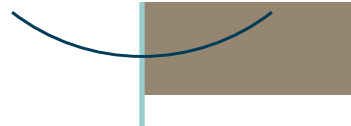




# CHC Digest



## News & Notices

*(Updates courtesy of CHC Services Team)*

### Quarterly Dental Advisory Panel (DAP) Meeting for Indiana Medicaid

IPHCA attended the DAP meeting in December which was held at the Indiana State Department of Health. This group meets quarterly and is represented from providers across the state. Several topics were discussed which included point of sale claim adjudication, spend down, limiting practice, non-compliant patients and an update on bite-wing radiographs.

Additional topics covered were denials for dental claims and dental services subject to the \$1,000 dental cap.

#### **Top denials:**

*5001- Exact duplicate*

Resolution- work weekly remittance advises to assure that claim payment is posted to the accounts to avoid rebilling of paid claims.

*2504- Recipient covered by private insurance*

Resolution- providers can either as an attachment to a paper claim or by using the paper attachment process through Web Interchange.

*0513-Recipient name and number disagree*

Resolution- Check eligibility and verify the spelling of the first and last name as well as the member number associated with the member and correct claim online via Web Interchange or rebill the claim through your office claim software.

#### **Dental Cap- \$1,000**

The Office of Medicaid Policy and Planning is implementing policy changes to avoid an anticipated budgetary shortfall and to remain within the available Medicaid appropriation. Effective January 1<sup>st</sup>, 2011, all dental services (except emergency services) will be counted toward the annual cap of \$1,000. This change affects all adults age 21 or above in traditional Medicaid, Hoosier Healthwise and CareSelect.

Please [click here](#) for additional information and contact Mark Vonderheit at [mvonderheit@indianapca.org](mailto:mvonderheit@indianapca.org) with any questions.

#### **Indiana Joint National Public Health Week Conference: Abstract Submission**

The Planning Committee of the 2011 Indiana Joint National Public Health Week Conference invites students and professionals to submit abstracts for both podium and poster presentations. The planning committee will select a limited number of both types of presentations.

What you will find in this edition of the CHC Digest:

*News & Notices.....1*  
*Especially for FQHC's...2*  
*CHC Program Updates...3*  
*Upcoming IPHCA*  
*Events.....8*

## News & Notices (Continued)

The conference allows public health professionals, students, and advocates to network and share ideas. This year's national theme, *Safety is No Accident: Live Injury Free*, calls for us to think about how we can keep the US healthy and safe.

Abstracts must be received by January 12, 2011 for consideration. For details regarding the abstract submission, please visit the Indiana Public Health Training Center website here:

<http://www.publichealthconnect.org/EventseventId=236818&EventViewMode=EventDetails>.

### HHS Makes Available More Than \$670 Million in Additional LIHEAP Funding

U.S. Department of Health and Human Services Secretary Kathleen Sebelius announced on Monday, Dec. 13, 2011 the availability of more than \$670 million to states to help low income families with their heating bills this winter. These funds represent additional grants to states, tribes and territories under the Low Income Home Energy Assistance Program (LIHEAP). Indiana will receive \$57,191,147. LIHEAP helps eligible families pay the costs of heating and insulating their homes in the winter, and cooling their homes in the summer. HHS is releasing this additional allocation of LIHEAP funds now to ensure that states have resources available to support their energy assistance programs as the weather turns colder.

### Hoosier Healthwise (HHW) Revises Eligibility Application

Beginning December 17, 2010, a new eligibility determination application will be used for the HHW program. On the new application, recipients will have to choose a health plan. If they do not choose a health plan and are found eligible for the program, they will have 14 days to do this after they are determined eligible. After 14 days, if no health plan was chosen, each new member will be auto-assigned to a health plan.

### Assisting Homeless with Storage

The many trials and tribulations of a homeless person were brought to light in an article that appeared in the USA Today prior to Thanksgiving ("[More cities offer homeless free storage to ease mobility](#)", [USA Today, 11/18/2010](#)). The article spoke of one homeless man's possessions being mistaken for trash and discarded by the police. The man could not keep his possessions with him while working during the day and he described the worrying burden of transporting and maintaining his possessions.

Cities such as Portland, Oregon; St. Petersburg, Florida; New York, San Francisco and Chicago are attempting to address the problem through either providing storage or paying the cost at storage facilities for homeless individuals. The article referenced above outlines the various methods used in those communities.

This model has the potential to be applied to a health center setting. Health centers could explore making arrangements for the storage of a homeless person's possessions as a part of their comprehensive services. Through this service, health centers would allow the homeless to seek medical care and pursue work opportunities during the day without the added concern over the safety of their possessions, some irreplaceable, and could mitigate one of the barriers that the homeless population currently experiences.

## Especially for FQHCs

*(Updates courtesy of Carla Chance & Mark Vonderheit)*

### Program Assistance Letter (PAL 2011-12)

This policy assistance letter highlights the importance of health center grantees and look-a-likes collaborating with other health care safety net providers. Patients and communities benefit from providers' collaboration of their services to underserved populations and areas. The Affordable Care Act (ACA) also emphasizes collaboration and encourages health centers to contract with many types of rural providers.

This PAL emphasizes special considerations when contracting with other providers. It also provides resources and contacts that provide assistance in establishing and maintaining collaborative agreements.

Please link to <http://bphc.hrsa.gov/policy/pal1102/pal1102.pdf> for additional information and resources.

### Patient Centered Medical/Health Home Initiative (PCMHHI)-PAL 2011-01

This initiative encourages health centers to undertake and document the practice changes that will enable them to gain recognition from NCQA through their PCMHH program. To promote quality improvement, the initiative provides access to survey related education, training, and technical assistance resources. The fee for gaining NCQA PCMHH recognition

## Especially for FQHCs

*(Continued)*

is waived for health centers that participate in the initiative.

Health centers should anticipate spending at least six months for the planning and preparation process for gaining initial recognition, including the self-assessment process. Designating a lead person to prepare materials for the application is important to the process. Additionally, IPHCA staff is also developing a gap analysis tool for Level 1 criteria and will be visiting all interested FQHCs in the coming year.

Organizations interested in HRSA support for initial NCQA PCMH recognition under this initiative must complete a notice of intent provided through the link below, and additional information can also be found at <http://www.ncqa.org>.

For additional information please link to: <http://bphc.hrsa.gov/policy/pa11101/>.

## CHC Program Updates

### CHC Services

*(Updates courtesy of Carla Chance & Mark Vonderheit)*

#### Indiana Medicaid Provider Enrollment

Indiana Medicaid wants to ensure that a timely process is in place for all providers wanting to enroll in its programs.

The following list shares the most common reasons why enrollments/applications are returned to providers:

- 1) Incomplete signatures
- 2) Business structure schedules C1-C4 are incomplete
- 3) Provider agreement missing from packet
- 4) Incorrect signature on provider agreement
- 5) Current W-9 form missing
- 6) Missing license on certificates
- 7) Additional service locations
- 8) Submission instructions not followed
- 9) EFT information errors on form
- 10) Old form copies used to request enrollments and updates
- 11) Instructions not followed

Details of the list can be found in Chapter 4, pages 14-15, of the provider manual at

<http://provider.indianamedicaid.com/ihcp/manuals/chapter04.pdf>. Complete information of the enrollment/application process and eligibility requirements can also be found in Chapter 4 of the manual. Contractually, HP, fiscal agent for Indiana Medicaid, has 30 days to respond to all applications/enrollments sent to them. Online and paper applications are accepted.

For additional information please refer to <http://www.indianamedicaid.com> and link to provider enrollment. If an application has been sent to HP for processing and it is near or past the 30 day deadline, please contact Mark Vonderheit at [mvonderheit@indianapca.org](mailto:mvonderheit@indianapca.org) for assistance.

#### Optimize Use of Your Electronic Health Record and Meet Meaningful Use Requirements

The Health Resources and Services Administration (HRSA) has announced the registration for an HIT and Meaningful Use Workshop on January 13-14, 2011 in Rohnert Park, CA. The target audience is the Executive Leadership.

[Registration is open and can be accessed by clicking here.](#)

Vendor neutral workshops such as this one provide insights and tools for successfully negotiating the stages of EHR implementation, from planning to post-implementation optimization of use that will qualify users for the CMS Incentive Payment.

HIT and Meaningful Use Workshops are part of HRSA's ongoing technical assistance efforts. Please note that in addition to the in-person workshop, hosts will be providing a portion of these workshops through webcast or webinar technologies to reach a wider remote audience. For additional information, please contact [healthit@hrsa.gov](mailto:healthit@hrsa.gov).

**CHC Services***(Continued)**(Updates courtesy of Carla Chance & Mark Vonderheit)***Universal Service Administrative Company – Low Income Program**

The Low Income Program of the Universal Service Fund, which is administered by the Universal Service Administrative Company (USAC), is designed to ensure that quality telecommunications services are available to low-income customers at just, reasonable, and affordable rates. The Federal Communications Commission (FCC) has established rules to govern Lifeline, Link Up, and Toll Limitation Service (TLS) program support - the three components of the Low Income Program. Lifeline support reduces eligible consumers' monthly charges for basic telephone service. Link Up support reduces the cost of initiating new telephone service. Toll Limitation Service support allows eligible consumers to subscribe to toll blocking or toll control at no cost. Persons may be eligible if they receive assistance from one of the following programs: Medicaid, Federal Public Housing Assistance (Section 8), Food Stamps, Low-income Energy Assistance Program, National School Lunch Program's free lunch program, Supplemental Security Income, Temporary Assistance to Needy Families (TANF), and they may be eligible if their total household income is at or below 135% of the FPL. Proof of eligibility is required. Persons who are or may be eligible are encouraged to visit the USAC's Low Income Consumer website at <http://www.lifelinesupport.org>, or contact their local telephone company or state utility commission for further information.

**Cardiovascular Health Mini Grant Application**

The ISDH Cardiovascular Health Program is issuing a mini-grant FOA in the area of sodium reduction to all local health departments and community health coalitions in Indiana. Applications are due by COB on Friday, Jan. 14, 2011. Technical assistance is available the week of Dec. 13 – 17 from 1:00 pm – 4:00 pm by calling 317-234-2864 or emailing [stclarke@isdh.in.gov](mailto:stclarke@isdh.in.gov). Funding is up to \$60,000. For complete information on this funding opportunity, requirements, and application, please see the [linked document](#).

**EyeTAC <sup>SM</sup>: Eye Care Technical Advisory Center**

EyeTAC <sup>SM</sup> is a consulting service that offers strategic solutions to health centers wanting to improve access to eye care and/or open a sustainable comprehensive vision and eye health service. Comprehensive primary vision and eye health services include: wellness care, disease management and care coordination team member; prevention services; and rehabilitation services.

The consulting services that are provided are listed below:

- Needs assessment
- Interoperability strategic solutions
- Partnership and contract development
- Sustainable business planning
- Capacity, equipment and technology planning
- Professional recruitment services
- Leading business practices in eye care
- Post assessment and support
- Reports development

Costs for the comprehensive TA and recruitment services are \$32,500 plus travel expenses for the on-site visit.

Additional information can be found at <http://www.aoa.org/eyetac.xml> or by contacting Cathy Buckingham, Manager of Operations, EyeTAC <sup>SM</sup> at 1-800-365-2219 ext. 4152.

**J-1 Waiver Updates and NHSC News***(Updates courtesy of Natalie Brown)***2011 J-1 Visa Waiver Cycle Now Open for Primary Care!**

Primary Care physicians are now able to apply to the Indiana J-1 Visa Waiver Program for the 2011 Cycle. The program is open to only Primary Care physicians until February 28, 2011. Starting March 1, 2011 specialists will be eligible to apply to the program. IPHCA encourages all CHCs to utilize this program during this initial Primary Care period, as ISDH has taken the position to support Primary Care by giving them a 3 month advantage on applying to the program. If you have any questions please contact Natalie Brown at (317) 630-0845 or [nbrown@indianapca.org](mailto:nbrown@indianapca.org).

## CHC Services *(Continued)*

### Attention NHSC Loan Repayment Awardees

Registration for the 2011 NHSC Loan Repayment Awardee Conferences are now open. New and current NHSC loan repayment awardees who have not attended a conference are encouraged to register for one of the upcoming dates listed here:

[http://www.indianapca.org/programs/documents/2010/2011\\_Conference\\_Schedule\\_Flyer\\_for\\_PCO\\_Meeting\\_v2.pdf](http://www.indianapca.org/programs/documents/2010/2011_Conference_Schedule_Flyer_for_PCO_Meeting_v2.pdf).

Travel, lodging, ground transportation, meals and incidentals are covered by the NHSC. CEU credits are available for clinicians. Click here for more information:

[http://www.indianapca.org/programs/documents/2010/2011\\_Conference\\_Schedule\\_Flyer\\_for\\_PCO\\_Meeting\\_v2.pdf](http://www.indianapca.org/programs/documents/2010/2011_Conference_Schedule_Flyer_for_PCO_Meeting_v2.pdf).

### Affordable Care Act bolsters the primary care workforce in medically underserved communities

On November 22, 2010 HHS Secretary Kathleen Sebelius announced the launch of the new application cycle for the National Health Service Corps (NHSC) [Loan Repayment Program](#). The NHSC offers primary care medical, nursing, dental and mental health clinicians up to \$60,000 to repay student loans in exchange for two years of service at health care facilities in medically underserved areas. For the first time, clinicians may apply to the NHSC loan repayment program online where they will find tutorials and additional information to assist in the application process.

This year's investment in the program, which includes \$290 million from the Affordable Care Act, seeks to address shortages in the primary health care workforce and translates into greater access to healthcare for those who might otherwise go without. NHSC Director Rebecca Spitzgo expects that by the end of FY2011 over 10,800 clinicians will be caring for more than 11 million people, more than tripling the National Health Service Corps since 2008. And that by 2015, with the historic funding opportunities offered by ARRA and the Affordable Care Act, the Corps will support more than 16,000 new primary care professionals.

To view the full news release please click here: <http://www.hhs.gov/news/press/2010pres/11/20101122b.html>.

### Corps Connection Newsletters

The National Health Service Corps has developed a quarterly newsletter for each of its primary member segments -- Clinicians in Service, Scholars in School, and NHSC sites. They are now available to view:

[Corps Connection Newsletter for In Service](#)

[Corps Connection Newsletter for In School](#)

[Corps Connection Newsletter for Sites](#)

## Finance & Operations

*(Updates courtesy of Mark Vonderheit)*

### Medicare/Medicaid Quick Reference List

IPHCA has developed a contact reference list for the Indiana Medicaid and Indiana Medicare. The contact list contains names and contact numbers for both programs. Please note that for all Medicare claims questions, health centers should contact 1.800.MEDICARE.

Indiana Medicaid includes four separate programs: Traditional Medicaid, Hoosier Healthwise, Care Select and the Healthy Indiana Plan.

For all Traditional Medicaid claims and Care Select claims please contact the HP provider field consultant for your county. For Hoosier Healthwise claims, please contact the representative for your region on the list. For the Healthy Indiana Plan please contact the compliance officer on the list.

Please link here for the [contact sheet](#).

### Hoosier Healthwise (HHW) and Healthy Indiana Plan (HIP) Information

Indiana Medicaid's goal for the integration of the HHW and HIP programs is to create a "family health plan" that results in a seamless experience for Hoosier families. Additional goals include promoting primary and preventative care, foster personal responsibility and healthy lifestyles, integrate physical and behavioral health services and deliver cost-effective coverage.

Key changes to the program include, MCE (Managed Care Entity) selection at point of application for HHW, PMP assignments and selections to be made by MCE versus enrollment broker, implementation of PMPs in HIP, HP will no longer send MCE/PMP assignment letters and auto-assignment window reduced from 30 days to 14 days.

Please link here for [additional information](#) on the program that begins on January 1st, 2011.

## Finance & Operations

*(Continued)*

### Basic Steps to Prepare for ICD-10 Changeover

The changeover from ICD-9 diagnosis code set to ICD-10 takes effect October 1, 2013. The compliance dates are firm and not subject to change. If you are not ready, your claims will not be paid. Preparing now can help you avoid potential reimbursement issues.

Providers are encouraged to begin preparation for ICD-10 immediately. The following 8 basic steps for preparation are recommended by CMS to meet the compliance date of October 1, 2013.

- 1) Identify your current systems and work processes that use ICD-9 codes.
- 2) Talk with your practice management system vendor about accommodations for both version 5010 and ICD-10 codes.
- 3) Discuss implementation plans with all your clearinghouses, billing services, and payers to ensure a smooth transition. Be proactive.
- 4) Talk with your payers about how ICD-10 implementation might affect your contracts.
- 5) Identify potential changes to work flow and business processes.
- 6) Assess staff training needs. Identify the staff in your office that code, or have a need to know the new codes.
- 7) Budget for time and costs related to ICD-10 implementation, including expenses for systems changes, resource materials and trainings.
- 8) Conduct test transactions using version 5010/ICD-10 codes with your payers and clearinghouses. Testing is critical.

For additional information and resources link to <https://www.cms.gov/ICD10/>.

## Emergency Preparedness

*(Updates courtesy of Jenifer Nelson)*

### Winter Storms and Extreme Cold

The official start of winter is December 21<sup>st</sup>, however Indiana has already experienced winter's chill. Having simple items on hand such as rock salt, sand, shovels and extra blankets could vastly improve your safety. Easy-to-use information on how to prepare your home, vehicle and family can be found here:

<http://www.ready.gov/america/beinformed/winter.html>.

Also on the site is the definition of the following winter weather terms:

- **Freezing Rain** creates a coating of ice on roads and walkways.
- **Sleet** is rain that turns to ice pellets before reaching the ground. Sleet also causes roads to freeze and become slippery.
- **Winter Weather Advisory** means cold, ice and snow are expected.
- **Winter Storm Watch** means severe weather such as heavy snow or ice is possible in the next day or two.
- **Winter Storm Warning** means severe winter conditions have begun or will begin very soon.
- **Blizzard Warning** means heavy snow and strong winds will produce a blinding snow, near zero visibility, deep drifts and life-threatening wind chill.
- **Frost/Freeze Warning** means below freezing temperatures are expected.

### Update on District Representatives

So far, there are representatives for three of the ten Districts: Districts 5, 6 and 10. Please contact Jenifer Nelson to take advantage of this new opportunity in your district and help forge stronger district-wide collaboration.

### Monthly Communications Test

IPHCA will host the first of what will become monthly communication drills on **Tuesday, January 4<sup>th</sup> at 9:30 am ET**. These drills will help verify capacity and identify any additional needs. This first test will verify phone capacity. Simply call 1-866-846-3997, pass code 314165 for this brief communications test.

### Clinician Outreach and Communication Activity (COCA) Conference Calls

Archived COCA Conference Calls are available on the COCA website at: <http://emergency.cdc.gov/coca/callinfo.asp>. You can get CE credit/contact hours for many of the calls. Simply download the PowerPoint and follow along with the audio file, both of which are posted on the [COCA website](#) after a call. The most recent calls include:

- *Practical Tools for Radiation Emergency Preparedness* (11/09/10)  
[http://emergency.cdc.gov/coca/calls/2010/callinfo\\_110910.asp](http://emergency.cdc.gov/coca/calls/2010/callinfo_110910.asp)
- *Antiviral Agents for the Prevention and Control of Influenza* (11/23/10)  
[http://emergency.cdc.gov/coca/calls/2010/callinfo\\_112310.asp](http://emergency.cdc.gov/coca/calls/2010/callinfo_112310.asp)

### All-Hazards Plan Webinar

IPHCA, along with the Indiana Rural Health Association and Deb Koester of Purdue University, will host a webinar on Wednesday, **January 12, 2011 at 2:00 pm ET**. Ms. Koester will present an all-hazards plan that was developed through projects she conducted, some of which included health centers. To register, go to: <https://iphca.webex.com/iphca/j.php?ED=144636247&RG=1&UID=0&RT=MIMxMg%3D%3D>.

### Coming Soon! Emergency Management Survey

IPHCA, on behalf of the ISDH, will be conducting a survey of the emergency management capacities of all health centers. Please watch for more information on this vital survey; the results will help determine where additional support is needed.



## Upcoming IPHCA Events

For updated information please view IPHCA's Event Calendar at:

<http://www.indianapca.org/eventscalendar/index.html>

### December

- \* December 16, 2010: Online Coding Seminar, "Chart Auditing V"
- \* December 21, 2010: Online Coding Seminar, "Medicare Part B III"
- \* December 29, 2010: Online Coding Seminar, "Medicare 2011—What to Expect"

For questions regarding IPHCA's training activities or registration, please contact **Stephanie Suddeth**, Member Services Specialist, at 317-630-0845 or [ssuddeth@indianapca.org](mailto:ssuddeth@indianapca.org).

This information brought to you by your Community Health Center Services Team.

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*Happy Holidays!*

