HEAL NY - PHASE 3

HEALTH INFORMATION TECHNOLOGY

Request for Grant Applications

Questions and Answers

December 7, 2006

Notice: Section 2.b of Attachment 14 of the RGA is amended as follows:

"b. Standards

SPARCS is requiring a change to the ANSI ASC X12-837 Institutional Transaction standards. The target due date for the collection of 2007 discharges was July 1, 2007. SPARCS will be giving extension on a case by case basis to extend the transition period to December 2007, thus allowing 2007 discharges to come in both the Version 5/6 format and the ANSI ASC X12-837."

Notice: During the HEAL NY Phase 3 bidder's conference on November 21, 2006, questions arose which related to HEAL NY Phase 1 projects. Those questions should be directed to Robert Schmidt at healnyhit@health.state.ny.us.

ELIGIBILITY

RGA Section 3.2 states that an Eligible Applicant must be a legally existing organization licensed to operate in New York State. Subsection 9 provides that this legally existing organization may be organized as a Clinical Data Information Exchange whose members include the other entities listed in Section 3.2 including, but not limited to hospitals, nursing homes, diagnostic and treatment centers, certified home health agencies, licensed home care service agencies, or a group of physicians.

Q1. In order to be an eligible applicant under Section 3.2.9 of the RGA, must the entity have been organized with the purpose of being a Clinical Information Data Exchange?
A1. The entity must have as one of its purposes the exchange of clinical data.

Q2. Is a 501 (C) 3 corporation which is not set up as a Clinical Information Data Exchange, an eligible applicant?
A2. An eligible applicant must be an entity as described in Section 3.2 of the RGA. In order for the applicant to be eligible to apply as a Section 3.2.9 entity, the corporation must be a legally existing organization and meet the functional definition of Clinical Information Data Exchange and have the exchange of clinical data as one of its purposes.

Q3. Can an organization which is looking to improve quality, as well as setting up a Clinical Information Data Exchange, be an eligible applicant?
A3. The entity must be an organization with the purpose and membership as described in Section 3.2.9 to qualify as an eligible applicant. However, an eligible applicant is not prohibited from having other non-conflicting purposes.

Q4. If the entity is the recipient of HEAL NY Phase 1 funding, but has not yet formed their legal entity of data exchange, are they still an eligible applicant?

A4. The entity must be an existing legal entity under one of the categories as described in 3.2 at the time of application.

Q5. Does Clinical Data Depository/Repository qualify as an eligible applicant?
A5. A Clinical Information Data Depository/Repository qualifies as an eligible applicant if it meets the requirements of being a legal entity with one of its purposes being the exchange of clinical data or any other entity as described in Section 3.2 of the RGA.

Q6. Is a consortium of providers and payers organized to work on information technology and connectivity-related projects of mutual benefit an eligible applicant?
A6. See the answer to question 5.

Q7. Does the "entity organized as a Clinical Data Exchange" have to be separately legally incorporated at the time that the grant application is submitted in order to apply? If the Clinical Data Exchange is housed within a larger entity but organized as a separate, dedicated account, would that suffice, as long as separate incorporation would occur should grant funding under HEAL Phase 3 be received?
A7. The applicant has to be a legally existing organization and must meet all of the other eligibility requirements at the time the application is submitted.

Q8. If a hospital is part of a RHIO, can the hospital apply as an eligible applicant with the RHIO as the Stakeholder?
A8. The hospital is an eligible applicant as defined in Section 3.2.1. A RHIO, or clinical information data exchange, may be an eligible stakeholder if its members include entities other than a hospital to meet the multi category stakeholder provision of Section 3.4 of the RGA. The RHIO may also be the eligible applicant with the hospital as a stakeholder as long as the RHIO has members who are other eligible Section 3.2 entities in addition to a hospital.

Q9. If an entity has not yet formed as a data exchange but is an entity of another category of Section 3.2 of the RGA, can they still be an applicant?
A9. Entities which meet the definition of any entity in Section 3.2 may be eligible applicants.

Q10. Does a Blood Center, which operates as a community-based, private, not for profit corporation that among other things provides blood products and transfusion services to hospitals, provides public health screening services for blood donors, operates regional therapeutic aphaeresis programs and coordinates delivery of clotting factors to hemophilia patients, qualify as an eligible applicant under Section 3.2.7 of the RGA.
A10. No, a blood center would not qualify as a nongovernmental community organization whose main function is to plan and coordinate health care delivery generally. The blood center is too narrowly focused to qualify under this Section.

TIMING/ONE YEAR

Q11. Section 5.8 of the RGA states that the contracts will begin on or about March 1, 2007 and will have duration of one year with an option to renew for an additional year.

Does the budget submitted have to spend the funds within one year or can it cover an additional year?
A11. Project budgets should be submitted for one year and not anticipate any renewal period.

Q12. Does implementation of the project have to occur within the first year?
A12. The project described in the application must be completed within the grant period.

Q13. Does the proposed project have to be for one year or can it be multi-phased?
A13. The project may be multi-phased but the HEAL NY Phase 3 funds are intended to be spent in the first year and must be associated with a project phase that would have merit on its own.

FINANCIAL

Q14. Is the requirement to receive funding based on deliverables?
A14. Payment terms will be based on completion of specific milestones to be outlined in Project Workplan as provided in Section 5.9.1 of the RGA.

Q15. Post Implementation/Operational Phase Section on the Financial Application: Until what date may operating costs associated with a project be counted towards the matching funds?
A15. Operating costs associated with the HEAL Phase 3 project that are incurred within the allowable stated dates as indicated in Sections 2.3.2 and 2.3.3 of the RGA, may be counted towards the matching funds.

Q16. Are matching costs also limited to the costs attributed to the time period 10/1/06 through one year subsequent to the start date of the project (i.e.: 3/1/2007 through 2/28/2008) so that effectively all matching costs must be incurred in that 18-month window?
A16. Yes, please see Section 2.3.2 of the RGA.

Q17. Are costs incurred in preparing the application eligible for reimbursement?
A17. No

Q18. Will there be a 25% advance?
A18. Advances will only be authorized in exceptional circumstances to eligible Applicants, as provided in Section 5.9.1 of the RGA. Only not-for-profit entities will be eligible for an advance.

Q19. If expenses are capitalized, are allowable costs limited to the Depreciation and interest attributed to the one-year grant period?
A19. No. The allowable cost is the capital cost incurred. Neither depreciation nor interest is, itself, an allowable project cost.

Q20. On page 17 of the "HIT RGA Applicants Conference" handout dated 11/21/06 it is stated regarding costs "if used for reimbursement, must be incurred after contract start

date". This is a change from HEAL NY 1 which allows reimbursable costs to be incurred following award letter date. Our question is, must reimbursable costs be incurred after contract start date or award letter date for HEAL 3?
(We anticipate a potential timing issue for contract start date if, for example, HEAL 3 award letters were delayed by approximately 5 months and contract finalization required 4-6 months from award letter date then there would be inadequate time to complete program implementation by March, 2008.)
A20. The understanding of Phase 1 is incorrect. Per the HEAL NY Phase 1 HIT Grant Award Notification and Instructions attached to the May 26, 2006 award letter, "Expenses reimbursable from your grant must be incurred within a two year period," which must begin March 1, 2006, June 1, 2006 or August 1, 2006. Reimbursable costs must be incurred after the contract start date.

Q21. The hospital I work for currently has a PACS that can be utilized through a web portal by physicians who have been given access. They can access information from anywhere. We want to expand PACS to outlying hospitals and other physician groups. Would this project meet the requirements for the 50% match?
A21. Yes, assuming that the HEAL Phase 3 Project refers to providing or expanding access to the existing PACs and that all other requirements of the RGA are met.

Q22. Please clarify the definition of 'non-State' matching funds. Can you confirm that normal operating funds of a state agency such as a SUNY hospital may be used towards matching funds? Can you please confirm that Section 2.3.3 (D) this refers to State *grants* and does not refer to other funds that come from the State? For example, if a SUNY-sponsored hospital receives a capital appropriation from the State as part of its usual capital planning process, can the SUNY-sponsored hospital can use these State dollars to fund the match requirement?
A22. Entities may use State appropriated/operating funds including Medicaid to apply to the match. Funds which may not be used as matching funds are those which the entity received as a State grant.

Q23. Given that we received only 17% of our request for HEAL 1, we now have approximately a 90% match on the project we outlined (we did not alter the plan significantly due to the reduced amount). As we are looking to expand the project to more stakeholders (primarily data-sources) in 2007, is there any consideration for us to be able to use some of the money in our HEAL 1 budget as matching funds for a HEAL 3 application? They would of course be subject to the rules for HEAL 3, particularly that they be spent on or after 10/1/06, and would be for items justifiably related to the HEAL 3 project. To avoid confusion or even the appearance of double-dipping, we could issue either a revised HEAL 1 budget or an amendment explaining the transfer of matching funds from our HEAL 1 award to our HEAL 3 application.
A23. Yes, however the HEAL Phase 3 application must include a clear justification as to why the expense had been included at 100% in the HEAL Phase 1 budget and how it could legitimately be allocated, at least in part, to another project. Any transfer would require an amendment to the Phase 1 budget and, if significant, an amendment to the Phase 1 contract.

Q24. Can excess match from Phase 1 be used as match in Phase 3?
A24. See response to question 23.

Q25. Should the matching funds be in place or can we identify the potential sources? We are expecting a local (public) entity to provide matching funds as part of the budgetary process.
A25. Potential matching funds may be listed on the budget document and evidence of commitments must be obtained within 30 days after the award letter is issued as stated in Section 5.7 of the RGA.

Q26. Could matching costs be operating costs? For example, the initial roll-out will be used to fund the development and the matching funds be used to operate and maintain the system. This will allow us to use the HEAL-NY funds within the first year and allow time for the budget process to provide the necessary funds.
A26. Operating costs associated with the HEAL NY Phase 3 project that are incurred within the allowable dates as stated in Sections 2.3.2 and 2.3.3 of the RGA may be counted towards the matching funds.

Q27. If the applicant or stakeholder is part of a HEAL NY Phase 1 grant, can budget items that the applicant or stakeholder used as matching funds in the HEAL 1 project budget be used for match in HEAL 3 also? These projects are completely different types of projects and the item will contribute substantially to each project.
A27. See the response to question 23.

Q28. If submitted larger project in Phase 1 and vouchered 1:1 will match be what you referred to or what you actually used.
A28. Match will be what you actually used.

Q29. Can project use Phase 3 dollars to expand Phase 1?
A29. Yes. Phase 3 may be an expansion of a Phase 1 project in terms of new functionality or new stakeholder members.

Q30. Are fees to HITEC for evaluation reimbursable?
A30. No. The fees for evaluation must come out of matching funds.

Q31. Can evaluation costs incurred during implementation be combined/funded by HEAL NY grant funds?
A31. No. See the response to question 30.

Q32. May the difference between a vendor's list price and the (lesser) amount in the contractual obligation between vendor and Eligible Applicant/Stakeholder be considered a donation/contribution and/or "other funding source" toward Eligible Applicant/Stakeholder's match requirement?
A32. No.

Q33. Would the cost of services purchased from a stakeholder for project planning be considered allowable, qualifying matching costs?
A33. Yes, if the costs meet all other requirements of the RGA. Costs deemed to be unrelated to the Project, non-specific, and/or unnecessary for any project component may be removed or reduced in the discretion of DOH/DASNY. Note: Items, such as software, that can be obtained for free on the market must be shown without any cost.

Q34. The home is in the initial stages of upgrading its information technology infrastructure.

a) Can the home include in the grant supplies (including hardware and software) ordered prior to October 1, 2006, paid for but not yet received?
b) Can the home include in the grant supplies (including hardware and software) ordered prior to October 1, 2006, not paid for and not yet received?
c) Can the home include in the grant supplies (including hardware and software) ordered prior to October 1, 2006, received but not yet paid for?
d) Can the home include in the grant supplies (including hardware and software) ordered prior to October 1, 2006, received, paid in part, with the balance being financed/leased?

A34. The determination of expense period should be based on the applicant's normal method of accounting.

Q35. Will the funding be given at the end of project year or can we assume milestone based funding through out the year?
A35. The grant will be paid out based upon submission of requisitions as set forth in Section 5.9.1.

Q36. In the event that the monetary award is less than the budget submitted, some prospective stakeholders may not have the resources to accommodate the difference. Will those stakeholders be able to decline participation without jeopardizing the remaining stakeholders?
A36. It will depend on the circumstances. As in Phase 1, projects will be expected to be substantially the same, but changes, such as the substitution of a new stakeholder for one who dropped out will be acceptable.

Q37. If a hospital wants to join an existing HEAL NY Phase 1 clinical data sharing project and also seek HEAL NY Phase 3 funds to partially fund the acquisition of an EHR, would the hospital submit it's own application with the members of the chosen HEAL NY Phase 1 project as it's stakeholders?
A37. Yes, if the applicant and the stakeholder meet the requirements of Section 3.2 and 3.3 of the RGA.

Q38. We are working on an application for a HEAL NY Phase 3 grant to create a medical image exchange. I understand that the HEAL NY 3 grant is designed to fund up to 60% of the cost of the project. What percentage of a medical image exchange application project can be funded by HEAL NY? Is the percentage of grant funding for a medical image exchange project 60%?

A38. Generally, the State will fund up to 40% of a project. However, there are two options under which the funding percentage can increase. The first is when the project is using an existing PACS (see RGA section 2.2.3) and the second is when the project involves a financially distressed entity (see RGA section 3.5). In no event will the State fund more than 50% of the project costs.

Q39. The radiology images, which will be made available via the proposed system, will originate in radiology imaging equipment, and stored in individual hospital's PACS prior to transfer to the image exchange. Can we use the cost of these existing systems as a source of matching funds?
A39. Yes, provided that the expenses were incurred after October 1, 2006. Also see the response to question 63.

Q40 Page 85, Paragraph three states "Reimbursable costs may begin with initiation of the software development phase but are no longer eligible under this procurement after the final acceptance date for the HIT project." Would you please explain "after the final acceptance date"?
A40 This date is the end of the development phase, and the beginning of the operational phase.

STAKEHOLDERS

Q41. My hospital wants to expand the PACS to include new physician groups but also some of the smaller, rural regional hospitals. Would including multiple hospitals as well as some physician groups meet the correct stakeholder mix?
A41. Yes but must have a group of physicians plus the hospital to have stakeholders from different categories. The physician group must be a separate legal entity from the hospital.

Q42. Can the pharmacy/vendor which the home uses for its pharmaceutical needs qualify as an appropriate stakeholder?
A42. Yes, assuming the vendor is a legally existing entity and qualifies as a stakeholder pursuant to Section 3.3.3 of the RGA.

Q43. The nursing home's medical director is part-time, coming to the home for a few hours, at most, twice a week. Sometimes, he is only in the facility once a month. The majority of his contact with the home is via the phone. Can he qualify as an appropriate stakeholder?
A43. For a worker of an institution to be considered a separate entity he/she can't be an employee. Further, to meet the definition of Section 3.3 the stakeholder must be a group of physicians and not just one physician.

Q44. Our HEAL 3 application will be to expand the stakeholder base of our HEAL 1 project. Several of those will be similar types of data sources as in our HEAL 1 project. One additional stakeholder is another similar (to ourselves) organization in a separate, primarily rural county that wants to build what we building and would like to leverage

our knowledge base and infrastructure to do it. Essentially, we would work with them and their data sources and tie them in at a marginal cost substantially below what they would pay as a stand alone project. While there could be some patient overlap, it would be minimal and rare. The main idea is to take what we have learned in this process and expand it to those without the resources or expertise or critical mass to do it on their own. Would this be an acceptable project and stakeholder for a HEAL 3 application?
A44. Yes, assuming that one of the stakeholders is an appropriate legal entity meeting the eligibility and multi-stakeholder requirements of Section 3.2 of the RGA.

Q45. How will stakeholders outside the state be viewed?
A45. Out-of-state entities can be stakeholders but HEAL NY funds are not reimbursable to the out-of-state entity. The application must include one or more New York stakeholders.

Q46. Organization A is planning to recruit a large number of primary care providers in solo and small group practices to the project. It will not be feasible to individually name and obtain a stakeholder letter of intent for each provider by the RGA deadline. As long as the minimum match requirement and other eligibility requirements are met by the lead applicant and main stakeholders (e.g., hospitals, health plans) through letters of intent, which will be submitted with the completed RGA, Will DOH/DASNY allow inclusion of an unnamed set of primary care providers as part of the full project scope?
A46. If an applicant is engaging in an ongoing recruitment of physicians, the unnamed physicians that will be part of the project would be considered participants rather than stakeholders. Such identification, and subsequent enrollment, would become a specific deliverable within the project and some portion of the grant reimbursement may be tied to achieving this milestone.

Q47. On page 15, Section 3: Section 3.1 says "at least 2 parties…no common control, "and then in Section 3.4, "at least one of the entities…must not be under common control. "Is there a conflict here? Which is correct? At the meeting, it seemed like there only needs to be one entity that is independent of the rest, is that true? For example: Company A has 4 subdivisions. Company B has a single entity. Is that enough for all 5 to work together? Or, must there be a Company C involved, thus adding another separate entity to the mix?
A47. There is no conflict. The minimum requirement is that there must be at least one stakeholder that is not under the common control of the eligible applicant.

REGIONS

Q48. RGA Section 2 breaks out the $52.875M into 3 categories. A minimum of $32.875 is available for Category 3 (per RGA Section 1.4) for projects that achieve the minimum score. In Section 2.1.4, the total minimum allocations across all 6 regions total $26.6M. Can we assume that the $6.275M difference ($26.6M versus $32.875M) will be disbursed to the regions over and above the minimums? If this is correct, how will this difference be allocated across the regions?

A48. This is not correct. Allocation will take place in three steps as described in Section 2.1.4. of the RGA. First, the Category 1 (e-Imaging) and Category 2 (Public Health) awards will be made without regard to region. Second each region which does not yet have its allocation met following step one, will have that allocation filled. Third, the highest scoring projects Statewide will receive awards regardless of their region. Assuming that each region has projects with scores above 65 to fill their allocation, each region will receive its full allocation, at a minimum, and has the opportunity to receive more. A graphic example of this three step process can be found on slides 12, 13 and 14 in the power point presentation from the applicant's conference found on the DOH website at http://www.health.state.ny.us/funding/rfa/0610100951/

Q49. May a project have stakeholders from a different region than the eligible applicant?
A49. Yes, a project may have stakeholders from a different region. However the project must designate the region associated with the application and that region should be that of the eligible applicant.

Q50. At the Applicant Conference there was some mention of what would be considered the scope of expansion acceptable under category 3. As we are committed to serving both a radiology report and provide access to a radiology image file over the HIE, do we consider a more comprehensive, functionally rich imaging offering as part of our HIE expansion - category 3 or as part of a category 1 grant.
A50. In order to be eligible for funding, a project must clearly show new functionality or new members. Judgments will be made with regard to the specifics of each application. This would apply whether Category 3 or Category 1 was chosen by the applicant.

Q51. Should additional F-SHRP money become available, how will that money affect the allocation of dollars by HEAL NY Phase 3 region and the regional minimums listed in the RGA?
A51. An increase in the total amount of the RGA will be applied proportionately to the project category and the regional allocations. It will not affect grant minimum/maximums or matching percentages.

HEAL NY PHASE 1 AWARDEES

Q52. During the 11/21 session, a member of the audience asked for a more comprehensive project synopsis of Phase 1 funded projects than is currently available at (Health Information Technology (HIT) Grants - HEAL NY Phase 1). Will you be making this available and when?
A52. There is contact information for each of the HEAL NY Phase 1 projects on the DOH website. It is suggested that additional information be obtained by calling or writing to the person listed as the project contact.

Q53. Is it possible for DOH to provide more information about the current HEAL NY projects?
A53. See the answer to question 52.

Q54. Can DOH provide updates on best practices in a structured format? It would be helpful to know which vendors the 26 current awardees are using and what professional services were used to develop data sharing?
A54. See the answer to question 52.

Q55. What is the state's expectation with regard to currently funded HEAL NY Phase 1 projects?
A55. In the RGA for HEAL NY Phase 1, Section 2.1.1. (6) there was a requirement that projects be easily open to new members of all appropriate stakeholders in the community. Any problems encountered in this regard should be reported to the following site healnyhit@health.state.ny.us.

Q56. Are the Department of Health and/or Dormitory Authority going to formally notify the existing HEAL NY Phase 1 funded projects with specific terms under which they are required to open their project to others? For example, is an existing HEAL NY Phase 1 project permitted to increase the match requirement for new members? Is an existing HEAL NY Phase 1 funded project permitted to change the terms of membership for new members?
A56. See the response to question 55. Specific details of the situation will be required before determining whether the openness requirement is being met.

Q57. Is it possible for HEAL 1 applicants to see their scores to use as a benchmark of their own application?
A57. The applicant may request this information by addressing the request to healnyhit@health.state.ny.us.

INTELLECTUAL PROPERTY

Q58. If funding is used to develop new systems are there any ownership issues as to who owns the software?
A58. If a grantee is simply purchasing the right to use commercially available software products, the State of New York does not require any rights in the software, including the right to use the software. If the grantee is developing or subcontracting with a third party to develop software, the State of New York will not own the copyrights, patents or other intellectual property rights to the software. However, the State of New York will have the right to use the software and allow others to use it as well. There is expected to be a clause in the contract dealing with Intellectual Property rights.

COMMISSION ON HEALTH CARE FACILITIES IN 21ST CENTURY

Q59. Is the funding for this grant affected if the legislature rejects the recommendations of the Commission on Health Care Facilities in the 21st century and FSHRP?
A59. No. Funds for these grants are from existing appropriations.

Q60. Section 2.2.3 requires that the application be consistent with the Commission on Health Care Facilities in the twenty-first century. Must that be specifically articulated?
A60. Yes, if an applicant or stakeholder is impacted, an explanation of the project's consistency with the Commission's recommendations should be provided.

Q61. If projects are specifically supportive of the Commission on Healthcare Facilities in the 21st Century Recommendations, will that be taken into consideration?
A61. DOH and DASNY encourage applicants to propose projects that would support the recommendations.

MINIMUM SCORE

Q62. At the Bidders' Conference, it was stated that "the minimum score to receive an award is 65".
a) Does that mean that every project that is scored at 65 or above will receive funding? If there is a minimum scoring such that every project that hits that score will receive funding, how can DOH and DASNY ensure that projects will receive funding that is in line with their request?
b) If funding is less than what was requested, will DOH allow awardees to negotiate a new scope of work based on reduced funding.
A62. a) Sixty-five is the minimum score permitting further consideration of the project for an award. Actual selection of awards may reflect additional considerations such as regional grant fund allocations. All passing scores will not necessarily be funded.
b) No. DOH will not negotiate a new scope of work based on reduced funding.

PROJECT CATEGORY

Q63. The RGA references an existing PAC system, when does it have to up and running to meet the requirements of an "existing" system?
A63. To meet the requirements of 2.1.1 (B) that the PAC be "existing" the system must be in existence and operational by June 30, 2007. The "existing" PAC cannot be funded by HEAL NY grant funds to be eligible for the 50% funding.

Q64. If a project is adding e-imaging to a RHIO, must it meet the requirement to have payer contribution?
A64. The applicant must choose the category for which they are applying. Therefore, if the applicant is applying under Category 1, e-imaging, it must meet payer contribution requirements. The applicant may choose to apply under Category 3 and if it does so it will not have to meet the requirement of payer contribution.

Q65. Category 1 requires 20% funding from payers for all e-imaging projects. If that is difficult can the project switch to Category 3?
A65. If the applicant cannot meet the 20% requirement for Category 1 then the applicant should choose Category 3. Categories cannot be changed post submission of the application.

Q66. May the Eligible Applicant submit one application per category?
A66. No, the eligible applicant can only submit one application and they must choose the category.

Q67. The RGA states that projects eligible for funding include those where strong evidence can be shown that joining an existing project is impractical. How does DOH/DASNY define impractical?
A67. It will be incumbent on the applicant to make the case that such an action is impractical, and the decision will be based on the judgment of DOH/DASNY regarding the specific factors in each case.

EVALUATION

Q68. Is there a requirement for evaluation to be done by an independent organization?
A68. No. The evaluation will be reviewed by DOH/DASNY according to the quality of the staff involved and the metrics used. For long term viability you must prove success of the project so the quality of evaluation is important, but it may be in house or independent.

Q69. Will the scoring system that will be utilized to determine the awards for each of the three categories be made available to potential applicants?
A69. The scoring was discussed at the Bidder's conference. Pursuant to the evaluation criteria as described in Section 5.5.3 the point values are as follows: Technical scoring is valued at 70 percent and Financial will be valued at 30 percent. For further details go to http://www.health.state.ny.us/funding/rfa/0610100951/ (power point slide presentation.)

Q70. Is there an advantage to having a vendor selected as opposed to not having one identified yet?
A70. The evaluation process will take into consideration the applicants readiness to begin the project.

PUBLIC HEALTH

The intent of the public heath category is to

- *provide the opportunity to support HIT infrastructure investments that are to the mutual benefit of healthcare and public health*
- *leverage these infrastructure investments for automated standards-based message exchange with State public health:*
    - *eliminating to the extent possible the manual reporting of this data by the health care sector to the state*
    - *and as these existing reporting transactions invariably involve data/reports provided back to the reporting entity, eliminating the manual process of retrieving this data by the reporting entity*
    - *and enabling the State to automate the push of information and data to the healthcare sector, such as health alerts, reimbursement rates, reports on*

regional disease event patterns, or lab test results from a public health laboratory.

- *foster creative approaches to overcoming barriers (technical, privacy and competitive) to sharing health care data through application of technology and establishment of creative partnerships between the healthcare, public health and other key partners*

Q71. Can DOH clarify the requirements in Public Health Category for multi-stakeholders?
A71. Proposals must involve multiple stakeholders and include different categories of stakeholders. However, this does not necessarily mean that all stakeholders will have access to all information. The requirement is that stakeholders commit to work together to establish common standards for information exchange, access, and security. The intent is to promote more efficient information exchange that already occurs, but is currently time consuming and often manual. There are benefits to providers and Public Health entities through automating this process. An example that includes two stakeholder categories, the physician and a hospital laboratory, would be the reporting of a laboratory test result to Public Health. If the physician and the laboratory used common standards for the EHR and had information exchange capabilities and agreements, the physician could order the test and include necessary demographic information electronically, so that the laboratory could report full information to Public Health entities at the time of the laboratory report. Such a system benefits the physician, the laboratory, and Public Health.

Q72. With regard to Category 2, Public Health, who is the beneficiary of hospitals providing services electronically?
A72. There is a strong benefit to the State and local health departments to meet Public Health goals, but also a benefit to healthcare providers. Previously, medical information has primarily been shared electronically among health providers to meet clinical or billing purposes. The intent of Category 2 requirements is to bring the benefits of electronic information exchange of clinical information to Public Health. Meeting the information needs of Public Health through information technology will also benefit health providers by decreasing manual reporting by staff. For example, currently, Public Health often has to call laboratories to request additional demographic (e.g., patient address) or ordering information on laboratory reports that indicate a reportable disease. This information should be submitted to the laboratory electronically with the original clinician's order, thereby making it available to Public Health at the time of the report and save all the public health and clinical staff time now used in follow back to gather the information after the report is submitted.

Q**73**. Is the state able to accept real time data?
A73. Yes. However, although the State is equipped to accept real time data, most data that is reported to Public Health is not needed or requested in actual real time of patient encounter (within minutes of encounter). For most Public Health circumstances, other than emergency requests by the department, data should be sent within 24 hours of initial input of data on the participant's IT system or in a timeframe as otherwise prescribed by public health regulation or law. Transmission of records can be batched as a single payload and automatically transmitted to the NYSDOH HPN using an automated

EBXML (Electronic Business eXtensible Markup Language) client provided at no charge to the participant by the Department.

Q74. Does the public health category really include two-way communication of Public Health Information with the Department, does this include alerts from HPN?
A74. Yes. The intent is to automate to the extent possible the exchange of data between NYSDOH and the health care sector. The standards listed in Attachment 14 are all bi-directional in nature. In specific reference to alerts, within the Emergency Data Exchange Language framework, there is a specific message 'payload' standard called Common Alerting Protocol (CAP) that is designed just for this purpose: automated exchange of alerts. The Department's commerce development unit will work closely with any successful applicant who proposes to implement these standards for data exchange with the Health Commerce System also known as the Health Provider Network (HPN).

Q75. Since SPARCS and ECLRs reporting are undertaken primarily by hospitals how can a hospital applicant seek to fulfill the stakeholder of another category requirement when submitting an application.
A75. It is the responsibility of the applicant to meet the requirements of Section 3.3 and 3.4, but the Public Health aspect of the project may be limited to one category of stakeholder.

Q76. Can we submit a proof-of-concept (or prototype) project that deals with public health? We would like to use the electronic medical records to collect registry information - something that is not being done right now.
A76. It will depend on the specifics of the project. Also, a "proof-of-concept" project would have to be shown to conform to the criteria set forth in RGA Section 2.1.2 and any other appropriate sections.

CERTIFICATE OF NEED

Q77. How does CON affect the application?
A77. The CON must be approved at the time of contract. HEAL NY grant funds may not supplant funding sources related to previously approved CON projects submitted prior to the HEAL NY Phase 3 application.

CERTIFICATION

Q78. If no current certification exists, how can the requirement of certification be met?
A78. Because standards in many areas are still being developed, the state will be flexible and will expect an explanation regarding how the project will adhere to standards and eventually be certified.

Q79. What exactly is a "certified" EMR? By whom would it be certified? Also, how does that relate to ambulatory care?
A79. Through a grant process the federal government has selected the Certification Commission on Health Information Technology (CCHIT) to certify health information

technology products. The first products to be certified were Electronic Health Records for the ambulatory environment. See the CCHIT website at www.CCHIT.org.

Q80. We have approached one payer who may be interested in a use case where resources are provided to community based sites to establish data repositories for data sharing around chronic disease management and Quality Reporting for QARR. Such applications (patient registries) are not certified at this time. Would this application rollout be allowable as long as other standards were used for data sharing?
A80. Yes, projects where standards are not agreed upon or where certification is not yet available will be eligible for funding. They will be expected to adhere to appropriate standards as they are developed and to become certified within six months of certification being available.

Q81. Referencing RGA page 35 top paragraph "If common evaluation metrics have been established by the State or State sponsoring entity for the type of project undertaken, then these metrics must be utilized for this purpose." What are the common evaluation metrics that have been established by the State for the State sponsored entity for the type of project being undertaken for e-prescribing or electronic health records.
A81. See the response to question 78 and RGA attachment 13.

E-PRESCRIBING

Q82. Clarification is requested on the methodology of exchange of medication information to and from a personal health record. Will the standard be CCR (continuity of care record), HL7, batch or manual process? (Page 66, Recommendation # 2 of the RGA.)
A82. Standards have not yet been developed for these functions, which is why they are recommendations for future consideration rather than requirements. We are recommending that applicants follow the development of standards, and comment in their application on whether they intend to include these aspects in their projects when standards are promulgated.

Q83. Can the details regarding drug lab interactions as reference in recommendations #4 in attachment, be provided? (Page 67, Recommendation #4 of the RGA.)
A83. See the response to question 82.

Q84. Notify prescriber if prescription not filled or refilled in timely manner by patient – This functionality is on the horizon in this market space but not currently available. Please provide clarification. Must the application have a mechanism for notifying the prescriber if the prescription is not filled or refilled in a timely manner by patient? (Page 75, Knowledgebase / Interventions)
A84. See the response to question 82.

Q85. Provide details of format and content for JCAHO requirements for medication reconciliation and referral? Can details of format and content be provided? (Page 67, Recommendation #5 of the RGA,)

A85. There is no required standard for such medication reconciliation. JCAHO has allowed each institution to develop their own process.

Q86. Notify or indicate when renewals are due – COTS applications do not currently offer alerts to reorder medications for chronic disease management Must the application indicate when medication renewals are due? (Page 75, Knowledgebase / Interventions of the RGA)
A86. No.

Q87. RE: Section 2.1.3. The RGA states that project to allow providers "to join existing HEAL-funded or other successful clinical data sharing projects will be a priority and be scored higher." The concern is that those currently HEAL-funded projects now have an advantage that was not clear before now. Can you please identify where in the Phase 1 application it stated that for future phases, joining existing HEAL-funded projects would be a priority.
Q87. The higher scoring for these successful projects, combined with the requirement that HEAL Phase 1 funded projects be open to new members, is designed to provide support to providers who may need the technical support of successful projects.

MISCELLANEOUS

Q88. Is it possible for eligible applicant to be a network?
A88. If the network is a legal entity and meets the requirements of one of the nine categories of Section 3.2 of the RGA, then the network can be an eligible applicant.

Q89. What is the criteria for determining new projects in Category 3?
A89. The evaluation will consider individual circumstances.

Q90. Is CT scanner considered technology for the purpose of the application?
A90. HEAL NY Phase 3 funds cannot be used for purchase of a CT scanner.

Q91. What is meant by "public work" in Section 2.2.2 of the RGA?
A91. Applicants must consult with their own attorneys regarding this. It is a state contract requirement and is not discretionary.

Q92. Our facility is interested in applying for a HEAL NY grant. We are currently in the process of being sold with the anticipated change in ownership taking place in the first quarter of 2007. Can we still apply and if so, are there any additional steps we would need to complete as part of the application process?
Can a facility which is in the process of being sold apply for a HEAL NY grant?
Q92. If applicant remains eligible as an entity defined in Section 3.2, it may apply for a HEAL NY grant. The applicant should highlight this fact and describe the circumstances in their application.

Q93. Who must complete the Vendor Responsibility Questionnaire?
A93. The Questionnaire must be completed by the applicant and any stakeholder or vendor who will receive more than $100,000 in grant funds.

Q94. Will you be providing the list of attendees to the November 21st applicant conference?
A94. Yes. This information will be published on the DOH website by Friday, December 8th.

Q95. It was mentioned that applications should be no longer than 25 pages. Does this include both the technical and financial components combined? Does the page limit include all the various forms required?
A95. The 25 page limit relates only to the body of the technical application, and does not include any required forms.