

Frequently Asked Questions:

1. Regarding the description of either purchasing Master Patient Index/ Record Locator Service software or integrating with the state MPI/ RLS, how should applicants make that decision? And if they choose to integrate with the State's, how can they describe that integration given that the State does not yet maintain an MPI/ RLS?

A Record Locator function is critical to the accurate linking of patients with their records and the availability of actionable data at the fingertips of providers. If your proposed project does not intend to purchase robust MPI/ RLS software, and therefore chooses to ultimately integrate with a State MPI, then some sort of record linkage across sites is necessary and must be described to satisfy optional criteria # 1. Applicants should be able to describe their immediate-term matching function sufficiently to be able to discuss its potential interoperability with a theorized State HIE that will maintain an RLS with open standards. Alternatively, proposed projects may describe the purchase and operation of their own MPI/ RLS to ensure the most accurate and robust matching as soon as the project is implemented.

2. Once the Office of the National Coordinator for Health Information Technology (ONC) announces the amount of funding New Jersey will receive under the formula, how much will the State use for its own plans to fund a statewide exchange and how much will go to the 'approved-for-funding' projects selected through the RFA process?

This is a matter still under discussion, and we will engage in further discussions both among the departments and agencies of State government and with project representatives once proposals are selected.

3. What will be the composition of the multi-departmental Review Panel?

We will publish a fuller list of the departments and agencies on the Panel and how many officials from each one will be involved in reviewing. We know as of Sept. 17 that there will be two representatives each from the Department of Banking and Insurance, the Department of Health and Senior Services, and the Department of Human Services reviewing each application; one representative each from the Department of Children and Family Services and the Office of Information Technology; and one representative from the Health Care Facilities and Financing Authority who will review the applications for financial soundness and controls.

4. The RFA states that proposed projects will be responsible for one-half of the 1-10 state match in year one of the matching requirement, starting in Oct. 2010. What about the following years, when it becomes more stringent at 1-7 and 1-3?

The State is aiming to address this issue with its long-term financial sustainability planning. Therefore, approved projects may receive additional State support in the form of covering much of the State match in years two and three of the matching requirement, if additional revenue can be raised. However, the State reserves the right to negotiate with proposed projects about possible future contributions. Budgets submitted in the HIE proposals on or before Sept. 25 should simply describe the annual costs of the project. Given that funding is likely to be allocated before Oct. 2010, no matching requirement will be required for the interim.

5. How many years of budgeting should the RFA response describe?

ONC has stated that the grant funding to states will be distributed over the course of four years, so although the State aims for approved projects to be implemented and remain successful indefinitely, the State expects a four-year budget to be projected in the RFA response. (Please ignore the reference to 12 months in the application.)

6. Can retroactive expenditures on the project satisfy the requirement for in-kind contributions toward the first year of the State match?

Initial guidance from ONC suggests that the answer is 'no,' and that in-kind contributions must be made from years in which they were incurred. So the matching requirement starting in Oct. 2010 would have to be incurred in the following year.

7. This is an extremely difficult economic time. What if our group cannot reach consensus on mechanisms to achieve sustainability for our proposed project?

Try to leverage as much as possible from existing resources, whether it is time devoted by IT professionals already on staff in institutions in the project, to pro-bono training support from software companies that have a vested interest in seeing that the project is successful long-term, to leveraging existing or new relationships with nonprofits or foundations that could contribute time or resources. Specify the best sustainability plan you can, in the absence of complete clarity on how much grant funding you might receive and amid the difficult

economic environment. Scoring will take into account the mechanisms that projects have in place—or that the partners have agreed to—in order to raise or allocate additional revenue to fuel the project in the future.

8. The RFA describes the availability of ‘real-time’ data, but how is that defined?

Obviously, the more instantaneous, the better. However, if a proposed HIE project theorizes a nightly ‘data dump,’ for instance, that could provide some very timely information to providers and health-care professionals. If the project being proposed involves querying various disparate systems to access certain patient-specific information in a secure manner, that access can be nearly as ‘real-time’ as the data is loaded into the source system.

9. The RFA describes a ‘regional’ HIE in a manner that suggests geographical reach is key. Must a proposed exchange involve the transmission of data across physical space?

While regional HIEs are clearly being theorized by ONC’s HIE Cooperative Agreement Program, the State will also accept applications that involve the bridging of disparate systems across types of providers, for instance, or that connect a critical yet siloed database with health-care professionals who could use the data to improve the provision of care.

10. Does the “Statement of Local Governmental Public Health Partnership” have to be completed and signed by the local health department before applications are submitted to the State?

No, they can be submitted simultaneously. Because the actual transfer of monies from the federal government will not be forthcoming until early next year, approved grant applicants will have time to receive local health department approval. But we request that submissions for local health department approval please be made on or before the day applications are sent to the State.

11. This is a very quick turnaround time for an RFA. What if our project is not yet ready for full-blown implementation but has several components in place?

If there are gaps in your application, describe where you stand with those decisions, the process your group is undertaking to resolve them, and approximately how long it will take to make those decisions.