ONC Teleconference Transcript
October 15, 2009
2:00 p.m. EST

Operator: Hello and welcome to the office of the National Coordinator for Health IT webinar, ONC Regional Extension Center Technical Assistance. With our presenters Farzad Mostashari and Mat Kendall. Thank you for participating in this program. My name is Colleen Nyhus and I will moderate today's 90 minute live webinar.

Before our presenters are introduced, I have a few operational details to cover with you. For those participants wanting to ask a question at the end of the presentation, we will open the line to take your questions. We will come online at that time to explain how you can get into the phone queue with your inquires.

In the mean time, please write down any questions you would like to ask on today's topic. For those participants, wanting to ask a text-based question, you are able to submit your questions throughout the session. Click on the Q&A in the tool bar in the upper left hand corner. Type in your question and then click on the ask button in the upper right hand corner on the box to submit your inquiries.

Once your initial question is answered, you will be allowed to submit another question. We plan to answer all of our questions during this live webinar. However time constraints may limit the number of questions that can be answered in the Q&A session. If at any time during the conference you should accidentally get cut off, read out the number you originally used to get into this conference.

Now for a brief legal note. The information presented in this program is provided solely for the purpose of informing you, of current issues important to the management of your practice in your organization. None of the information presented in this program is intended to encourage actions on the part of the participants that would be in violation of Federal or State Antitrust Laws. And the opinions expressed today are those of our presenter and are intended to be educational in nature.

Presenting today's webinar is Farzad Mostashari and Mat Kendall. At this time I would like to turn it over to Farzad. Please begin.

MAT KENDALL: Actually this is Mat Kendall and I want to Colleen very much for the introduction and I want to thank everybody on the call for joining us today. This is our first and only technical assistance call for the first cycle of our regional extension center, funding opportunity announcement and this is for applicants specifically who've been asked to move forward with a full application.

So what we will be doing today is we will be trying to answer the questions that we've got and received via e-mail as well as questions that are posted today. So if we could go on to the next slide please.

As I mentioned this agenda really was taken from the questions that we received from our recipients, the applicants, we had over 190 different questions that we tried to organize around this agenda and we'll be trying to address other questions as we go forward.

We do want to be providing guidance about the funding opportunity announcements and there were several e-mails that people may have received about additional program guidance that we were trying to process externally of this call, however we folded that in. So there were several questions about guidance around staffing, which we will be covering during this call and we hope to answer many of the questions that we've got – been receiving.

Also the transcript of this call will – and the slides will be available on the ONC Web site after we have gotten this going and that has meet with our federal requirements about posting. And the purpose of this really is to try to provide you with the best information that you can to conclude the full application, which is coming up. Any follow-up questions outside of this call can be sent to our regional centers applications if you got e-mail accounts.

And if we go to the next slide Farzad do you want to talk about the application (INAUDIBLE).

FARZAD MOSTASHARI: Sure. But first, hello everybody it's very exciting, just knowing all the friends and to be friend and folks across all over the country who have come together, joined forces regionally, locally and you know I just have to say we are so pleased with the response and with the ability of you all to respond so quickly, so well, so creatively, and to really start this transformation with us.

It's just – I can't express you how impatient we are to get started. But before I can get started we have to go through a process and we have completed the first step of this which was preliminary applications step for the first cycle.

As you all know in a couple of short weeks there will be a full application, deadline will then do the objective review of the applications. We'll do a budget review and we will be informing you in December that you have been preliminarily selected for the award. There will be and – let me just give you some sense of where we are. We've gotten – we got almost a 100 application, preliminary application and of those 60 have been selected and your which you represent for the full application.

We had said that we're looking for about 20 to 25 to be funded in cycle one. So, we will see how the full applications go, and we will be hopeful that we can, we can have a very strong first rounds to help us and we hope that those who don't make it in the first cycle, turn right around and within 10 days submit their preliminary applications for the next cycle. And we hope to – to keep it going. Next, slide please.

And I think, you know, the way I have been talking hopefully, I hope I have been conveying the feelings here that we – this is not your you know contractual relationship that we are talking about here. This is a cooperative agreement, cooperative agreement where you are part of a team with us.

And we together are going to need this shared as extremely ambitious shared national goal. As per the cooperative agreement, most regs (ph) either party may request to modify or amend the cooperative agreement although, although we're planned.

KENDALL: Extra work (ph).

MOSTASHARI: Following award. And importantly there is, I just want to make clear we've gotten some specific questions about this so our advisory committee to the regional centers that the fund is no requirement certainly to include the ONC representatives or the project officer on that but you may choose to. Next, slide?

So, we – we recognize that things change between the time of the preliminary application, and the full application. And you may propose to amend the proposed, for example, service area. Of course, any such change must be justified in the narrative and it doesn't obviously need to comply with all the FOA requirements, screening requirements, for example that proposals for an entire state must have a letter from the Medicaid director.

If there is a change in the number of providers reach for the service area, there should be still meeting goes, minimum threshold of 1000 providers and the 20 percent that were there.

And one of things that we actually hope is going to happen or has happened is that a groups that maybe didn't make the – it didn't get invited to submit a full application or maybe even multiple applications recovering you know the same or overlapping areas and might choose two partner with each other, and collaborate. We've gotten a lot of questions about whether we could release the names of the folks who applied, folks who have been asked (ph) to go ahead and according to our grants (ph) office we have to have affirmative permission to do so.

And if I may add, we try to incorporate those requests and we developed a slightly tedious process for people to self identify themselves by first of all, faxing us a letter by the authorized self-signatory at the organization that basically identifies the key contact person and agree their contact information and agreement to move forward. And today we have gotten 11 programs that have agreed to post this information. We are going to be posting this information on the ONC Web site shortly. But that is not to state that other organizations are welcome to do this. This is a purely voluntary process, it will have no impact at all on the funding process, but again we are getting lots of requests from organizations across the country just to learn, who is applying it and to partner with them.

So, we think this is a good way for people to sort of join collectively to work on these issues.

OK. Next slide. So, once you have submit the application, I am sure folks are thinking about what we are we looking for and the evaluation criteria. I have listed the criteria and the number of points attached to them and highlighted some of the sub-categories, do you want to emphasis that this is the sub bullets or illustrative and of course you have to demonstrate and will be valued on all sub-categories as outlined in the FOA. The first criteria is the service area itself and the potential for collaboration.

Obviously, folks on these – in the first cycle there is not going to be as much of an opportunity to talk about synergy with other ONC funded programs to the extent that later cycles will be able to talk exclusively. But clearly we are going to be looking for the potential or collaboration with other Federal agencies and their guarantees (ph) first in the health service according to pipe in the background.

And the second criteria has to do with the proposed service offerings. And here, again, I want to emphasis that it's going to be really important for us in terms of the number and percent of primary care practices and providers that are reached.

The other thing I want to emphasis here is demonstration of the strategy for accomplishing the full stoke (ph) and it is our belief that this is going to require significant foot on the ground. So proposal that we're going to do these all Web-based, you know provides Web-based support is, I think, going to be looked at a little bit of skew by the reviewers.

The third criteria is the existing organizational mission, capability, and experience were 20 points and really what we are looking for here is demonstrated readiness to hit the ground running to provide assistance, run off the back and to scale up given existing funding. And you know this is going to really importantly be about the prior experience that demonstrated I think goodness (ph). I guess, D.C. heating system not used to cold here.

The fourth criteria has to do with multi-stakeholder community and provider support were 30 points, very key and we're going to be looking very, very carefully here at demonstrated commitment, commitment letters from providers which Mat will talk about shortly an existing collaborations.

I know, I think it's wonderful that so many groups have been motivated by this opportunity to come together, but we want to be sure that the strongest collaborations, evidence of collaborations those would have some track record of working together. So if you do have that track record, please let our reviewers know about that.

And also the sustainability plans, this is as we have talked about in the prior call and is in the FOA, their expectations here about the sustainability that we don't think we can continue to fund significantly the work of the extension centers and there's going to be a need to have a credible plan for how these services are going to continue to be offered, and finally, the reasonableness of the budget. Next slide.

Another area where we've gotten a lot of questions is about how we are going to be counting providers? And essentially there are two different ways in which we are looking for our extension centers to count providers. One is tracking all the providers that each extension center choose (ph). And this question really gets back to the percentage of – the total number of percentage of primary care providers that are in your service area that will be served by the extension center.

And clearly you know our overall goal for the extension center program is to help at least 100,000 primary care providers, but what we are going to be relying on is that each organization be able to track these providers and often give us a little – a little sense of what kind of provider they are,

what kind of service center they're in and we'll be talking a little bit in the future about what exactly we're going to be tracking and how we're going to be assisting you across in that data moving forward.

The second issue is really about how we're going to be paying for the providers. So our funding opportunity announcement really illustrates that you know there is going to be a cap on the number. Well, first of all, it states that, we will be paying on priority providers that reach different milestone. We'll be talking a little bit about this in a moment.

But there is a cap on the number of priority primary care providers we will pay for, for each incorporated entity. And what that essentially means is that, we recognize that there – there many different practices across the country that have many different sites. But for our purposes, we're really going to be looking at you know the tax ID number as the way in which we are identifying unique practices. So, if there are providers that have lots of or – sorry, practices that have many, many sites, all of which you have a small number, but they still are all operating under one tax ID number, that will treated as one practice and there will be a cap on that.

Conversely, if you have a practice affiliate provider who has their own separate tax ID number operating in practice outside of the entity, that can count as a separate practice. And one of the tricks that we're going to have to have a – the extension centers help us with, if we cannot double count practice providers rather. So the provider will only be counted once in a program.

Now, there maybe some ways in which we got lots of questions about you know different scenarios and rather than going into the detail on the specifics, we want to keep it to the language that in the funding opportunity announcement. But we really want to emphasize that across the board you know we're trying to get as many of these providers in play, but we are only going to be paying on those priority primary care providers and we're going to be you know tapping the number at a 10 per practice.

Can you go to the next slide, please? Another area where we got lots of questions with just sort of about the distinguish how to distinguish between primary care providers and priority primary care providers. And while the definitions for both are in the FOA we thought we spend a little time today discussing this because, there is lot of new answers to these definitions that we want to make sure we get across.

In our world we are really looking you know at – a primary care provider is you know a physician, PA, nurse practitioner, we have prescripted privileges and there will be prescripted privileges, practicing in family practice or OBGYN, general medicine or pediatric medicine.

So you have a provider, who sort of meet these criteria then we consider them a primary care provider. Now a priority primary care provider is one of those primary care providers that operates in a specific setting and you know we listed below some of the different settings that we've identified, again our focus is really is going to be going after should be small or individual practices because we recognize that that's where there is a tremendous need for assistance and EHR implementation.

But we also recognize that its important to have you know, to cover the public hospitals, the group access (ph) hospitals, the health centers rural health centers all these organization that extension centers can work within and should work with in terms of you know providing the services that are describe in the FOA.

And for the work for these priority primary care providers again one will be to receive payments. Another question we had was something about the other settings question and we got lots of questions about well – you know, does this setting count or does that setting counts. And again, you know, what we want to say is that we do a lot of settings where these primary care providers operate. You know, so with a few Regional Health Centers, long-term centers, free clinics, all of those are legitimate in receiving funding and organizations that or extension centers rather that go out there and serve those people. Those providers will be eligible to receive payment under our program.

MOSTASHARI: We just had a question come in, actually on the previous slide and I encourage you to do this. So if there is some things that as we're talking, you want additional detail on, maybe we can do real time service. So question was asking for a clarification, that the counting provider slide seems to say that we can only train 10 providers at a given site?

That's not quite what we mean. What we mean is to say that the payment for any given practice will be capped at the equivalent of 10 primary care providers. So, and the concept here is that if you have a site that has 100 providers, it's not going to cost 100 times as much as one as a solo pracs and that those larger sites have additional resources that they can bring to this as well and the technical assistant maybe 10 times what a solo practice is, but it's probably not a 100 times what a solo practice is.

So again, we are not saying to go to a practice and choose 10 providers to train. We are expecting that, and in fact in the accountability section and in the application section where you're saying that you will serve 1000 providers, we're expecting all of the providers, if that an (INAUDIBLE) 25 providers. All 25 of those count. There is just a payment cap asserting that factors, which is equivalent to tax. So I hope that answers the question.

KENDALL: OK. We're going to go onto the next slide.

MOSTASHARI: I am sorry and again got another question about this. I want to emphasize, you can count all of the providers in a large group in your 1000 target not just the first 10 all the primary care providers in our (INAUDIBLE).

KENDALL: (INAUDIBLE) start talking about the budgeting component that's where this 10 will become more significant. So, that the 10 limit is for budgeting purposes, we want you to count more, because we want to get entire percentage of providers covered at bottom (ph).

MOSTASHARI: OK. We're going to move on, I am moving on, moving on. So we're now at committed letters filed and we got a lot of questions about this because there is a lot interest clearly out there. People have been working with their provider groups getting letters as part of preliminary application, we got a lot of great letters as well.

And what we want to do is just make a quick distinction between what a letter of commitment is in our world and a letter of support. A letter of commitment we're looking for specific commitment by a primary care provider to work with the extension center as part of the program.

And we're looking for those commitment letters, because we really want to illustrate that people who are ready to go now, because one of the primary functions of this program is we want to start this work immediately and we were looking to the programs that really funded and of course we especially to really again working with those providers and getting them on board and factors they can. And those are commitment letters now.

Letter to support are also important but those can come through for other organizations that believe and they supported this services that are being provided or will be willing to partner with that. So, that could be medical association it could be a, you know, hospital group of health plan all kinds of other folks who are – can provide letters of support and we think these are both important and should be in – reflected in the application.

However, in terms of the program areas, there – as I'm sure you guys realize there is a little space in the program areas. So what we would like to do is have you know rather than lifting up all the providers and all those commitments which you know could 1000s and 1000s of names and information, we're suggesting that people put a summary table that summarizes the letter – the numbers of providers by different types, by priority care provider, by primary care provider, other providers, other stakeholders that you've received letters and then attach those commitment letters in the documents with the letters of support.

That way, they won't be included in the 30 page limit, but it gives us a sense of how many people that you have recruited and who are willing to go in the early stages. We also recognize however, that many of the regional centers are going to have to continue to do outreach to bring in new folks and to bringing folks on board. So what we're looking to do is we've recognized that you know, you may not in the first place have all those letters of commitment right now, get us the information that you have, and if you have organizations that are willing to say, hey we will get X number of providers committee like an IPA or something like that, include that information as well. It really illustrate the number of people that you have committed and are ready to go.

And in terms of those letters, you put electronic signatures, fax signatures, and it's all good. We're going to be working on that process about how we internalize those signature as we get going, but for the purpose of what we're working on, that that is sort of where we are. The other thing I just want to say is...

UNIDENTIFIED PARTICIPANT: By electronic signature, we're not being very fancy here. We're saying, if you have a PVS..

UNIDENTIFIED PARTICIPANT: Exactly.

UNIDENTIFIED PARTICIPANT: Now with a – you know, DS (ph) or whatever file of a signature, that's in there, we're going to take. We're not talking about, you know, prescribing electronic.

UNIDENTIFIED PARTICIPANT: Exactly, no, no we are pushing handle (ph) upon something (INAUDIBLE) obvious, we are just talking about the signatures we're trying to get.

UNIDENTIFIED PARTICIPANT: The other facts that you turned to I think your deadline (ph).

UNIDENTIFIED PARTICIPANT: Excellent. And the other point I want to talk about is NPI numbers. In the FOA would you say that they must be committed and we want to – we recognize however that you are getting the NPI numbers, is it half (ph) because a lot of resources. So we are saying that if you have those NPI numbers, include them in the letters of commitment, but we are not expecting people to do exercises of just creating NPI list for the sake of creating NPI list.

As a warning, when we began for this programs that receive award to be paid on certain milestones, the providers will be having to give the NPI, we will get them at that point but we do not want people going out right now and killing (ph) themselves, trying to track down a 100s, of 1000s NPI letters, numbers I give (ph), lots of other more exciting and interesting things should be doing.

UNIDENTIFIED PARTICIPANT: We will even take a copy of an e-mail. OK, excellent, a live response, I love it. Can we go to the next slide please? OK, budgeting – we've got a lot of questions as we have been going along on the budgeting and here is my advice on the budgeting. First $30 million maximum grant for any application, and in the budget narrative for each year of funding we are asking you to clearly identify the core and the direct assistance fund. And as we talked about in the FOA, the core funding is tied to the development and implementation initial work. So some of these core functions like outreach, education, program management, the local workforce support and participation on national learning consortium or HITRIC. So, that's a core funding and we're going to make available 50 percent of the first year core funding off the back to help cover the start up cost, hiring the outreach people, get the folks sign commitments letters which will then trigger the first round of the direct assistance payments.

Un-direct assistance, there is two groups of providers who you can work with to get them to meaningful use. Those who are currently using paper and those who are using some form of EHRs. We ask that you identify how many providers in each group you're going to be assisting and the cost for taking each category of providers those on paper to all the way the meaningful use, and those who are already using EHR all the way to meaningful use.

If you guess you go to the next slide, we'll come back to this last point here. So, paper to meaningful use versus EHRs meaningful use, recognize that different meanings require different (INAUDIBLE). So if someone is on paper then you have to include the costs to the extension center for helping them adopt the technical systems around vendor selection and work flow redesign, implementation, data migration and so forth.

If someone is already at, basically EHR user, there is clearly need to be still a lot of work to take them to meaningful use. We know that meaningful use had a minimum required prescribing, we

know management are being prescribed consistently, and we know that it's going to be quite quality reporting that's going to be a heavy list for many providers and we will get the definition of meaningful use will be defined through regulation by CMS with the initial NPRM expected in December and following the comments, we are able to finalize. So we recognize that the definition is not available currently, but there are the recommendations of the HIT Policy Committee, and in some ways, we are asking you and you are in a little bit of disadvantage in cycle one, but we will work with you on this to estimate the cost in training collaboration and resources to take practices to meaningful use. So we expect it's a cost more to take people from pay for the meaningful use than from EHR the meaningful use.

But the kind of your blended rate, the average – weighted average of those two, we are expecting – let me put it this way. What we have available, if you think about the total amount available and the total number of providers we are aiming to reach in terms of federal support is 5,000 recognizing that there are additional match, any kind of contributions that are expected.

So we expect in the budget, it's actually free to say what is your core cost and what is your direct assistance, and the direct assistance broken out in terms of what is the per unit cost of bringing providers on paper to meaningful use and per unit cost of bringing the folks on EHRs to meaningful use, and how many in each category you expect, and that should form your bottom line for the budget.

And I must say that the clear you can outline the categories that Farzad said in the (INAUDIBLE) about the reviewers and analyzing the application. So that is, and we recognize that PCPs and EHRs will clearly require workflow redesign etcetera to achieve meaningful use and that is $5,000 per provider not per practice.

The 5,000 if for direct assistance, it is not inclusive of the direct – of the core rather support, all right. We recognize that different areas have different costs. There are – in some areas, there maybe higher costs associated with labor. In other areas, there maybe higher costs associated with transportation. And I think every extension center will have to develop a model, that is appropriate for that extension center and in terms of being able to reach the providers at the level of support that is available.

It is – these funds can and we expect in many cases will be augmented by program income which we'll talk about a little bit later but would be fees charged to providers for example, sign up fee associated with the – with the provider commitment. So that's – this we're talking about is the average federal support.

OK. Let's – let's – running (ph) and again that when we were referring to the cap of 10, that was the payment cap associated with that. So for example, just to give you an example, if you're estimating in your budget that the cost of bringing up of primary care provider in your region from paper all the way to meaningful use is $9,000 and you're going to ask for $2,000 signing fee for provider and so that 7,000 in federal support be maximum for bringing any size practice live to meaningful use that you could budget for and invoice for would therefore be $70,000 in terms of the total budgetary funds, (ph) OK. Next slide.

Sustainability defined as the ability of the regional center to maintain is services and continue to operate and there is two periods, one is from the end of year two through the remainder of corporate agreement period, the full year corporate agreement period and this is of course dependent on having a (INAUDIBLE) and biannual evaluation. And you will note that in the FOA we required a 10 percent cost share in the initial two years and we talk about expecting a switch where we would only provide core support for participation in the HITRC in the out years and all the direct assistance would be funded through cost sharing match program income of other sources of funding in years three and four and expectations that would be – we would own federal funds, we only covers small portion maybe 10 percent of the total costs.

And that would lead to the end of the full year project period and you know it would be great if the multi-stakeholder commitments that the value added to the community and to the extension centers would be viable and sustainable, found a conclusion of the project.

Next slide. So, and you know, there is going to be a transcript of these, so if this went too fast, for example, the example I just gave went too fast, you will have an opportunity to read it at your leisure and see how the math worked.

Just to clarify some definitions, program income is any dollars generated by fees or charges from activities supported by the federal fund. And what we have defined here, it maybe used as matching funds aboard the program. However, you cannot use other, federal funds from other grants as leading the match requirements and there is more detail on this and 45CFR74.23.

Next slide. OK, we also got a bunch of questions about indirect rates and even if direct rates are acceptable for this proposal. They should be reflected in the budget sheet. The 424, which we'll be talking about momentarily and we do need to have a letter from a federal agency really that attests to the rate that you are providing. I think for people who are using direct rates, this is probably a pretty standard operating procedures and you know what we are talking about. And I just want to remind practice (ph) can voluntarily agree to take less than their indirect rate if they want to use the funds to support the program. We certainly encourage that. If that's what it means to work for the organization, by all means, go for it.

Next slide please. I also wanted to take the time to talk a little bit about some programs staffing guidance and some of the e-mails that we provided to folks before – prior to this call. We mention that we will be providing guidance about program staffing requirements. And so here it is, essentially what we are looking to do is to ensure that each one regional center has sufficient staff dedicated to different focus areas, so they can support all the scopes of services described in the funding opportunity announcement.

So, what does that mean, while first of all it means that we need to have, senior leadership to make sure that each regional center is able to meet the goals for the number of providers that the primary care providers that they are planning they are going to get meaningfully. So, that is, you know, executive level support and these are people who have originally been paying to meet with regularly talk about first schools. Of the program these are people who will be supporting the program in terms of leadership operations clinical expertise.

Additionally, we're going to need to have dedicated staff at each regional center who can focus on some of the core adoption support functions, such as vendor selection and group purchasing, education outreach, implementation all the criteria that we outline in the FOA. We're also looking for each program to become really experts on meaningfully. So, that means they have dedicated staff that are willing to work on the meaningful used criteria.

So, we're going to be, you know, trying to facilitate this in a variety of different ways. But when we're doing this, we're going to have to make sure that there are people who are responsible for this one part of their co-responsibilities for managing each segment.

Also we are looking for support for the workforce program working with your local free colleges or other entities they help find staff, they help support this initiative and also participating in our national learning consortium or the Health Information Technology Research Center. And the interest really is going to be designed to provide a lot of support around these areas.

We're going to be sitting and we'll talk a little bit about that later, but really it's going to be designed to faster a lots of collaborative meetings. There will be probably monthly meetings towards many of these areas for folks in project supported, talk about our picks or implementation. And the goal in fact really is going to be making sure we can leverage the expertise and knowledge from the different regional centers across the country and what that means is we need to make sure that dedicated people at the different price are being talked to each other.

Because again, I think there is a lot of knowledge on this call about how we can achieve the goals that we set forth was for ourselves collectively and I think our goal has got to be through this process to really figure out ways of connecting people in a collaborative relationship.

All right, going into next slide. I want to talk a little bit sub contracting vendor relations. We got a lot of questions about this and you know, we do not have any problems in terms of sub-contracting, however, we really do need to be very clear about what's those relationships are in the budgeting area and I think that we need to provide as much as detail.

Again we're going to be asking for each programs to provide a budget inherited (ph) for each year. So in each year spell out the terms and conditions of the sub-contract and relationship that we can really understand how the money is flowing and who is going to be doing what. And we also say that you know video centers may select vendors to do repurchasing or other activities. We felt that has a little more detail in the FOA, but I just want to really highlight that for our perspective, it really is the opening competitive prospect which is important.

UNIDENTIFIED PARTICIPANT: That's why, as far as that country, make sure people heard that that vendors may be selected through group purchases, not that the vendors would do the group purchasing.

UNIDENTIFIED PARTICIPANT: Maybe (ph) extension program.

UNIDENTIFIED PARTICIPANT: Exactly.

UNIDENTIFIED PARTICIPANT: Exactly.

UNIDENTIFIED PARTICIPANT: Thanks for the highlight. (INAUDIBLE). And I think it's really important that we emphasize that the conflict of interest forms should be signed by all vendors who recognize that many extension centers don't have – haven't talked to their vendors yet and that's fine for the moment, but as people begin doing that we really need to get those forms signed and get them back to us so that we can understand these relationship going forward.

And one of the thing I also just want to mention briefly is that you know there could be preexisting relationship that some organizations might have with vendors and if they were done in sort of its opening competitive process that's fine, but we really need to make sure that at the end of the day the regional center isn't biased with any one vendor and there is choice and opportunities and that it's a fair and transparent process.

So, next we are going to talk a little bit about some of the support that we are going to providing to folks. So, we can go to the next slide please. The health information technology research center is really as I mentioned it's going to be sort of glue that's going to bring everybody together. And what we are trying to do with this glue is really figure out a way in which we can leverage the best ideas possible to support all of our regional centers in overcoming barriers that might impede them from getting to the goal of assisting providers, to getting to that ultimate goal which of course is to achieve meaningful use.

So, we are going to do this in a variety of different ways. We are going to have a lot of meetings and there were many questions that were directed to us, what kind of meetings, what the budget, we are going to be providing additional guidance on this, but just in a high level the people should know that you know, we are planning on having a meeting for program that are awarded, initial kick off meeting and two to three days meeting (INAUDIBLE) probably in the January, February timeframe but then we are also going to be looking to have a regional meetings out in the different regions in the spring and then have a full national meeting where we will bring everybody together (INAUDIBLE) in this next fall. And we're looking to have this as annual events against just sort of foster that communication and supplement the regular monthly meetings that some of the care groups may be having as they go forward.

We are also going be doing – conducting trainings and developing tools around the specific needs of the regional centers. So, one of the things we're going to be looking for is we're listening to the needs of our extension centers and figuring out ways in which we can provide them the resources they need to get going. And we hope that we'll foster collaboration across the board and then we're also really looking to hopefully collaborate with the different other programs the ONC is watching.

So, I mentioned briefly that there is going to be a workforce piece, that's going to be working with community colleges, develop training programs around health information technology. We have the state health information exchange program and that is being offered to really look at health information exchange in the state. We have a weekend program which will be announced soon and again the metrics (ph) going to be really about the going through these whole problems, as we get across the board.

So what our goal is we're going to be doing things to encourage synergies across the board and to look at different ways in which we can you know bring people together. There is information of this programs on the ONC Web site and I would encourage people to go there. So next thing is I want to talk a little bit about the infrastructure, which we're going to be providing. So if you can go to next slide please.

UNIDENTIFIED PARTICIPANT: One question that's been asked was at the monthly meeting there are being – going to be some opportunity for Web based and tella (ph) meetings, absolutely we expect there to be regular meetings and I think we're going to hear about that.

UNIDENTIFIED PARTICIPANT: Exactly, but thanks for the info (ph). I am perfect. So one of the things I want to talk about is that we are in the process of building technology infrastructure that's going to be design health facility (ph) those kind of meeting as far as I was talking about. But also health facility communication in the wider – in the larger community.

So we're looking at three ways of really dong this, and we really welcome people's ideas about this as we are getting going again. This is new for us, but and if there are big ideas out there and you can just send them to the application e-mail if you have suggestions about this approach.

But our first approach is, we're going to have (INAUDIBLE) to help inform providers about what's happening, read our program and also about accessing best practices (INAUDIBLE) option, so this is going to be a site for accountability for us, but also way in which we can connect with individual providers across the countries that may be interested in these issues and then link them back to our regional center partners.

The next thing that we are going to be doing is we are going to be trying to create a collaborative space. And I think part I was alluding today, we're really going to try to setup a social networking community that really can be used to link providers together and begin the exchange of information, so we are looking at ways in which we can leverage that with 2.0 technology to really allow people for their profiles up there to communicate and link it in varieties of ways to take advantage of shared documents, or shared learning tools such as Wiki and also have a place in which we can use our regular meetings or webcasts or things of (ph) those lines.

The other tool in which we are going to be using is a kind of customer relationship management tool or a CRM tool, and ONC (ph) is in the process, we are going to be purchasing one CRM application and it is a SAS (ph) tool, so it is a software asset service. It is not something that will be need to be installed on computers, but programs we'll be able to access via the Internet and it's really designed to really help regional centers too with some of their core functionality such as communications tracking. There are – when you are dealing with thousands of providers, there are going to be challenges and we track people making sure communications are going smoothly and we think this will be able to do that.

Also managing different documents that might be going back and forth and making sure that each regional center has a repository to track information that's being exchanged. The tool will also help with project management and hitting the milestones, and we're going to talk a little bit more about the milestones in a moment.

Our goal is also to make it so the CRM tool can assist the programs in providing information that we need here at ONC to really process payments but also measure success of the program. So this is a tool we're going to be developing. We're going to have some additional information about the product that is selected in December and then you know as programs are awarded and we go through the contacting (ph) process, we will be setting up training and teaching people about how to use this software and beginning to figure out ways in which we can leverage all three of these different tools to address – beginning, facilitating communications and helping people to identify best practices.

OK. If we can go on to the next slide please. I wanted to take a few moments to clarify a couple things in our application that might not have been in as meet requirements (ph) we wanted. We didn't have for this short timeframe for getting it out. Here we have the correct CD (ph) CFDA number for the application and the correct Funding Opportunity Number. So those of you who are confused about the funding opportunity announcement, the strategy is to – here is the real the truth.

Also want to emphasize the page limit is 30 not 20 and to just remind people that it does include the budget narrative and collaborative explanation. But there are other odd documents that is the abstracts and billing plans, letters to support and commitment which I mentioned earlier, resumes of key staff which can be external to that.

We'll talk about in a moment about how you can get that to us and that's going to be an interesting process. We also had a couple questions as I – please keep the resumes short, good point. We have some limitations on file size, so we're getting to in fewer (ph) documents, we'll help address that. We also have some basic question about the abstract format and given the fact that it is PDF, the formatting may not be consistent with what we have. So it may – for the abstract it maybe single phase without error and that's OK.

You know, we also asked about how documents are going to get us and you know we will be talking about grants.gov in a moment. I just want to emphasize and emphasize as many times we cannot receive them e-mail, the way we did the first time. These documents because of this is full application, it has to go to grants.gov that's a separate site that we do not operate. So it is who is everyone to start registering and we will be emphasizing in a moment, but start soon, start early, make sure you get it done because it can take a while some time, but we don't have half million people you know (INAUDIBLE) can't get the document posted because we have very clear guidelines and everything have to be posted and submitted to grants.gov by November 3rd, if not we don't have remain flexibility in addressing this.

And for those of you who have submitted grants to grants.gov, you know the problems that can arise in a time you need to allow, don't leave the last minute, I've been there and for those of you have not yet done the grants.gov process allow two or three times as much time as you think you need because the first time in particular it's a (INAUDIBLE).

I also want to take a brief moment to emphasize two things. First of all, the preliminary application and the full application are two totally separate processes. So anything that we've submitted in the preliminary application or reviewed in the full application we will not be able to see that. So it

would be who everyone to resubmit the preliminary documents that they think that are necessary in describing in the full documents, full application.

That conflict of interest forms, any letters that support anything along those lines, it can be the exact same document but our reviewers will not have access to the preliminary application documentation.

The second thing is that we really, you know this is a, this programs really need because we have three cycles. So people who do not receive awards in this first cycle are encouraged to reapply, but I must emphasize that if you reapply, you have to submit all the documentation again. So we cannot, just because we got your preliminary application just say, oh, yes, we're moving you to that program. Each application cycle is treated totally separate. We sort of put a blog (ph) and the documents can't go back and forth. So you're encouraged to resubmit that. There will be time to do that before the December 22nd deadline for preliminary applications for the second wave, but we really wanted to make that very clear, two separate processes going forward.

OK, so please go to the next slide please. We got a lot of questions about the 424 form and the 424 form is a standard federal form that's used for grants. So many of you may have experienced with it, but we got a myriad of questions about how to do the document, how to fill it out, how it works. There are some instructions there, but I wanted to take a moment to give sort of a couple of big (ph) perspective.

First of all, every application will have to present a single 424B (ph) and certification regarding lobbying (ph) form. That's single. Then what we're going to have to ask is that people are going to have to put five different 424A (ph) forms as part of the application and then for those of you who aren't 424 literates, just as myself a few days ago, the 424A (ph) is really where you're going to putting the protest letters and this is where the items are going to be broken down.

Some of the summary statements, the part I was talking about earlier will be placed and this is really what we're looking for is that again even though this program has two cycles it is one, two and then three and four. To make everything easier on everybody we thought just to include one 424A form for each year that you are submitting.

And then at one master forum that you've compiled all for those years into one document. And just to remind folks that on the 424 forms sub-contractors all parts (ph) need to be there. We got a lot of questions about can I have my sub-contractors submit them separately and the answer is, no.

This is a document, this is where our grant seems to be looking to view budgets and make sure that that the information is acceptable that all document budget implementation is to be here. And I also just wanted to emphasize that you know, if you're putting things into your assumptions or anything into the 424A that really needs to be clearly articulated in that budgeting area. And we mention that every year you have to central budget narratives.

So, this is they can match up, use that as a price place to put in any questions you have if things aren't clear in there. So we can understand what you are trying to do, because we really want to work with you if we want these things there. We know that this is not as straight forward to some

as it is to others. But our goal is try to get the best information we can. So, we can properly evaluate applications going forward.

OK, moving to the next slide. We thought of details things that we are about to discuss, really granta.gov is a very interesting Web site and it's all we have to use, because that's the way the federal grants will go into the system. But there are some size limits and I just wanted to emphasize this, because we gotten into some challenges in the preliminary application where people were sending giant files and with grants.gov won't that won't actually book. There is a 250 megabyte Linux.

So use USD's do not put in pictures, PowerPoint the view of documents things like that you know try to keep the data as small as possible. So, that we can go forward with this and remember that you really to be able to go on to grant.gov you need to have the (INAUDIBLE) numbers and to register with the CCR and the CCR profit takes at least five days.

So if you have not begun that, start doing it right now and begin working on this as diligently as you can to try to get this information's done ahead of time, so we can move forward with getting all the things there.

We have a breaking news correction to actually the slide. I apologize for this and thank you for the person who asked the question, prompting the correction. The project narrative which is section 3 in the FOA includes a bunch of stuff but it does not include the budget details. The budget narrative is separate from the 30 page off limit and we will amend that within that file. That's good to know to give you a little on Thursday.

UNIDENTIFIED PARTICIPANT: Thanks perfect.

UNIDENTIFIED PARTICIPANT: OK, so going back to this document, I just want to also highlight the fact that grants.gov does have a help desk and I put the numbers in the hours help desk. I want to note though that the help desk does go down at 9 O'clock – 9 O'clock Eastern Standard Time.

Check that on grants.gov Web site. This is the information that we posted there recently, but we have that – I mean, that the point about this is just make sure you get these done early and make sure that there is someone on the other end of the firms who can work with you to solve any problems as we go forward.

Then, what we also want to be able to do is just to help people; there were some questions about loading the documents into grants.gov. We've given a different way in which you can load the various documents here because things such our you know, budgetary (ph) program narrative attachments and budget narratives have special places to go. These are the instructions on how to do this, we hope to clarify but again working with grants.gov earlier can help.

All right. Next slide please. OK I think, while we have the additional slides really are some of the summaries of particular question that weren't answered directly in the slides are supplemental

question. So, I think at this point Colleen we are ready to begin – Oh! Wait hold on one second we have got one last minute some minute thought by Farzad and then we will begin taking questions.

So actually looking at some of the questions that have already come in via the live meeting, I think we have a few questions that we can start to address. So, one – couple of questions were around critical access to hospitals and what is the expect to grow the extension center with respect to the critical access hospitals. The emphasis for the extension center program is primary care, so the expectation and the budget that should reflect and the scope of work that should be reflected in your work with the critical access hospitals, would pertain to support for the primary care docs and would not be the inpatient implementation of an inpatient electronic health record. Its focus is on out patient on the out patient aspect.

Another question asked was when were there – if fee its going to – non-subsidized fee for example charge to specialist could be used to serve the match whether there would be – it would be allowable to charge fee over the indirect rate yes absolutely that is would qualify as program income and it could certainly be used as source for the cost sharing requirements.

Another question was in terms of what are the kinds of vendors you are talking about and it includes software vendors, EMR (ph) vendors, but also service providers. So if you are utilizing service providers, there should be justification and open process for why you choose those service providers, same goes with hardware for example. The another question was whether the match pertains to be, should hit the bottom line of the extension centers which I like the way the question was asked. Yes, it should be reflected in the budget of the extension center itself.

And question, multiple questions about how would we operationalize the milestone payment. All right, here goes. So, you estimate a budget for whether it's going to take you to take a provider paper and a provider on an EHR who you have assigned agreement with all the way to meaningful use. Those – the total amount is going to be set in the cooperative agreement with us. It will not necessarily be what you proposed. There will be budget negotiation. We will look at the request, the cost, look at comparables cost and our stand (ph) folks will negotiate. And we will come up with a final award at the end of that process. In accordance with that negotiated grant, we will then move forward.

And using the CRM software, there will be monthly or quarterly accounting of your progress towards provider-specific meeting of milestones. How many providers in each category did you sign up, how many of them are live on EHR that you are prescribing in quality reporting, and how many of them qualify for meaningful use. Those milestones will – for each extension program, those milestones will be associated with dollar amount.

So as an example, if the federal support for taking someone from paper to meaningful use after negotiation is estimated at $6,000, then it will be broken up into three parts, 2000 on signing, 2,000 on demonstration of or go live status and 2,000 on meaningful use. The system use and you will be – you know the only accounts if it's in the system, when it documents it in the CRM tool that this provider, which is MTI (ph) has gone live, that triggers the next milestone for that following payment.

OK, that's how we are going to operationalize the milestone payment.

Operator: OK. Are you ready to go into the directions for question-and-answer?

UNIDENTIFIED PARTICIPANT: Sure.

UNIDENTIFIED PARTICIPANT: OK. Thank you – thank you. Let's wait for our question-and-answer period and to ask a text based question, click on the Q&A in the tool bar in the upper left-hand corner. Type in your question and then click on the ask button in the upper right hand corner of that box to submit your inquiry.

The first question that we have is what happens if at the end of two years, the REC (ph) fail to get a 100, first 1000 providers to meaningful use?

UNIDENTIFIED PARTICIPANT: I think part of the cooperative agreement is going to be basically working with organization to address those goals. I think you know we're going to be working very closely with organization to figure out a fair way of achieving those goals and reaching those goals, but it is a cooperative agreement and we will have to take that into consideration as we get going and move forward.

One of the things I just want to emphasize is that as part of the cooperative agreement, we will be providing technical assistance along the way (ph) and we can change the scope of services as necessary. We're still going to be focusing on those targets regardless but hopefully we can work with the regional centers to come up with a strategy that works going forward.

UNIDENTIFIED PARTICIPANT: Thank you. The next question asked, will those who are not awarded the – in round one be given feedback on their application and why the word was not made to help with subsequent applications?

UNIDENTIFIED PARTICIPANT: Absolutely, we will be having summary statements that will hopefully will be a little more robust than we did for the preliminary applications we will be giving back to people. That being said, the statements probably will not be available by the 22nd deadline and folks should resubmit for the preliminary applications. We will try to get them there but we cannot make a commitment that will be ready in that time.

UNIDENTIFIED PARTICIPANT: OK. The next statement was, we have hundreds of letters of commitment to submit with this grant that will exceed (ph) to one of these six legs (ph). How should we address this matter?

UNIDENTIFIED PARTICIPANT: It is a are question that has been vexing me for a while in terms of how to deal with you know grants.gov (ph). I think you know programs are going to have to be very strategic about what they include and try to that document as small as they possibly can, the PDF or other things we would that can shrink them so we can get them there. Clearly you know the things that are most important now the fuzzy documents and things that are settled by specifically in the FOA and in terms of those letters to support maybe there is a summary documents but it's a challenge that people going to have to deal with.

MOSTASHARI: And then back to your statement about maybe somebody doesn't get chosen in the first round, how soon will be the feedback received prior to the December 22nd round?

KENDALL: I think we're going to try to turn that around at least 10 days, we hope more exactly.

MOSTASHARI: OK, great. And the next question, Mat, is the 30 page single or double state (ph).

KENDALL: It's in the FOA, guys, read the FOA, double state (ph).

MOSTASHARI: OK. The next question how are you going to operationalize the milestone payments based on in terms of provider costs, would the government provides separate services budget forms that can be completed by our consortium members.

KENDALL: I think we already addressed that one.

MOSTASHARI: OK. And then you got the same way who must submit and sign the lobbying and conflict of interest forms.

KENDALL: No, I mean I think what the authorized organizational representative must submit that certification and that's – that would be the authorized representative of organization for the lead applicant.

MOSTASHARI: OK. The next question is, should we include the travel cost to attend ONC HIT meetings in our budget or would that cost be reimbursed from ONC HIT?

KENDALL: People should include that in their budgets. We recognize that there still needs to be a little more detail, but this program is going to have a (INAUDIBLE) budget to support this form.

MOSTASHARI: OK. The next question we have is, I see from the earlier question that graphics and diagrams will be considered to be a part of the 30 page limit. What are the expected addendums for the agreement?

KENDALL: I think those are spelled out in the grant in the terms of the businesses already planned resumes, other things like that and I encourage people to just look in the FOAs for that information. I just – just as a general principal though, it is not a good idea to put really important information in an addendum or attachment. If you know it's better to spend the time to write more concisely and reduce redundancy and really you know say what's necessary to get the core stuff you want paid attention to in the budget narrative itself. Don't try to make a reference to something that's really important and then put it in the appendix. It doesn't – (INAUDIBLE) not to get the same, it's got to be part of cohesive budget narrative (INAUDIBLE). OK, next question.

MOSTASHARI: OK. Next question is, can you please define in-kind contribution?

KENDALL: I think that there are some federal facts, federal rules about this so I want to make sure that we get that information to simply. But essentially it is a third-party contribution to this,

program income is direct dollars. In kind of it's not necessarily that way but we'll be happy to follow up with some additional guidance on that.

MOSTASHARI: And the next one is, could you clarify the 20 percent of 1000 enrollment, is that and or, or, or?

KENDALL: It's an and. It's an and.

MOSTASHARI: Both have to be true.

KENDALL: OK.

MOSTASHARI: And just to remind people those are minimum criteria (INAUDIBLE).

KENDALL: The next one is supposedly project that the cost of moving a provider who already has the live EHR to meaningfully use is $3000, were payment for both the first two milestones be made at the time of finance?

MOSTASHARI: If that the payments of the second tranche would be made upon demonstration of live on EHR with active e-prescribing and quality reporting. So, that's the requirement we have to talk about you know though so there will be a process for validating the full goal live status. Those are two separate milestones.

KENDALL: The next question is, is there a page limitation on the budget narrative?

MOSTASHARI: No, there is not.

KENDALL: OK. On page 11 of the FOAs states of the core funding will be released quarterly based on milestone. So the specific milestones for the core support are not called out. Can you please clarify the associated milestones?

MOSTASHARI: Well, the core milestones were going to be part of the process, we are going to be working with top organizations to develop operational plan and that operational plan will set by milestones that will be there. It will be part of the contract or discussions that we will be having around the cooperative agreement.

KENDALL: OK. The next question is, is core funding limited to 75 – 750,000 per year, the recommended full time staff commitment could eagerly exceed that figure.

UNIDENTIFIED PARTICIPANT: I mean, the way the structure, that the grant works is, there is a (INAUDIBLE) communication for core staff. If there are additional staff, that sort of exceed that. They can – maybe be putting beside the 15 category as well but today, that is the math we are using that for of course not (INAUDIBLE) four course support.

UNIDENTIFIED PARTICIPANT: Next question we have is, can you clarify 50 percent upfront funding for the core for the first year?

UNIDENTIFIED PARTICIPANT: What happens is as part of our initial discussion in your 424 document, you will be identifying what that core support is. Normally, that money will be given out on sort of a quarterly basis, but we will be providing the first half a bit upfront pay board. So let's just say that your post per year (INAUDIBLE) one will be $500,000, you will get $250,000 at the beginning of the program, to help get the clocks going, but you will still be responsible for providing those quarterly milestones and by the end of the year, you will submit a quarterly milestone for all quarters and we've gotten all $500,000.

UNIDENTIFIED PARTICIPANT: Let me – let me provide a little context for the core context. So we've done some questions to this. The idea here was, that when you first start up, there may be, before you can generate revenues, either from the signings these program income or in terms of drawing down the direct assistance milestones, you need to get some operations together, there need to be some grant management, that needs to be outreached that's done and even from the beginning, there needs to be some collaboration with the HITRC.

It is not meant to provide you with a body to do your – you know the meaningful use and the implementation team and the
right, that all is part of – that should be paid for by – that's what the direct assistance is for. So the direct services to the providers should be budgeted for as part of the direct assistance dollars not the core, but the dollars.

So, Colleen actually we have a couple of questions, here we would like to highlight.

Operator: Sounds strange.

UNIDENTIFIED PARTICIPANT: Question, can regional centers negotiate group purchasing agreements with vendors? Yes they can and these agreements been presented to practices during the selection process without violating vendor neutral requirements. So, I am not quite sure what is meant by the selection process. There is a requirement that's practices, there is group purchasing for software, hardware services that there would be multiple options offered to practices and the practices are free to accept them for not accept the options offered by the extension center.

Let's see, are the regional centers expected to design and maintain their own Web sites or will there be a common national Web site through which information will be disseminated. There will be a national Web site for the HITRC that will provide education to all providers in the country as well as to, as the way of accessing the individual extension center programs and to be extent possible, we want to link these together. One thing I do want to mention, we talked about the Web tools for the HITRC, and the very real life example of how we expect this to be a collaborative process, some of you may be sitting there thinking, we know how to do this? We have been dong this whether it's the collaborative workspace, whether it's the customer relations management tools software service.

So, again this is – this is certain count (ph) towards your applications, it doesn't relate in anyway to the evaluation, but if you have ideas for good systems, if you want to send us some screen short, if

you want to send us some ideas, we would love to hear from you. OK. With that five more minutes still. We will try to take some more questions. Farzad?

MOSTASHARI: Sure. Colleen can you ask another question Please.

Operator: Sure. The next one is, is the fee allowable over the indirect costs?

UNIDENTIFIED PARTICIPANT: To go over the indirect costs, sorry, Colleen can you repeat the question.

Operator: Is a fee allowable over the indirect cost?

UNIDENTIFIED PARTICIPANT: Yes, fees or program income can be charged to providers that is – that's different from the indirect costs. The Federal government will not paying – the total amount in your budget should be comprised of the core, the direct and the indirect that's it, no other.

UNIDENTIFIED PARTICIPANT: OK. Thank you.

UNIDENTIFIED PARTICIPANT: I have a good question here.

UNIDENTIFIED PARTICIPANT: Sure.

UNIDENTIFIED PARTICIPANT: First and last, I'm in a large stake with three direct applicants, can the regional extension centers collaborate on intensive services outside technical assistance, such as group purchasing, does it encourage? Absolutely it's encouraging. In fact, we would like extension centers in different states to also be collaborating and we are going to be – that's part of the purpose of holding the regional meetings and the collaborative software.

Another question is that our experience in technology adoption with small practices suggests that EHR hosting would be a very welcome service. Our extension centers allow to offer EHR hosting as a form of program income as long as provider choice among EHRs is maintained. Absolutely, that's one of the services that extension centers could offer that could generate program income for them.

Other questions, Colleen?

NYHUS: I have one. It is, what is the stipulation on using vendors for education and training? Is it necessary to enter into a bid process to choose such vendors?

UNIDENTIFIED PARTICIPANT: The education and training doesn't, you know, unless it's one of the core kind of part of the scope of work for the extension center. So I would expect that it needs to be well integrated with the outreach activities of the extension center. I suppose it could be contracted out although that would need to be pretty tight coordination with the rest of the services. But it would – it would then fall under the same as – same requirement. There is – there's a

question that asked. Did the matching fund has to be committed already upfront? Or does the business model that shows how we will charge providers the price (ph)?

MOSTASHARI: The matching should be done on case reserve federal spending?

KENDALL: As our grand person, so as they – as the budget reconciliation occurs, there'll also be an examination of whether in each reconciliation period.

MOSTASHARI: Every 269 that you submit we're going to be making survey (INAUDIBLE) federal spending and expenditure.

KENDALL: So you don't have to have the matching dollars in your pocket on day one but as you...

MOSTASHARI: But you should have them prepared and know how you're going to get them.

KENDALL: Right. It's got to be real. It's not...

MOSTASHARI: It should be in your budget justification on how you plan on making the match funds.

UNIDENTIFIED PARTICIPANT: Thank you. Another question we have was, should the governing board have subsequent substantial primary care physician representation?

KENDALL: I think you know for proper facilitation – where we've asked folks to tell us what their governing – government structure is and we've asked that it reflects multi-stake holder, representation including some providers and providers are going to be the target. So that will be some other things we look at in our evaluation. All right, I think maybe we have one more question, make it a good one Colleen and make it good one.

NYHUS: Oh, thanks. (INAUDIBLE) OK here is one. Can subcontractors be paid based on a fix LLE rate that may include G&A costs, as is their normal business practice without having an indirect rate letter issued by a federal agency, therefore is the limitation of requesting reimbursement of indirect costs only for those entities requesting reimbursement on a costs reimbursable basis.

KENDALL: That was not a good one. We are going to end it there.

Female: All right. All right.

KENDALL: Thank you. Thanks everybody. We are really looking forward to seeing these applications and really looking forward to working with you years to come. Thank you so much and Colleen thank you very much for hosting this, (INAUDIBLE) folks.

NYHUS: Yes. This concludes our Q&A session period and I would like to thank you Farzad and Mat for this webinar. If your question was not answered during this session, the contact information is on the ONC Web site at www.hhs.gov/healthit. This is Colleen saying thank you on behalf of the

Office of the National Coordinator for Health IT Farzad Mostashari and Mat Kendall for joining us for this live presentation ONC Regional Extension Center Technical Assistance. We appreciate the opportunity to assist you in your education. This ends today's program. You may now disconnect.

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