

HEAL NY Phase 17  
Questions and Answers

PLEASE NOTE THE FOLLOWING CHANGES TO THE REQUIREMENTS OF THE HEAL 17 RGA #: 1006090831

1. At the time of submitting an application for HEAL NY Phase 17, 50% or more of the primary care practice physicians must have applied for and/or have received NCQA PCMH level two or higher certification. Certification should be confirmed by providing documentation from NCQA. Application for certification should be documented by providing NCQA's receipt of the submitted application.
2. No later than July 1, 2011, 50% or more of primary care physicians included in the awardees CCZ must achieve level two or higher NCQA PCMH certification.
3. A minimum of 80% of primary care physicians in the awardees CCZ must receive NCQA PCMH level three by the conclusion of an awarded HEAL 17 contract.

	Categorization	Clarification	Response
1.	Allowable Costs	Page 29 for the RGA: Can HEAL 17 funds be used for EHR for Emergency Department physicians to tie into the PCMH?	Funds may <u>not</u> be used to purchase acute care hospital information systems. HEAL 17 funds can be used for connecting acute care facility EHRs to the SHIN-NY. (Page 29. Section 3.3.6.)
2.	Allowable Costs	Page 109 of the RGA: "States that only 50% of the costs of long term care or home health care providers' EHR is permitted." During the Applicant Conference Call on 7/15, a 25% ceiling was indicated. Please clarify which is the correct percentage.	The RGA contains the correct reference; "A maximum of 50% of the costs of long term care or home health care providers EHRs is permitted". (Page 29. Section 3.3.6.).

	Categorization	Clarification	Response
3.	Allowable costs	Is it correct that 100% of the cost of EHRs can be paid by HEAL 17 funds for PCMH participants that <i>are not</i> long term care or home care providers? Specifically, primary care providers, specialists, labs, imaging centers, rural health networks, FCHCs, mental health diagnostic and treatment centers, county and municipal public health and social service agencies, general hospitals (as listed on page 14 of the RGA).	<p>“HEAL 17 funds can be used to pay for the following health information infrastructure tools and services: EHRs for medical home providers including mental health, long term (LTC) care and home health care providers, and appropriate specialty physician practices and other providers participating in the PCMH. A maximum of 50 percent of the costs of long term care or home health care providers EHRs is permitted; (No funds may be used for acute care hospital information systems or home care devices or connectivity of home care devices to EHRs)” (Page 29. Section 3.3.6).</p> <p>Any provider for which funds for EHRs are requested must provide direct clinical services. Funds may not be used to purchase EHRs for lab, imaging centers and other facilities that do not provide direct patient care. Funds may be used for connectivity to these providers information systems for data exchange to support patient care.</p>
4.	Allowable costs	If an applicant has a cost item such as a patient registry, a personal health record system, or an interface to a long term care provider funded by the grant, and the most appropriate deployment of such tools/connectivity is determined to be via the RHIO/HIE, a) can the associated funds be directed to the RHIO/HIE as a subcontractor, and b) can other non-grant participants in the RHIO/HIE use such software tools and interfaces?	<p>Components of the proposed project, that are eligible costs, can be provided by a subcontract thought to be most appropriate by the eligible applicants.</p> <p>After project components have been completed, and are considered operational, project awardees are encourage to implement the solutions on as broad a basis as possible.</p>
5.	Allowable Costs	Can HEAL 17 grant funds be used to develop measures for the evaluation of care coordination and management as required under section 3.3.7? For	“HEAL 17 funds can be used to pay for the following health information infrastructure tools and services: Project evaluation, <u>in addition to</u> and/or in cooperation

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		example, would staff time devoted to such activity or a contract with an outside firm/individual to do such activity be allowable costs? If not, could such expenses be counted as a cash match?	with HITEC, to document improvements in care coordination and outcomes.” (Page 29. Section 3.3.6)  This would include both the development and implementation of the performance measures for the project.
6.	Allowable Costs	<p>Page 50 indicates “A maximum of 50 percent of the costs of long term care or home health care providers EHRs is permitted”.</p> <p>Question: Through the Medicaid Certificate of Need (CON) process a LTC can apply to received up to 75% of the CAPITAL cost related to an EMR deployment. Can a LTC who received HEAL 17 dollars toward EMR adoption also apply and receive funds from Medicaid as long as the total sum is not greater than their actual costs and/or their HEAL 17 allocation doesn't cover more than 25% of the capital costs.</p> <p>The same questions asked differently, once a LTC indicates they would match the 50% does it matter if they then decide to submit a CON to cover their “cash” contribution? Would the funds received from a CON be considered “cash”?</p>	<p>Dollars received through the HEAL 17 program are separate and independent of dollars received from other funding sources. However, awardees must demonstrate and document that project components are not also being funded by any alternate funding mechanism (ie. the same thing can not be paid for by multiple sources). This is true for both HEAL 17 funds and matching funds.</p> <p>State and federal funds may <u>not</u> be used in fulfillment of the match requirement.</p>
7.	Application	Section 8 of the RGA (p. 94) outlines the application documents that must be submitted. Section 8.1.1 (2) describes a "package" for the Program Application, while section 8.2.1 (2) describes the same package for the Financial Application. Do two separate packages, each containing the same material, need to be submitted, or were the two descriptions referring to the same package, and thus one package would	<p>Section 5.4, Completing the Application, describes the filing requirements. The application must be submitted in two separate and distinct parts, each no more than 30 pages in length.</p> <p>Section 5.5.3 describes the physical filing requirements (electronic and paper).</p>

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		<p>suffice? Further, within each package, the process calls for the submission of "one original, signed Program Application; a full copy of the Program Application" -- does this mean one must submit the signed hard copy <b>and</b> a full copy, or does this mean the "original, signed Program Application" <b>is</b> a full copy of the Program Application, in which case only one hard copy of the Program Application would suffice? Finally, the same checklist states that 2 CDs or USB drives must be submitted with e-copies of the Program Application, and 2 CDs or USB drives must be submitted with e-copies of the Financial Application. Yet the file structure on p. 95-96 indicates that each CD or USB drive contains both the Financial and Program application. Is one required to submit <b>four</b> CDs/USB drives each containing both Financial and Program applications, or only <b>two</b> CDs/USB drives each containing both applications?</p>	<p>Section 8: "Forms and Checklists" lists the required components that must be submitted for applications to be considered for review.</p>
8.	Application	<p>Does the 30 page limit include the program and financial applications? Or just the program application?</p>	<p>Neither the program application, nor the financial application can exceed 30 pages.</p>
9.	Budget	<p>What is the allowable IDC rate?</p>	<p>The HEAL program budgets are milestone/deliverables driven. Costs directly attributable to completing a milestone/deliverable are the only costs that are reimbursable under the terms and conditions of the contract.</p>
10.	CCZ	<p>Can a HEAL applicant provide 100% of primary care services to the target population within the CCZ in partnership with long term care, specialty care, home health care and public healthcare providers?</p>	<p>Primary care providers (who are or will be certified for PCMH) and Mental health providers must be included in the project as specified in the RGA.</p>

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11.	CCZ	Can a proposal include 2 CCZs; the same chronic diagnosis with two PCMH with partially overlapping referral patterns?	Yes but each CCZ must be clearly defined as outlined in the RGA.
12.	CCZ	4.2.3 Can the region aggregate include all of NYS?	CCZ does not need to be based or limited on a specific geography. However, it should be noted that when applying for the grant, <u>the applicant must</u> identify on the application cover page, which of the six NYS regions they are applying in.
13.	CCZ	Our understanding is that 80% of the primary care providers involved in the HEAL 17 grant must care for 50% of the target patient population in the CCZ. In essence, projects must include 50% of target patients that live in the CCZ but 80% of all providers that care for the target patients, regardless of whether or not the provider practices in a CCZ zip code. Is this a correct interpretation?	CCZ is not limited to specific geography.
14.	CCZ	Section 3.1, table on page 7 and bullets on page 11. "Projects must include a minimum of all primary care providers" and "50% of all mental health providers". On what universe of providers do we calculate the 80% (or 50%?) Is it 80% of providers physically located in the CCZ geographic area? 80% of providers serving the target population? 80% of the individual clinicians in the practices that form the PCMH? Or something else entirely?	The CCZ need not be limited to any specific geography and can be based on referral patterns, etc. The percentages should be based on however the CCZ was constructed.
15.	CCZ	If we are a HEAL 10 Awardee, can we use the same clinicians and the same CCZ in our HEAL 17 application /project?	HEAL 10 Awardees are eligible to apply. However, HEAL 17 funds may not be used to pay for HEAL 17 allowable costs already covered, or planned to be covered, under HEAL10 (utilizing either HEAL funds or matching funds).

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16.	CCZ	Is it correct that the required 80% or more of primary care providers shown in the table on page 7 for the limited and expanded projects is within the CCZ? Is it correct that the required 50% or more of specialists and 50% or more of long term care/home care providers shown in the table on page 7 for expanded projects are within the CCZ?	Yes to both.
17.	CCZ	On the July 15 conference call, Dr.Hale stated that in defining a CCZ, projects should begin by selecting a diagnosis of importance within their 'region' and then identify the patient population and caregivers related to that diagnosis. How broad or narrow may projects define their 'region?' For example, could this be a county, a city, a specific ethnic, age, or at-risk population within a city/county? Is there a CCZ scale or volume that would be more favorably reviewed by the Department and if so, what would this be?	The CCZ can be defined by measures other than geography which are appropriate to the specific project and chosen diagnosis.
18.	CHITA	Can an acute care hospital with 100% EHR adoption be considered a CHITA?	Any entity, capable of providing required services to promote the implementation of interoperable EHRs and other Health IT tools, ensuring their successful adoption and effective use to support the PCMH and to enable improvements in health care quality, affordability and outcomes, can be considered a CHITA. See Attachment 6.2 for specific requirements.
19.	Contracting	Can pre-award expenses beginning July 15 be counted toward cash match or just in-kind match? For example, contracts with outside vendors/consultants to develop material/specifications for the grant	Commencing July 12, 2010, costs incurred that are directly related to the HEAL 17 RGA can be counted as matching funds for entities that are ultimately awarded a contract with DOH. Expenditure of HEAL 17 funds

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		application.	may not commence until the contract start date.
20.	Diagnosis	Section 3.3.2 "Projects may propose alternative diagnoses to those listed in Attachment 6.7, but these will be subject to departmental approval" Hypertension is not included on the list in attachment 6.7—is there a reason for its exclusion? What criteria will the department use in approving alternative diagnoses?	Alternative suggested diagnoses will need to include evidence based references that show a significant relationship of the proposed diagnosis to mental health disorders and will also require the same level of documentation supporting the CCZ.
21.	Diagnosis	Can we get a "ruling" now on using a different diagnosis from those on the list, rather than waiting til after the proposal is submitted?	"Alternative diagnoses to those listed...may be proposed but must include documentation with references on how they meet the same criteria as a chronic mental health diagnosis or a chronic disease diagnosis associated with a mental health diagnosis." (Attachment 6.7, page 17).  This should be included as part of the RGA.
22.	Diagnosis	On page 17 of the RGA, you state that the expanded projects should include one or more chronic disease diagnosis/es. If we choose to address a chronic illness, do we need to identify the mental health diagnosis/es associated with the chronic illness?	When applying for an "Expanded" grant, the applicant need only identify the chronic disease diagnosis/es that will be associated with the project if they are included in the appendix list.  If a diagnosis is proposed that is not on the appendix list, then the application will need to include evidenced based references supporting how the chronic diagnosis is related to a significant risk for mental disorder/s.
23.	Diagnosis	Does the mental health diagnosis have to be a transient diagnosis (ie. Post partum depression) or must it be a chronic mental illness diagnosis?	The mental health diagnosis for limited projects should be a chronic mental health disorder. The mental health disorders associated with chronic disease (expanded projects) need not be chronic in nature, but must be documentable as associated with the chronic diagnosis

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			selected.
24.	Diagnosis	As a HEAL 10 applicant, can we request an exception to include High Risk Pregnancy (with the proper documentation) in our HEAL 17 grant, address the mental illness of post partum depression and other mental illness (ie substance abuse, depression) related to high risk pregnant women, include diabetes, HTN and other related chronic diseases and expand our project to other health system hospitals working with high risk pregnant women.	“Alternative diagnoses to those listed...may be proposed but must include documentation with references on how they meet the same criteria as a chronic mental health diagnosis or a chronic disease diagnosis associated with a mental health diagnosis.”
25.	Eligibility	Do we need an approved PCMH model or prior funding through HEAL 5 or 10 in order to apply for HEAL 17?	HEAL 17, although building on the concepts and designs established in HEAL 5 and HEAL 10 does not require prior HEAL funding to participate. All entities able to meet the requirements set forth in the RGA are encouraged to apply.  See NCQA PCMH revised criteria at the top of this document.
26.	Eligible Applicant	A long term care organization cannot submit an application on it's own, but must coordinate with the main applicant AND ensure there are enough other long term care organizations included to represent a 50% or greater participation?  Does each long term care organization include their expected budget in the financial section of the total submission?	Section 3.2.1 describes eligible applicants. Any entity that satisfies the stated requirements may serve as an eligible applicant.  A single, consolidated budget, incorporating all the milestones and full expenditure plan should be submitted as part of the grant application.

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27.	Evaluation	Will HEAL 10 awardees have a significant advantage over those who have not yet implemented medical homes but would be intending to do so under HEAL 17?	All responses to the RGA will be evaluated using the same criteria specific to HEAL 17, irrespective of previous participation in any state or federal health IT activities.
28.	Evaluation	On slide 13, you mentioned measures that demonstrate improved coordination and management of patient care. Where can we find the measures that we are required to use in order to demonstrate improved coordination and management of patient care?	Projects are asked to develop and propose evaluation criteria for purposes of demonstrating improved coordination and care management for the patient population selected.
29.	Funding	3.2.1 Can medical programs and centers funded by the NYS DOH be eligible to apply?	Programs and centers that are <u>not</u> owned or operated by NYS may apply.
30.	Funding	<p>Page 10: it states, "CHITA and RHIO services to provide health IT adoption and support and access to health information exchange to the PCMH to: Ensure proper implementation, configuration and effective use of interoperable health IT to support coordination of care and shall compliment, and <u>not be in conflict with</u>, other care coordination initiatives (e.g., the requirements to demonstrate "Meaningful Use" of a certified EHR in order to receive incentive payments under ARRA); "</p> <p>Question: Does this than require all providers (including LTC facilities) receiving funding (via HEAL 17) for EMR deployment must qualify for ARRA incentive payments?</p>	There are no direct eligibility linkages/requirements between HEAL 17 funding and ARRA Funding.
31.	Funding	Physicians employed by a LTC facility serve as the Primary Care Provider of the patient. These providers don't qualify for ARRA incentive payments – does this disqualify the LTC from receiving HEAL 17 funds for	HEAL 17 and ARRA funding requirements are separate and independent.

	Categorization	Clarification	Response
		EMR adoption.	
32.	Funding	Is there a minimum grant request for Heal 17?	There is no minimum grant request for HEAL 17 projects.  Maximum HEAL fund requests (which must represent, at minimum 50% of the project budget) are \$10M for "Limited" projects and \$20M for "Expanded" projects (Section 3.1, page 7).
33.	Funding	Can HEAL 17 funds be used for purchase of EHR systems for participants in other states in a CCZ? Can HEAL 17 funds be used for connectivity to the SHIN-NY/RHIO for participants in other states in a CCZ?  Can Inkind/Cash match from participants in other states in a CCZ be used re; purchase of EHR?	HEAL funds need to stay within New York State and can not be used to purchase technology for participants outside of the state.  However, matching funds (cash and/or in-kind) may be received from, and expended on, project allowable costs for any stakeholder within the CCZ.
34.	General	With reference to Section 5.3 of the RGA, will the applicant teleconference call be recorded for subsequent listening? I am unable to participate on July 15.	An audio recording of the applicant conference will not be available. However, a transcript of the conference will be posted on DOH's website.
35.	General	In HEAL 10 our health system faced the possibility of being held by federal Stark laws, have there been any additional discussions/clarification for HEAL 17 if this will become an issue for new grantees who will apply as CHITA's and are hospital systems?	Individual projects/proposals need to address all issues related to local, state and federal regulations.
36.	General	Are applicants currently in the Electronic Health Record implementation phase viewed more favorably?	No

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37.	Lead Applicant	Can a RHIO apply as a lead applicant for one proposal, and as a partner or stakeholder on other proposals?	<p>Section 3.2.1 describes the requirements to be a lead applicant.</p> <p>An entity may only be lead applicant on one application, but may be a stakeholder on more than one.</p>
38.	Match	Page 38 discusses the required 50% match and that "of the 50%... a minimum of 20% must be...cash contribution". Is this 20% of the total project budget or 20% of the matching funds?	<p>The project budget has two components: (1) HEAL dollars (which are a maximum of \$10M for a Limited project and \$20M for an Expanded project); and (2) match dollars. Applicants are required to contribute at least 50 percent of the total project budget in the form of matching funds. These funds can be in the form of cash or in-kind contributions from project stakeholders. Of the 50 percent matching funds, a minimum of 20 percent must be in the form of stakeholder cash contributions. Therefore, if a project provides a match of \$10M, 20% of it (ie \$2M) must be in the form of cash.</p> <p>Example. An applicant applies for and receives a \$20M Expanded project (therefore receiving \$20M in HEAL funds). Their full project budget <u>must be at least</u> \$40M (ie. minimally \$20M in match funds).</p> <p>Of the match funds (\$20M) <u>at least</u> 20% (ie \$4M) must be in the form of cash.</p>
39.	Match	Can funds contributed by stakeholders for the purpose of supporting RHIO Scope of Services be considered cash matching funds for HEAL 17?	Services/products that would not exist if not for the grant award can be considered as part of the cash match.
40.	Match	Section 4.1.3 calculation of match. "Applicants are required to contribute at least 50 percent of the total	Maximum HEAL Funding is described in Section 3.1.

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		project budget” So, if the total project cost is \$15 million, HEAL would provide a maximum of \$7.5 million and applicants need to supply \$7.5 million? Essentially HEAL will provide a maximum of half of the total project cost?	Per section 4.1.3, “Applicants are required to contribute <u>at least</u> 50% of the total project budget in the form of matching funds”. There is no upper limit on the matching funds that can be provided by the applicant/awardee.
41.	Match	Per the foot note on page 13, are hospitals and universities in the SUNY system considered ‘State owned/operated facilities?’ If so, can their contributions to a project as a participant be counted toward the required cash and in-kind match?	SUNY Hospitals and Universities are considered “state owned/operated facilities” and therefore not eligible to receive HEAL funds. If state owned facilities participate in a project as a stakeholder, their contribution(s) to the project can be counted as project matching funds.
42.	Match	Please specify whether the following are allowable HEAL 17 costs, cash match or in-kind. <ul style="list-style-type: none"> <li>a. Project staff and stakeholder time spent participating in the SCP.</li> <li>b. Project staff and stakeholder time budgeted to support HITEC’s evaluation and specifically, any data aggregation and case mix adjustments.</li> <li>c. The share of the cost of EHRs for long term care and home care providers not covered by HEAL 17 funds (i.e. 50% of total costs).</li> <li>d. Technology costs incurred by a state designated RHIO as part of a project for connectivity of PCMH participants to the HIE and related and licenses, for purchase/development of clinical support software, and for purchase/development of personal health records.</li> </ul>	<ul style="list-style-type: none"> <li>a) Stakeholder time participating in the SCP can be counted as match.</li> <li>b) Stakeholder time to support direct project evaluation can be counted as a HEAL cost.</li> <li>c) EHR costs directly related to the project for systems used for direct patient care, not covered by HEAL funds, can be counted as a cash match.</li> <li>d) Costs of HIE connectivity and/or Personal Health Records, in alignment with the statewide policy guidance (SPG), and directly related to the goals and objectives of a HEAL 17 Awardee, can be counted as HEAL costs.</li> </ul>
43.	PCMH	What type of proof do we need of the submission of an NCQA application?	NCQA has informed the Department that upon receipt of an application for review as a PCMH, a receipt is

	Categorization	Clarification	Response
			issued. That receipt of submission will suffice to satisfy this requirement.
44.	PCMH	<p>3.2.2 "at least 80% of primary care providers and at least 50% of mental health providers must be included in the project".</p> <p>Question: can occupational medicine providers be considered primary care here since they are the primary care provider for employees work related health problems?</p>	Occupational Medicine providers are not considered primary care providers in NCQA's current definition of PCMH, for the purposes of HEAL 17 PCMH.
45.	PCMH	3.3.2 Will the population of workers with work related health problems, filing for workers compensation, be an acceptable patient population?	The patient population chosen must have a defined diagnosis listed in the appendix (or an alternative diagnosis with evidence based references showing a significant relationship to mental health disorders) and the project must also meet all other requirements (including those regarding NCQA PCMH certification) outlined in the RGA.
46.	PCMH	The NCQA PCMH level 2 certification only recognize physicians practices it does not recognize the primary care providers employed by a LTC facility as the personal physician of the patient; If a HEAL 17 effort is primarily centered within LTC it will be very difficult to achieve this requirement. Is NCQA PCMH looking to change their qualification standards to support PCMH?	The Department defers to NCQA for future plans. For HEAL 17 the requirement is based on primary care based PCMH under current NCQA certification requirements at the time of application.
47.	PCMH	If a HEAL awardee has applied to NCQA for PCMH certification and does not learn until after the start of the grant contract period that it has achieved Level 1 or Level 2 PCMH certification, how long will the awardee have to achieve Level 2?	<p>50% or more of the applicant primary care practices must be able to document certification was completed by the specified date.</p> <p>NOTE change in RGA requirements – posted at the top of this document.</p>

	Categorization	Clarification	Response
48.	PCMH	3.3.3 Can an occupational medicine service which focuses on work related health problems be considered a PCMH?	The project must include primary care physicians in the PCMH that must be able to qualify for certification by NCQA.
49.	PCMH	Can the NYS Occupational health clinic network, as a consortium, funded by the NYS DOH apply as a group and if so, would each center or program be a signee in the application process?	The project must include primary care physicians in the PCMH that must be able to qualify for certification by NCQA.  Programs and centers that are <u>not</u> owned or operated by NYS may apply.
50.	PCMH	Can a DOH funded occupational health clinic network serve as eligible applicants if separately organized as a CHITA?	The project must include primary care physicians in the PCMH that must be able to qualify for certification by NCQA.  Programs and centers that are <u>not</u> owned or operated by NYS may apply.
51.	PCMH	Does the applicant need to have submitted their application for NCQA Level 2 Certification by the time they submit their HEAL 17 proposal? What if an applicant has Level 1 certification and plans to apply for Level 2 before January, 2011?	50% or more of the primary care practice physicians must have applied or received NCQA certification for application submission. 50% or more must achieve Level 2 certification prior to 7/1/11.  NOTE change in RGA requirements – posted at the top of this document.
52.	PCMH	Given that there are only 595 PCPs that are listed in the NCQA database in NY State, is there any option to extend the time period to achieve the Level 2 NCQA by 1/11/11?	50% or more of the primary care practice physicians must have applied or received NCQA certification for application submission. 50% or more must achieve certification prior to 7/1/11.

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53.	PCMH	<p>"RGA HEAL 17-Page 10: Awardees will be required to comply with all PCMH requirements as promulgated by the NYS Commissioner of Health. In addition, the 80 percent primary care providers included in the identified CCZ, must achieve NCQA PCMH level 2 certification prior to January 1, 2011 and level 3 PCMH certification by the end of the project."</p> <p>I reviewed the NCQA Website this morning. Currently there are approximately 750 clinicians and clinical sites that are at Level 2 or 3 PPC-PCMH recognition in New York State (as you likely know NCQA lists both the individuals and their office locations; the viewer cannot filter the Web output). It typically takes 4-6 months to have an application reviewed; so only those individuals who have already submitted to NCQA will have an answer by January 1, 2011. This means that there are very few clinicians eligible to fulfill the HEAL 17 PCMH recognition requirement. Would you be willing to lower the PPC-PCMH reward recognition requirement?</p>	<p>50% or more of the primary care practice physicians must have applied or received NCQA certification for application submission. 50% or more must achieve certification prior to 7/1/11.</p> <p>NOTE change in RGA requirements – posted at the top of this document.</p>
54.	PCMH	<p>Page 10: the RGA states: "Awardees will be required to comply with all PCMH requirements as promulgated by the NYS Commissioner of Health. In addition, the 80 percent primary care providers included in the identified CCZ, <u>must achieve NCQA PCMH level 2 certification prior to January 1, 2011 and level 3 PCMH certification by the end of the project.</u>"</p> <p>Question: Can you confirm this timeline to be correct – specifically the level 2 timeline?</p>	<p>50% or more of the primary care practice physicians must have applied or received NCQA certification for application submission. 50% or more must achieve certification prior to 7/1/11.</p> <p>NOTE change in RGA requirements – posted at the top of this document.</p>

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55.	PCMH	Is there any exception to the NCQA PCMH application submission/recognition achievement criteria for CCZ primary care providers as referenced on page 10 of the RGA? Specifically, for regions where there are no agencies currently recognized, nor near achievement of recognition status and the lead applicant is the designated community mental health provider?	No exceptions allowed.
56.	PCMH	Is a psychiatry practice eligible to be certified as a PCMH?	The Department defers to NCQA for any of their future plans. For HEAL 17 the requirement is based on primary care based PCMH under current NCQA certification requirements at the time of application.
57.	RHIO	Can a RHIO be a lead applicant, if they have they represent other parties that satisfy the applicant requirements?	Yes, RHIOs may apply if they meet the criteria. Criteria for the Lead Applicant are found on page 12, section 3.2.1.
58.	RHIO	Please define 'active participant' in the first bullet of this section. Specifically, if a lead applicant is a designated stakeholder participant, must they be actively involved in the RHIO's governance and/or connected to the RHIO's HIE at the time of application? What criteria will be used to judge 'active?'	Each project needs to have a RHIO partnership. This partnership is demonstrated through a letter of commitment from the RHIO that describes the "active" role played by the applicant.  Section 1 of Attachment 6.3 (RHIO Partnership and Governance Plan) will be used to evaluate the applicant's participation within the RHIO.
59.	RHIO	<i>Section 3.3.4.2 (Interoperable HIE)</i>  If a medical center is connecting independent practices via a local interoperability hub and then connecting to the SHIN-NY via a RHIO, are HEAL 17 funds allowed to be used to connect the independent	"In communities where SHIN-NY services may not yet be available, applicants may implement a local hub solution as the interoperability model serving as a bridge to the SHIN-NY. The SHIN-NY interoperability model versus the local hub interoperability model is described in Sections 3.3.4.2.1 and 3.3.4.2.2 below.

	Categorization	Clarification	Response
		practices to the medical center's interoperability hub.	The SHIN-NY interoperability model is preferred and applicants pursuing this approach compared solely to the local hub approach will be evaluated more favorably." (Section 3.3.4.2, page 25)
60.	RHIO	Page 8 of grant application states the following: "The proposed project must also include a partnership with a state-recognized Regional Health Information Organization (RHIO)." We are an acute facility within NYC Health and Hospitals Corporation. We have not formed a RHIO partnership but can partner with our home care agency who has partnered with a RHIO. Would we qualify under this requirement if we partnered with our home care agency?	Each project needs to have a RHIO partnership. This partnership would be documented through a letter of commitment from the RHIO which includes specifics on the "active" role played by the participant within the RHIO.  Section 1 of Attachment 6.3 (RHIO Partnership and Governance Plan) will be used to evaluate the applicant's participation within the RHIO.
61.	Stakeholders	Page 13 states that state owned or operated facilities are not eligible to receive funding. Could a state owned hospital be a stakeholder (not lead) on an application?	State owned facilities may be stakeholders in the project and contribute matching funds, but may not receive HEAL dollars.