

**HEAL NY HIT
RGA QUESTIONS AND ANSWERS – SET 3
Dated 11/10/05**

QUESTIONS ASKED AT 10/25/05 APPLICANT CONFERENCE

Note: Q1-Q9 are the questions that were not answered at the Applicant Conference.

- Q1) Under the stakeholders, can clinical laboratories be considered a stakeholder in this process?
A1) *YES, if they possess a New York State license pursuant to Public Health Law Section 574.*
- Q2) Can national reference labs be stakeholders?
A2) *See Question 1 above.*
- Q3) What financial statements are required to document the financial viability of an individual physician as a stakeholder?
A3) *See answer to questions 37 & 38 under “Other Financial” published on the DOH website on 11/8/2005.*
- Q4) Can a 501(c)3 professional association, that represents physicians facilitate an application on behalf of several physician practices in multiple regions of the state, serve as either the applicant or the stakeholder?
A4) *NO.*
- Q5) Can you use the Medicaid reimbursement rate to apply toward your matching funds?
A5) *Once Medicaid funds are paid to a facility the money is combined with other facility cash and is no longer considered Medicaid monies and may be used for any purpose the Facility wishes to use it for, such as paying for matching costs. However, funded depreciation dollars can only be used on capital assets. Therefore, if there are costs to be capitalized that are not paid for by grant funds those expenditures would be allowed to be paid from funded depreciation funds. All other matching costs may not be paid for with funded depreciation funds.*
- Q6) Can a project be built around oral health records which would include dentists as stakeholders for the oral health services at the hospital?
A6) *Oral health services at the hospital are medical services and qualify as an eligible project. Independent dentists may be stakeholders with the hospital as the eligible applicant. See also the answer to Question 21 in the Questions and Answers published on 11/8/2005.*
- Q7) Can a regional hospital association be an eligible applicant as a non-governmental community organization that plans and coordinates health delivery?
A7) *A non-governmental or community organization that plans and coordinates health care delivery is eligible to be an Eligible Applicant, but a trade association is not.*

- Q8) Why weren't licensed homecare services agencies allowed to be applicants vs. stakeholders?
A8) *Licensed homecare services agencies may be both eligible applicants and stakeholders.*
- Q9) Can clinical laboratories be considered a stakeholder?
A9) *YES, if they possess a New York State license pursuant to Public Health Law Section 574.*
- Q10) What is the operational definition of health system?
A10) *Stakeholder and Eligible Applicant must not be under common control or have authority to appoint Board members.*
- Q11) Can reference labs be stakeholders?
A11) *See A1.*
- Q12) a) What is required for certification in interoperability? b) What is CCH IT certification?
A12) *a) National standards are in the process of being developed and some may already exist. Applicants should go to www.hhs.gov/healthit for up to date information.
b) CCH IT is the Certification Commission for Healthcare IT. It was one of three groups that was awarded a contract by the federal Department of Health and Human Services (HHS) to accelerate the adoption of health information technology (HIT). These groups will form strategic partnerships to develop the building blocks necessary for achieving the President's goal of widespread adoption of interoperable electronic health records (EHR) within 10 years. The health IT partnerships will: create and evaluate processes for harmonizing health information standards; develop criteria to certify and evaluate health IT products; and develop solutions to address variations in business policies and state laws that affect privacy and security practices that may pose challenges to the secure communication of health information.*
- Q13) What financial documents are needed for individual physician stakeholders?
A13) *Tax returns are an example. See Other Financial Section of RGA Q&A's Set 1 and 2.*
- Q14) Is the grant exempt from Stark and Safe Harbor regulations?
A14) *NO. See A2 in Stark Laws and Safe Harbor Section of RGA Q&A 1.*
- Q15) Can eligible stakeholders provide in kind services or provide some of the matching funds?
A15) *YES.*
- Q16) What consideration is given to projects that support information flow to the State Health Department? Does the intent cover reporting to local health officials?
A16) *Public health is viewed broadly to include localities, state and federal government.*
- Q17) a) Is it possible that only a portion of the funds requested will be granted?
b) Is there a financial sustainability model?
A17) *a) Applications will be evaluated on a case by case basis.
b) NO.*

- Q18) What is the required match for a project with many stakeholders?
A18) *Required match is 50% unless a financially distressed institution is included in the Shareholder group. (See RGA Section 2.2.3).*
- Q19) What is required to show appropriate stakeholder involvement?
A19) *A letter of intent is one example of what is required. See Stakeholder RGA Q&A's Set 1.*
- Q20) Are licensed home care agencies an applicant or stakeholder?
A20) *We have amended the RGA to permit both.*
- Q21) Are individual physicians eligible to be stakeholders?
A21) *We have amended the RGA to permit them to be stakeholders.*
- Q22) If the Eligible Applicant has patients that cross multiple regions, how will that be considered?
A22) *The criteria that will be applied is depth and breadth. We are looking for broad distribution.*
- Q23) What standard of proof will you be looking for to analyze and justify a financial sustainability model? Are you looking for letters of intent or commitment from payer community?
A23) *Each source of funding will be looked at, and analyzed to determine that the Match requirement is satisfied, and that program revenues are sufficient to sustain the Project into the future.*
- Q24) Are applications competing against all others or only within a region?
A24) *We are looking at quality of projects and also looking to achieve a geographic distribution. It is a statewide competition.*
- Q25) Why isn't telemedicine included?
A25) *This Phase 1 is tied to federal initiatives to share information technology. There are other initiatives which support telemedicine and maybe another Phase of HEAL NY will as well.*
- Q26) What does concise mean and should we include a business plan?
A26) *You should include what is essential and may do so by way of appendices.*
- Q27) Integrated delivery systems meet the criteria for collaboration but not the issue of board control.
A27) *The RGA does not discriminate against integrated delivery systems. You just need to include a stakeholder outside the system.*
- Q28) a) Can individual physicians be part of this project? b) Do stakeholders share equally in award funds regardless of what is invested?
A28) *a) Individual physicians can be stakeholders.*

b) There is nothing in our evaluation methodology that links direct investment in the process with the amount of funds required. Each stakeholder has different financial capacity and the agreement between Applicant and Stakeholders should reflect the value brought by each, and the amount of funds to be distributed to each.

Q29) a) Is it a community of people or a community of providers? b) Do we have to have a fully functional EHR?

A29) *a) It is a community of healthcare stakeholders in a particular region.
b) The RGA is looking for projects which will improve the quality of care delivered in the community and reduce the cost of that care.*

Q30) Is a project to create a patient portal to our electronic medical records acceptable?

A30) *The RGA requires the project to have the ability to achieve patient satisfaction as well as have the ability to improve patient access to medical records. (See Section 2.1.3 (5) & (6) of the RGA).*

Q31) a) Referring to Attachment 5, what is the final acceptance date of the HIT project? b) Is it HIT projects that the grant will fund or current HIT projects the applicant has?

A31) *a) The final acceptance date is: November 30, 2005.
b) The funding is for projects which are reviewed and accepted under the RGA.*

Q32) Must we be specific in our request for funding if a project is already on going?

A32) *If you have an ongoing project you must delineate that specific piece for which you are seeking grant funding. The money that the applicant has spent directly for the project since February 2005 into 2006 and beyond can be calculated as matching costs.*

Q33) Can a 501-c(3) professional association that represents physicians facilitate an application on behalf of several physician practices in multiple regions of the state serve as either the applicant or stakeholder?

A33) *A professional association does not meet the definition of eligible applicant or stakeholder under the RGA, Section 3.2 or 3.3.*

Q34) Could ASP models that include recurrent costs to utilize those services be part of capital or matching funds?

A34) *See RGA Attachment 5 and Capital Costs and Matching Funds Sections of Q&As Set 1.*

Q35) Can an IPA which is 50% owned by a hospital system partner with the hospital system, and an IPA that does not share ownership properties with the IPA?

A35) *The eligible applicant must have a stakeholder that meets both the legal entity separation criterion and the separate type of organization criterion both in one stakeholder. (See RGA Section 3).*

Q36) If an applicant is a financially distressed hospital, must it submit 50 or 30 percent matching funds?

A36) *Thirty percent matching funds is required for Applicants with a financially distressed entity in the Stakeholder group.*

- Q37) What is the definition of financially distressed?
A37) *The definition is found in the RGA Section 3.5 and is the same that was used for the “stabilization” grant.*
- Q38) Would a digital radiology system as part of EMR expansion operated jointly by a hospital in partnership with a private physician corporation be eligible for funding under the RGA?
A38) *As described the sharing of radiological information among different types of stakeholders is eligible.*
- Q39) Can you amend the budget to reflect contribution of vendor toward the match at a later time?
A39) *Decisions are made at the time of application with information that is presented. We will only reimburse actual costs and the reimbursement cannot exceed the budgeted value.*
- Q40) a) Is a not for profit consumer organization an appropriate applicant?
b) Must the project be a provider centered health care record or may it be a patient centered health care record?
A40) a) *A consumer organization does not meet the criteria for eligible applicant as defined in the RGA Section 3.2.*
b) *The record can be a patient centered record. It is the value of the information being shared which is important.*
- Q41) How do we include pharmacies as stakeholders in the E-Prescribing piece of the project?
A41) *Evidence of agreement from the pharmacies should be included in the application. Pharmacies should show access to software being used.*
- Q42) a) What type of connectivity do you want to see in the E-Prescribing project?
b) Can you share information about future Phases of HEAL NY?
A42) a) *The RGA is looking for all different kinds of information sharing. There are several different levels of information to be shared:*
 - *Transmitting the prescription electronically*
 - *Drug utilization review*
 - *Medical history shown**We’re looking for breadth; i.e., how many stakeholders, how many patients.*
b) *Other phases of the HEAL NY Program will be described in future RGAs.*
- Q43) Does a system applicant that has interoperability across the system qualify?
A43) *Information sharing within a system all by itself does not qualify. You must have outside parties involved as well. See Section 3 of the RGA.*
- Q44) Is there a limit to how much we can invest in EMR within our system versus how much we invest in the interconnectivity outside the system?

A45) *There are no specific limits but the project must have real stakeholders and sharing of information outside the system is required. See RGA 2.1.3(10) and 3.3. In general, the more stakeholders and more community involvement, the more preference will be given.*

Q46) How would an application be evaluated if the system had the capacity to do medication reconciliation of a patient who comes to the emergency room? The system would generate a body of information that is accessible to the entire medical staff. The patient's physician may not be a system's physician and therefore, may or may not have the capability to access the information, but the information is there.

A46) *It is not good to have a project with information to share if there isn't anyone to share it with. If physicians outside the system do not have capability to access the information, that would not be evaluated highly. In general, the more stakeholders and more community involvement, the more preference will be given.*

Q47) Will the attendee list be posted on the website?

A47) *A list of attendees and their affiliation will be posted on the DOH website by 11/10/2005 at <http://www.health.state.ny.us/funding/rfa/0508190240/index.htm>.*

Q48) Are you looking for any specific kind of responsibility for applicant as opposed to stakeholder or is it up to the parties to decide how to fund various pieces of the project?

A48) *See Q18 in RGA Q&A's Set #2.*

Q49) Why were licensed home care agencies only allowed to be stakeholders?

A49) *Licensed home care agencies can be both eligible applicants and stakeholders as per the amended RGA.*