

**Questions Related to Application for PGCHEZ Medical Practice in Zip Code 20743
(RFA #OHO-015-15)**

1. Although the new practice will serve residents located primarily from Capital Heights and Fairmount Heights, is it expected that each practice in the Zone will be available to all Prince George's County residents?

YES

- a. What about non-County residents?

YES

2. Will the new practice have until the end of the grant period to reach its goal of serving a minimum 2,000 residents?

The practice will have until the revised grant end date of June 30, 2017

3. As stated in the RFA, "neither the County nor the PGCHD has any authority to orchestrate, influence or participate in the distribution to the PGCHEZ medical practice additional grant funds or incentives, but may provide assistance and facilitation to the medical practice as feasible." What type of assistance is being referred to here?

Additional grant funds and incentives refer to benefits and incentive managed by the State (loan repayment assistance, state tax and hiring tax credits).

- a. For example, references to other potential partners? Application endorsements for additional funding? Other?

Assistance with referring practices is referring to providing the practice with a letter to confirm to the State that applicant has been a Zone provider for specified timeframe for benefit. (page 4)

4. Specifically, what specific certifications are required to participate as a grantee?

The MD must be a board-certified physician

5. The RFA requires color graphs and charts included in the original to be included in color in all copies; does that include architectural drawings, maps, etc.?

No

6. Does the Board certified physician and nurse practitioner identified by applicant require approval from the County?

No

- a. Or will the County just screen to make sure they are properly credentialed?

Credentials will be verified

- b. How soon do the above have to be in place; that is, before opening of practice?

YES

- c. May they start as part-time?

YES

7. What is County expectation of opening date of new practice?

Subject to Year 3 PGCHEZ funds availability and contracts execution about October 31, 2015 (fall/Winter 2015). This date will be determined between practice and PGCHEZ and is to allow the practice more than one year to reach PGCHEZ practitioner/practice goals.

8. How many applicants are vying for this single remaining practice?
Unknown; Three to five were known prior to the RFA posting.
 - a. Will County identify all applicants?
NO, unless otherwise required by the County guidelines for rules and regulations for RFA postings.
9. In addition to scoring criteria outlined in RFA, will there be any additional preference points awarded to applicants not already stated?
NO
10. What is County looking for in proposed diagram of project?
The application submission should include the plan for delivering high-quality services in the Zone. Description of the practice, costs, timelines, how goals aligned with PGCHEZ, office hours, practice business model. This is how the practice will get integrated into the PGCHEZ from project start, opening, delivering services, grant period, and sustainability.
11. Is the letter of intent due prior to the April 16, 2015.
YES. Letter should state interest if awarded and the intent to participate as the 5th medical practice in the PGCHEZ.
12. Please list the current benefits of participation for a Medical Practice in the PGCHEZ for the duration of the grant period?
Consult the DHMH link on page 4 of the RFA in middle of page and call the contact listed on the site. Benefits are managed and distributed by the State.
13. Please clearly identify each of the incentives that are available for the fifth (5th) PGCHEZ Medical Practice in the Zone?
See response on question #12. Incentives for the 5th practice are available based on funding after meeting requirements on the State website some include participating for one year. No incentives have been awarded or accessed thus far from the PGCHEZ from any grant years. To date, there are 15 state income tax credits and 8 hiring tax credits (Years 1-3) and 2 hiring tax credits (Year 4). Consult the State for loan repayment assistance. In Year 3, there is \$500 consulting fee to assist with participating in the PCMH program and there is \$0 for electronic health records. The capital leasehold improvement amount is a one-time amount \$ 150K disbursed in two to three installments and \$25K for medical equipment disbursed in the first installment after agreement execution.
14. *What are the dates of the program years 1, 2 and 3?*
Year 1 – January 29, 2013 to March 31, 2014 (extended three months into 2014 by the State)
Year 2 – April 01, 2014 to March 31, 2015
Year 3 – April 01, 2015 to March 31, 2016
15. Text taken from original PGCHEZ Program Summary: Paragraph 4 “Outcome evaluation will assess the degree to which PGCHEZ has met the following goals in 20743 by December 31, 2016.” *What are the correct dates?*
Project is extended per HEZ legislation to end on June 30, 2017. All goals are now to be completed by June 30, 2017. The Funding period for the HEZ grants end on December 30, 2016 unless otherwise revised by the State. Quarterly reporting schedule is stated in RFA

on page 17. Quarterly reports for September 30, 2017 and December 31, 2017 are required of the PGCHEZ grant per this extension and will allow for project closeout and grant reporting narratives and expenditures reporting. The PGCHD and the County is awaiting a revised grant modification document to state the revised HEZ project end dates from CHRC/DHMH.

16. Will the PHIN be funded for the duration of the grant and who is responsible for the funding?
Yes. Prince George's County Health Department
17. Who is the owner and manager of the Public Health Information Network?
Prince George's County Health Department
18. Where can a copy of the Governance Policies of the PHIN be found?
Question will not be addressed and is not a requirement of the RFA.
19. Where can the minutes of the Community Advisory Board and the PGCHEZ Coalition be found to keep community stakeholders informed?
CAB and Coalition minutes are taken at meetings. The minutes are available from the project coordinator, Ms. Ida Ceesay.
20. What is the make-up of the Community Advisory Board and the PGCHEZ Coalition?
Residents and other interested community individuals. The Coalition is made of the PGCHD, political representation (mayors and their selected delegation from three municipalities), and meetings are open and attended by any public individual.
21. What are and where can the specifications for the PHIN be found?
Question is not a requirement of the RFA.
22. What are the benefits of the PGCHEZ Medical Practice to integrate with the PHIN?
Question is not a requirement of the RFA.
23. Does the PHIN have sufficient funding to deploy and maintain the Public Health Integrated Network services and health information exchange services for the PGCHEZ Medical Practice?
Yes
24. How is sustainability of the PHIN insured and preserved?
Question is not a requirement of the RFA.
25. *An extremely robust Public Health Information Network is described;*
The questions below will not be addresses as they are not a requirement of the RFA (a-l).
 - a. *What Primary HealthCare and Public Health Services are being integrated?*
 - b. *What functionality exists today for each of the application identified in Figure 5 below?*
 - c. *Where can the specifications for the interface/integration with the PHIN be found?*
 - d. *How is patient identity reconciled?*
 - e. *Who is responsible for insuring the most relevant technologies are being utilized?*
 - f. *Who determines what features and functions are applicable for the served market?*
 - g. *What is the rollout plan for the items represented in Figure 5?*
 - h. *How are timelines and deliverables established?*
 - i. *Who is responsible for insuring timeline and deliverables are being met?*
 - j. *Who is responsible for application delivery and user acceptance and training of the Public Health Information Network Services?*
 - k. *How are these activities funded?*
 - l. *Who communicates the progress of the PHIN to the PGCHEZ PHIN users and how frequently are these progress communications?*

m. Do you contemplate that the PHIN will operate as an Organized Health Care Arrangement under the HIPAA Privacy Rule?

Yes

n. What is the definition of a PCMH hub?

This is the primary medical practice site opening in the Zone

o. What is the definition of a satellite practice?

No longer applicable. No satellite locations

p. What is the total number of locations delivering medical services in the Grant dated November 15, 2012?

There will be five (5) practices opened in the PGCHEZ

q. How satellite practices have been deployed under the PGCHEZ program?

Not applicable

r. What is the timeline for future deployments?

Not applicable

s. What is the business relationship between the Hubs?

Not applicable

26. Based on the text from the original PGCHEZ proposal, the following questions were asked: What is the status of Year 1 and Year 2 PCMH Deliverables as described in Appendix D: Work Plan for PGHEZ?

Deliverables required by an Updated Project Work Plan are evaluated by the State each funding year. Work plan submitted in original proposal has been revised annually at the request of the State.

a. Will the selection of the one final, grant funded PGCHEZ Medical Practice by the end of April, 2015 follow the same criteria in the selection of the four earlier medical practices in PGCHEZ (**Not applicable**) and is a 15 day period for the evaluation of the Competing Bidders' Applications sufficient time to select the Awardee?

YES, unless otherwise stated by the County. The selection timeframe is based on planning for Year 3 budget and goals addressed with the funder in Year 3 Work Plan.

b. Will all Bidders have access to the complete PGCHD HEZ Program Package before their Bids are due on April 16, 2015.

The relevant PGCHEZ program information to address the RFA is available and listed in the RFA document. Other relevant program information is and will be available at the Partners Meetings held at the PGCHD each month with the individual partners on the team. Other relevant PGCHEZ documents and reports are available on the State website and the PGCHD by contacting Janine Jackson.

27. Prince George's County Department of Health has released a Request for Applications for selection of the fifth (5th) designation for PGCHEZ Medical practice in Zip Code 20743; Is this a new PGCHEZ Medical Practice process for the approval of PGCDH?

RFA process is new; criteria for selection is not.

a. Was the same criteria and processes required of four medical practices in the PGCHEZ (see paragraph 1, page 3 RFA#OHO-015-15)?

Yes. Same certification as a PCMH. Compliance is monitored by the State.

28. Is the intent for 5 separate PGCHEZ medical practices to function as a PCMH model and will each PGCHEZ medical practices receive identical incentives and benefits?

NO. Four (4) PGCHEZ practices will become PCMHs and one will support PCMH model as a specialty/neighboring practice. Incentives and benefits are based on state funding, eligibility, and availability of funds at the time of application to the state.

- a. If the intent is to have 5 PGCHEZ medical practices operating in a PCMH model, then: What are the certification/recognition requirements for a PGCHEZ Provider operating as a PCMH Model?

Medical doctor (MD) must be board-certified. Dr. Carter can respond to this.

- b. Who is the certification body?

State of Maryland Board requirements.

- c. Have certification requirements been publicly issued in the Prince George's County Health Department HEZ Program?

No

- d. What is the timeline requirement for achieving certification/recognition?

For an existing practice, yes the certifications should be in place at the time of opening of the medical practice. For a start-up practice we allow a grace period of one year.

29. Who is responsible for the management of the Community Health Workers?

PGCHEZ Clinical Health Nurse Manager at the PGCHD

- a. Who trains and certifies the Community Health Workers?

PGCHD

- b. What are the procedures and policies for the Community Care Coordination Team to assist with coordination of care to minimize hospital readmissions and have these policies been shared with the PGCHEZ Medical Practices?

The CCCT is currently being developed to assist PCMHs and HEZ partners with identifying and linking High Risk patients to needed services such as assigning them to a PCMH, linking them to social services and other community resources to assist with addressing gaps in care that may contribute to their hospital readmission or inappropriate use of the ED.

- c. What is your definition of Care Coordination?

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient

- d. What are the processes of Care Coordination covered by your Community Care Coordination Team?

Evidence-based pathways and workflows.

- e. How is Care Coordination efforts tracked to ensure equal distribution among providers?

Based on high risk patients that are referred to the CHWS by PCMH, hospital I/P and ED providers.

- f. How is the Community Care Coordination Team funded?

Currently by the PGCHD

- g. Is the Client for the care coordination program described the Community Hospital or is it the PGCHEZ Medical Practice?

Clients must be assigned to PCMH who will manage the needs of the patient with the assistance of the PCMH.

- h. How is the Community Hospital charged for participation in the PGCHEZ Care Coordination Program?

No charge

30. The questions below will not be addressed as they are not a requirement of the RFA (a-i):

- a. What data is to be collected?

This will be consistent with the state requirements of data collection as part of reporting requirements of the PGCHEZ grant.

- b. What Clinical Quality Measures are to be reported?
- c. Who is responsible for the data collection and analysis?
- d. Who is responsible for the funding of the data collection and analysis?
- e. To what purpose will the data be used?
- f. Will the data and outcomes analysis be shared with the PGCHEZ Medical Practice to improve the quality of care?
- g. What governance model are you using to establish ownership and control of the data?
- h. What assurances exist guaranteeing the data will not be sold or used for other purposes?
- i. What efforts are being taken to eliminate the burden of multiple reporting and duplication of efforts across the State of Maryland and Payors?

31. Are the only type of entity you are entertaining to be an applicant a 501 (c)3 nonprofit entity?

No.

32. The timeframe to establish and open a primary care medical practice in Zip Code 20743 states “by the end of the CHRC grant” on Page 4 of the RFA the CHRC/DHMH grant funding period to be May 1, 2015 through December 31, 2017; therefore based on these stated facts the awardee will have until December 31, 2017 to Establish and open a primary care medical practice – Is that correct?

NO. The timeframe to open a medical practice is stated in Question #2: The practice will have until the revised grant end date of June 30, 2017.

- a. How is the integration funded and what patient information is expected to be reported?

See data response in Question #30a.

- b. Where can a copy of the data request requirements, County’s MOU, PSA, and Data Sharing Agreements be found and will they be available for Bids are due on April 16, 2015?

NO. The template agreements will be available from PGCHD Contracts Administration to the applicant awarded the funding. Excerpts of roles and responsibilities are included in the RFA.

Who is responsible for funding the Program Reporting Responsibilities and will be PCMH Program reporting responsibilities be coordinated with the State of Maryland to prevent reporting burdens and duplication of efforts on the PGCHEZ Medical Practice ?

YES.

The questions below will not be addressed as they are not a requirement of the RFA (a-d):

- a. Who collects the data?
- b. How is the data used?
- c. What assurances exist guaranteeing the data will not be sold or used for other purposes?
- d. Will the data be shared with the PGCHEZ Medical Practice to improve the quality of care?
- e. *Where can a copy of each of these documents be found for review prior to the completion of this application?*

See response in Question #32 last item. The template agreements will be available from PGCHD Contracts Administration to the applicant awarded the funding.

Memorandum of Understanding (MOU)

Data Sharing Agreement

Business Associate Agreement (BAA)

Party Specific Agreement (PSA)

33. Page 6 RFA # OH-015-5 Section D: Screening for Medical Practices and Page 14 Appendix D “Potential participants will be recommended to the Patient Center Medical Homes (PCMH) for referral potential. PCMHs will be responsible for obtaining their own partnership agreements with potential other PGCHEZ practices, providers and services at their own discretion. (Appendix D-Procedure for Screening Medical Practices and Services for the PGCHEZ)”

The Patient Centered Medical Home is not a business entity – A Patient Centered Medical Home is a model of care delivery therefore potential participants cannot be recommended? Please clarify your Screening for Medical Practices on referrals?

- a. Who is referring?

Patients will be referred by hospitals, ED, Health Department, specialists, community organizations, social and family services organizations, Community Health Workers

- b. Who is being referred?

High utilizers; clients in need of a primary care physician.

Taken from RFA Roles and Responsibilities of the PMCH pp. 6-7

The questions below will not be addressed as not a requirement to respond to the RFA (a-j):

- a. Where can a copy of the Data Sharing Agreement and deliverables found?
- b. What procedures are in place to safeguard and preserve the confidentiality of commercially sensitive, confidential research and development, competitive, and other proprietary information of the PGCHEZ Medical Practice and the privacy interests of the patients of the PGCHEZ Medical Practices?
- c. What efforts are being taken to eliminate the burden of multiple reporting and duplication of efforts across the State of Maryland and Payors?
- d. Item 6 –
- e. Who are all the subcontractors that the PGCHEZ Medical Practice must collaborate with?
- f. Who responsible for this funding?
- g. Item 10 – Who is responsible for this funding?
- h. Item 11 – Where can a copy of the requirements be located?

- i. What is the purpose of the financial data that is collected and what procedures are in place to prevent the dissemination of information that would cause significant harm to its competitive and financial position of the PGCHEZ Medical Practice?
- j. Item 11 – How is the administrative burden on the PGCHEZ Medical Practice identified and prevented?
- k. Item 12 – Do you mean a viable PGCHEZ Medical Practice operating as a Patient Centered Medical Home since a PCMH is a model of care delivery not an entity?

The items in the RFA give the illustrative example of agreement language for PCMHs as stated in the PGCHD and County's MOU and PSA. Contracts will design final terms and language at the time of agreement preparation after the awarding period. Questions below will not be addressed in RFA conference all as they are not a requirement in response to the RFA submission

36. Page 8 RFA # OH-015-5 Item (5) - "Identification of the Practice Management, Administrative, and Data Support Team to provide medical, clinical operations, data reporting assistance; specify areas of responsibility and expectations when requests are received." What is the purpose of these persons being identified and documented in the Grant Application?

This is to state the information that is available and currently in place by the applicant in the finalized plan. Defining the team demonstrates completion of the practice's business plan.

37. Page 9 RFA # OH-015-5 Paragraph 2 – "The review panel will not consider applications that do not conform to all requirements." What is the composition of the Review Panel?

The RFA panel will have members/representation from individuals such as the two PGCHEZ hospitals, the Community Advisory Board (CAB)/community representative in PGCHEZ, representative from Primary Care Strategic Plan, and representative from a Payor Entity. No PGCHD employee or HEZ team member will be on the panel.

38. Page 14 RFA # OHO-015-15 Appendix D: Procedure for Screening Medical Practices and Services for the PGCHEZ – Paragraph 1 states – "Potential participants will be recommended to the Patient Center Medical Homes (PCMH) for referral potential. PCMHs will be responsible for obtaining their own partnership agreements with potential other PGCHEZ practices, providers and services at their own discretion." Who is recommending? What are the criteria for being recommending?

Refer to answer for Question #34.

39. Page 15 RFA # OHO-015-15 Appendix D: Procedure for Screening Medical Practices and Services for the PGCHEZ – Step 4 Conduct a site visit. –

- Conduct an on-site visit to the practice.
- Review plans for providing timely access to care.
- Review the care coordination plan between the practice and the PCMH.

At what location does the on-site visit take place?

This site visit will take place at new practice once opened. To provide technical assistance to the practice for develop Care Coordination plans and strategies to meet the needs of the patient, or any other support such as maintaining access.

- a. What type of professional will PGCHD send out to the PGCHEZ Medical Practice operating as a PCMH?
- b. What type of care coordination plans will be reviewed?
- c. How long will the site visit be, and how frequent will the site visits be?

40. Page 16 RFA # OHO-015-15

- a. Title PGCHEZ Partners Screening Questionnaire
What is the definition of “Partners”?
Who are the “Partners”?
Partners are hospitals, medical practices, other PGC agencies and departments (social services, family services, etc.), Electronic Health Network (EHN-HIT provider, Univ. of MD, School of Public Health, Gaston and Porter of Prime Time Sister Circles
- b. Question #1 - What type of services will you provide to the PCMH in the PGCHEZ?
Should the question be “What type of services do you plan to deliver in the PGCHEZ?”
- c. Question #2 – Do you have a license to practice?
- d. Is the assumption to be made “to practice medicine” or a certification to operate a PCMH?
The HEZ has supported the opening and expansion of three (3) practices in Zone in the last 2-years. In addition, the HEZ Leadership Team has over 30 years of experience opening solo and multiple provider practices, and providing technical assistance to practice openings similar to practices opening in the HEZ.
- e. Question #8 - How much experience do you have in working with practices similar to ours (for example, a solo practice or one that focuses on meeting the needs of underserved populations)? Who is “ours”? What is the ownership of “Ours”? Please explain what comparison you are referring to?
- f. Question #13 – What EMR system/s do you use?
The EMR selection will be made by the practice but it must be stage 2 meaningful use.
- g. What is the need to know the name of the EMR system/s used by the practice as in any practice systems can be and are changed? Should the question be is the EMR system used Certified?
To ensure that the practice has an EMR that meets criteria.
- h. Question #14 – Can your EMR integrate with other EMRs or a Health Information Exchange?
Yes

The questions below will not be addressed as not a requirement to respond to the RFA.

- a. Who will be responsible for funding this integration where the PGCHEZ Medical Practice cannot control the costs of EMR Vendor passing on data sharing costs with other medical practices due to adhesion contracts?
- b. How will your billing be handled if you provide on-site medical services at the PCMH?

- c. Please provide a better understanding of this question, as the simple answer is to file claims with the third party payors of the PGCHEZ Medical Practice?
- d. Describe the HIPAA plan that your practice has in place and how you will release pertinent medical information to the PCMH?

The release of any patient information has to begin with patient consent; The PGCHEZ Medical Practice as a Covered Entity must comply with the Office of Civil Rights of HHS rules under HITECH to strengthen privacy and security.

- e. Do you contemplate that a Business Associates Agreement describing the Covered Entity and business associates relationship between the PGCHEZ Medical Practice and the PGCDH will be sufficient to govern how a HIPAA Plan will be respected and?
- f. Do you contemplate that the PHIN will operate as an Organized Health Care Arrangement sharing protected health information under the HIPAA Privacy Rule?

41. When will answers be available on the website?

By March 31, 2015

42. To whom should the letter of intent be addressed?

Pamela Creekmur

Health Officer

Prince George's County Health Department

43. What is the website for the posting?

<http://www.princegeorgescountymd.gov/sites/Health/PGCHI/GrantOpportunities/Pages/default.aspx>

44. Will there be any technical assistance or monetary assistance for the PCMH accreditation process?

Yes. A modest consultant fee of \$500 will be provided to assist upon approval of our Year 3 budget.

45. Do established practices have to be accredited immediately?

No. Practice is allowed time to become accredited.

46. Will transportation assistance be provided?

Yes. CHW assist clients with transportation services.