



Application for Participation in the Bronx RHIO

Membership Process and Estimated Timeline:

1. Applicant fills out the entirety of this form and returns it to the Application Coordinator by uploading it to the Bronx RHIO website or emailing it to information@bronxrhio.org, along with the signed Participation Agreement (PA). Complete answers to all questions below are helpful in determining how Bronx RHIO can support your organization. In addition, some answers are required by New York State Department of Health, which certifies Bronx RHIO as a NYS Qualified Entity for health information exchange.
2. Application Coordinator reviews application and PA and informs Applicant of any necessary edits (1 week).
3. Once approved by Application Coordinator, Application and PA are sent to the Executive Director (1 day).
4. Executive Director determines the annual membership dues, based on organization type and size, and emails an invoice along with the countersigned PA to the Primary Contact. A hardcopy of the invoice is also mailed to the primary address. Once the countersigned PA has been sent to the Applicant, they are officially a Bronx RHIO member (1 week).
5. Applicant's name is added to the list of [Bronx RHIO participants](#) (1 week).
6. Applicant pays dues.
7. Application Coordinator emails Primary Contact to schedule an introductory call that includes a discussion of the RHIO's available services and next steps (2 weeks).
8. Applicant's membership is confirmed by RHIO Board of Directors (1-2 months).

Committees: Once membership is confirmed by the RHIO Board of Directors, all RHIO members are invited to join the Bronx RHIO's committees, which include the Clinical Committee, Finance & Audit Committee, Health Information Management (HIM) Committee, Information Security Subcommittee, Patient Rights Committee, Research & Quality Improvement Subcommittee, and Technical/Steering Committee. These committees meet regularly to provide input and guidance to the governance of Bronx RHIO operations. More information about each committee, including meeting schedules and general agendas, are available in the Bronx RHIO [by-laws](#).

User Authentication: Each member must identify an Authorized Signer on its staff who will coordinate user management and use their discretion to determine which staff members can be approved for RHIO access.

Training: All Authorized Users must be trained prior to receiving access to the system, and re-trained annually thereafter. All Authorized Users must also receive annual HIPAA training, which the Bronx RHIO can provide as needed. The Bronx RHIO offers training materials that can be used in the member's Learning Management System (LMS), training of local training staff, and onsite training, per the Applicant's preference. Each Applicant must make provisions for ongoing training of their Authorized Users.

General Information

Name of licensed organization:

Alias(es), if any:

Operating certificate #:

Tax ID:

Website URL:

Are you a single- or multi-site organization?

Address(es) (list all locations, including location and/or practice names/aliases; attach extra page if necessary):

Why are you applying to become a Bronx RHIO member? (select all that apply)

- View individual patient data from other healthcare facilities for treatment or quality improvement purposes
- Obtain population health analytics
- Receive real-time clinical event notifications
- Generate reports on gaps in care
- Generate reports of patient hospitalizations
- We are required to join a RHIO
- Other (please explain):

Anticipated number of Bronx RHIO users:

Electronic Medical Record (EMR) Vendor:

Other clinical or patient/client management systems:

Claims Clearinghouse:

Does your organization provide services to Minors?

Participant type: (select one)

Behavioral Health Organization

Certified home health organization

Number of unique members in last calendar year:

Community-Based Organization (CBO)

Community health center/Federally Qualified Health Center (FQHC)

Health Home

Hospice

Hospital

Independent Practice Association (IPA)

Long-term care facility

Number of beds:

Payor organization or health plan (defined as an insurance company, health maintenance organization, employee health benefit plan established under the Employee Retirement Income Security Act, or any other entity that is legally authorized to provide health insurance coverage)

Number of unique members in last calendar year:

Performing Provider System (PPS)

Pharmacy

Private/group medical practice

Radiology (standalone)

Other (please specify):

Complete for organizations with MDs, DOs, and/or DPMs only:

Number of providers (MDs, DOs, and DPMs only):

Provider details (MDs, DOs, and DPMs only. List all; attach extra sheet if necessary):

Name: _____ Title: _____

NPI: _____ Specialty: _____

Location(s) where they practice (if more than one): _____

Name: _____ Title: _____

NPI: _____ Specialty: _____

Location(s) where they practice (if more than one): _____

Name: _____ Title: _____

NPI: _____ Specialty: _____

Location(s) where they practice (if more than one): _____

Organizational Contacts

Primary Contact

Name: _____ Title: _____

Phone: _____ e-mail: _____

Clinical Contact (Individual who can answer workflow questions)

Name: _____ Title: _____

Phone: _____ e-mail: _____

Technical Contact (Individual who can answer questions regarding EMR and other technical issues)

Name: _____ Title: _____

Phone: _____ e-mail: _____

Vendor Contact (Individual at EMR vendor who should be included in technical discussions)

Name: _____ Title: _____

Phone: _____ e-mail: _____

Patient Consent Collection Contact (Individual who can approve local Bronx RHIO consent collection plan)

Name: _____ Title: _____

Phone: _____ e-mail: _____

Cyber Security Contact (Individual who can answer questions on the organization's cyber security framework)

Name: _____ Title: _____

Phone: _____ e-mail: _____

How is your organization licensed/certified/governed?* (select all that apply)

- Article 5-Clinical laboratory
- Article 28-Diagnostic & Treatment Center (D&TC)
- Article 28-Home care services agency
- Article 28-Hospital
- Article 28-Nursing Home or residential health care facility
- Article 31-Mental Health
- Article 32-Office of Alcoholism and Substance Abuse Services (OASAS)
- Article 36-HomeCare
- Article 40-Hospice
- Article 137 (NYS Education Law)-Pharmacy
- FQHC
- Office for People with Developmental Disabilities (OPWDD)
- Office of Mental Health (OMH)
- Patient-Centered Medical Home (PCMH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Other (please specify):

** Articles refer to the New York State (NYS) Public Health Law (PHL) unless otherwise noted.*

What services does your organization provide? (select all that apply)

	Accountable Care Organization (ACO)		Payor
	Acute Care (Inpatient)		Pharmacy
	Adult Day Health Care (ADHC)		Primary Care - Clinic (Outpatient)
	Ancillary (Lab/Radiology)		Primary Care - Private Practice (Outpatient)
	Behavioral Health - Clinic (Outpatient)		School Health
	Behavioral Health - Private Practice (Outpatient)		Short Term Rehab

	Behavioral Health (Inpatient)		Skilled Nursing Facility (SNF)
	Case Management		Specialty - Clinic (Outpatient)
	Foster Care		Specialty - Private Practice (Outpatient)
	Home and Community Based Services (HCBS)		Sub Abuse/Chemical Dependency (Inpatient)
	Health Home		Sub Abuse/ Chemical Dependency (Outpatient)
	Home Care		Supportive Housing
	Hospice		Urgent/Emergency
	Palliative Care		Other:

With which other organizations is your organization affiliated? (select all that apply)

	Type	Name
	Health Home	Brooklyn Health Home
	Health Home	Community Healthcare Network
	Health Home	Coordinated Behavioral Care (CBC) Pathways to Wellness
	Health Home	Montefiore Bronx Accountable Health Care Network Health Home (BAHN)
	Health Home	New York – Presbyterian Hospital Health Home
	Health Home	North Shore – Long Island Jewish Health Home
	Health Home	NYC Health and Hospitals Corporation (NYCHHC)
	Health Home	Queens Coordinated Care Partners
	Health Home	Visiting Nurse Service of NY Community Care Management Health Home (CCMP)
	IPA	Bronx United
	IPA	Hudson Heights
	IPA	Hudson Valley IPA
	IPA	Montefiore IPA (MIPA)
	PPS	Bronx Health Access
	PPS	Bronx Partners for Healthy Communities
	PPS	Community Care of Brooklyn
	PPS	Montefiore Hudson Valley Collaborative
	PPS	Mount Sinai PPS
	PPS	New York-Presbyterian PPS
	PPS	NYU Lutheran PPS
	PPS	One City Health
	PPS	SOMOS / Advocate Community Providers

Identify any other organizational affiliations:

	Type (Health Home, IPA, or PPS)	Name

CEO/Designee Signature

Date

CEO/Designee Name

CEO/Designee Title