars/index.html>. Pre-award costs are not allowable within this grant.

3.2.7 Application Disposition

On the basis of the review of the application, HHS will either a) approve the application as a whole or in part; b) disapprove the application; or c) defer action on the application for such reasons as lack of funds or a need for further review. The grants management officer will notify the applicants of the disposition of their applications. If approved, a signed notification of the award will be sent to the contact person named in the application.

3.3 Catalog of Federal Domestic Assistance (CFDA) Number

The Catalog of Federal Domestic Assistance Number is: 93.879

3.4 Components of a Complete Application

A complete application consists of the following items in this order:

1. Application for Federal Assistance (Standard Form 424 Research and Related Project or SF-424 R&R)
2. Table of Contents
3. The following SF-424 R&R Attachments:
 - a. Project/Performance Site Location(s), required only for multi-site applicants
 - b. Senior/Key Person Profile
 - c. Budget
 - d. Budget (Total Fed + NonFed)
 - e. Subaward Budget (Total Fed + NonFed), if applicable
4. SF-424 B Attachment: Assurances - Non-construction Programs
5. SF424 R&R Other Project Information
 - a. Project Narrative (limit of 15 pages)
 - b. Any appendices or attachments, if applicable (see limitations in section 3.1)
6. Proof of Non-profit Status, if applicable
7. Copy of the applicant's Approved Indirect Cost Rate Agreement, if applicable
8. Certification Regarding Drug-Free Workplace
9. Certification Regarding Debarment, Suspension, or other Responsibility Matters
10. Certification and, if applicable, Disclosure Regarding Lobbying

Although the forms are provided as a downloadable package through the Grants.gov process, they are also located at the following websites:

- <http://grants.nih.gov/grants/forms.htm>
- http://www.grants.gov/agencies/forms_repository_information.jsp (for SF-424 R&R)

4. The Review Process

4.1 Initial Screening

Each application submitted under this program announcement will undergo an initial screening to determine if: (a) the application was received by the closing date (see Section 3.2.1); (b) the application was submitted in accordance with the instructions in this announcement (see Sections 3.2.2 through 3.2.3); (c) the applicant is eligible for funding (see Section 1.3); and (d) the application is within the page limit (see Section 3.1). Applications that do not meet all of the initial screening items will not be reviewed further and will be ineligible for funding.

4.2 Competitive Review and Evaluation Criteria

Applications for this cooperative agreement that pass the initial screening will be evaluated and rated by a review panel. The panel will use the evaluation criteria listed in this section to score each application. The evaluation criteria are designed to assess the quality of the proposed project and to determine the likelihood of its success. The evaluation criteria are closely interrelated and are considered as a whole in judging the overall quality of an application. Points are awarded only to applications that are responsive to the evaluation criteria described in this program announcement.

Review results will be the primary element used by HHS in making funding decisions. Comments from the reviewers will be protected from inappropriate disclosure.

Reviewers will determine the strengths and weaknesses of each application in terms of the evaluation criteria. Reviewers will provide comments and assign numerical scores to each criteria resulting in an overall rating ranging from 0 to 100 points. A summary of all application scores, strengths and weaknesses, and reviewer recommendations will be prepared and submitted by the reviewers.

The point value following each criterion heading in the paragraphs below indicates the maximum points that each criteria will be given in the review process. An unacceptable rating on any individual criterion may render the application unacceptable. Consequently, applicants should take care to ensure that all criteria are fully addressed in the applications.

4.2.1 Approach, Work Plan and Quality of Proposed Staffing (20 points)

The project narrative will be reviewed to determine the extent to which the applicant demonstrates an understanding of the purpose and objectives of the NHIN and the activities of this cooperative agreement. The project narrative will also be reviewed to determine the extent

to which the plan described in the application is capable of addressing the activities and attaining the project goals. In addition:

- The degree to which the work plan is comprehensive of all identified activities in cooperative agreement. The work plan clearly describes the steps involved in a proposed schedule for planning, implementing, and accomplishing the activities to be carried out under the Cooperative Agreement. The application presents a clear plan and schedule of steps to accomplish the goals of the Cooperative Agreement.
- The quality and feasibility of the project plan or methodology and its relation to the project's goals. The extent to which the proposed approach identifies the resources that will be used to implement the activities.
- The extent to which project personnel are qualified by training and/or experience to oversee, implement and carry out the projects. The capabilities of the applicant organization, and quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project. Evidence that a sufficient number of project personnel and resources are proposed. Biographical sketches/curricula vitae document education, skills and experience that are relevant and necessary for the proposed project.
- The extent to which the applicant has demonstrated expertise and its capability to oversee and successfully carry out the project.
- The extent to which the application specifies the manner in which interaction with ONC will be maintained throughout the lifetime of the project.

4.2.2 Value to the NHIN Cooperative (40 Points)

The project narrative will be reviewed to assess the value of participation based on the data and services the awardee could appropriately make available to other NHIN participants. Considerations for the value of data will include the appropriate authorities to contribute data to others in the NHIN in keeping with all applicable state and federal laws and regulations as well as patient preferences, the importance of the available data to other participants and the scope and breadth of the data available. The degree to which available data services include the relevance of the services to supporting consumer centric health care including the support of health care providers to provide quality, value driven health care as well as the secure availability of data to the appropriate consumers.

4.2.3 Technical Approach (20 points)

The project narrative will be reviewed to assess the applicant's understanding of, and plans for the implementation of, NHIN architecture elements including NHIN functional requirements, HITSP Interoperability Specifications, AHIC use cases (as appropriate), health information exchange services (Appendix A), and necessary interfaces (as referenced in the Gartner report on NHIN Architectures).

The extent to which the narrative provides evidence of an understanding of, and plans for the implementation of, health information exchange between and among EHRs, PHRs, other health information exchanges and specialty networks, including a description of the approach to be used; organizational assets to be deployed; access to other subject matter experts as needed; ability to leverage experience and knowledge of health exchange, EHRs, PHRs, public and

private sector healthcare and delivery systems; and strategies, tools, and techniques proposed to ensure objective, credible, timely, and high quality work. The degree to which the approaches are technically sound and appropriate to the project goals and objectives including addressing the areas of privacy and security protections, business operations and technical operations as described in Section 3.1.3.

4.2.4 Adequacy and Appropriateness of Overall Budget and the Allocation of Resources (20 points)

The project narrative will be reviewed to determine if the budget assures an efficient and effective allocation of funds to achieve the objectives of this solicitation.

The review will assess the narrative description and justification for the proposed budget line items and will validate that the project's costs are adequate, reasonable and necessary for the activities and personnel to be supported. Reviewers will assess the extent to which the proposed budget demonstrates a clear relationship to the work plan and approach, and that the budget demonstrates an efficient and effective allocation of funds to achieve the objectives of the testing and demonstrations of the NHIN Trial Implementations and this solicitation.

Appendix A

National Health Information Network Health Information Exchange Required Services

The following is a list of services that National Health Information Network (NHN) Health Information Exchanges (HEs) must provide, or contract for, in order to participate in the NHN. Other networks and organizations that do not provide these NHN services will be able to use the NHN but most will need to connect through an entity that is fulfilling the role of a NHN Health Information Exchange (HE).

The term “connected through” refers to consumers, providers, organizations and networks that achieve primary connection to the NHN through a particular HE vs. being an HE themselves or being “connected through” a different HE. Eventually, a reduced set of services may be identified for specialty networks that do not support full health information exchange, but seek to connect directly to the NHN.

The term “user” refers to an individual or organization that takes advantage of NHN Health Information Exchange services directly or through a connected network or system. The term “subject” refers to the consumer (or patient), provider, or organization to which data and/or services refer.

NHN Health Information Exchange Core Services

Data Services

- Secure data delivery, and confirmation of delivery, to EHRs, PHRs, other systems and networks
- Data look-up, retrieval and data location registries
- Support for notification of the availability of new or updated data
- Subject - data matching capabilities
- Summary patient record exchange
- Data integrity and non-repudiation checking
- Audit Logging and error handling for data access and exchange
- Support for secondary use of clinical data including data provisioning and distribution of data transmission parameters
- Data anonymization and re-identification as well as HIPAA de-identification

Consumer Services

- Management of consumer identified locations for the storage of their personal health records
- Support of consumer information location requests and data routing to consumer identified personal health records
- Management of consumer-controlled providers of care and access permissions information
- Management of consumer choices to not participate in network services
- Consumer access to audit logging and disclosure information for PHR and HE data
- Routing of consumer requests for data corrections

User and Subject Identity Management Services

- User identity proofing, and/or attestation of third party identity proofing for those connected through that HE

- User authentication, and/or attestation of third party authentication for those connected through that HE
- Subject and user identity arbitration with like identities from other HEs
- Management of user credentialing information (including medical credentials as needed to inform network roles)
- Support of a HE-level, non-redundant methodology for managed identities

Management Services

- Management of available capabilities and services information for connected user organizations and other HEs
- HE system security including perimeter protection, system management and timely cross-HE issue resolution
- Temporary and permanent de-authorization of direct and third party users when necessary
- Emergency access capabilities to support appropriate individual and population emergency access needs