

**DOCTORS ACROSS NEW YORK
PHYSICIAN PRACTICE SUPPORT (PPS)**

RFA: 0810080949

QUESTIONS AND ANSWERS

November 14, 2008

The following questions and answers encompass all those submitted in writing via email and those questions asked at the six sites of the Applicant Conference on October 24, 2008 (Albany, Buffalo, Jamestown, Saranac Lake, East Syracuse and New York City) pertaining to the PPS RFA.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFA 0810080949 issued on October 17, 2008. In the event of any conflict between the RFA and these responses, the requirements or information contained in these responses will prevail.

CHANGES AND CLARIFICATIONS TO RFA:

Page 7: The minimum requirement for physicians is revised as follows: “**not** currently working in, or serving, an underserved area, *where the current service to the underserved began prior to May 1, 2008; and ...*”

Page 18: The “*Review and Award Process*” paragraph is revised as follows: “Technical applications will be separated into 2 review groups, i.e., (1) those from facilities and physician practices; and those from (2) individual physicians. In addition, these groups may be further separated into 2 additional groups each: (1) those from applicants targeting New York City-based awards and (2) those targeting the rest of the state. Each of the 4 application groups may be reviewed separately by reviewer teams composed 3 persons each. Scores from applications will be averaged in each individual group, and rank ordered.

The financial proposal will be reviewed based on a formula to determine lowest cost by a separate set of 4 financial reviewers separated into 2 review groups of 2 reviewers each, i.e., (1) those from facilities and physician practices; and those from (2) individual physicians. In addition, these groups may be further separated into 2 additional groups each: (1) those from applicants targeting New York City-based awards and (2) those targeting the rest of the state. ...”.

Page 48: Attachment 3A should say: “Items a. through f. below **MUST** match items k. though p. on Attachment 2.”

Page 49: Attachment 3B: “Items a. to e. must match items b to f. on attachment 2.”

QUESTIONS AND ANSWERS

Q1. Is there an audio recording or transcript from the October 24 meeting on the RFP for Doctors Across New York?

A: An audio recording or transcript will not be distributed. All questions/answers asked at the applicant conference and those submitted in writing will be available on the DOH website on November 14th. The full presentation used at the conference is also currently available on the website: <http://www.nyhealth.gov/nysdoh/gme/main.htm>

Q2. Is the state precluded from providing further communication on this RFA after this bidders' conference?

A: The only additional method of communication is via the dissemination on November 14, 2008 of these questions and answers.

DEFINITIONS:

Q3. What are the definitions of "NYC" and "rest of state"?

A: NYC is divided into 5 boroughs and the remainder of the state is considered the "rest of state"

Q4. You define the minimum requirements on Page 7 and applicants must fit into one of three categories. However, there is a listing of additional physician criteria after the third category. Does this list only apply to that third category, or to physicians covered under all three eligibility categories?

A: The list applies to all physician applicants.

Q5. Please define "Preventive Medicine and related sub-specialties."

A: A "Preventive Medicine" specialist is any physician who is board-certified or has a sub-specialty in one of the preventive medicine areas of specialization, i.e., who successfully completes a preventive medicine medical residency program following a one year internship. Following that, the physician must complete a year of practice in that special area and pass the preventive medicine board examinations. In addition, the physician must provide services that focus exclusively on interventions aimed at the prevention of chronic and acute disease and the promotion of individual and community health, including the primary and secondary prevention of important clinical, behavioral and public health issues such as injury and violence, infectious disease, women's health, smoking, sedentary behaviors and physical activity, nutrition, diabetes, obesity, and alcohol and drug abuse.

Q6. If our Hospital is covered under HPSA for "Primary Care Medicine" what specialties and programs would this include?

A: See RFA, page 3 definition of "primary care." However, other specialties would also be eligible, based on the case you make in the application for underservice.

Q7. On slide 29 of the Applicant Conference presentation, could you define SED specialty county shortage areas?

A: Attachment 5A delineates the counties in which specialists are defined by the New York State Education Department (SED) as in short supply. However, other areas and facilities would also be eligible, based on the case you make in the application for underservice.

Q8. In Attachment 5, Item #10 refers to “indigent persons.” How does DOH define that term?

A: This would include anyone who is a current Medicaid, Child Health Plus, Family Health Plus recipient or is uninsured.

Q9. Please define subspecialty.

A: It would include any specialty that is not defined as primary care on page 4.

Q10. Attachment 5, # 13, would you please explain number 13? “There are currently NO similar positions for the specific physician subspecialty requested in the applicant’s proposed service location.”

A: First, the applicant is expected to define the applicant’s service area. Next, the applicant is expected to document that no other practitioners are both currently serving that area and providing services in the requested subspecialty.

APPLICATION SUBMISSION:

Q11. Can a hospital submit funding applications for the physician practice support program as well as the Physician Loan Repayment program for same practice or must they represent different practice opportunities?

A: Hospitals must submit a separate application for each individual specialty and program (i.e., for tracks (if applicable); Loan Repayment or practice support) up to the limit specified for the applicant in each RFA.

Q12. If a hospital is submitting two Physician Practice Support applications, can the applications be for two specialties, or must both be in the same specialty?

A: They can be for either the same or both specialties in both cases.

Q13. If an applicant organization has multiple sites, can each site submit an application?

A: Only if the applicants have different Operating Certificate (OPCERT) numbers. For physician practice organizations, an “applicant” is all entities that share the same LLC or similar denotation.

Q14. If a healthcare network is the employer of physicians, but each facility has its own operating certificate, can each hospital apply on their own or would the healthcare network have to apply for only one/two awards?

A: Each facility with a separate OPCERT may apply separately.

Q15. Arnot Ogden Medical Center & Ira Davenport Medical Center have entered into a formal affiliation agreement. While The CON is in process, we have formalized consultant agreements, one of which is for recruitment. Technically, can AOMC write the RFAs for IDMH if the physician(s) are placed in IDMH's service area? If so, would those be in addition to the RFAs written for AOMC?

A: There is a limit of 2 Loan Repayment Program and 2 Physician Practice Support applications per OPCERT. Beyond that, use your judgment as to who would be the best applicant. We are hoping to encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas. The applicant will be considered the one signing the Applicant Cover Sheet, Attachment 2.

Q16. Can a hospital or other institution partner with a local physician practice?

A: Yes.

Q17. Since applications need to be submitted under an operating certificate, would you please explain what it is meant by the following? "To maximize the diversity of applicants, those planning to submit more than one application are encouraged to first collaborate with other applicants in the catchment or service area before applying."

A: We are hoping to encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas.

Q18. Is an individual physician and/or a hospital facility eligible for both the Physician Loan Repayment Program and the Physician Practice Support Program?

A: Yes.

Q19. Can a hospital submit the maximum number of applications and also be a partner in an application with a private practice?

A: Yes. However, the organization signing the cover sheet, Attachment 2, will be limited to the overall number of applications specified in the RFA. We do encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas.

Q20. Hospitals in a geographic area or within a system have long worked together to recruit specialists. The hospitals share the recruiting costs as well as practice support such as sign on bonuses and income guarantees. For the purpose of the RFA, how would two hospitals within a health care system, each having their own operating certificate apply for their respective portions of the practice support dollars? Is it a joint application?

A: As the contractor would be a single entity (EIN), applications for practice support should be from individual hospitals. The contracted hospital would then be responsible for any arrangements made with other facilities. Alternatively, each facility with a separate operating certificate can apply individually for their respective portions of the practice support dollars. Again, we encourage health care facilities and providers to work together to maximize the benefits of the Doctors Across New York program across providers within their catchment areas.

Q21. On page 2 of ‘Doctors Across New York’ under the Overview section on the fourth paragraph it states that *‘Individual non-physician applicants may submit up to 2 applications each. Individual physician applicants may submit 1 application each’*. Does this mean that the hospital can submit two applications for the loan repayment program and two applications for the practice support program - or do the two applications tally up regardless of which program you choose?

A: The hospital may submit two applications for the loan repayment program and two applications for the practice support program.

Q22. Can individual Physicians apply individually for the Physician Practice Support or does the Practice have to apply on behalf of one of its Physicians?

A: Yes, individual physicians may apply for Physician Practice Support. See page 6, Section II(A) of the RFA.

Q23. For either program, does the applicant’s county have to be listed under the particular specialty in Attachment 5A. Non-Primary Care Shortage Areas By County in order to apply in that specialty?

A: No.

Q24. If a community health network includes both NYC and upstate, how do we submit an application for practice support, NYC, rest of state, or split the application?

A: Submit two applications: NYC and Rest of State. Keep in mind, however, that only 2 applications per OPCERT or LLC may be submitted.

Q25. To what extent must a physician be identified in the application? Can the application simply identify the discipline and qualifications being sought?

A: The facility must, at a minimum, identify the specialty. The greater the specificity related to the specialty sought, the stronger the application.

Q26. When the applicant is a Hospital seeking funding to recruit a physician to provide services, does the physician have to be named?

A: No.

Q27. On Page 11 under 'How to file an application' you state 1) technical proposal and 2) financial proposal. I just want to be clear that I am not missing any items that I will need in order to have a 'complete' application(s):

Q28. Is the 'technical proposal' made up of (page 15):

- a. Application Cover Sheet
- b. Applicant Information
- c. Applicant Capability
- d. Rationale of Practice Support
- e. Project Impact
- f. Implementation Plan and Timetable
- g. Monitoring

A: You must also include the Vendor Responsibility Attestation - Attachment 6.

Q29. Is the 'financial proposal' made up of the Vendor Responsibility Attestation Part or Attachment 3B for Facilities and physician practices?

A: No. The Financial Proposal is made up ONLY of Attachments 3A or 3B.

Q30. On Section III Program Narrative Expectations for Project - it states '*Awardees are also expected to document their activities needed to implement this project and demonstrate progress, via improved community health outcomes or other benchmarks that ensure the success of the project at the conclusion of the obligation period.*' Where do we document/outline this - under Page 17 #6 – Implementation Plan and Timetable or under #7 Monitoring section? Or both....?

A: Section III addresses general expectations for the project. The project impact, implementation plan and timetable and monitoring sections pertain to the specifics of the project and should be included in the appropriate sections, i.e., in the application sections labeled 5 – Project Impact, 6 – Implementation Plan and Timetable, and 7- Monitoring.

Q31. Can you please explain appendix X – does this have to be submitted at the time of application submission?

A: Appendix X is a part of the contract that will be executed before awardees receive funding. It is included as part of Attachment 1 as a sample. It is not required to be submitted as part of the RFA application submission.

Q32. On page 16 under #4 Rationale for Practice Support it states to ‘Attach up to three pages..’ At the top of page 17 it says to ‘Include Attachment 5 (not included in the page count)...’ Does this mean that the Attachment 5 would total four pages along with the other three for the Rationale?

A: Yes.

Q33. On page 52 Attachment 5: Rationale For Practice Support/Eligible Underserved Areas/Facilities the form is very specific to applicants you are already recruiting. Are you allowed to not be so specific if you are currently trying to recruit but have not found a possible candidate yet?

A: You are expected to be as detailed as possible in describing the need for a particular specialist (but not necessarily for an individual physician) using the Rationale For Practice Support/Eligible Underserved Areas/Facilities form (Attachment 5), in part, to make your case for underservice.

Q34. If a new multi-disciplinary practice is proposed but the physicians have yet to be identified, what information must be included in the application?

A: See the answer to question # 33 above.

Q35. Can a physician who has completed a service obligation in another program apply for the Practice Support funding to move their practice?

A: Yes, provided that the physician completed a service obligation before May 1, 2008.

Q36. Can a facility only receive one Practice Support award?

A: No. A facility may apply for, and receive up to 2 Physician Practice Support awards.

Q37. What is the maximum number of physicians you can identify over the course of three years for practice support? Is each application for only one physician?

A: Two per facility, depending on continued funding in years two and three. Separate applications should be submitted for each physician.

UNDERSERVED AREAS:

Q38. Where is the definition of "underserved area" found?

A: See page 4 of the RFA.

Q39. How can documentation of waiting time for appointments be submitted? Also how should we document waiting time for appointments?

A: Attachment 5 and a simple letter from someone familiar with wait time attesting to wait time over the past year for the particular specialty will be sufficient documentation.

Q40. This question pertains to the Definitions, page 4: “Underserved Area – Any areas, facilities or physician specialties defined in Attachments 5 and 5A of this RFA” and Attachment 5: Rationale For Practice Support/Eligible Underserved Areas/Facilities: can an application focus on any one of the 19 items on this checklist and be considered meeting the definition of underserved?

A: Yes. The more items you focus on, the stronger the application.

Q41. If you are a hospital applying for a grant under the Physician Track, will you be eligible for a preference if you are recruiting a Child and/or Adolescent Psychiatrist, even if the county you serve is not listed (in Attachment 5A) as a Non-Primary Care Shortage Area for Psychiatry? Will your answer also apply for the Physician Practice Support Program?

A: Yes.

Q42. Are the federally designated health professional shortage areas those listed in the bulletin entitled Regents- Designated Physician Shortage Areas in NYS?

A: Yes, in pages 3-29 of the January 1, 2008 edition of the Regents- Designated Physician Shortage Areas in NYS.

Q43. Is a HPSA whose status on the federal website is noted as "No Data Provided" (as opposed to "Designated"), does it still meet the HPSA requirement under this grant program?

A: Yes. You may use the HPSA criterion if your facility is located in or serves a HPSA whose status is anything EXCEPT “withdrawn.”

Q44. On Attachment 5, item #10, does “high” mean 50% or more? If not, what is considered high?

A: We leave it up to the applicant to interpret and justify this.

Q45. How many of the criteria in Attachment 5 does an institution have to meet to be considered competitive? Are these criteria evenly weighted in judging the level of need?

A: We will evaluate each application on its merits based on the case for underservice made by each, including the items in Attachment 5 and supporting material.

Q46. Is a clinic *outside* a geographic HPSA (32 minutes driving time from the population center of the HPSA) eligible to apply for the Practice support program?

A: Yes, if it makes a case for underservice based on the criteria in its Rationale For Practice Support/Eligible Underserved Areas/Facilities.

Q47. Do you have a list of hospitals or practices in Schenectady that are offering positions to the doctors?

A: No.

Q48. a. For Attachment 5A, Anesthesiology and General Surgery are not identified for St. Lawrence County. What status does this place each specialty for this County?

b: If our county is not listed under a specific specialty in 5 or 5A but it is a specialty that we desperately need physicians to fill here, can we still use this program to recruit in that specialty even though our county is not listed?

c: I have a Brooklyn practice in Obstetrics and Gynecology. Are there any underserved areas in Brooklyn than would allow my practice to qualify for your practice support program?

d: I am a neurosurgery [specialist] in queens NY. Are there any underserved areas for neurosurgery around this area zip code 11355?

e: Does Bellevue Hospital count as one of the underserved inner city areas of New Doctors Across New York Program?

f: Is Onondaga County a shortage area for psychiatrists?

A (to all): These specialties and areas may all be eligible, with the facility or physician applicant being awarded guarantees or funding based on the strength of the case for underservice using the criteria in the Rationale For Loan Repayment/Eligible Underserved Areas/Facilities, RFA pages 18 and 19. Keep in mind that physicians currently practicing in underserved areas and where the service began prior to May 1, 2008 are not eligible for funding.

Q49. I am currently a family physician practicing in Rochester, NY. I started with this program earlier in 2008 and we are an outreach program which provides healthcare to the homeless population of Western NY. We service clients at the shelters and also at the hospital. Almost all of our clients are uninsured and when they do have insurance, they have Medicaid. Would be eligible for this program?

A: Per page 7, Section B of the RFA, (with revisions to the text on page 1 of these Questions & Answers) you would be eligible only if your service to the homeless began after May 1, 2008

Q50. For a geriatric practice, there is mostly Medicare not Medicaid. Is this sufficient justification for an underserved population?

A: Medicare patients are not considered in underserved populations, However, awards depend on the strength of your case for underservice using the criteria in the Rationale For Practice Support/Eligible Underserved Areas/Facilities, page 16.

Q51. When I try to look up the HPSA/MUA number, there is no listing for Jamestown. The Medical Director of WCA Hospital, where I am on staff, informed the medical staff that Jamestown was designated a shortage area (Chautauqua County). Can you help me with this?

A: According to <http://hpsafind.hrsa.gov/HPSASearch.aspx> Jamestown is in a HPSA (136999364S). However, you would also need to provide additional narrative attesting to the degree of underservice for patients in a particular specialty using the criteria in the Rationale For Practice Support/Eligible Underserved Areas/Facilities.

Q52. This references Primary Care Health Professional Shortage Area. Does this include Primary Care Health Professional Shortage Areas for Special populations (Medicaid and low-income)?

A: Yes.

Q53. a: In order to qualify as "serving" an underserved area, must both conditions in the definition of "serving" be met; that is, the applicant must meet both the geographic requirement and the predominantly underserved population requirement? (RFA Page 4, Definition of "serving" underserved area).

b: If answer to my question above is yes, can you explain why it is inconsistent with Section III, 2nd Paragraph) where [it] states, "All successful applicants will locate services in, or serve a highly underserved community ...etc."

A: Yes to the first question; both conditions in the definition of "serving" must be met. For the second, applicants are eligible for awards if they are locating in, or serving underserved areas.

Q54. Please explain what is meant by "There are currently no similar positions for the specific physician sub-specialty requested in the applicants proposed service location." Does this mean for example, there are no gastroenterologists in the area?

A: Yes. This is what the RFA meant, in general. You would have to demonstrate that, based on knowledge of the catchment area of your facility, no other similar specialists are serving that area.

Q55. If a facility is listed for both primary and non-primary care, but the county is not listed as a shortage area for both, what specialty is truly approved for application?

A: Applicants should identify the specialty in the application, and make the case for underservice for the identified specialty.

Q56. The guidance states: “The applicant is, or proposes to work in, a rural hospital, as defined in NYCRR Title 10, Section 700.2 (21) or a general hospital with a service area that has an average population of less than 175 persons per square mile.” Footnote 10 states: “The latter group includes: Amsterdam Memorial, Auburn Memorial, Bertrand Chaffee, Faxton Hospital, Thompson Health, Geneva General, Glens Falls Hospital, Oswego Hospital, United Memorial Hospital – Genesee, Vassar Brothers Hospital, ViaHealth of Wayne, and WCA Hospital.” CVPH Medical Center has been omitted from this list.

A: CVPH does not need to be added, as it is already eligible as a 700.21 rural hospital.

PHYSICIAN ELIGIBILITY:

Q57. If I have been in practice for 2 years, does the high school, college, or medical school attendance in NY state still apply?

A: Yes.

Q58. Would recruitment for an Anesthesiology [position] be accepted for this program?

A: Yes.

Q59. Are there any exceptions to the requirement within Program Specific Clause AppendixA-2 requiring the physician to have graduated from a NYS educational facility?

A: No.

Q60. Is an individual physician and/or a hospital facility eligible for both the physician Loan Repayment Program and the Physician Practice Support Program?

A: Yes.

Q61. Under the minimum eligibility requirements for both RFAs, hospital applicants must meet one of the bulleted criteria. Does this mean that the identified physician for whom the hospital is making application does NOT have to meet all of the criteria for individual physicians?

A: All physicians must meet all listed minimum eligibility criteria on page 7, 3rd bullet, as amended in this document (page 1) to qualify for awards.

Q62. If psychiatry is not listed as a non-primary care shortage for our county, is this a barrier to an award?

A: No.

Q63. When making the case for an underserved area, can we use the NYS Regents Loan Forgiveness Underserved Hospital eligibility for primary care and/or non-primary care?

A: No.

Q64. My practice is a private practice, and amongst insured patients I also see a lot of uninsured patients. Currently I see approximately 20% uninsured, but in light of recent economic downturn, a lot of patients have lost insurance and I am finding my uninsured panel to be increasing exponentially. I have a sliding scale program in place for those that are uninsured, and in the next very short months will be reaching at least 50% uninsured in my practice. Would I be eligible?

A: Yes, provided that all other minimum eligibility requirements on page 7, 2nd and 3rd bullets, as amended in this document (page 1) are met.

Q65. If we were to recruit a physician who is a US citizen but trained in Canada, would they be eligible?

A: Yes, provided all other eligibility criteria on page 7, 3rd bullet, as amended in this document (page 1) are met.

Q66. Can a hospital apply and hire a Canadian physician licensed to practice in NYS?

A: No. See the RFA, page 7, 3rd bullet.

Q67. What is meant by “permanent residency”?

A: This pertains to holders of a “green card.”

Q68. Is there any circumstance under which a physician is eligible who fits all criteria except they have been out of residency for more than five years?

A: No.

Q69. If a hospital is awarded funding for practice support and the physician they would like to employ does not complete residency until July, 2010, is this physician eligible?

A: No. However, you may have an opportunity in the next RFA cycle.

Q70. In the RFA under the bullets describing the physician obligation, it discusses caring for the uninsured and public health insurance. Must a physician take all uninsured patients? Can a portion of the physician practice include commercial or third party payer insurance?

A: Yes. A physician may indeed also serve commercial or third party payer insured's, provided that the expectation be met that the physician also agree to provide services in the specialty to all persons regardless of their ability to pay and provide substantial care for Medicaid, Child Health Plus, Family Health Plus, the uninsured and special needs populations

Q71. I am a primary care physician who lives in an underserved county who is in the process of opening a practice in this underserved area. I am quite confused why the applicant pool would be restricted in this way (I finished my residency in family medicine in 2002- six years ago) and think that what I am doing in my county is exactly what the spirit of the program had intended.

A: The intention of the program is to give incentives to physicians newly or recently placed in underserved areas.

Q72. If a physician is planning to practice in a remote community with no hospital or other health facility within the practice catchment area, are there allowable costs to contract for support to develop and submit the grant application and manage the reporting requirements for the physicians? This could very well be the case if a physician and/or practice is located in an isolated rural community, serving an isolated rural population, as described under the State's definition of underserved.

A: The grant application cost, if any, is not eligible for reimbursement. We will consider reporting costs on a case-by-case basis.

Q73. Will there be any opportunities for practice support for mid-career physicians who have long ago completed residents and are now in a position to choose to relocate to rural areas of New York State? This category of physicians is a vital component in the recruitment of quality providers and they experience the same financial hardships in establishing a practice as new graduates.

A: Not in this RFA.

Q74. If an applicant who meets the applicant definition in RFA, checks any one of the items listed in Attachment 5, except #2, #4, #6, is the applicant eligible to apply assuming they meet all other requirements for eligibility on page 7 of RFA?

A: Yes.

Q75. I am a primary care physician working with 2 other partners. We are looking to expand our practice. In order to do this, we need to relocate our office given space issues. We are currently working out of a 2500 square foot building. Unfortunately this would entail

significant expense. Grants from the state would allow us to proceed with this plan and allow us to add eventually at least 1 other MD and possibly several mid level providers. Our office has been providing care in this community now for 9 years. Is this a reasonable possibility?

A: No. Physician practice organizations are not eligible for relocation expenses under Physician Practice Support .

Q76. Do we have to have the physician already recruited? We have a very short window to try and recruit I don't think we will be able to do it.

A: No.

Q77. Are chiropractors eligible for this program?

A: No.

Q78. Are optometrists eligible for this program?

A: No.

Q79. **OTHER FACILITY ELIGIBILITY:**

Q80. a. There was a statement made that state agencies are not allowed to participate. Does this mean SUNY?

b. Are facilities operated by OMRRD, OMH, DOCS, OASAS and Office for Aging eligible to apply?

A: [to both a. and b.] SUNY may apply to the extent that it operates NYSDOH-licensed health care facilities. Facilities operated or licensed by the New York State Office of Mental Retardation and Developmental Disabilities; the New York State Office of Mental Health; the New York State Department of Corrections; the New York State Office of Alcoholism and Substance Abuse Services; the New York State Office for Aging; the New York State Division for Youth and federal and municipal corrections and detention facilities and their contractors are not eligible to apply under this RFA.

Q81. Can the award be given as an income guarantee?

A: Yes.

Q82. If a hospital employs physicians at a Professional Corporation (PC) which is not affiliated with the hospital operating certificate, can the PC apply separate[ly] from the hospital?

A: Yes.

Q83. The grant specifically states that the practice applying for funds must be “located” in New York State. Does "located" mean the geographical location of the practice or the legal location where it is headquartered? Does the geographic location of Guthrie headquarters in Sayre PA in any way affect our eligibility on behalf of our NY-based practices & individual providers or on behalf of Guthrie Clinic as a whole or Corning Hospital?

A: Applicants must be licensed by NYSDOH or operated or licensed by municipal or county governments, physician practice organizations and private physicians. Corning Hospital would therefore be eligible to apply; Guthrie Clinic would not.

Q84. What is the qualification for non-physician applicants? Please explain the two applications available on slide 15 of the presentation in this regards.

A: See RFA, page 7, first and second bullets.

Q85. Is it possible for our Article 28 Federally Qualified Health Center with HPSA & MUA/P Designations to seek funding for the addition of another Primary Care Physician to increase service capacity to its current population of “indigent persons” although our Physician will not be providing services under any of the Non-Primary Care Shortage Areas listed in Attachment 5A?

A: Yes.

Q86. A number of HPSAs will not re-qualify for a HPSA status upon renewal. What happens to the applicant after two years of participation? Will they lose the benefit of loan forgiveness like with the federal program?

A: No. It is anticipated that potential future RFAs will have the same requirements for making the case for underservice as the current cycle RFA.

AWARDS AND SCORING:

Q87. Who will be reviewing the applications?

A: A team of NYSDOH staff reviewers. See clarification of review process on page 1 of these Questions and Answers.

Q88. Is there preference or advantage given for identifying a physician prior to application submission?

A: No.

Q89. Will DOH disseminate information about the awards to the public for purposes of communication about employment opportunities?

A: Yes. Awards are anticipated to be announced on the NYSDOH and Governor’s websites.

Q90. Regarding the scoring process, is there an advantage to apply from both the physician applicant and the hospital eligible perspective for the same medical practice?

A: No.

PAYMENT AND REPORTING:

Q91. How will the \$100k for Practice Support awards be allocated over the two years? Will it be based on reimbursement of actual expenses? Will there be an advance payment available?

A: An advance payment may be considered for not-for-profit contractors only upon execution of the contract by the Office of the State Comptroller and at the discretion of the NYS Department of Health. Payment for expenditures will be made on a reimbursement basis.

Q92. Will vouchers need to be submitted over the course of the two year contract period and will quarterly reporting need to be included?

A: Yes.

Q93. The reporting requirements for the Practice Support Program indicate submission of quarterly vouchers and progress reports, but also indicate submission of monthly invoices. Are there two different sets of reporting requirements, one to validate expenses and another to receive reimbursement?

A: Final reporting and vouchering terms will be included in the final contract.

Q94. If a facility applying for Practice Support has a physician who started before the date of the award, can this funding be used to reimburse a sign-on bonus or other expenses prior to the start date of the contract?

A: No.

ELIGIBLE EXPENSES:

Q95. a: Can the Practice Support funding be used to provide loan repayment to a physician?

b: Is it allowable to do a 100% Loan Repayment under the physician practice support grant?

A: [To both a. and b.]Yes, up to \$100,000 for both questions.

Q96. If a hospital is awarded funding under the Practice Support Program, does the funding go to the facility or to the physician?

A: It is anticipated that the funding will go to the facility, with the funds being for the direct benefit of the physician. Facility applicants will not, for example, receive reimbursement for indirect or administrative expenses.

Q97. Can the \$100k for Practice Support be used to fund more than one physician within a practice?

A: No.

SERVICE OBLIGATION

Q98. The RFA states that the physician must work a minimum of 32 clinical hours. Can supervising clinical residents and medical students in the hospital be included as part of the 32 hour minimum?

A: Supervising residents and students can be counted as part of the 32 clinical hours as long as the physician is the physician of record.

Q99. The RFA states in the definition of “Full Time Clinical Practice” on page 3 that the obligated Physician must work “at least 48 weeks per year”. Does the minimum of 48 weeks include Continuing Medical Education (CME) or benefit time?

A: The 48 weeks per year does not include any CME. However, the obligated physician must document any time spent in CME pursuits.

MISCELLANEOUS

Q100. As a primary care physician I am currently about to make a change in electronic medical systems. I have been accepted under the New York State primary care initiative with eClinicalWorks EMR system. This is a large step into providing integrated primary care with state health markers and statistics. Will this program allow integration with this form of EMR?

A: If the question is, will a physician practice be able to apply for reimbursement for EMR costs under Practice Support , then the answer is no.

Q101. When was this program first offered?

A: October 17, 2008.

Q102. Is there an end date to the Practice Support Program?

A: If your question is “what is the obligation?” The period is 2 years from the beginning of the service obligation.

Q103. What obligations are there for this program?

A: See RFA, page 9, the section on Service Obligation

Q104. We just realized that there is a physician that we would like to apply for the practice support and loan repayment who came on our staff in July 2008 from his residency – but he had worked here as a locum tenens during February – June 2008. Would he be eliminated because he worked in a rural area as a locum tenens or could we still use him for this program? I know we are past the question deadline but we did not realize that he had done work here prior to the May 1st date since he came on staff officially in July.

A: Anyone currently serving in an underserved area, where the service began prior to May 1, 2008 is not eligible for an award.