

Year 1 EMR Modernization Funding

Frequently Asked Questions

Updated August 8, 2026 — compiled from questions received from provider organizations by email and during Office Hours sessions. This FAQ will be updated after each Office Hours session and as new questions come in.

Questions as you complete your application? Email rhtp-emr@mcd.org — we are keeping close tabs on this inbox and answering questions as quickly as possible ahead of the August 14 deadline. To be added to the program email list for future updates, use the same address.

Program Basics & Key Dates

Q: Who can apply, and how many applications should we submit?

This funding opportunity is for Maine-based healthcare eligible organizations only. All eligible organizations (see below) have received application instructions and estimated award amounts. Eligible organizations should submit only one application, and we recommend only one authorized representative from each organization create an account.

Q: What are the key dates?

Date	Milestone
January 1, 2026	Earliest date for which incurred EMR costs can be reimbursed by these funds (these funds cannot be used for costs incurred before this date)
July 20, 2026	EMR application portal opens
August 14, 2026	EMR applications due
Mid-September 2026	Award amounts communicated to organizations
Fall 2026	Contracts executed with providers

The portal will close at 11:59 pm ET on Friday, August 14 — please submit your application by that time.

Q: How do we get started?

1. Register your organization on the MCD EMR application portal: <https://www.mcd.org/rhtp-apps/emr-application-registration>
2. Collect the information needed for each project you are proposing — an Excel planning tool is available in the portal to help you gather and organize the details and budget for each project before entering them.
3. Reach out to the Maine RHTP EMR Team with any additional questions (rhtp-emr@mcd.org)
4. Submit your application through the portal by Friday, August 14.

Eligibility

Q: Which organizations are eligible for Maine RHTP Year 1 EMR funds?

Maine RHTP Year 1 EMR funds are limited to the following types of organizations, as outlined in the original federal HR-1 legislation and the CMS RHTP Notice of Funding Opportunity:

This program is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$190,008,051 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

- Critical Access Hospitals and General Hospitals with a Dedicated Emergency Department
- Hospital-owned Primary Care Practices and Rural Health Clinics
- Federally Qualified Health Centers (FQHCs) and FQHC-“look-alike” clinics
- Independent Rural Health Clinics
- Independent Primary Care Practices located in rural areas
- Certified Community Behavioral Health Clinics
- Opioid Treatment Programs

Maine DHHS will give additional consideration to defining eligible organizations for Years 2 and beyond.

Q: Do applicants need to be MaineCare providers?

Yes. To be eligible for ME RHTP EMR funds, organizations must be enrolled as MaineCare providers and actively serving MaineCare.

Q: Are Mental Health or Substance Use Residential Treatment Programs eligible to apply?

No. Residential Treatment Programs are not eligible for this Year 1 EMR funding opportunity.

Q: We are an integrated health system. Can we propose a project under a service line not included in the list of eligible organizations, for example, EMR projects for home care and hospice agencies?

No, eligibility of projects should be specific to the organizations listed as part of our program eligibility, including hospitals and primary care practices. Of note, health systems are not, per se, considered to be “eligible organizations”.

Q: Are hospital-based behavioral health centers or dental centers eligible sites?

No. Hospital-based behavioral health centers and dental centers are not eligible sites for this round of funding — only the hospital and its primary care offices.

Q: Our hospital has a general surgery practice and a specialty practice. What should we list them as?

Please include site information for the hospital and its hospital-owned primary care practices. General surgery and specialty practices are not eligible sites for Maine RHTP Year 1 EMR funding.

Q: Why are school-based health centers (SBHCs) excluded from the list of eligible sites?

SBHCs were not included in the Maine RHTP Year 1 EMR funding because there is a separate line of Year 1 RHTP funding going to SBHCs; many organizations that operate SBHCs are receiving funding through that effort.

Q: Do organizations need to comply with the State of Maine IT Policies & Standards?

No – The State of Maine IT Policies & Standards apply to State of Maine IT assets and systems. Private healthcare organizations and providers are not required to comply with these standards for purposes of this funding opportunity. Applicants should follow their organizational IT policies and procedures when planning their projects.

Counting Eligible Sites

Q: We are building out a new site that is projected to open later this year. Should we include it?

No. Include only Maine provider sites that were licensed by the State of Maine as of June 1, 2026 and meet the eligibility requirements for their provider type. Sites that are planned or under development should not be included.

Q: How are sites counted when multiple practices or services share one location?

Sites are counted by physical service site location, not by each practice or program operating within that location. If medical, dental, and pharmacy services are co-located at the same address, that location

counts as one site. If three separate primary care practices are located at the same street address in different offices or suites, they count as three sites. Each physical location is counted once, regardless of the services operating there or whether service lines use different electronic record systems.

Q: If our practices consolidate or change after we apply, does that affect our application?

No — because things are changing all the time, we go on what was known at the time of the application.

Q: As a Certified Community Behavioral Health Clinic (CCBHC), which locations should we include?

Include all of the separate physical service locations tied to your CCBHC designation and submit the application under the legal entity applying for the funds.

Q: We deploy a mobile unit and provide care at other service sites documented in our shared EHR. Should those be included as sites?

Only physical practice site locations are counted when determining eligible sites (except for Maine Mobile Health, which consists solely of mobile health units). Once funding is awarded, organizations have flexibility to allocate resources across service lines and operational needs.

Application Process & Portal

Q: Do we need to submit a concept plan before submitting the application?

No. We suggest pulling together the relevant information about your planned EMR upgrades or modernizations ahead of time to make completing the online application easier, but there is no requirement to submit a concept plan prior to submitting your application.

Q: What do you consider a "project," and how should we structure multiple upgrades?

There is no requirement either way — structure projects in the way that makes most logical sense for your organization. Related upgrades (such as AI tools) can be combined into one project; work with different vendors is usually best split into separate projects, since each will have its own budget and documentation for reimbursement.

Q: Is this a competitive application process?

No. Applications are not being judged against one another — Maine DHHS made that choice explicitly for Year 1, though future years may involve a more competitive application. You need to show that you are using the funds for one of the allowable uses in support of advancing EMR modernization.

Q: Our organization fits more than one organization type in the portal. Which should we select?

Select the "Integrated Health System" option, which has been newly added to represent health systems with multiple types of sites. If you have already registered, you can change your organization type on Step 2 (confirm your organization information) — click "save organization info" after updating.

Q: Is there a downloadable static copy of the application questions so we can prepare responses in advance?

Yes. We have created a static copy of the full application as a planning tool and have sent it to organizations and posted it to the website: [RHTP Year 1 EMR Funds Application — Step-by-Step Handout](#).

Q: Can we make changes to our application after we submit it?

Yes. Once submitted, your application is locked. To make changes before the August 14 deadline, contact rhtp-emr@mcd.org and our IT team can unlock it for you.

Q: Where can we access the CMS RHTP Notice of Funding Opportunity (NOFO)?

The CMS RHTP NOFO, released September 15, 2025, is available at <https://grants.gov/search-results-detail/360442>

Q: Should we submit individual applications for different sites (hospitals vs clinics) that have different EINs?

No. Please submit one application per organization owner. All sites of an organization should be under a single application even if specific sites have different EINs. Please note the different sites and EINs within the application.

Allowable Uses of Funds

Q: What are examples of allowable uses of these funds?

Allowable uses include:

- EMR system replacements (transitioning from one EMR vendor or product to another)
- EMR system upgrades (e.g., version upgrades, added modules, improved interoperability)
- EMR enhancements (e.g., population health bundles, AI modules, coding systems)
- EMR peripherals or other hardware (e.g., laptops, mobile carts)
- Associated staff time for implementing EMR improvements (e.g., IT consultant)

These examples are not an exhaustive list — for example, cybersecurity is not specifically listed but is definitely an allowable use.

Q: Are cybersecurity improvements that protect our EMR an allowable use?

Yes. Enhancements to EMR security/cybersecurity are an acceptable use of funds and are considered an "EMR enhancement."

Q: Can these funds be used for existing electronic medical records, or does the funding only cover new systems?

Both. Enhancements and upgrades to existing EMRs (e.g., cybersecurity, population health, and pre-visit planning) are eligible, and the funds can also be used for replacement of existing EMRs. Contracting with a vendor for services such as population health and pre-visit planning is also an eligible activity.

Q: Our EMR vendor does not offer an integrated version of a solution we are exploring (for example, an AI scribe or speech-to-text tool). Are third-party solutions that do not integrate with our EMR still eligible?

Yes — integration is not required. We anticipate this will be a common use case, since not every EMR vendor offers seamless integration with AI, telehealth, or other tools. The application asks whether a solution is integrated only to help us understand ease of accessibility and whether you might benefit from technical assistance in working with your vendor.

Q: Is hardware such as servers and network infrastructure supporting our system allowable?

Yes. Servers and network infrastructure supporting your system are allowable costs, including infrastructure such as servers and off-site data backup.

Q: Are soft phones an eligible expense?

Yes — soft phones help enable better access to care and enhance connectivity and data exchange, so they are an eligible expense.

Q: Does it matter whether a cost is one-time or recurring (e.g., a monthly or annual subscription)?

No — there is no restriction on whether costs are one-time or recurring (month-to-month, quarterly, or annual), as long as they are newly incurred on or after January 1, 2026. We do encourage requests to reflect new improvements, rather than recurring costs from improvements initiated in prior years. If applying for a monthly cost, also consider the sustainability plan for after award funds have been spent.

Q: Our organization operates on two EMRs. Can we use the funds to convert to a single shared platform?

Yes, that is an acceptable use of the funds, even if one site is already on that system.

Q: Can we include the annual HealthInfoNet subscription cost as part of our EMR connectivity project?

Yes — connectivity is an eligible use, and the subscription cost can be included in your Year 1 application. Note that the application asks you to speak to sustainability, so please address how your organization would continue to pay for this annual cost over time.

Q: Can funds be used to establish bi-directional connections with other systems, such as ImmPact, Maine's immunization registry?

Yes — similar to HealthInfoNet connectivity, this improves connectivity and supports your electronic medical record system. Staffing costs associated with creating such an interface also qualify, just like staffing costs for other EMR implementation efforts.

Q: Could an electronic physician credentialing platform be tied to this funding?

Yes. Integration of provider credentialing has been confirmed as an acceptable use of funds — for example, where the platform ties into the EMR, reduces administrative burden, or makes e-prescribing more efficient.

Q: Are staffing costs eligible — for example, existing staff working on an EMR transition, or backfill (“legacy staffing”)?

Staff time associated with implementing EMR improvements is eligible, including existing staff whose time goes to the new project (they do not need to be newly hired, as long as the work is outside their regular scope) and additional subject matter experts or contracted staff needed to implement an enhancement. Backfill or “legacy staffing” may be eligible to the extent it directly supports the transition; however, where possible, we suggest charging costs that are more directly tied to the implementation. Note one restriction: funds cannot be used to cover lost productivity — we recognize it is a real cost, but it is very difficult to quantify and audit.

Q: Can these funds reimburse expenses we have already incurred?

Yes. Expenses that meet the eligibility criteria and were incurred on or after January 1, 2026 can be reimbursed; Maine DHHS confirmed this with CMS. Costs incurred before January 1, 2026 (the date of Maine DHHS's official notice of award) cannot be reimbursed. Documentation of the date, amount, and scope of each expense is required — an invoice or receipt is acceptable, uploaded to the portal or provided by email after you submit.

Q: Can funds cover indirect costs?

Yes. Organizations may use their federally approved indirect cost rate. If an organization does not have a federally negotiated indirect cost rate, it may use the applicable de minimis rate in accordance with Federal Uniform Guidance. Applicants are not required to submit their negotiated indirect cost rate agreement (NICRA) with the application but should have it available if requested during the review process.

Q: Which costs can be included when calculating indirect costs?

Under Federal Uniform Guidance, contractual labor may be included in the indirect cost base. Equipment costs should generally be excluded. One exception may be equipment that costs less than \$10,000 (laptops, etc.). Uniform Guidance may classify it as “supplies” rather than equipment, which is eligible.

Q: Can project costs include services that extend beyond the award period?

Funds may be used to pay invoices for eligible EMR vendor services that will be completed within the project period (September 30, 2027). Applicants should not structure project costs in advance for services that extend beyond the allowable performance period.

Awards, Budgeting & Reimbursement

Q: How were the estimated award amounts calculated, and are they final?

Estimated amounts were calculated using a consistent formula across all organizations that included consideration of organization size (using number of physical sites as a proxy for size) and rurality of the site. The estimated amounts reflect DHHS' best estimates of each site's expected award and have been shared for planning purposes; final award amounts will depend on Maine DHHS final calculations and the total number of eligible applicants.

Q: Can we request more than the estimated amount we were given?

Organizations are encouraged to submit requests within their estimated allocation. Applicants may request more but will be asked to attest that they have identified additional funds to cover costs above their estimated award. A question at the end of the application asks whether organizations could potentially use additional funding if it becomes available, and if so, for what, and how much would be needed.

Q: Can we request less than the estimated amount we were given?

Yes – Applicants may request any amount up to their estimated allocation.

Q: How detailed does our budget need to be? Is there a standard format?

Applicants are asked to provide a breakdown of estimated costs for each project by the major CMS budget categories (e.g., Salaries, Fringe, Travel, Equipment, Supplies, etc.), with brief notes for each budget line. There is no additional standard format. The application links to an Excel planning spreadsheet to help lay out costs for each project. Budgets are submitted per project; you are not required to designate a dollar amount to each individual site.

Q: One of our projects is only partially funded by these funds. Should our budget include the full project cost?

No — limit the costs in your budget and the Excel planning tool to the funds you are requesting. It may be helpful to note in the brief project description that the work is part of a larger effort and how you are funding the rest; the application also asks whether costs above and beyond your request are covered by other sources.

Q: What if our total project cost exceeds our estimated funding allocation?

Applicants should enter the amount they are requesting through the RHTP EMR Modernization program, up to their estimated allocation. If the overall project cost is higher, indicate that RHTP funds cover only part of the project and describe any additional scope or funding in the applications section asking how additional Year 1 funding would be used if available.

Q: We are adding new modules to our existing EMR. Should our budget include our existing EMR costs?

No — outline your anticipated new module costs, but do not include existing expenses for your current EMR that were in place prior to January 1, 2026.

Q: When will our submitted estimates need to be turned into proof, and how does reimbursement work?

This is a traditional cost-reimbursement model. Organizations submit actual invoices and/or receipts for costs incurred and are reimbursed for those expenses; funds are not provided as a lump sum up front, and reimbursement may take multiple submissions as expenses and receipts become available over time. Eligible expenses can date back to January 1, 2026.

Q: For labor expenses from our own staff, what documentation is needed?

Payroll information is adequate as the basis for that support — for example, hourly wage multiplied by hours worked. You would not need to include individual names of staff, for privacy purposes.

Q: Do all of our eligible sites need to have funds allocated to them? What does the "all sites benefit" attestation look like?

Yes — Maine DHHS would like funds distributed across all eligible sites so that all rural communities benefit. We understand needs and readiness vary across sites, so organizations are encouraged to describe those differences in their project proposals (for example, one site may already have AI scribing while others don't). The application asks for an attestation that all identified sites will benefit in some way from these funds. Expected validation is not stringent: for an organization-wide replacement, showing the new system reaches every site; for a specific upgrade, noting any sites not receiving it and why.

Q: Why are hospital-owned primary care practice sites listed separately from the hospital itself?

Eligible hospital-owned primary care practice sites are counted in addition to the hospital, meaning organizations with multiple primary care sites are eligible for additional funds above and beyond the hospital award.

Q: For a hospital's award, how much detail do you need on how funds are allocated across departments?

Since the hospital is itself eligible to apply (in addition to its owned primary care practice sites), you are not required to allocate the requested EMR funds to specific departments within the hospital.

Implementation Support

Q: Are there resources available for organizations looking for support in choosing a vendor?

There are many state-wide and national IT consulting companies who will support teams in identifying the best vendor. Additionally, KLAS Research offers impartial insights for various Healthcare IT applications and services: [KLAS Research](#). Additionally, the Maine RHTP EMR team will be available for technical assistance during the implementation period. Organizations can request assistance by e-mailing rhtp-emr@mcd.org.

Reporting

Q: Is any reporting required based on patient data, improvements, etc.?

Reporting will not be required at the patient level. DHHS reserves the right to ask recipients follow-up questions (for example, whether you are using AI and telehealth specialty consultation), and the application includes an attestation that the applicant will continue using HealthInfoNet. The overarching RHTP measure of adult hypertension control will be drawn from HealthInfoNet, not from recipients. Reporting metrics for confirming that projects are completed on timeline and reach all identified sites are being finalized with Maine DHHS.

Q: What does the HealthInfoNet (HIN) bi-directional connection requirement mean?

Organizations are required to maintain and/or establish, within 12 months post-award, bi-directional connections to HealthInfoNet, as directed by the Department (excluding Opioid Treatment Programs). Bi-directional exchange is defined as having "data sharing" capacity with HIN. HIN has created a report for DHHS regarding the status of information exchange for eligible organizations across the state — if you are unsure of your organization's connection status, please reach out to us. Of note, bi-directional does not mean that your organization must also ingest information from HealthInfoNet — it means that your organization is sharing information with HIN. The application language has been updated to make this definition clearer; if you submitted your response before this clarification, your answer does not need to change.

Q: How do I know whether my organization meets the HealthInfoNet (HIN) bi-directional data-sharing requirement?

Organizations with questions about their HIN connection or data-sharing status should contact the RHTP team at rhtp-emr@mcd.org. We can help verify your current status and determine whether additional information is needed.

Future Funding

Q: Should we assume that EMR funds will be available in subsequent years?

EMR funds were proposed for all five years in Maine's original proposal to CMS, with amounts varying by year — Year 1's \$30 million is the highest. However, the State must reapply each year (applying August 31, with a decision expected around October), so future amounts are not guaranteed; additionally, Maine DHHS has not yet made final decisions about how EMR funds will be made available in Year 2 — e.g. broadly, or through a smaller number of larger strategic initiatives.

Q: Does applying for EMR funding in Year 1 limit or impact our eligibility to apply for other funds in later phases of the program?

We have no information to suggest that applying for Year 1 EMR funding will impact eligibility for funding in future years. The State has not yet defined how future EMR funding will be allocated.

Questions?

For additional questions, contact the Maine RHTP EMR Team at rhtp-emr@mcd.org. This FAQ will be updated and redistributed following each Office Hours session.