1. What is the difference between this call and the 2015-2 eHealth call?

The main differences between this year’s call and the 2015-2 eHealth call are as follows:

- For ePrescription and Patient Summary, priority will be given to those applicants which did not receive funding under 2015-2. (The scope of the objectives for this area is the same).
- European Reference Networks (ERN) were not funded under the 2015-2 call.

All applicants – and especially for those applicants who previously applied for the 2015-2 call – should thoroughly read the call text, as the overall structure and format of the call text itself has been modified and updated since the 2015-2 call.

2. Can you please confirm that beneficiaries can only be eHealth national contact points or other organisations which will appoint the national contact point?

For ePrescription and Patient Summary proposals, and as indicated in section 6.1 of the call text, proposals must be submitted by a legal entity from Member State or EEA country, supported by the national authority responsible for eHealth, participating in the CEF Telecom programme. This could include the national contact point for eHealth (NCPeH) or the authority which is setting up the national contact point. This was confirmed by a decision of the eHealth Network, which noted that the NCPeH is a generic service under the CEF. Please see the document "5.1.1 Organisational Framework of NCPeH" which is available on the eHealth Network and provides more information: [http://wcmcom-ec-europa-eu-wip.wcm3vue.cec.eu.int:8080/health/ehealth/policy/network/guidance_ehealthgenericservices_en.htm](http://wcmcom-ec-europa-eu-wip.wcm3vue.cec.eu.int:8080/health/ehealth/policy/network/guidance_ehealthgenericservices_en.htm)

For European Reference Network proposals, only proposals submitted by the coordinator of one of the ERNs designated under Directive 2011/24/EU will be supported under this call. An ERN member may participate as a consortium member in any proposal submitted by its coordinator. See section 6.1 of the call text for more information.

3. Which eHealth Core Services will be maintained and provided by the European Commission? How and when will these services be provided?

Please see section 3.10.2.2 (page 46) of the 2017 CEF Telecom Work Programme which provides more information about the core services and what will be funded in this area. Please note that the 2017-2 eHealth call only concerns Generic Services.
4. **Is a regional government authority eligible as an applicant if there is currently no functional NCP for eHealth in our Member State? Is being an established NCPeH a prerequisite to apply to this call?**

Being an established NCPeH is not a prerequisite to apply for this call. A regional or national authority which will be setting up an NCPeH could apply. Please note that in cases where there might be more than one NCPeH in a Member State, only one would act as a national gateway vis-à-vis other Member States. See section 6.1 of the call text for more information on consortium composition.

5. **The Work Programme notes that a maximum of €1 million will be granted per Member State for both ePrescription and Patient Summary service. What if our proposal only includes one of the services? Will we get the full €1 million for this?**

Section 4 of the call text notes that for ePrescription & Patient Summary proposals, a maximum €1 million per Member State will be funded for both of these services combined, taking into account possible cumulative funding.

However, the call does not stipulate the maximum amount of the funding which can be requested for only ePrescription or Patient Summary proposals. Please keep in mind that the requested funding must be proportionate to the scope of activities addressed by the proposal.

6. **The indicative duration for ePrescription/Patient Summary proposals is 48 months. If the starting date of our proposed Action is June 2017, could the end date be in May 2020?**

If the start date for your ePrescription and or Patient Summary proposal is 1 June 2017, the end date could indeed be 31 May 2020.

Please note that for European Reference Network proposals, the indicative duration is 12 months.

7. **Will the planned eHealth National Contact Point (NCP) be expected to work like the NCPs for the different parts of the Horizon 2020 programme? Given that the task of an NCP requires quite different expertise and qualifications than ePrescription and Patient summary services, will it be possible to apply for just the National Contact Point for eHealth (NCPeH) part of the call (activity 1)? If so, does one application have to cover different Member States, i.e. offer and implement NCPeH services in them?**

Each Member State needs to organise/set up one NCPeH to act as a communication gateway with other Member States, as well as a mediator for delivering services. The objective of the NCPeH is to enable the exchange of data from ePrescription and Patient Summaries between Member States.

As such, an NCPeH should be identifiable in both the EU domain and its national domain, and remain an active part of the EU Cross-Border eHealth Information Services (CBeHIS) environment if compliant with the legal, organisational, semantic and technical requirements. The NCPeH should also act as an interface with existing national infrastructures. The provision of generic services in the Member State under the eHealth DSI means the preparation, setting-up, deployment and operations of the NCPeH for CBeHIS.

In November 2015, the eHealth Network adopted the Guideline on an Organisational Framework for eHealth National Contact Point, where more specific information can be found:

As indicated in section 2.1 of the call text, there are two activities which are supported under this call. Given the specific eligibility requirements for each of the activities, applications are expected to address only one of the activities. Thus, you may apply for just the NCPeH part (activity 1) of the call.
For activity 1, applications from a single Member State are primarily expected. However, applications covering more than one Member State would not be excluded. This is in line with the promotion of cross-border information exchange under this call, as the connection of a national NCPeH to the core platform (CBeHIS) implies cross-border information exchange in its realisation.

8. **Would the work for harmonising and extracting data among ERN members' databases, to feed in the CPMS, be eligible under the call? (For example, paying data managers.)**

These types of activities could possibly be covered under the call. ERN members would need to first discuss with the ERN coordinator to check if their ERN is ready to carry out these activities, depending on the overall progress of the work as a whole.

9. **As an ERN Coordinator, do we need to provide the 25% co-funding not covered by the grant (assuming we would receive the maximum of 75% co-funding) or can it be provided by the various members of the consortium?**

It is up to you and your consortium to decide on the final contribution towards the 25% of costs not covered by the CEF grant, as well as the ultimate distribution of the 75% of CEF funds among the applicants in your consortium. Your consortium may wish to draw up a written agreement that will be used to regulate relations between beneficiaries in the consortium during the implementation of the project, if the application is selected for funding. This agreement should include all internal aspects related to the management of the beneficiaries and the financial and technical implementation of the proposed Action. Although not required at proposal submission, having this type of agreement in place may help to demonstrate a proposal's maturity during the evaluation. In addition, it will help the coordinator to prevent potential problems which could arise during the project implementation.

There is also no obligation for the consortium coordinator to receive any amount of the CEF grant for itself, even if the coordinator must establish the payment requests and ensure that all of the appropriate payments are made to the other members in the consortium as indicated in Article II. 1.3 of the model grant agreement. Please note however that applicants which do not request any funding still must submit all of the necessary documents/approvals with the application. See Q11.6 of the General FAQ for more information.

10. **Can the co-funding be a contribution via staff time, i.e. are activities covered by the Work Programme carried out by a person employed by a consortium member considered to be an eligible cost?**

Staff/personnel costs are considered as eligible costs, see section 11 of the General FAQ for more information. Note that these costs should be entered as "personnel costs" in the TENtec eSubmission module, see pages 21-22 of the Guide for Applicants for more information. Please make sure in any case that you as a beneficiary ensure the coverage of your funding part.

11. **Our Member State has several regions which have competences in the eHealth domain and cooperate with a federal level Ministry to deploy the NCPeH. Should one common proposal be submitted or should several proposals of nearly the same scope be submitted by each region? (This would respect that the maximum €1 million per Member State will be funded for both ePrescription & Patient Summary combined, taking into account possible cumulative funding.)**

According to section 6 of the call text, ePrescription and Patient Summary proposals must be submitted by a legal entity from a Member State or EEA country, supported by the national authority responsible for eHealth, participating in the CEF Telecom programme.

It is up to the applicant(s) to decide which form of consortium composition - single applicant or multi-applicant – would be the most suitable to properly address the scope and objectives of the call, taking into account the relevant European and national legislation in the eHealth domain.
Depending on the legal status of the applicant submitting the application, it may also designate affiliated entities or implementing bodies to support the implementation of the proposed Action. Please see section 5 of the General FAQ for more information about implementing bodies/affiliated entities.

Having a closer look at the award criteria and sub-criteria (Relevance, Quality and efficiency of the implementation, Impact and sustainability) which need to be addressed in the proposal could help with taking the right decision in terms of the approach, i.e. the applicant(s) need to ask themselves:

- Which option would be more relevant to ensure alignment with the objectives and activities required for the deployment of the Digital Service Infrastructure described in Chapter 3 of the Work Programme and priorities set in section 2 of the call text?
- Which option would ensure more quality and efficiency of the implementation?
- Which option would create more impact and EU added value and would be more sustainable?

Moreover, please bear in mind that CEF Telecom funding is a competitive process based on defined award criteria in the Work Programme and call text. All evaluated proposals will be ranked, according to the scores obtained for each of the award criteria as indicated above. Only proposals with a score on or above the threshold (individual and overall) may be recommended for funding. If necessary, a priority order for proposals which have obtained the same score within a ranked list will be determined. For more information, please see section 8 of the call text.

12. Our private company would like to assist an ERN by providing consultancy (staff/personnel costs) to it. Would these services be covered under the calls?

First, please keep in mind the eligibility requirements for this call, as indicated in section 6.1 of the call text: "Only proposals submitted by the coordinator of one of the ERNs designated under Directive 2011/24/EU will be supported under this call. An ERN member may participate as a consortium member in any proposal submitted by its coordinator." If your company is indeed an ERN member, then you may participate in a proposal organised by your ERN coordinator as a consortium member. See section 11 of the General FAQ and Article II.19.2 for more information and examples of eligible costs.

Note that it would be up to the ERN member as the applicant to decide whether it has a need to subcontract certain tasks to third parties and for what reason. The rationale for subcontracting tasks, as well as other information relating to any selected subcontractor, cost basis, activities to be performed would need to be included in application form part D. See section 13 of the General FAQ for more information about subcontracting.

13. Could preparatory activities regarding ePrescription and Patient Summary (analyses, setup documents, process descriptions, plans) - leading to eventual deployment beyond the scope and timeframe of the Action – be funded?

According to section 2.1 of the call text, the activities eligible to be funded for ePrescription and Patient Summary proposals are 1) those supporting the deployment of generic services by Member States, enabling the connection of their eHealth National Contact Point (NCpeH) to the EU Cross-Border eHealth Information Services (CBeHIS) and 2) those specifically enabling Member States which are not currently funded under CEF to implement, test and operate the NCpeH, to ultimately allow them to exchange ePrescriptions and Patient Summaries. Therefore, proposals must demonstrate that they will primarily carry out activities for setting up the services, testing them, and connecting their National Contact Points for eHealth to the EU CBeHIS within the time frame of the action. Any other activities outside this scope will be considered ineligible.
14. **Section 6.1 of the call text indicates that** "Only proposals submitted by the coordinator of one of the ERNs designated under Directive 2011/24/EU will be supported under this call." **What is meant by the "coordinator of one of the ERNs"?**


"Networks shall be composed of healthcare providers identified as Members of the Network. For each network, one Member will act as Coordinator."

15. **We are an ERN coordinator applying for this call. In our application, who should be listed as a participant in our proposed Action: just ourselves (as the ERN coordinator), ALL of the members of our ERN, or only those of our members who will be actively involved in this proposed Action?**

As noted in section 6.1 of the call text and in Q2 above, only proposals submitted by the coordinator of one of the ERNs designated under Directive 2011/24/EU will be supported under this call. Therefore, as the ERN coordinator (and coordinating entity of your network), you must be included as an applicant in your proposed Action for the proposal itself to be eligible. The other members from your ERN which should be listed as applicants should only be those which are incurring costs for the purposes of the proposed Action. Depending on your proposed Action’s activities and aim, this could be all of your members or only a selected few.

16. **Can the activities of existing staff of an ERN already receiving funding from other EU funding schemes (e.g. Horizon 2020 Joint Programme on rare disease research, SANTE Health programme ERN actions) be considered as eligible costs in our proposed Action?**

As indicated in Q10 above, staff/personnel costs may be considered as eligible costs - see section 11 of the General FAQ for more information.

However, please keep in mind what is noted in section 10.1.1 of the call text:

Pursuant to Article 129 of the Financial Regulation, an action may only receive one grant from the EU budget. Under no circumstances will the same costs be financed twice by the EU budget. To ensure this, applicants must indicate in the application [Part A3.2] the sources and amounts of EU funding received or applied for the same action or part of the action, as well as any other funding received or applied for the same action.

17. **We foresee to have fully operational national eHIS in 2019, based on the health information standards EHRCom (EN/ISO 13606), HISA (EN/ISO 12967) and ContSys (EN/ISO 13940), also including Patient Identification (ID), Patient Consent (PC), Patient Summary (PS), ePrescription (eP) and eDispensing (eD)). In this case, could our application foresee the preparation for connection to the CBeHIS to go live in 2019?**

Yes. Please note however that the maturity of the proposed solution is one of the sub-criteria that will be used to assess your proposal during the evaluation phase (see section 8 of the call text – award criteria).