

REGIONAL PARTNERSHIPS FOR HEALTH SYSTEM TRANSFORMATION

FREQUENTLY ASKED QUESTIONS

Last Updated: March 23, 2015

Eligibility

Q: May a community-based organization submit the application?

A: No, a community based organization may not submit the application. As funding will be distributed through rate increases (see “Distribution and Use of Funds”), the application must be submitted by a hospital or hospitals in consultation with partner organizations.

Q: May a hospital be part of more than one application?

A: A hospital may be part of more than one application, although should only be the lead on one application.

Q: May multiple hospitals join together to submit one application?

A: Yes, and applications including more than one hospital are strongly encouraged. As stated in the RFP, preference will be given to applications with multiple, diverse partners in order to achieve scale and reach, and this includes multiple hospitals.

Q: If multiple hospitals join together, should there be one lead hospital? If so, how should we determine which hospital is the lead?

A: It is acceptable for one hospital to be the lead or for multiple hospitals to be co-leads. It is up to the applicant(s) to decide.

Q: May organizations in a particular region submit multiple applications in order to receive multiple awards?

A: It depends on the size and scope of the individual applications and the population within the defined geography. Organizations, including hospitals, may be part of multiple applications, but a single hospital may not be the lead in multiple applications. HSCRC and DHMH may engage in match-making” to combine multiple applications from the same region into one award.

Q: Are Institute for Mental Disease (IMD) facilities eligible to apply?

A: No. Only acute care facilities that are regulated by HSCRC are eligible. However, an IMD may be a partner to an eligible hospital submitting an application.

<i>Application Requirements</i>
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Q: What is your definition of a “region”?

A: We are allowing applicants to define their region. Applicants should consider patient flow to various providers and other entities and use patterns in the area when defining their region. As stated in the RFP, however, a total minimum population of 250,000 should reside in the region.

Q: Is it a requirement that the ZIP codes for a defined partnership geography be contiguous?

A: We expect that individual regions will be contiguous. However, regions with non-contiguous geographies receiving awards may collaborate, align efforts, and share resources.

Q: Our network covers a large geographic area that does not quite have 250,000 population. Is the 250,000 Marylanders a hard qualification?

A: We anticipate that the final, selected regions will have populations exceeding 250,000, or will at least be close to this threshold. That being said, we encourage all applications, even if below this threshold, and may engage in “match-making” of multiple applications to form larger regions. We may also suggest expansion of geographies in individual applications to increase population size.

Q: The RFP indicates a minimum population size of 250,000 is required for a region. Is there a maximum population size limit?

A: No, there is no maximum population size limit.

Q: Should applicants provide a timeline for implementation in the application?

A: Details like this are welcome but not required. We expect that these types of details will be worked out during the planning process. As such, the Regional Transformation Plan will require a timeline for implementation.

Q: Are the page limitations for each section in the RFP strict or suggested guidelines? May we submit relevant appendices?

A: The page ranges specified in the RFP are suggestions, not strict requirements, and you are welcome to submit appendices. However, we strongly encourage applicants to keep the overall application as concise as possible to facilitate a swift review process.

Distribution and Use of Funds

Q: When will the funds be distributed to the awardees?

A: Funds are generated through an increase in rates of the participating hospital or hospitals. The hospital will then distribute funds in accordance with the proposal.

Q: Will awardees receive a lump sum forthcoming in rates? Is the payment retrospective or prospective?

A: Rates will be increased of the participating hospital or hospitals. Over the course of May and June, the hospital will collect the grant amount through the increase in rates. The hospital or hospitals will then distribute the funding in accordance with the funding plan in an application on the timetable indicated in the application.

Q: Are there limitations on the use of the awarded funds, such as:

- **Salaries of individuals involved in the development of the applicants Regional Transformation Plan?**
- **Acquisition of data?**
- **External consultant expenses?**
- **Capital expenditures, especially IT?**
- **Other?**

A: There are no limitations so long as you can justify them as planning-related activities. We reserve the right to disallow certain expenditures during the process of making awards if they are deemed to be implementation-related activities instead of planning.

Q: The RFP states “DHMH and HSCRC, to the extent practicable, will devote a portion of the funding from each grant to obtaining this additional data and technical support.” Is it expected that the applicant hospital show this portion of funding that will be used by HSCRC and DHMH for technical assistance and data acquisition as a reduction from the maximum amount of \$400,000?

A: Basic technical assistance and county-level utilization data will be provided to awardees. You do not need to account for these costs in your budget. However, if you will require additional consultation/technical assistance and more granular data that are specific to your region and proposed model, you should include those costs in your budget.

Q: For awardees, will there be requirements for reporting on how the funds were spent?

A: The application must provide a line-item budget for how funding will be spent. Both the interim report and the final report – the Regional Transformation Plan – will require reports of funds spent. More detailed guidance on these reporting requirements will be released in May.

Q: Is the \$400K to be spent only on design activities or may it be spent on implementation of the model itself?

A: The funding should be used to support planning-related activities only and not implementation. Planning activities include implementation planning, but not implementation of interventions and staffing. We reserve the right to disallow certain expenditures during the process of making awards if they are deemed to be implementation-related activities instead of planning.

Q: Can the funding support the costs incurred in preparing the application?

A: No. Funds should only be spent on post-award activities.

Q: If some of the models are already done by hospitals and noted in the GBR Infrastructure report, will hospitals lose their infrastructure dollars in the future rate orders?

A: No. Hospitals' GBR infrastructure funding will not be reduced. The purpose of this effort is not to determine the effectiveness of past funding. Rather, it is to focus on how to optimize effectiveness and scale the solutions to the high needs patients and also to focus on chronic conditions. In some instances, hospitals may find that reorganizing an existing model on a regional basis will improve the model. For example, it may allow reduced duplication of focus on the same patient, freeing up resources for additional patients, or improving 24/7 services by adding a call center. Alternatively, there may be a focus on entirely new programs or enhanced staffing models.

Q: Should the group form a collaborative to be able to share the funds? Are there any CMS rules on this process?

A: A partnership, memorandum of understanding (MOU), or collaborative should be established to distribute funds pursuant to provisions of the application. We are not aware of any CMS requirements. The collaborative group will need a budget and a work plan. The collaborative will need to decide whether to form an entity or partnership for ongoing implementation activities, if an entity does not already exist.

Application Review

Q: Will a scoring system or scoring criteria be released?

A: At this time, we have no plans to release a scoring system or scoring criteria.

Q: How will you determine the level of integration and collaboration in partners submitting applications?

A: DHMH and HSCRC are most interested in new partnerships and the burden of showing the level of integration will be on the applicant. Among other things, we will consider the proposed roles and sharing of resources among partners. We want to see that the proposed model is patient-centered, in that it would promote seamless handoffs and transitions of care.

Planning Process

Q: Is the partnership “locked in” based on the partners listed in the application? Can awardees combine efforts during the planning process?

A: No, the partnership is not restricted to the partners in the application. Additional partners may be added during the planning process. Yes, awardees may combine efforts and share resources. Moreover, HSCRC and DHMH may ask that applicants join together to receive an award and may engage in “match-making” to achieve greater scale and reach in particular areas.

Q: What type(s) of technical assistance will be provided?

A: Consultants that are working at the state-level to help plan care coordination and related infrastructure will be made available to awardees. They may attend partnership meetings, provide advice and suggestions, and help align efforts with state-level plans coming from HSCRC All Payer Model workgroups. There will also be a limited amount of data available, as described in the RFP. Additional technical assistance and consultation that is specific to an individual applicant/awardee should be budgeted for in your application.

Q: If the proposed partnership model proves unfeasible during the planning process, may an awardee change course and pursue a different model?

A: While we would prefer that the proposed model continue to be pursued, we are willing to work with an awardee that determines they must change course. In such an instance, the awardee would still be expected to deliver a Regional Transformation Plan as required in the guidelines to be released in May.

<i>Deliverables</i>

Q: Do DHMH-HSCRC expect to receive any reports on the progress of the Regional Transformation Plan after the final deliverable is submitted?

A: Additional guidance on the Regional Transformation Plans will be released in May, and we will address this question in the guidance.

Q: Will there be a consequence if an awardee decides not to implement their Regional Transformation Plan?

A: As it states in the RFP, "It should be anticipated that the partnership will be accountable for implementation of its Regional Transformation Plan." We will address any specific consequences in the guidance to be released in May.