

Email completed SCHIEEx Early Adopter Program Application to Adriane Able at adriane.able@ors.sc.gov.
If you have questions, call 803.898.7883.

SCHIEEx Early Adopter Program Enrollment Application

Instructions

Please complete the SCHIEEx Early Adopter Program Enrollment Application with the exception of the signature located at the bottom of page one.

Once completed, the form should be printed and signed. A second copy may be printed for your records. The signed application should be e-mailed to Adriane Able at adriane.able@ors.sc.gov.

If you have questions about the Program or completing the Application please call Adriane Able at 803.898.7883 or send an e-mail to the above address.

After the Enrollment Application is submitted, you may begin the on-boarding process using the SCHIEEx Website:

For Providers - Connecting to SCHIEEx
<http://www.schiex.org/connecting.php>

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Background:

The goal of the SCHIEEx Early Adopter Program (the “Program”) is to accelerate SCHIEEx participation, identify barriers to on-boarding, and develop strategies to overcome identified barriers.

Benefits:

Early Adopters will help SCHIEEx 1) test and refine the on-boarding process; 2) identify on-boarding barriers and strategies to address them; and 3) share experiences and mentor providers who subsequently on-board to SCHIEEx. In return, Early Adopters will receive ongoing support from the SCHIEEx technical and operations team and a SCHIEEx Subscription Fee Waiver for the duration of the Early Adopter Program period.

Requirements:

Providers must have implemented an ONC certified EHR system or other capability for exchange with SCHIEEx. Early Adopters will be required to submit a summary of on-boarding barriers encountered by their organization, a general description of the solution(s) implemented with key take-aways, and a technical point of contact. This information will be used to create a resource directory for subsequent on-boarders and inform SCHIEEx’s ongoing technical consultation, on-boarding processes, and training. Early Adopters must grant SCHIEEx permission to use the Early Adopter’s identity and reported success and lessons learned on the SCHIEEx website and in other marketing materials.

To enroll in the Program, eligible SCHIEEx Participants as defined in the SCHIEEx Policy Manual, must complete the following application

Signature:

Date:

By signing this application, the applicant agrees to the SCHIEEx Early Adopter Program requirements.

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Name of Organization:

Address:

City, State, Zip:

Primary Contact and Title:

Email Address:

Phone:

1. Please provide a short paragraph summarizing your technical and organizational readiness to participate in SCHIEEx. Please note whether your technology representative has evaluated the *SCHIEEx Interoperability Services Guide* located at <http://www.schiex.org/connecting.php>

2. On what date, approximately, do you project that your organization will be ready to begin technical testing?

MM/DD/YYYY

3. If known, please indicate whether your organization is interested in Public Health Reporting options available through SCHIEEx? (DHEC Immunization Registry and eventually electronic lab reporting and syndromic surveillance)

4. Do you plan to utilize a technology provider (in addition to your EHR vendor) to facilitate connecting to SCHIEEx? If yes, please list the name of the provider. Otherwise, leave blank. Yes No

5. If you plan to on-board to SCHIEEx as a member of a Health Information Organization (HIO), please list the name, contact person, and E-mail address. Otherwise, leave blank. *An HIO is an organization that oversees and governs the exchange of health-related information among health care organizations according to nationally recognized standards.

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Name of HIO:

Contact Person:

Email Address:

Phone:

6. Will technical support be available to all of the facilities you include in your Enrollment Application?

Yes

No

7. On the following pages, complete the table listing facilities and systems you plan to on-board as part of the Early Adopter Program. Organizations with multiple EHR systems may incrementally on-board systems/facilities as they achieve technical readiness but should include them in the Application.

Please note when completing the table:

***Type**, examples: Hospital, physician practice, etc.

****Practice Area**, examples: Primary Care, multi-specialty practice, pediatric, rehabilitation hospital, etc.

***** Other Designation**, examples: Primary care center/FQHC, rural health clinic, critical access hospital, free medical clinic, etc.

If the system you are onboarding is for a *hospital*, please enter your *average daily census* in the last column.

If the system you are onboarding is for a *medical practice*, please enter the *total number of physicians* in your practice in the last column.

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Facilities/Systems your organization plans for on-board as part of the SCHIEEx Early Adopter Program								
	Facility Name	*Type	**Practice Area	***Other Designation	County	EHR Vendor and Product Version	EHR product ONC certified: Yes / No	Hospitals: Average Daily Census
								Medical Practices: Total Number of Physicians
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

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								Medical Practices: Total Number of Physicians
12								
13								
14								
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