

Frequently Asked Questions

Provider Interoperability & Provider Productivity

Introduction

Thank you for your questions regarding the Provider Interoperability and Provider Productivity Request for Applications (RFA). Please read below for responses to Frequently Asked Questions.

Unless otherwise indicated, the questions and answers apply to both the Provider Interoperability and Provider Productivity sub-initiatives.

Eligibility

1. *Does the definition of rural extend beyond FORHP-designated rural localities, such as Rural-Urban Commuting Area Codes?*

No. Please refer to Section 1.4: “Eligibility” of the RFAs for the geographic minimum eligibility requirements. Please refer to Appendix A for the list of Virginia FORHP-designated rural localities. VHCF will communicate any updates to this eligibility criteria to potential applicants.

2. *Are applicants that serve FORHP-designated rural localities and non-FORHP-designated rural localities eligible for this funding opportunity?*

Yes. See Section 1.4, “Eligibility” of the RFAs for the minimum eligibility requirements.

3. *How should applicants report unique patients served and total patient visits by FORHP-designated locality?*

For the Section A organizational overview table, applicants should query their EHR or practice management software for unique patients and total visits, both overall and disaggregated by FORHP-designated rural locality, using data from the organization’s most recently completed fiscal year. If an applicant cannot disaggregate visits or patients by locality, it should still report overall unique patients and total visits and separately list the FORHP-designated rural localities in which it served at least one patient during that fiscal year. Refer to Appendix A for the list of FORHP-designated rural localities.

4. *Must applicants be registered business entities in Virginia to be eligible for this funding opportunity?*

No. See Section 1.4: “Eligibility” of the RFAs for the minimum eligibility criteria.

5. *Are universities eligible to apply if they have a health system partner that serves rural Virginia communities?*

Yes, educational institutions are an eligible applicant type under Section 1.4: “Eligibility” of the RFAs. If the success of a proposed project depends on the participation of another

organization, the application must document the partner's committed support as described in Section 2.3: "Required Coordination & Partnerships" of the RFAs.

6. Are dental providers eligible to apply for funding under these RFAs?

Yes, provided the applicant meets the eligibility criteria and the proposed project aligns with eligible uses of funds.

7. Must lower-tier subrecipients and vendors that an applicant plans to engage under its proposed project be registered in SAM.gov?

No. Only the applicant must be registered in SAM.gov. However, funded applications are responsible for verifying the suspension and debarment status of all subcontractors and subrecipients even if they are not registered in SAM.gov.

8. An applicant is not located in, and does not currently serve patients in, a FORHP-designated rural locality, but plans to expand into one during the grant period. Does planned expansion satisfy the geographic eligibility requirement?

Yes.

Partnerships

9. Can an organization be named as a partner (e.g. vendor, subcontractor, community supporter) on multiple applications?

Yes. If the success of a proposed project depends on the participation of another organization, the application must document the partner's committed support as described in Section 2.3: "Required Coordination & Partnerships" of the RFAs.

10. How do technology vendors engage in this sub-initiative?

Technology vendors may either apply as a convening entity on behalf of multiple rural health care providers or may be a named partner on another applicant's proposal. In both cases, applicants must show that the proposed project is implementation ready.

11. Can organizations that provide services to rural health care practices apply on behalf of those practices without requiring each practice to submit its own application or provide separate authorization?

An organization may apply on behalf of rural health care practices, so long as the applicant demonstrates a formal relationship with each participating organization. Specifically, the applicant must submit a letter of support or memorandum of understanding, signed by the participating organization's authorized representative, confirming each organization's agreement to participate. See Section 2.3: "Required Coordination and Partnerships" of the RFAs.

Milestones, Metrics, and Reporting

12. What is the reporting schedule for awardees?

The reporting schedule is available under Section 3.3: “Reporting Requirements” of the RFAs.

Application Requirements and Instructions

13. Given the application cannot be saved in Survey Monkey, should applicants cut and paste their applications into the application submission form?

Applicants may complete the application fields directly in Survey Monkey in one session or answer the questions in a separate document and copy the responses into the application fields when ready.

14. May an organization request funding for more than one project? If so, how?

Yes. An organization may submit one application per project. To request funding for multiple, distinct projects, submit a separate application for each.

15. May an applicant submit its most recent internal financial statements, tax return, and schedule of federal awards in lieu of its most recent audited financials or a Federal Single Audit?

Yes. Applicants without audited financial statements or a Federal Single Audit may instead submit: (1) the organization's most recent annual financial statements, including a balance sheet, income statement, and statement of cash flows, and (2) the organization's current budget. VHCF may request additional due diligence documentation during the application process or prior to making awards.

16. Does the Federal Single Audit requirement apply only if an applicant's federal expenditures equal or exceed \$1 million in the current fiscal year, or does it apply to prior fiscal years?

Applicants should submit their most recent audited financial statements (or most recent Federal Single Audit, if applicable). See Part IV, “Application Requirements and Instructions” of the RFAs.

Applicants without audited financial statements or a Federal Single Audit may instead submit: (1) the organization's most recent annual financial statements, including a balance sheet, income statement, and statement of cash flows, and (2) the organization's current budget. VHCF may request additional due diligence documentation during the application process or prior to making awards.

17. Are applicants required to disclose adverse action disclosures?

Yes. Please see Section 6.19, “Adverse Action Disclosures” of the RFAs for these requirements.

18. Is there a specific definition of “the organization’s most recent completed fiscal year?”

No. Applicants should use their own organization's most recently completed fiscal year, whether calendar-year or otherwise, as of the time of application. This does not need to align with the federal fiscal year used elsewhere in the RFAs and program materials.

19. Do font and spacing requirements apply to charts and tables, including those included in the Project Narrative questions?

Yes. Applicants must use an 11-point Arial typeface for all tables and charts, consistent with the project narrative's font requirement, with one exception: tables and charts may be single-spaced rather than double-spaced.

20. Do applicants need to prepare and submit a separate budget and budget narrative?

The applicant's own budget narrative is completed within the budget template. No separate narrative document is required for the applicant's proposed costs.

However, applicants must supply supporting budget detail for each proposed subaward and contractual arrangement. Applicants may supply this information in Column C, “Description of Role/Service” or attach it using the “Other Attachments” field on the online application submission form.

21. Are applicants required to submit a letter of support from their organization’s CEO or other executive leaders?

A letter of support from the organization’s CEO or other executive leader is not required. However, applicants are encouraged to include one if it strengthens the case for project readiness and stakeholder support.

22. If an association or convening entity applies on behalf of multiple participating organizations, must all participating organizations be registered in SAM.gov, or does the requirement apply only to the applicant?

No. Only the applicant must be registered in SAM.gov. However, funded applications are responsible for verifying the suspension and debarment status of all subcontractors and subrecipients even if they are not registered in SAM.gov.

23. Where an applicant's budget includes subaward or contract costs, may the applicant show only a top-line amount in its budget template, or must separate budget detail be submitted for each partner?

Applicants must supply supporting budget detail for each proposed subaward and contractual arrangement. Applicants may supply this information in Column C, “Description of Role/Service” of the budget template or attach it using the “Other Attachments” field on the online application submission form.

24. How should a non-clinical applicant complete the Section A patient and visit tables?

Applicants that do not deliver clinical services and therefore do not maintain patient or visit counts should report the closest equivalent measures they hold — for example, unique program participants, unique households, or units of service delivered — disaggregated by FORHP-designated rural locality where possible. Applicants should note in the table's Notes column what each figure represents and why the standard measure is unavailable.

25. How should an applicant complete the payer mix table where it has no payer relationships?

Applicants with no payer relationships should mark the payer mix table "Not applicable" and add a one-line explanation in the Notes column.

26. Where an applicant's project benefits patients served by its clinical partners rather than by the applicant directly, whose patients should the Section B estimate reflect?

The estimate should reflect the patients who will benefit from the proposed project, including patients served by partner organizations where the project's benefit reaches them through those partners.

Budget & Allowable Use of Funds

27. For proposed projects with recurring licensing or subscription costs beyond the award period, may applicants sign multi-year vendor agreements and charge only Year 1 costs to this award, funding subsequent years through their own sustainability plan?

Yes, so long as the applicant's project narrative identifies the future funding sources to cover these costs. See Section 4.2(G): "Sustainability" of the RFAs.

28. Can award funding be used to support continuing education costs for personnel?

Yes, but only to the extent the training is directly tied to implementing or operating the funded project. General continuing education, CME/CEU credits, licensure renewal, or professional development unrelated to the funded project is not an allowable use. See Section 6.5: "Prohibited Uses of Funds" of the RFAs.

29. Is there an anticipated number of awards or award size?

No. Individual award amounts will reflect the scope and scale of each applicant's proposed project.

30. Pre-award costs are unallowable under these RFAs. Is there formal guidance on what is considered a pre-award cost?

Please refer to [CFR § 200.458 Pre-award costs](#) for the federal definition of pre-award costs.

31. May an applicant or its subrecipients compensate participating practices with a flat, fixed amount for completing a defined activity, or must each practice document and submit actual costs for reimbursement?

Payments to practices participating in a funded project must comply with the cost principles at 2 CFR Part 200, Subpart E, which flow down to all tiers. Under a cost-reimbursement structure, participating practices must document and submit actual costs incurred.

32. May award funds be obligated during the performance period but expended after it ends — for example, where a required vendor service agreement extends past September 30, 2027?

No, all award funds must be spent by September 30, 2027.

Review Criteria and Scoring

33. If multiple organizations submit overlapping proposals, would VHCF consider a joint award?

VHCF may, at its discretion, consider a joint or coordinated award with applicants who submit overlapping proposals, where doing so would reduce duplication and strengthen the project. Applicants are strongly encouraged to coordinate with potential stakeholders ahead of applying.

Award Terms & Future Funding Opportunities

34. What terms will be included in an awardee's letter of agreement?

Please refer to Part VI: "Award Terms, Reporting, and Compliance Requirements" for the award conditions. VHCF may add or modify terms prior to execution of a letter of agreement to ensure alignment with all applicable federal and state rules and regulations.

35. In what cases with advance payments be approved?

VHCF will award funds to subrecipients on a cost-reimbursement basis. Where necessary to meet the terms of a subaward agreement or to address reasonable cash flow needs, subrecipients may request advance funding or other payment mechanisms approved by VHCF and DMAS. Such approvals will be considered on a case-by-case basis.

36. If an applicant receives an award under this RFA, does that affect its eligibility to apply for or receive future or other RHTP funding opportunities?

No. Receiving an award under this RFA does not affect an applicant's eligibility for future or other RHTP funding opportunities.

37. How much time will awardees have to review and sign Letters of Agreement?

VHCF is committed to working closely with awardees to sign Letters of Agreement expeditiously upon Notice of Award.

38. Are recurring costs beyond the performance period allowable?

No. All funds must be spent by the end of the performance period. Future funding opportunities will be contingent upon continued federal appropriations and the Commonwealth's participation in the Rural Health Transformation Program.

Additional Resources

39. Where can potential applicants find information about the other sub-initiatives?

Please refer to [Virginia Rural Health Transformation](#) for information and updates on Virginia's Rural Health Transformation Program and its sub-initiatives.

40. Is there guidance available to help potential applicants determine whether their proposed project more closely aligns with the Provider Interoperability or the Provider Productivity sub-initiative.

Yes. Please refer to [Virginia's Rural Health Transformation Program application](#) and the Provider Interoperability Pre-Application Webinar presentation (slide 16) available at www.vhcf.org/rural-health.

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