IPHCA

Rural Health Transformation Funding Opportunity Frequently Asked Questions

Can the same health center apply for both grants?

Yes, as long as you don't have staff FTEs at 100% on both projects and the work is not a duplicate. Meaning – HFS/CMS will look for double dipping, etc.

Will the cost of VedaPointe connections with the EHR be an allowable expense?

IPHCA will cover the costs of the connection of VedaPointe with subgrantee EHRs.

We operate an independent primary care practice in rural communities. Which current or upcoming Illinois Rural Health Transformation opportunities could a practice like ours potentially participate in?

You can apply for both the RISE and CARE projects. Organizations may also inquire with other HFS funded intermediaries.

If we operate two separate Rural Health Clinics in two separate rural counties, could we submit an application for each?

Yes, or you can submit one application and if they have the same parent organization we encourage 1 application.

What EHRs is VedaPointe compatible with?

VedaPointe has experience working with organizations using a variety of EHR platforms, including Epic (multiple instances and Community Connect environments), NextGen, Athena Health, and eClinicalWorks. Due to their proprietary adaptive data integration technology, additional standards-compliant EHR platforms can be onboarded with relatively low additional effort. The focus is more on the available interoperability options, such as FHIR APIs, database access, HL7 interfaces, or flat file exports. This allows VedaPointe to support a broad range of healthcare organizations.

What does ambulatory services mean?

Provide medical preventative services on an outpatient basis. Services provided must line up with the measures outlined within the RFPs.

Regarding the CARE RFP, does the term "mobile health models" include telehealth, or is it specifically for mobile health units?

Mobile health models may include telehealth platforms, remote patient monitoring, EHR integration and mobile documentation capabilities, mobile units, etc.

Is it expected that we submit both Year 1 and Year 2 budget proposals?

We will only need the year 1 budget for this grant proposal.

Is funding available for 1 year or 5 years?

Funds are for year 1. Years 2-5 are subject to availability and HFS priorities and grantee performance.

VedaPointe reporting platform- Will this be via FHIR connection? What does the automated data process look like? We are trying to determine if there will be any cost on our end to set up the automation and reports.

VedaPointe will use FHIR connection. With VedaPointe connected to your EHR, IPHCA will be able to pull real time data on most of the specific grant measures from all of our sub-grantees and helps us aggregate data. IPHCA is also covering the cost for VedaPointe to be connected to your EHR, so no cost on your end.

Does IPHCA provide technical assistance to independent practices evaluating RHC conversion?

IPHCA encourage organizations seeking information on RHCs to contact the Illinois Rural Health Association.

For the RISE Service Area Template, may applicants include HRSA-eligible rural ZIP codes in which they currently have zero patients but into which the proposed RISE model will expand, entering '0' in the Current Patients column? If so, should projected RISE patients for those expansion ZIP codes be described in the Project Narrative/Work Plan rather than the Service Area Template?

If entering a 0 in that column, then describing how you will expand to that area in the narrative will be great. If you plan on offering your services to within your normal zip codes that are rural, that should also go in the narrative.

Would the cost of leasing additional office/clinical space be an allowable direct expense under RISE if the additional space is necessary to house staff hired specifically to implement the RISE project (RN, LCSW, and Community Health Workers) and support delivery of RISE-funded care coordination and integrated services? If allowable, may the grant support the portion of rent attributable to the RISE project during the grant period?

Yes, that is an allowable expense.

Would a hospital apply or the health department?

Eligible applicants are Local Health Departments, Rural Health Clinics, Federally Qualified Health Centers (FQHCs), and FQHC Look-Alikes. Eligible applicants can partner with other entities, such as hospitals and health systems, EMS, behavioral health providers, CBOs, etc., serving the target geography.

If a sub-awardee budgets funding for a primary care provider but is unable to recruit or hire a qualified provider due to documented workforce shortages in the area, would the unspent funding need to be returned? Additionally, would the sub-awardee be penalized for not meeting the associated program goals, and could this affect their eligibility or competitiveness for future funding opportunities?

Work needs to begin upon contract start date. We suggest that you partner with an FQHC or an RHC that has providers already on staff, or you could hire someone contractually.

The work plan is not for 5 years?

The work plan is for 1 year.

Are letters of commitment included in the 10-page limitation?

No, the letters of commitment are not included in the page limit.

Since different programs use different electronic health records, it is possible that a patient could be counted twice, if, for example, the patient is served by both mental health and dental.

All sub awardees will have VedaPointe connected to their EHR. VedaPointe will be able to provide a list of duplicated patients to avoid this issue.

If partnering with other organizations, do we have the parent organization apply or do we all submit individual applications?

The parent organization would apply if they were representing multiple sites owned and operated by the same organization. If partnering, the individual partners would need to select a lead applicant. Proof of partnership would be required in the proposal.

Can you explain the difference between tier 1 and tier 2?

Tier 1 is identified as organizations whose headquarters operate sites of care in rural areas of Illinois and serve rural Illinois residents.

Tier 2 is identified as organizations whose headquarters operate sites in urban or suburban areas and serve some rural residents.

If you are a tier 2 site, please include the zip codes of the patients you plan to provide services to within your proposal.

Check your organization's rural health eligibility using the Rural Health Grant Eligibility.