

HEAL NY – Phase 10
Question and Answers Set #3 (as of May 8, 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

Question	Response	See RGA	References for More Information
In reviewing the allocation of counties to regions for the purpose of Heal 10, there is some confusion regarding Chemung County. Although the map in the RGA indicates that Chemung is part of the Western region, the listing of counties per region shows Chemung in Central region. Please clarify.	Chemung County is part of the Central Region.	– Section 4.2.3	

ELIGIBLE APPLICANTS

Question	Response	See RGA	References for More Information
Can a non-profit provider membership association serve as a CHITA?	Any organization that meets the requirements listed in the RGA for a CHITA is eligible.	– Section 3.2.1, p. 15 and 17 – Section 3.3.5, p. 26 and 27 – Attachment 6.2	
Is the Department of Health’s HEAL 10 initiative limited only to individuals eligible for Medicaid-reimbursed services or are other payers expected to be included?	No		

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STAKEHOLDERS/PARTICIPANTS

Question	Response	See RGA	References for More Information
Could a payer be considered a stakeholder?	Payers are eligible to be stakeholders, but are not eligible to receive funds or serve as lead applicants.		
Must all stakeholders be members of a RHIO (e.g. high volume community-based physicians may not be part of the governance structure of a RHIO but may be granted access to a RHIO's data)?	<p>All eligible applicants are required to be active participants in a RHIO's governance structure.</p> <p>Participation in the sharing of pertinent/available RHIO data, as it is relevant to the care of the target patient population, is a requirement of all stakeholders.</p>	– Attachment 6.3	
Can a stakeholder without an EMR (such as a high volume provider of related specialty services) be included?	Allowable costs include the acquisition of EHRs for active PCMH stakeholders. Other technologies, such as a portal, may be used if more appropriate.	<ul style="list-style-type: none"> – Section 3.3.4.2.1 – Section 3.3.6, p. 28 	

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Question	Response	See RGA	References for More Information
<p>Is the form in Attachment 6.3.111.a to be filled out multiple times if there are a number of PCMHs in the CCZ?</p> <p>Can there be multiple PCMH sites within a CCZ (e.g. several independent health centers and a subset of a delivery systems ambulatory sites)?</p>	<p>Yes</p> <p>Yes, if appropriate.</p>		
<p>In 6.3, Section IV, Table 1: How should column 4 (“briefly describe roles in project, including PCMH and CHITA”) differ from column 6 (“briefly describe roles in project”)?</p>	<p>Column 4: Describe in a few sentences the nature of participation (ie. what the project is funding, is in-kind time being contributed, purpose in the project, etc...)</p> <p>Column 6: Give the stakeholder a one or two word designation (ie. Lead Applicant, Participant, Advisor, etc...)</p>		
<p>Can a subset of a hospital system’s ambulatory care sites be included on Table A? (Section 6.3.111)</p>	<p>Yes, as it is relevant to the project.</p>		

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FINANCIAL

Question	Response	See RGA	References for More Information
Can project funds be used to hire staff to assist in care coordination/use of technology within specific provider organizations participating in the PCMH?	See the CHITA Services Template and the Allowable Costs section of RGA for reimbursable costs.	<ul style="list-style-type: none"> – Allowable Costs, p. 101 and 102 – Attachment 6.2 	
<p>With regard to the budget, Can you please describe the difference between "cash" and "in kind" contributions?</p> <p>Does "cash" include monies the applicant will spend on necessary hardware and software as well as implementation support?</p> <p>Does "in kind" refer to personnel who are assigned or does it refer to existing infrastructure which will be used to support the program?</p>	<p>See Matching Funds section of RGA.</p> <p>Funds which are used to acquire new hardware and software directly related to the project, as well as implementation support (which didn't previously exist) can be counted towards the project's cash contribution.</p> <p>In-kind contributions are previously existing relevant resources that are contributed to the project by one of the stakeholders. Only resources that are wholly and exclusively dedicated to the execution of the project can count as in-kind.</p>	<ul style="list-style-type: none"> – Matching Funds – Cash and In-Kind, p. 103 	

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DEFINITIONS

Question	Response	See RGA	References for More Information
<p>Must the target population be defined using a geographical reference (e.g. zip codes)?</p> <p>Must zip codes be used to identify a CCZ?</p>	<p>Projects should determine the most appropriate way to define their CCZ. Zip codes may be used if they are the most appropriate method.</p>		
<p>Can the target population be defined as patients with the chosen diagnosis who are covered by a specific health plan?</p>	<p>No. The target patient population should not be defined by coverage of a specific health plan.</p>		

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OTHER REQUIREMENTS

Question	Response	See RGA	References for More Information
<p>Measures for Evaluation of Care Coordination and Management</p> <p>“previously shown to be effective or are new measures involving the use of EHRs and HIE”</p> <p>How are you defining “new”?</p>	<p>Measures with evidence supporting effectiveness, but not yet implemented in your CCZ may be considered “new”.</p>	<p>– Section 3.3.5, p. 27</p>	
<p>Are we required to set a date ahead of time for the stakeholder to switch from the local hub interoperability model to the RHIO interoperability model?</p>	<p>Yes, there needs to be a clearly defined plan with dates and milestones.</p>		
<p>We are confused by the two sections on Measures: one in Attachment 6.5, II. and one in Attachment 6.6, C. Are the measures in Attachment 6.5 specific examples of measures described more generally in Attachment 6.6?</p>	<p>Yes</p>		
<p>Because many specialists see a patient only once or twice, can you meet the 50% requirement - 70% goal for inclusion of providers in the CCZ referral network by including only those specialists who cover 50% - 70% of the referrals made?</p>	<p>The frequency that a patient is seen by a specific provider is not required or relevant as part of the PCMH.</p>		