

Questions and Answers Set #2 (as of October 9, 2007)

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

In an effort to expedite answers to submitted questions, this Questions and Answers document is the second 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).

Clarifications

- 1) Sections 3.1.2.1 (j) & 3.2.1.1 (g) are amended as follows: “A Rural Health Network, as defined by **Section 2951 of the Public Health Law (PHL)**”
- 2) For project where the lead applicant is a Rural Health Network **and** the entire project is located in, and exclusively for the benefit of a rural area, the applicant match requirement is reduce to 10% of the total project. If a defined Rural Health Network is a participant or stakeholder of a project that is not exclusive to a rural area, then the match requirement remains 25%. **Please provide a detailed description and evidence supporting the designation of ‘rural area’.**
- 3) Section 5.1.3 Matching Funds: While applicants with 10% cash contributions to their match will be viewed favorably, the 10% cash is not a requirement.
- 4) Letters of Commitment referenced in Sections 5.2.6 (f) and 9.3.5 (7) are required to be two different letters. The Section 5.2.6 (f) letter is defined as an organizational commitment letter with no financial commitment information; the Section 9.3.5 (7) is defined as a financial commitment letter and should only be included in the applicant's financial application package.
- 5) Section 5.3 Award Process “If an applicant submits grant applications in more than one category, the respective applications should each describe the interrelationship with each other.” – The interrelationship should be described in the organizational plans of each application.
- 6) CCHIT Certification Requirement: This requirement is clarified as: If a CCHIT certification is not currently available for an applicant's project, e.g., an EHR specializing in mental health, they must seek certification within six months of such certification becoming available. Also, applicants' projects must use CCHIT's 2007 certification criteria. If applicants' projects include vendors that are currently CCHIT certified, but not CCHIT certified based on the 2007 certification, then re-certification based on 2007 criteria must be completed within 6 months of project start date.

- 7) Even though New York State did not receive funding under the CMS Transformation Grant Program, Interoperable EHRs for Medicaid remains a viable use case/clinical investment priority for the HEAL NY Phase 5 Program.

Questions and Answers

Technical Questions

Q1 Technical Task 7.3: #23: What is meant by the word “independent” in describing security officer?

A1. The independent security officer should function as a separate authority or office with independent review and approval process over a health IT security software provider. The security officer can either be a part of the RHIO or a health information service provider, if the health information service provider is an independent integrator, not a software vendor.

Q2. Related to “Statewide Health information Network for New York (SHIN-NY): Connecting New Yorker and Clinicians Use Case”

Q2a. Appendix IV – 1.1.4.0 – on pg 15 and 16 the use case is “View Medication Info” and on pg 17 and 18 the use case is different “View Medication and Laboratory info”. Which is correct?

A2a. “View Medication Information” is correct

Q2b. Pg 8, bullet #2 – Where is the detailed description and flow diagram located for the scenario “New Yorker’s receipt of general health information via an Interconnection to their Clinician?”

A2b. The actual flow diagram is on pg.17, but labeled "Indirect Access to their Medication and Laboratory Information”

Q3. In an application for funds under Category 2, we are considering applying for a project to implement the Clinical Decision Support use case. Would this project also require using clinical information to measure and report on physician quality?

A3. No. In grant category 2, applicants are required to select one out of two uses cases to utilize in their grant application. The use cases are: “Clinical Decision Support in a Health Information Exchange Environment” and “Quality Reporting for Outcomes”.

Q4. Section 7.1.3.1 “Interoperable EHRs-Use Case for Medicaid”, pg 7, #9 states:

"In the event that participating practitioners do not currently have access to CCHIT-certified interoperable electronic health records, it is permissible for the applicant to simultaneously apply to the EHR grant category under this HEAL NY Phase 5 program (see section 2.4 in the Request for Grant Applications: “Pilot Implementations of Community-wide Interoperable EHRs (EHR).” - Section 2.4 reference should be Section 2.3.2

Q4a. Can you explain the meaning of this paragraph? Section 2.4 does not exist in the RGA. Does the above paragraph indicate that applications for projects **connecting existing** EHR’s should be included in Category I grant applications... and projects **implementing new** EHRs with capabilities stated in the use case should be included in Category III grant applications?

A4a. Yes. Although an applicant is eligible to apply in both grant categories.

Q4b. The word “permissible” in the RGA attachment is the operative word. Please confirm it is “permissible” and not “required” or “preferred”.

A4b. It is permissible.

Q5. In both the Immunization and the Medicaid Use cases there are proprietary interfaces required to state-based systems. Is the requirement for the grant to insist that CCHIT certified EHRs support these proprietary interfaces or can the RHIO supply these services?

A5. The interfaces to the immunization registry and Medicaid’s eMedNY will be standards-based interfaces published by the state. It is up to the applicant to determine how these standards-based interfaces will be implemented based on the use case and scope of work proposed in the grant category.

Eligible Project

Q1. Are these Heal Grants with the deadlines for 11/19/07 for private practicing physicians to procure EMR's?

A1. Yes, if the physicians are participating in a RHIO or CHITA project, as described in Section 2.3.

Q2. Would implementation of an EHR in a long term care facility with interfaces to affiliated provider systems (e.g., pharmacies, billing systems, etc) qualify under Grant Category III?

A2. No.

Q3. Would development of interfaces from a long term care EMR to ambulatory clinician office-based EMRs qualify under Grant Category III?

A3. Yes.

Q4. Would you please define "hospital practice setting"? (Section, 2.3.3, page 15)

A4. For the purposes of this reference, physician practices are defined as those owned/employed by a hospital.

Q5. Will the grant fund EHR for Emergency Care Center (ER) physicians for the purposes of sharing patient information with primary care providers? (Section 2.3.3, page 15)

A5. No. Funding is used to support EHR adoption in the ambulatory physician office settings. Funding could be used to provide an interface between the EHRs of the primary care provider and Emergency Care Center. Please refer to section 2.3 and 2.3.3.

Q6. Can funding be used to support EHR adoption in nursing homes?

A6. No. Funding is used to support EHR adoption in the ambulatory physician office settings and interfaces between the EHR and nursing home to support EHR adoption and information sharing. Please refer to section 2.3.3.

Financial / Match

Q1. Please clarify the applicant's requirement to fund the Statewide Collaboration and the Project Evaluation processes.

A1. Section 4.2 requires that the applicant "...provide five percent of reimbursable funds or matching funds to NYeC to support the collaboration process". Section 5.1.4.1 requires that applicants "...allocate five percent of reimbursable funds or matching funds to an independent project evaluation process".

This is clarified as "Applicant budget allocations for the Health IT Collaboration Process & Project Evaluation Process must be 5% of their project's requested HEAL funding amount."

Q2. During the evaluation process of any project, the evaluator often makes requests of the applicant to provide certain data or to perform certain tasks (e.g. perform a survey). How will these evaluator requirements be funded?

A2. Section 5.1.4.2 instructs applications to identify appropriate staff to support the evaluation process as part of their organization plan. Expenses associated with the project evaluation should be incorporated into the project budget. Applicant's expenses associated with the project evaluation should be incorporated into the project budget in a line outside of the 5%.

Q3. Would a stakeholder be able to claim funds from a Federal agency (i.e. Aging) as matching funds for HEAL 5?

A3. Yes, the only restriction on match source is that it must be non-State funds.

Q4. Our Health Center was specifically set up to serve the Medicaid population in our community. Can the cost of an electronic health record system be used as an in-kind donation for HEAL NY Phase 5? (Section 5.1.3, page 24)

A4. Yes

Eligible Applicant

Q1. Section 3.1.1 of the RGA states that "to qualify as an eligible applicant, a RHIO is required to be a non-governmental organization that exists as a New York State not-for-profit corporation." Does the list of stakeholders outlined in 3.1.2.1 include for-profit corporations, partnerships or limited liability companies? Would they be eligible to receive funding from HEAL NY as a subcontractor of the RHIO?

A1. Yes, as long as the corporation qualifies as a stakeholder type listed in section 3.1.2.1. With respect to subcontracting with the RHIO, this is up to the RHIO and its stakeholders.

Q2. Section 3.2.1 defines the CHITA stating that they "do not have to be separate not-for-profit organizations, but rather smaller and looser collaborations of clinician and provider participants required for effective EHR use and to improve care coordination."

Q2a. Does the list of participants outlined in 3.2.2.1 include for-profit corporations, partnerships or limited liability companies?

A2a. Yes, as long as it qualifies as a participant as listed in section 3.2.2.1

Q2b. Can a for-profit corporation, partnership or limited liability company in a CHITA serve as the lead applicant?

A2b. Yes, if they are an entity type listed in RGA section 3.2.1.1. However, the applicant should note that contracts with for-profit entities are not eligible to receive the advance payment described in RGA section 8.8.

Q3. Regarding Section 2.3.3 - Can a care coordination zone be defined using a subset of the total population of the geography in question, for example, the Medicaid population of Columbia County?

A3. Yes. As indicated in the RGA, a care coordination zone should include a community of ambulatory care clinicians and clinically affiliated providers demonstrating the adoption and effective use of ambulatory physician office-based EHRs.