

Questions and Answers Set #1 (as of October 2, 2007)

HEAL NY – PHASE 5
Health Information Technology
Request for Grant Applications #0708160258

Clarifications

Notice: Sections 3.1.2.1 (j) & 3.2.1.1 (g) are amended as follows:
“Rural Health Networks, as defined by **Section 2951 of the Public Health Law (PHL)**”

In an effort to expedite answers to submitted questions, this Questions and Answers document is the first of several Q&A postings to the Department’s website for RGA #0708160258. It is recommended that potential applicants continue to monitor the Department of Health’s website for future posting(s).

ELIGIBLE APPLICANT

Q1. We are a non-profit health services research foundation. We are the administrator of a primary care practice-based research network comprised of nine separate physician organizations and networks, representing 87 primary care practices. Are we eligible to be the lead applicant for a CHITA?

A1. No. Please see RGA Section 3.2.1.1, which sets forth a very specific and limited list of the types of entities which are eligible to serve as the lead applicant.

Q2. Section 3.2.1 & 3.2.2.1: Can a non-profit organization which consists of entities which can comprise a CHITA be considered a CHITA even if the non-profit organization is not one of these types of entities?

A2. No. Per RGA Section 3.2.2.1, only certain types of clinicians and providers, which are clinically affiliated for the purposes of care coordination, but not a part of the same corporate structure, are eligible to be participants in a CHITA. These types of clinicians and providers are identified in 3.2.2.1 (a) through (h).

Q3. Section 3.2.1.1: Can the non-profit organization described above apply as the Lead Applicant?

A3. Only if it is one of the types of entities identified as an eligible lead applicant type in RGA section 3.2.1.1 (a) through (g).

Q4. Is a NY State non-profit organization eligible to apply if it has a broad health mission (e.g. planning) that includes creating a RHIO? We are far along in developing plans for a RHIO that, over time, would spin-off as a separate organization. Our organization is a multi-stakeholder collaborative that is doing similar work as RHIOs, but is not 'a RHIO'.

A4. Yes, if said organization’s mission statement includes “to advance interoperable health information technology to improve quality....,” they would be able to apply but will need to satisfy all other criteria.

CHITA Definition

Q5. Would a medical society be eligible to apply as a CHITA?

A5. No.

Q6. Would a community health clinic be eligible to apply as a CHITA?

A6. Yes, if it is a D&TC licensed under PHL Article 28 or operated by a county or municipal health department. A community health clinic may be a lead applicant, or a stakeholder, but must incorporate other participants as described in section 3.2.2.1 and therefore cannot apply as a CHITA in and of itself.

Q7. Can an acute care hospital (Not-for-profit) partner with a private for-profit company on a project. In this example, the Hospital would be the lead or fiduciary agent and the for-profit company would be a paramedic level ambulance service that ordinarily brings 911 patients to said hospital?

A7. The hospital could be an eligible lead applicant for a CHITA, but the CHITA would still need to include the types of participants discussed in 3.2.2.1.

Q8. Can a 520 bed long-term care facility that is publicly owned by the County be able to participate?

A8. Yes, government ownership is not a factor in participant or lead applicant status. In addition, your organization may be able to participate if it meets the requirements in RGA section 3.1.2.1 (g), to be a stakeholder in a RHIO, as long as the specific requirements of Section 3.2.1.1 or Section 3.2.2.1 are met and your organization meets the requirements of the Public Health Law referenced therein.

Q9. Will this grant provide funding for software for a small Home Care Facility? It appears the minimum amount of the grant is \$1 million. Am I reading this correctly?

A9. Yes, the minimum award amount is \$1 million. An award could fund software, but only if your facility is participating in a RHIO or CHITA project, as described in Section 2.3.

Q10. Regarding Section 3.2, the lead applicant: Can a public benefit corporation that oversees hospitals apply as a lead applicant?

A10. There are a limited number of Public Benefit Corporations in New York State that, by statute, operate hospitals. Those specific corporations would be eligible to apply as lead applicants.

Q11. Can a faculty practice organization at a medical school serve as the lead applicant in a CHITA?

A11. A faculty practice can apply only if they deliver care and are separately incorporated as a Professional Corporation (PC).

Q12. Can a state university medical school be considered the lead applicant for a CHITA since it is a legally constituted network functioning with other community providers advancing Health IT?

A12. No.

STAKEHOLDERS/PARTICIPANTS

Q1. Page 20, 3.2.2.1 Participants

The RGA states "...clinicians and providers, which are clinically affiliated for the purpose of care coordination, but not a part of the same corporate structure, are eligible to be a participant in a CHITA." The RGA then lists; physician practices, FQHCs, hospitals, etc.

Several small physician practices may be organized under one administrative arm, such as an IPA or LLC. Does the above statement (not part of the same corporate structure) mean that if an IPA or physician organization with 8 or 10 small practices wants to apply, it must find other non-affiliated physician practices to participate?

A1. The entities must be clinically affiliated but not part of the same corporate structure. The physician practice component, which can play the lead role, is clinically affiliated with the hospital organization or may be part of the hospital corporation, but must incorporate other stakeholders as described in 3.2.2.1 a through h.

Q2. The RGA is clear that RHIO participants must include reps from different participant categories. The definition of CHITA does not explicitly speak to the variety of the CHITA's composition. Are participants from multiple types required? If so, how many different categories must be represented?

A2. A CHITA should consist of a lead applicant (types found in Section 3.2.1.1 a-g), and, at a minimum, ambulatory care clinicians as discussed in Section 3.2.2.1. The participants should be clinically affiliated entities involved in the care coordination process. The broader the number of collaborating entities, the more likely it is to drive provider acceptance.

Q3. How are solo/small practices defined? Is 1-5 a count of MDs? Does it include extenders? Is it an FTE count or count of people regardless of their level of effort? Is the count based on how many practice under the same provider tax id?

A3. As set forth in Section 3.2.2.1, certain physician practices comprised of small physician offices can be a participant in a CHITA. The 1-5 count is for the number of physicians based on the number of physicians practicing under the same provider tax id.

FINANCIAL

Q1. Can funding be used to support faculty practice plan EHRs for their private (non- hospital) practice activities. These private practice activities would be occurring under the practices' own tax ids, not the hospital license, and are not in any way managed by the hospital.

A1. Yes, this would be an acceptable use of funds, assuming it is within an application submitted by an Eligible Applicant described in Section 3.2, and for a project described in Section 2.3. The applicant would also need to include clinically affiliated providers responsible for delivery of results to the EHR for the purpose of care coordination and would need to follow the lead applicant requirements in section 7.4.