

HEAL NY – Phase 10
Question and Answers Set #1 (as of April 27, 2009)

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 # 0903160302. It is recommended that potential applicants continue to monitor the Department of Health’s website for future posting(s).

CLARIFICATIONS

Clarification	Response	See RGA/Attachments	References for More Information
CCHIT Certified Electronic Health Records – Is there a preference between implementing new systems, or upgrading old systems?	No. Scoring will reflect implementation of the system to improve care coordination for the target patient population.		
Are projects required to include 50% of patients from the target patient population? How will this be reviewed?	Yes. 50% is the minimum, however, projects with a higher percentage of the population will be scored higher. Projects are required to provide supporting documentation and should include multiple sources of support relevant to target patient population.	<ul style="list-style-type: none"> – Section 3.3.2, p. 20 – Section 3.3.3, p. 21 	Examples Include: <ul style="list-style-type: none"> – Community Health Assessments – Prevention Quality Indicators (PQI)¹ – US Census
Is there a NYS list of designated RHIOs?	No, see Attachment A to this document.		
When should projects be combined or be separate applications?	This will vary by project. Applicants should decide by choosing which approach best meets the RGA requirements.	<ul style="list-style-type: none"> – Section 3.3.1, p. 20 – Section 3.3.2, p. 20 – Attachment 6.3 	

¹ https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map;jsessionid=DF0ADBC5F7A5F6DD183A84A29E74FDD8

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ELIGIBLE APPLICANTS

Question	Response	See RGA	References for More Information
Are clinical laboratories that are independent of a hospital eligible for HEAL grant money for EHR development, and are the funds available to such firms if they are physically located outside of NYS but operate here (do business in NYS)?	Clinical Laboratories who provide services for patients who reside in NYS are eligible only to be stakeholders and not lead applicants. As such, grant funds can be used for information technology required to support the PCMH. See the Stakeholder section of the RGA.	– Section 3.2.1, p. 14, through Section 3.2.3, p. 19	
Can all of the Stakeholder types listed in the chart in Section 3.2.2. qualify as a Lead Applicant, or is that role limited to the first four Stakeholder types listed (Primary Care Physicians, Other Specialty Physician Practices, Rural Health Network, and General hospitals) or to some other subset of the Stakeholder types listed?	All Eligible Applicants are listed in the RGA.	– Section 3.2.1, p. 15 and p. 16	
Does the Lead Applicant need to consist of primary care physicians and/or specialist physicians, or can the Lead Applicant be one of the Stakeholder types listed in 3.2.2. that do not consist of primary care physicians and/or specialist physicians?	All Eligible Applicants are listed in the RGA.	– Section 3.2.1, p. 15 and p. 16	
Can the CHITA be the PCMH that coordinates or facilitates the coordination of care or does it need to be a licensed provider? What constitutes coordinates and managing a patient population? If not, how is a PCMH created?	No. See RGA for definitions of CHITA and PCMH.	CHITA – Section 3.2.1, p. 15 and 17 – Section 3.3.5, p. 26 and 27 – Attachment 6.2 PCMH – Section 3.3.3, p. 21	

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Would it be possible to consider an IPA a CHITA, and thus a lead applicant for the HEAL 10 RGA?	Yes. Any organization that meets the requirements listed in the RGA for a CHITA is eligible.	<ul style="list-style-type: none"> – Section 3.2.1, p. 15 and 17 – Section 3.3.5, p. 26 and 27 – Attachment 6.2 	
Can a RHIO that is running an existing program to implement electronic health records and offer the necessary wrap-around services to support those EHR implementations and, coordinating an existing patient centered medical home project in our community, apply for HEAL 10 funding as a lead applicant?	Yes. Any organization that meets the requirements listed in the RGA for a CHITA is eligible.	<ul style="list-style-type: none"> – Section 3.2.1, p. 15 and 17 – Section 3.3.5, p. 26 and 27 – Attachment 6.2 	
Can large hospitals apply?	Yes. Allowable cost requirements must be adhered to and all grant requirements met.	<ul style="list-style-type: none"> – See Section 3.2.1, p. 16 <p>Allowable Costs</p> <ul style="list-style-type: none"> – Section 3.3.6, p. 27 and 28 	
Are individual physicians with a high chronic disease (diabetes) patient base eligible for a grant?	Yes, as a participant in the PCMH.	<ul style="list-style-type: none"> – See Section 3.2.1, p. 16 	

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STAKEHOLDERS/PARTICIPANTS

Question	Response	See RGA	References for More Information
Do all of the Participants in a project need to use the same RHIO?	The applicant should make the determination as to whether a single or multiple RHIOs best meet the requirements of their PCMH. All RHIO partnership requirements and SHIN-NY connectivity requirements must be met.	RHIO partnership – Section 3.2.3, p. 19 – Section 3.3.1, p. 20 – Section 3.3.3, p. 22 – Section 3.3.4.2.1, p. 25 – Attachment 6.3 SHIN-NY Connectivity – Section 3.3.4.2.1, p. 24 – Section 3.4, p. 31 – Attachment 6.9	
Four RHIO's serve the New York City region, and one RHIO serves both the New York City region and the Long Island region. In HEAL 10, do all five of these RHIO's qualify as RHIO's that Participants in the New York City region can use: BHIX, the Bronx RHIO, the Interboro RHIO, LIPIX, and NYCLIX?	RHIOs should be chosen based on needs of the project and meeting the requirements in Attachment A of this document.		
There is reference to a summary of the PCMH providers and other care givers who provide care to the target Patient population. How specific does the summary need to be- a list of the providers and demographic data or generalized data about the physicians?	Responses should conform to, and must utilize the format specified in Attachment 6.3.	– Attachment 6.3	
Ideally, applications will include over 70 percent of the appropriate providers and caregivers. Is this by geographic area? Or is it 70% of the stakeholder types listed on page 17 and 18?	70% is determined by the CCZ and is not based on geographic area and will be scored accordingly.	– Section 3.3.1 – Attachment 6.3	

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What data will satisfy the requirement to demonstrate care improvement? What will constitute improvement?	Although examples are provided in the Attachments, projects are required to submit improvement measures and/or standards they propose to be most relevant to their project with evidence demonstrating improvement.	– Attachment 6.6, p. 51, Clinical Measures for Evaluation	
Can a medical home include multiple physician practices?	Yes, inclusion is based on the target patient population and participants required for the coordination of care.	– Section 3.2.2	
In that high risk pregnancy is called out in the grant as a high risk condition acceptable for HEAL 10, will OB GYNs be considered Primary Care Physicians for the purpose of the grant?	Inclusion is not restricted to certain primary care specialties, but all primary care clinicians included in the project must adhere to RGA requirements and provision of PCMH services.	– Section 3.3.3	

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FINANCIAL

Question	Response	See RGA	References for More Information
Attachment 6.3 is a required part of the Program Application. Should financial commitments be excluded from the letters of support?	No. Letters of support must be complete per the requirements outlined in Attachment 6.3. OHITT will be redacting this information.		
Are PHRs an allowable cost?	Yes, if an integral component of the project's care coordination by the PCMH for the target patient population.		
What constitutes a capital cost? Do labor/people costs constitute a capital cost?	See Allowable Costs section of RGA.	– Allowable Costs, p. 101 and 102	

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DEFINITIONS

Question	Response	See RGA	References for More Information
Does the project have to focus on just ONE of the chronic disease choices or high risk / high cost diagnoses listed in attachment 6.7, or can it focus on more than one of them equally?	Yes. Only one diagnosis can be chosen.		
The technical framework includes three main building blocks: (1) the 3Cs : interoperable EHRs for clinicians, Personal Health Records (PHRs) for consumers, and community information portals; (Please clarify the definition on an information portal)	An information portal may include web-based access to clinical information necessary for care coordination by the PCMH for the target patient population, but only when there is adequate supportive documentation that an electronic health record system is not appropriate or available.	– Section 3.3.3	

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RESOURCES

Question	Response	See RGA	References for More Information
<p>What data source should the Project use to determine the number of “Physicians in the CCZ not Participating in the Project” (Attachment 6.3, Section III.a., second column from the right)?</p>	<p>Projects should consult community health and stakeholder resources, as well as those we have provided as examples, but the number of physicians in the CCZ will be dependent on the project design and the diagnosis chosen. Projects should supply supportive documentation for all the sources used.</p>		<p>Examples Include:</p> <ul style="list-style-type: none"> – Community Health Assessments – Prevention Quality Indicators (PQI)² – US Census
<p>What data source should the Project use to determine the “Total Number [of Insurers] in the Region” and “Total Covered Lives” (Attachment 6.3, Section III.f., first and third columns)?</p>	<p>Same as above.</p>		<p>Same as above.</p>

² https://apps.nyhealth.gov/statistics/prevention/quality_indicators/start.map;jsessionid=DF0ADBC5F7A5F6DD183A84A29E74FDD8

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OTHER REQUIREMENTS

Question	Response	See RGA	References for More Information
The EHR's used in the project must be CCHIT 2008 certified (Section 3.3.4.1). But there are no CCHIT 2008 certification standards for EHR's in Long Term Care. Is the requirement of CCHIT 2008 certification waived for the EHR's used by LTC Participants?	CCHIT certification is only required for EHR products that have CCHIT certification available.		
All new EHRs must be 2008 or 2009 certified by the Certification Commission for Health Information Technology (CCHIT) or certified per requirements set by the Secretary of HHS, and must comply with current and future Statewide Policy Guidance for EHR functionality, interoperability, privacy and security, and quality reporting set through the SCP. - Not sure what these requirements are?	Statewide Policy Guidance can be found on the New York State Department of Health website. ³		
Regarding extracting de-identified health info from EHR...as determined by the SCP. Is the draft list of measures those listed in an appendix?	No. There is not a draft list of measures available currently. Funded projects will be required to participate in the SCP and be part of developing these measures.		
Regarding sending extracted health info...utilizing the SHIN-NY to approved Performance Assessor(s)... Have candidate performance assessors been identified? If yes, who are these candidates?	No.		
Can just one doctor serve 70% of the entire target patient population?	Any one clinician should be a part of the PCMH, which would include all stakeholders involved in the care of the target patient population.	– Section 3.3.3	

³ http://www.health.state.ny.us/technology/statewide_policy_guidance.htm

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OTHER REQUIREMENTS

Question	Response	See RGA	References for More Information
"DOH may also require further measures as they are developed through the SCP." Is there a draft list of criteria aside from the three listed for how the SCP will identify 'additional' measures? Will grantees have the opportunity to suggest these additional measures?	No, there is not a draft list of measures available currently. Funded projects will be required to participate in the SCP. Grantees will have the opportunity to participate in the SCP for measures.	– Section 3.3.9	
What does the DOH deem as a 'reasonable' amount of staff time - e.g. 0.2FTE per year? Are there any draft requirements from HITEC that applicants can view in order to identify the appropriate staff with skill level and time to devote to activities requested by HITEC? What are some potential data requests from HITEC required of grantees?	Projects are responsible for determining reasonable amount of staff time and for providing supportive documentation.	– Section 3.3.10	
"Five percent of all dollars under HEAL 10 will be provided directly to HITEC... Dollars will not be withheld from project awards, as occurred in HEAL 5" Would our application be stronger if we collaborated with HITEC staff and incorporated a portion of their time into our budget?	All funded projects will be required to participate in the HITEC evaluation of HEAL 10.	– Section 3.3.10	
Hypertension is not included in the list of chronic diseases that would qualify for a HEAL 10 grant. Would it be possible to expand the RGA's list of chronic diseases to include hypertension?	Any diagnosis that is not included in the list must have accompanying evidence as to why an alternative diagnosis is chosen for the project.	– Attachment 6.7	

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OTHER REQUIREMENTS

Question	Response	See RGA	References for More Information
Can patient population be parsed beyond geography? Diabetics, for example, are a large population and it would make more sense to focus on just diabetics over 65.	Yes. CCZs should be based on referral patterns for the target patient population and participants required for the coordination of care and not geography.	– Section 3.3.2	

Attachment A
New York State Regional Health Information Organizations (RHIOs)

Definition: RHIO means a not-for-profit corporation that (i) receives funding and was designated as a RHIO under Phase 5 of the Healthcare Efficiency and Affordability Law for New Yorkers or (ii) is otherwise designated as a RHIO by the NYS DOH or (iii) an organization that meets the definition of RHIO as set forth in the HEAL 5 Request for Grant Applications (<http://nyhealth.gov/funding/rfa/0708160258/>) and agrees in writing with NYeC to follow the Statewide Policy Guidance applicable to RHIOs as developed through the SCP.

Underlying the Statewide Collaboration Process (SCP) and central to the successful implementation of the Statewide Health Information Network for New York (SHIN-NY) are RHIOs. New York's RHIOs working under the New York eHealth Collaborative (NYeC) umbrella and with their stakeholders and constituents must create an environment that assures effective health information exchange both organizationally and technically through a sound governance structure. RHIOs are a part of the SCP managed by NYeC and are required to participate in setting Statewide Policy Guidance and then implement and ensure adherence to such guidance. Serving as trusted brokers, RHIOs are multi-stakeholder collaborations that enable the secure and interoperable exchange of health information with a mission of governing its use in the public's interest and for the public good by supporting improvements in health care quality, affordability and outcomes. Currently, there are state designated RHIOs, which are part of the statewide governance structure and provisioning health information exchanges or sub networks of the SHIN-NY through contracts with HIE vendors over the next two years. By virtue of fulfilling their obligations, RHIOs will be conferred benefits in terms of eligibility for grants, contracts for services, and access to various data sources, both public and private.

Requirements: To be considered a New York State RHIO, an organization must comply with Statewide Policy Guidance, which can be found at:

- http://www.health.state.ny.us/technology/statewide_policy_guidance.htm

Resources: Use the following links to locate a local RHIO or health IT project:

- <http://www.ehealth4ny.org/resources.html>
- <http://www.nyehealth.org/heal-awardee-summaries>

NOTE: New York State does not currently have a process for determining designated RHIOs. When applicants are considering organizations as RHIOs, they should be evaluated using the guidelines above.