

Responses to Submitted RFA Questions:

To all HIT RFA Applicants:

Under the grant contract with the Department of Health FAU Control Number 0607061007, the Medical Society of the State of New York must publish all questions submitted by prospective applicants in addition to responses to those questions in an open forum.

- A. After receiving a number of questions regarding RFA administrative processes and after receiving agreement from the Department of Health, we are happy to announce that the minimum project budget amount stated in Section IV – Administrative Requirements, Sub-section G – Payment & Reporting Requirements, Sub-section Size and Number of Grants (page 10), has been eliminated. It will now read as follows:

Section IV - Administrative Requirements, subsection G - Payment & Reporting Requirements: Size and Number of Grants (pages 10-11) will now state "Grant size will have a maximum of \$1,125,000. The Grant will NOT cover the full cost of implementing the project; grant funding is intended to cover up to 50% of project costs incurred for any applicant." The remainder of this paragraph's wording will remain intact.

- B. In addition, our main goal is for physician practices to collaborate. There have been many questions asking if other types of organizations may join as a partner. In defining the roles of such an organization, let it be known that if a partner is providing vendor-like services, these organizations are NOT eligible to receive funding. These services must be listed as line-item costs to the project on the project budget form. Any organizations that provide support and infrastructure services for an information exchange, must be considered as a contractor or sub-contractor whose services and the cost for those services are budget cost line items.
- C. There have also been questions relating to matching funds and "in-kind" contributions. Matching funds will be required to come from a combination of Eligible Applicant and stakeholder resources, as well as from other funding sources, including but not limited to other non-State grants or commercial loans. In order to be consistent with other NYS Grants, the Department of Health has decided that the following criteria must be used:
- Only direct costs will be counted toward the match. No indirect costs, such as administrative costs, will be counted. In-kind contributions are allowable as long as they are direct costs.
 - Costs and third party in-kind contributions must be verifiable from the records from grantees and sub-grantees.
 - Only the non-State share of matching funds and/or services may be counted toward the match requirement.
 - Donated services provided to a grantee will be valued at a rate consistent with those ordinarily paid for similar work.
 - Supplies, equipment and space donated or loaned by third parties will be valued at the fair market value or rental rate for such supplies, equipment and space.
- D. We have also agreed to the following:
- Any CCHIT-certified products purchased prior to the publication of the Grant RFA but NOT purchased prior to July 18, 2006, will be eligible to be included as project expense line-items. Vendor contracts are required to be verified. In addition, any project-related, otherwise 'matchable' expenses incurred after July 18, 2006 can be included.
 - In the event, an application includes one or more partners who have purchased or wish to purchase a product which has not yet achieved certification by CCHIT, the applicant, if successful, will have up to one year after execution of a contract with MSSNY. If the product fails to achieve certification within that timeframe, the lead partner applicant will be at risk to return any and all grant funds dispensed to those partners whose products failed to receive certification.
 - All CCHIT-certified products must meet a minimum of the 2006 standards established by the certification commission.

Questions Received and Answers:

Q01: I read with great interest about the grant for physicians to help implement HIT. I must be misunderstanding the target group or the target budget. I am the head of a small ob/gyn group practice in Upstate NY. We are in real need of an EMR system and it seemed like the grant would be appropriate for us to apply for. We have two offices and work with many labs and radiology departments as well as pharmacies. It would be great for us to be able to e-prescribe and get reports directly into a computer instead of the mail, fax, etc. However, in reading the forms, it appears that we must have a minimum budget of \$500,000 and that this only represents 50% of what is required. No system that we have seen is in that price range nor could we spend that much. So, I guess I do not understand who you are trying to target to apply for the grant. It looked like small group and solo practices was who should apply but what small group can come up with that kind of money? What am I missing here?

A01: Please refer to A above.

Q02: Clarkson is assisting the North Country Physicians Organization (NCPO), which represents 99 percent of the physician's practices in St. Lawrence County. My inclination is to designate the NCPO as the lead organization and Clarkson as one of many partner applicants; is this designation an accurate reflection of the criteria and requirements of this RFA?

A02: No, please refer to B above.

Q03: If physicians, through NCPO, would like to see Clarkson assume the lead organization position as a neutral third party technology force and moderator in the creation of a north country regional health information network/organization, or in facilitating the success of this project submitted as part of this RFA, would Clarkson qualify as a lead organization under the criteria and requirements of this RFA?

A03: No, please refer to B above

Q04: Universities are not listed as restricted recipients of funding. As the official technology partner for the NCPO and this submission, is Clarkson able to receive any funding as part of this project since we are a private institution and not a government agency?

A04: No, please refer to B above.

Q05: I understand that if our area hospitals have applied to the HEAL-Phase III pot of money through the state of New York (and our area hospitals have joined hospitals funded under Phase I and Phase II HEAL Projects), we can not use any of that state grant funding as a required match to satisfy the requirements of this funding round.

A05: Correct

Q06: However, in those grants, hospitals have identified their own match or "skin in the game" and funding resources they are dedicating to the project. If this current RFA submittal includes a project that ties into one or more of those projects across a datapoint such as ePrescribing, PACs, etc., are we able to use those hospital matches to satisfy this grant RFA matching requirement?

A06: No. The same matchable resources from another State Program like HEAL, can not be used in this Pilot Program.

Q07: Similarly, Kinney Drugs has identified itself as a North Country Partner and has agreed to partner with both the hospital grant submittal to HEAL- Phase III (tying in with other hospitals and other HEAL Phase I and II projects). Part of this "partnership" includes their partnership with physicians in

our area, as the physician adoption of EMR platforms is the critical driving force in establishing interoperable EMR data-sharing. Are we able to utilize Kinney's commitment of resources to projects that tie into a project submitted under this current RFA as matching resources required in this specific grant?

A07: No. The same matchable resources from another State Program like HEAL, can not be used in this Pilot Program.

Q08: Similarly, as a technology partner, is Clarkson University able to provide in-kind matching in the way of provision of middleware programming, physician need assessments, and other in-kind designation of student support, staff and faculty support as part of this requirement? For example, development of a web portal and/or IT Center of Excellence for Physicians that will require the involvement of students through our Open Source Labs, etc. Would that be considered matching funds per the requirements of this RFA?

A08: Please refer to C above.

Q09: Similarly, if physicians cost-share their purchase of EMR platforms and or hardware, etc., are the individual and/or combined resources considered part of the requirement for a match per the instructions of this RFA? In other words, if 40 physicians purchased 1/2 the cost of the EMR platform/hardware at @10,000 per purchase, would that indeed be a match of \$400,000 per the requirements of this grant?

A09: Each project has to demonstrate at least a 50% share of the total budget submitted.

Q10: If a new physician to the area purchased an EMR platform and hardware in the last 6 months in an effort to set up a paperless office in anticipation of joining the other physicians in their adoption of EMR platforms through the HEAL Initiative, and that physician can show connectivity to this project outlined in this RFA, can their individual acquisition be allocated as a matching resource per the requirements of this project RFA?

A10: Please refer to D above.

Q11: If Clarkson staff (me) prepare the grant for this submittal, is that work considered part of an in-kind contribution to the project per the requirements of this RFA? If Clarkson's match is the way of technical student support, IT, interface programming, etc., is grant preparation/staff time dedication reimbursable under the requirements of this RFA?

A11: Any costs related to grant writing or assembly of the grant application should be entered as a 'project management' budget line-item cost.

Q12: If Clarkson were to establish an IT Center of Excellence to provide much needed training and IT support to physicians once the physicians begin to adopt EMR platforms, would "housing" this Center of Excellence, in terms of the in-kind provision of physical space, while developing a spin-off business model to turn the Center into a Brick-and-mortar sustainable business after the grant, be an in-kind match for the purposes of this RFA/project proposal submittal?

A12: Any services provided by a "Center of Excellence" can be submitted as a project budget cost line-item but not as "in-kind" contributions. If however, Clarkson is providing project-related and timely training and support services, these services can be included as in-kind matching.

Q13: I am the VP of Medical Services for Hometown Health Centers, a Federally Qualified Health Center in Schenectady serving the medical and dental needs of nearly 20,000 individuals, primarily the economically disadvantaged. We are also a member of HIXNY. In reading the grant application, it was not clear whether or not Federally Qualified Health Centers such as ours, Whitney Young in Albany and many others across the state are being excluded from this grant process. Centers such as ours did not seem to fit into either the included or excluded category.

A13: An Article 28 organization can not qualify for funding under this grant. However, hospitals are encouraged to be a partner on the application to demonstrate how patient information will be exchanged but can not receive funding.

Q14: We are a five-person nephrology group who have purchased an EMR – but not yet implemented – with connections to lab, etc. Realistic to apply?

A14: Please review the Minimum Eligibility Requirements on page 6 of the RFA Instructions; also, please refer to B above.

Q15: If a group of physician practices applied for the grant and had already signed contracts and had begun implementing an electronic medical records project prior to the MSSNY grant announcement, could grant dollars retroactively be applied to portions of their project costs which were already paid by the practices?

A15: Please refer to D above.

Q16: Under Attachment 5 Project Budget Summary Lead project management fees: maximum of \$4,000.00 for coordinating the assembly of the application. I understand that part of it but if in fact the Medical Societies of Oneida, Herkimer, Madison, Chenango, Oswego and Cayuga are the lead agency for the next 2 years, does that mean that I couldn't charge anything else for administering the contract over the 2 year period?

A16: Correct.

Q17: Section II, Who May Apply - Partner Applicants, page 5, paragraph 4.
In the MSSNY grant program, since VNSNY does not qualify as an applicant, can we qualify as a participant in multiple applications rather than just one?

A17: Yes.

Q18: Section IV.G. -Funding Period, page 11, paragraph 11
If applications are due in April, is there any estimate of when the contract will begin?

A18: We anticipate that contracts will be effective on or about July, 1, 2007, provided that a contract can be executed by that time.

Q19: Section IV.G. -Site and Number of Grants, page 11, paragraph 1. When does the 50% match begin?
Can the matching expenses be incurred prior to the contract start date?

A19: Payments to awardees do not commence until a contract is executed with New York State; please refer to D above.

Q20: Section IV. Disbursement, page 12 Is staff time of existing staff reimbursable if it's spent on the activities outlined in the grant application?

A20: Yes, provided that the provider can demonstrate that the work was project related.

Q21: Section IV, Disbursement, page 12, Do reimbursable activities include all of the following: analysis, design, development, and training on new capabilities, implementation, and evaluation of effectiveness?

A21: Provided these tasks can be verified to be project related, all tasks except 'evaluation of effectiveness' would be eligible.

Q22: Must vendors be identified in the application or can a bidding process be described that requires that any vendor meet all certification and standards requirements? Will a proposal that specifies a vendor be scored higher than one that does not?

A22: Yes, vendors must be identified with appropriate work orders attached to justify expenses for their budget line-item. Successful applicants for other grants have identified a vendor and indicated verifiable budget line-items.

Q23: Are physicians working in county community health systems serving the poor excluded from funding?

A23: Please review the Minimum Eligibility Requirements on page 6 of the RFA Instructions.

Q24: Can matching funds include in-kind services provided by payers, hospitals, government support health systems and SUNY medical centers?

A24: The question is unclear. Please refer to C above.

Q25: What examples would you provide of an organization as having demonstrated experience in project management?

A25: A physician, who is a leader in the community involved with HIT efforts and participates on HIT Committees and is active in organizations, would be considered a 'champion' and this should be included in the project narrative.

Q26: What is meant by HIT vendors not being eligible to receive funding? Would this preclude the use of grant funds to contract for services from one or more HIT vendors to purchase, install, implement, provide training, and conduct file conversion in transferring a practice to an EMR system?

A26: Only Lead Applicants will be paid grant funding. The Lead will in turn disperse funds to partner applicants who will in turn pay the vendors who must submit verifiable documentation.

Q27: When will awards be announced and what month should be presumed for project start-up in budgets given this timetable?

A27: Grant Awardees should be announce on or about June 1, 2007, and awards to commence on or about July 1,2007, provided a contract has been executed between the applicant and New York State.

Q28: People Inc. is a nonprofit agency in Western New York that runs an Article 28 clinic called the Elmwood Health Center. We are interested in creating a partnership of individual and small group providers for this project. Several of the potential partners have asked whether the cost of hardware, like servers, computers and routers, that were recently purchased for the purpose of building capacity for EMR could count towards matching funds related to this grant.

A28: An Article 28 organization can not qualify for funding under this grant; please refer to C above.

Q29: Also, can partners apply staff salary towards the match if the staffs are directly involved in implementation and planning of the project?

A29: Yes, provided that the provider can demonstrate that the work was project related.

Q30: I am a physician working in a two-physician practice. My practice signed up for DOQ-IT project and we are going to implement sponsored eClinicalWorks software in our practice. Would we qualify for additional funding from HIT grant if our hardware upgrade will amount to no more that \$30,000?

A30: Please refer to A above.

Q31: I just wanted to confirm that my reading of the RFA was correct that while solo and small practices are "key participants," it does not preclude a larger (non-employed) office from being a co-applicant. I am working with the Monroe County Medical Society on their application for this region and just want to be sure we are sending the correct message to our panel.

A31: Please review the Minimum Eligibility Requirements on page 6 of the RFA Instructions.

Q32: Is there an upper limit on the size of the practice that can apply for H.I.T. funding? In Section II, part A, number 3 of the RFA, it states that, "Solo practitioners and small/medium-sized medical practices, with fewer than ten physicians, are key participants."

A32: The legislation has indicated that the smaller practices would be preferred.

Q33: Can offices apply for funding to upgrade their existing EMR to gain additional functionality?

A33: Yes. For example, if a practice already engaged a CCHIT-certified vendor product but did not purchase the ePrescribing or CPOE components, the expenses for these components can be included on an applicant's budget.

Q34: Can offices apply for funding to interface their existing EMR to an existing Regional Health Information Organization (RHIO)?

A34: The CCHIT rules would still apply and the cost for the interface would be included within the project budget.

Q35: Will this grant only reimburse capital expenditures as defined by general accounting principal standards?

A35: Please refer to the Budget attachments for a list of costs and line-items. Please also refer to the "in-kind" rules in C above.

Q36: Could a practice begin to implement EMR prior to award announcement and still be reimbursed should their application receive an award?

A36: Yes, but please refer to D above.

Q37: Can specialty practices be included in the grant? In Section II, part A, number 2 of the RFA, it states that, "Independent primary care practitioners are central participants in the project, with primary care broadly defined to include..."

A37: Yes, these practices could be included in a collaborative project.

Q38: I am a radiologist in Rockland County, servicing a large area of primary care and specialist physicians. I am looking into implementing a PACS (Picture Archival) system as well as a Radiology Information System (RIS) with which the doctors in the county will be able to access their patients' studies online as well as the reports thus saving time and resources. They will be able to incorporate these images and reports into their own medical records as well as order diagnostic tests on-line. Can you tell me if this may qualify for the HIT grants?

A38: Please review the Minimum Eligibility Requirements on page 6 of the RFA Instructions. In addition, our main goal is for physician practices to collaborate and represent the applicant partnership.

Q39: I am in the midst of completing the application for the MSSNY HIT grant. I have 2 questions 1. The budget request is for two years do you have a time frame for that 2 year period? (i.e. 1/1/07-12/31/09) 2. When will announcements of recipients be made?

A39: We expect the contract period will begin on or about July 1, 2007 provided an executed contract is in place between the applicants and New York State. We expect to announce the awarded projects on or about June 1, 2007.

Q40: I was taking a closer look at the HIT Grant eligibility specifications and on page 16 it is stated that funds may not be used to supplement "pre-existing software, hardware etc." Our practice took out a substantial loan this past Fall 2006 for the purchase of an EMR to enhance our quality of care and also to be ready for specific quality assurance and "pay for performance" initiatives that we want to participate in. The vast majority of hardware and software is already on site, and it will be several years before our loan is paid in full.

We are hoping that physician practices who are still under the burden of paying off loans for EMR systems will not be excluded from participating in a grant project simply because they were "pioneers" who took the initiative to implement EMR before grant money was available to help pay for it. We are excited about our EMR and looking forward to the ability to share health information with other physicians, labs, pharmacies and hospitals. We would love the opportunity to participate

in a project such as this and hope that considerations can be made to allow grant funds to be applied to recent pre-existing hardware and software purchases.

A40: Please refer to D above.

Q41: The grant stipulates that a lab can be a partner applicant, but a hospital can not. A large portion of the lab test performed on the patients in my practice is done by labs which are located in and part of a hospital. Can those hospital based labs be partner applicants?

A41: Labs and hospitals can be a partner on the application to demonstrate the types of patient information to be exchanged. The lab and hospital, however, are NOT eligible for funding.

Q42. Regarding the application, on page 16, there is a reference to a cap on PM duties of \$4,000 for the project duration.

Does this include the amount of funds an applicant would pay an external contractor to oversee and assist with implementation?

Also, can any hours above the \$4,000 cap that the lead applicant needs to spend be counted as a match?

A42: There is a cap of \$4,000 for the 24-month period. The State would like as much funding as possible to be distributed to the physicians. The project management expenses can be put toward managing the applicants and managing the vendor if that is the role that is wanted by the applicants. Additional hours above the cap would be subject to the match and in-kind requirements. Please refer to C above.

Q43: We are a five doctor practice in Carle Place, New York trying to sort through the "request for application" process. We are looking into a physical hardware upgrade for approximately \$ 30,000.00 and an EMR implementation with Medi-Notes for about \$ 40,000 to \$ 45,000. This will help us to communicate information about our patients with referring doctors more easily and to potentially implement an electronic pharmacy program as opposed to writing prescriptions. In filling out the form, I am not sure that I understand Attachment 2 - Minimum Applicant eligibility requirements - "Entities are inclusive in their physician membership, with open membership".

A43: This means that physicians in the practice were not required to be MSSNY members; and, as long as the practice met the eligibility rules, a collaborative could not refuse a practice from joining that collaborative.

Q44: Our firm, a practice management company and a preferred vendor with the medical societies of Oneida, Madison, Herkimer, Oswego and Cayuga counties works to enhance services and efficiencies of physicians; one aspect is through the education on the use of technology. We are interested in bringing technology to the physicians. Many have indicated to me that they are unable to invest in a form of EMR/EHR system. Is our company, privately owned, able to participate in the HIT program to benefit physicians? I have been working very closely with Kathy Dyman on many aspects of the medical business and would enjoy the opportunity to jump start our initiative with some outside funding. We currently work with over 80 providers.

A44: Please refer to B above.

Q45: I have been using VistA in the VA hospital system for many years. It is easy to use and easy to customize. I have my own set of templates and those templates import current data from the patient into my notes.

VistA is FREE. The only costs are those of implementation and support. There are many sites where there is peer to peer support and development is constantly going on for this software and the development is funded by the government.

VistA is stable. It is the EMR used by all VA Hospitals, Military Hospitals and MANY private hospitals. These factors will go a long way toward 'selling' the software to local hospitals and nursing homes.

VistA is open source so there are many companies developing third party modules that can interface with VistA to enhance its functionality.

VistA is multi platform and can run on Linux and Windows servers.

Since VistA is open source there is a large community of users who are happy to help provide peer to peer support for this. We could easily get them to participate in our website to make suggestions about implementation etc. In fact if they find out about the website I would venture it would be difficult to keep them from trying to contribute their expertise and knowledge, since that is the 'culture' of open source software.

The requirement for CCHIT certification in the grant had me a bit discouraged until today when I found that VistA EMR has applied for CCHIT certification.

From the grant: "Applicant members, who intend to utilize funding to support an ambulatory EHR, indicate that their EHR vendor(s) of choice is/are certified or has/have applied for certification by the Certification Committee for Health Information Technology (CCHIT). If the vendor has applied for certification, applicant will secure documentary proof from said vendor and submit together with the application. "

This makes VistA eligible as software for us to use.

The protocol I suggested earlier involved reviewing all CCHIT certified software, we can expand that protocol to include CCHIT certified software and software that has applied for CCHIT.

Now that everybody knows of my bias, I will reiterate that it is important that we evaluate as many CCHIT eligible software packages and narrow it down to a small final group with detailed evaluation of those software packages. This way we can intelligently discuss the process used to select the software and justify our decision.

A45: Please refer to D above.

Q46: Budget question -- Practices that collaboratively purchase an EMR system - a total financial amount will be determined for all practices (i.e. \$200,000).

To determine the individual practice budgets, the amounts will be uniformly applied to each practice by number of physicians who are part of the practice (i.e. - $\$200,000/10 = \$20,000$ per physician). This will enable us to submit an estimated budget per physician (or group of practicing physicians).

Each practice will then have an individual budget. Does each practice have to stay within their individual estimated budget or can the expenses for each practice be deducted from the total grant awarded so that if one practice spends less than estimated budget and another spends more, the overall expenditures is equal to the proposed budget?

A46: That method may work if all partners are purchasing the same software but costs may change based on connectivity, training, hardware, etc. It is recommended that a separate budget be created for each partner and then aggregate all budget cost-items and enter on the budget summary spreadsheet.

Q47: Allocated expenses -- If a practice does not hire a new employee but expands on the roles of current employees to assist with grant activities, can part of that employee's salary be covered under the grant?

A47: Yes, provided that the provider can demonstrate that the work was project-related.

Q48: There seems to be an inherent problem in the manner in which the RFA was set-up. According to my reading of the information, the minimum grant is \$250,000 with an expectation that the applicant would provide matching funding of \$250,000. This results in a minimum project expenditure of \$500,000. In all of the research that I have done, EMR implementation for practices runs approximately \$20-25,000 per provider. Thus, for our practice with 13 providers, the total project would cost \$325,000. It seems that the HIT grants will exclude the small practices that it seeks to help.

A48: Please refer to A above.

Q49: Can Federally-funded Article 28 facilities participate with this program?

A49: An Article 28 organization can not qualify for funding under this grant; a hospital or lab can participate as a partner applicant. The application must demonstrate how patient information will be exchanged but these organizations can not receive grant funding..

Q50: I am currently in a solo practice with an internist in the City of Oswego. We currently use Medent in our office and are looking to upgrade some of our systems. The question we have is if we would be eligible to participate in this program.

A50: Please review the Minimum Eligibility Requirements on page 6 of the RFA Instructions. A single practice can not apply on its own. It must be a collaborative project. You would then be able to use upgrade expenses.

Q51: Currently, I am in a four-person General Surgery group. I am in the final stages of organizing a new two-person General Surgery practice. We will be based out of rural southern Erie County as well as northern Chautauqua/Cattaraugus Counties. I hope to have plans for the new practice finalized by the end of March, however, the process is taking longer than anticipated. I am interested in applying for an HIT grant but am uncertain our entity will legally exist by the deadline for grant application. Can I apply for a grant?

A51: In order to qualify, your organization would have to be a legal entity and recognized as such prior to the application's due date.

Q52: Our community health center has a completely integrated electronic health record system, and would like to extend this to include other community health centers (with 5-7 providers each) we have acquired recently as well as some centers which are outside our network. We would like to apply for funding for this system expansion which does not include private practicing providers at this time. We currently participate in three RHIOs and are interfaced with the local health department and four laboratories. Would we be eligible to apply and get funding for this community health center-based expansion?

A52: Article 28 organizations are not eligible for funding.

Q53: Currently I am in a four person General Surgery group. I am in the final stages of organizing a new two person General Surgery practice. I hope to have plans for the new practice finalized by the end of March, however, the process is taking longer than anticipated. I am interested in applying for an HIT grant but am uncertain our entity will legally exist by the deadline for grant application. Can I apply for a grant or will I miss out on this opportunity?

A53: A practice would have to be a legal entity to be included in a collaborative project that applies for the grant.

Q54: I just wanted to confirm that my reading of the RFA was correct that while solo and small practices are "key participants," it does not preclude a larger (non-employed) office from being a co-applicant. I am working with the Monroe County Medical Society on their application for this region and just want to be sure we are sending the correct message to our panel.

A54: Solo and small practices with fewer than ten physicians will be looked at more favorably than large practices.

Q55: Would a PHO-physician hospital organization be eligible for the grant funds? The organization is composed of a hospital, and several private physician practices which do not receive operating funds from the hospital.

If a group of physician practices applied for the grant and had already signed contracts and had begun implementing an electronic medical records project prior to the MSSNY grant announcement, could grant dollars retroactively be applied to portions of their project costs which were already paid by the practices?

A55: The private physician practices would be eligible for grant funding. The hospital can be a partner on the application but can not receive funding.

As long as contracts were executed after July 18, 2006, those expenses would be eligible.

Q56: We are a 5-person nephrology group who have purchased an EMR - not yet implemented - with connections to lab, etc.

A56: Please refer to D above.

Q57: We are a primary care medical specialty association. We will focus on solo and small group practices for this project. Can we conduct a project that includes only doctors from our specialty? Or, do we need to include doctors from other specialties?

We have been thinking about a 2-step project. In the first step, doctors from our primary care specialty association would use an Administrative Services Provider (ASP) and a common server for EHR purposes. The ASP would not only house the server, but troubleshoot, maintain the system and provide security, etc. In the second step, later on in the project, doctors would use the system to exchange information with pharmacies, labs, etc. Is this approach permissible? Are we required to include physicians from other specialties?

A57: A project can include only doctors from the same specialty but a more effective collaboration would include primary care and specialties because through the referral process, physicians within a collaborative, and sharing patients would benefit from having access to patient data such as conditions, medications, allergies, etc. This would improve patient safety and reduce duplication of tests.

Using an Application Services Provider is acceptable. The demonstrative project plan should be explained in the technical narrative.

Q58: A. (II, paragraph A) Assuming we can find other practices to agree to be "partner applicants" would we qualify as a "community-based initiative", and, if so, do all practices have to be located in Saratoga county, or would anywhere in the capital district do. For instance, we refer many patients to a gyn-onc group and to a gyn-endocrine group in Albany.

B. (II, paragraph A) what is meant by "entities are inclusive in their physician membership, with open membership"

C. (II, B) would my successful attainment of the Bridges To Excellence recognition qualify as documentation of the "experience needed to facilitate successful project completion."

D. Is there a minimum number of "partner practices" we would need to join us in the application?

A58: A. Yes; practices do not necessarily have to be in Saratoga County since you could be sharing patients in Albany or Washington or Warren, etc.

B. This means that physicians in the practice were not required to be MSSNY members; and, as long as the practice met the eligibility rules, a collaborative could not refuse a practice from joining that collaborative.

C. Yes

D. No