NEBRASKA
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Rural Health Transformation Program (RHTP)
Remote Patient Monitoring Implementation Initiative
Frequently Asked Questions (FAQ)

1. **If part of a health care group, should we apply individually or as a group?**
    a. You can combine multiple locations into one application. Limits per organization are still in effect. If you combine multiple sites into one application, we need to see in the application the details for each site. It is encouraged to show collaboration and integration among healthcare providers in your application.

2. **Can you explain the no staffing costs, is the intent only on technology.?**
    a. We are not able to include provider payments for this RFA due to its size as these would need to be included in our budget reporting to CMS and would count toward our maximum allowed amount. This is not the intent of this project. However, after taking feedback, we have decided to allow non-clinical staffing costs associated with implementation and integration as well as training and patient engagement. Of note, we cannot allow duplicate payments from multiple grants.

3. **Are you expecting subsequent years to include a staffing component?**
    a. We appreciate the feedback we have received around staffing costs to implement this program and have made an amendment to allow for this cost to be included in this program but are not able to allow provider payments due to guardrails in place by CMS.

4. **Why is Heart Failure not included?**
    a. These funds cannot be used for existing services. Heart failure and hypertensive disorders of pregnancy are currently reimbursable conditions for remote patient monitoring under Nebraska Medicaid. These funds cannot be used for items that are already covered by a patient's Medicare, Medicaid, or other insurance coverage.

5. **Are we to address sustainability in the application?**
    a. We want to see sustainability addressed in the applications. We don't want to see programs for only 5 years and then stop. Please show ROI as that will assist in developing systems that are sustainable and should be covered moving forward as we can show benefit and increases in care.

6. **If there are RPM programs that don't exist currently, do you anticipate we can bill for those later, can we pilot?**
    a. It is likely there will be new Remote patient monitoring devices that become available in the future. If a new device that is FDA approved or cleared comes out in the future that you believe

would be helpful to your program, you are encouraged to include that as part of your application in the coming years ahead. Our primary hope is a connection between providers and patients.

7. **It typically takes at least 8 months to a year to fully integrate. So early 2027 is really when things will be operationalized. As far as reporting outcomes, we may only have 6 months' worth of data, 14 months from now, will that be acceptable?**
    a. We understand it will take time to implement this program and there may only be a small amount of data available in some cases. We plan to use the data and learnings we are able to gain through this first year to help shape future years.

8. **Does the 7.5% included in the administrative cost include management and administrative overhead? Or is that separate? How do you want that justified in the application? Grant management, Time and effort, etc. Is it included in the award amount or above the award amount?**
    a. General grant management including time and effort, financial reporting, invoice processing, and organizational overhead including setting up of relationships are all included in administrative costs.

9. **Is it considered an allowable cost to pay contractors if they are charging for personnel time to implement and integrate their programs?**
    a. After receiving feedback from potential applicants, we have decided it is considered an allowable cost to pay contractors if they are charging for personnel time to implement and integrate their programs. These costs will need to be reported monthly on the required budget reporting and cannot be duplicated through any other funding.

10. **Can hub and spoke entities/multiple facilities that are aligned, apply together?**
    a. If multiple organizations want to combine, they will still be subject to the per eligible facility limits. If the alignment or alliance wants to use the same vendor, that is okay. Applications showing a strong collaboration between hospitals and clinics will strengthen their chances of receiving a high score on their application.

11. **Provide the difference between 4.4a and 4.4b.**
    a. 4.4b is about implementing and deploying Remote patient monitoring devices, 4.4a is focused on education.

12. **When talking about monitoring, and collecting that information, is the expectation to be connected to the EHR? Email or over the phone?**
    a. We expect organizations to be able to integrate information obtained through RPM devices into their EHR. A phone will not be needed to collect that data. Redcap will be the method we use to collect required reporting data from applicants.

13. **Any help in understanding that if no personnel costs can go into the award, how are we to manage that?**
    a. After receiving feedback from applicants, we have determined it is best to allow personnel costs involved in implementation, interfacing, training, and patient engagement to be included in this funding, but are not able to allow any type of provider payments as part of this opportunity.

14. **Do we have to participate in YR1 in order to participate in subsequent years.**
    a. Participation in YR1 is not required to participate in subsequent year awards.

15. **How is the best way to structure an application with a coalition or group of hospitals and would there need to be a lead submitter?**
    a. If multiple organizations are applying together, they can submit one application with information detailing the activities of each hospital or clinic, or they could each submit their own application separately detailing their plans to connect to other healthcare entities. Showing strong collaboration will help to strengthen an application.

16. **If we have more specific questions, can we just email?**
    a. Yes, please feel free to email DHHS.RHTP@nebraska.gov if you have any questions about this opportunity. We will be monitoring our email inbox for additional questions and will provide answers to them as soon as possible.

17. **For the RPM monitors, can they be prescribed or do they need to be provided from the facility**?
    a. To be reimbursable as part of this program, these devices need to be prescribed by a medical provider with prescribing authority either directly or through a standing order to ensure sustainability after the RHTP program ends.

18. **Can a CAH apply for both 4.4a and 4.4b?**
    a. Yes, they have different deadlines, but an applicant can apply for both grants. However, an applicant must ensure they do not use the funds from each grant for the exact same activity. It is prohibited to collect funds from more than one grant for the same activity.

19. **Can we get clarification on the work-plan content? The RFA states it must include data tracking and reporting, but not patient engagement or project outcomes as those are unallowable costs.**
    a. Reporting would be considered part of the administrative cost, and due to feedback we are allowing non-clinical patient engagement to be reimbursable. However, provider payments are not allowed with this initiative.

20. **Can you provide clarification on staffing concerns?**
    a. We appreciate this question and have decided to allow staffing costs for implementation, non-clinical patient engagement and training delivery. CMS placed a cap of 15% on Provider payments in their Notice of funding opportunity. Because provider payments are being used in other initiatives, we are not able to allow provider payments for this initiative.

21. **To provide clarity, if a patient has CHF or hypertension and their Medicare is covering those conditions and treatment, they cannot use RPM 4.4b?**
    a. They cannot use RPM 4.4b for these conditions as specified in this RFA. This is to prevent supplanting a service covered by Medicare, Medicaid or third-party insurance.

22. **4.4a has covered services, like allowing services already covered under Medicare or Medicaid and 4.4b does not, there appears to be a contradiction on what is allowed versus what is not, can you provide clarification?**

a. CMS does not allow us to use these funds to supplant funds for services or products already covered by Medicare, Medicaid, or third-party insurance. 4.4a is much more focused on education and services not currently covered. We chose to exclude conditions that we know are covered by Medicaid to prevent supplanting those funds.

23. **We currently have no hospital to home remote patient monitoring in place but due to our rural area, our in-patient hospitals numbers vary tremendously. How would you suggest writing it with the number of patients enrolled will vary a lot?**
    a. We cannot tell you how to write your application but suggest that variation is included in your narrative. If it varies that much, you might not want to consider how you will use the funds to pay for implementation costs and how you might connect with other healthcare facilities.

24. **How often will you be continuing these Q&A sessions?**
    a. The current plan will be providing them on Tuesday and Thursdays through April 24, 2026

25. **Can vendors provide RPM monitoring services, care management, or patient engagement if those services are funded outside of RHTP (e.g., hospital operating funds or reimbursement)?**
    a. No, this is prohibited through RHTP funding

26. **Are hospitals permitted to contract with third-party vendors to operate RPM programs (e.g., monitoring, escalation, patient outreach), even if those costs are not covered by RHTP funds?**
    a. Yes

27. **Does DHHS expect hospitals to internally staff and operate RPM programs, or is the use of external operational partners encouraged?**
    a. Each applicant will be free to decide how they want to operate their RPM program whether that involves internal staff or external operational partners. DHHS is encouraging collaboration and connection between applicants and surrounding healthcare providers.

28. **How should applicants structure RPM programs that may later transition to reimbursement through Medicare/Medicaid?**
    a. Applicants should design their RPM programs to be successful and produce cost savings showcased through outcomes. They should also consider documentation and what might be required when successful programs may be transitioned over to Medicare/Medicaid coverage in the future.

29. **Are hybrid models (grant-funded startup → reimbursed ongoing operations) acceptable?**
    a. This should be expected as these grant funds can be used for startup costs and services not currently covered, but once a service is covered by Medicare or Medicaid, it would no longer be eligible under this program.

30. **Can a single vendor support multiple hospital applicants or a consortium under one application?**
    a. Yes

31. **Are low-bandwidth or phone-based RPM models acceptable for rural populations with limited broadband access?**
    a. Yes, and these are encouraged to be used in areas with low-bandwidth internet.

32. **What level of detail is expected in sustainability plans, particularly regarding transition to reimbursable RPM services?**
    a. We expect the applicant to describe how they plan to show healthcare cost savings through this implementation and to describe how they plan to transition from a grant model to a revenue model after the grant period ends.

33. **Are vendors located outside of Nebraska allowed to participate?**
    a. Vendors located outside of Nebraska are not allowed to apply for this opportunity but are encouraged to partner with applicants to educate them on how their services or products can be used to help connect rural patients to their providers.

34. **What has changed with the amendment?**
    a. After comments received about staffing, implementation, integration, non-clinical patient engagement and training. Those are now allowable under the initiative. Please see questions 3, 9, 13 and 20 for further clarification. We have also opened this RFA up to Federally Qualified Health Centers.

Questions regarding the program and applications should be sent to:

DHHS.RHTP@nebraska.gov

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