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CHC Digest



News & Notices

Part-Time Service Option for Loan Repayment Program Coming Soon

In March 2010, clinicians working part-time (20 to 39 hours each week, at least 45 weeks each year) at NHSC-approved facilities will be eligible to apply to the National Health Service Corps demonstration program for the Part-time Loan Repayment.

The criteria for the Part-Time Demonstration Program will be comparable to the current NHSC Loan Repayment Program. Below are some specifics about the program:

- Four year service commitment for \$50,000
- Potential for additional years of support - 2 year service contract
- Application Period open for 30 days
- 400 awards Anticipated
- Same eligible disciplines as full-time Loan Repayment Program (see [Application Information Bulletin: Eligibility](#))

Interested? [Sign-up to be notified](#) when the Application Bulletin becomes available.

To find out more about the program go to:

<http://nhsc.hrsa.gov/loanrepayment/parttime/default.htm>

Basic Introduction to ICD-10-CM National Provider Conference Call

The **Basic Introduction to ICD-10-CM National Provider Conference Call** will be conducted on Tuesday, March 23, 2010 from 1:00 p.m. – 2:30 p.m. Eastern Daylight Time.

This conference call will provide an overview of ICD-10-CM/PCS requirements and a basic introduction to ICD-10-CM. The following topics will be discussed:

- Requirement to report ICD-10-CM/PCS codes for services provided on or after October 1, 2013.
- ICD-9-CM codes will not be accepted after October 1, 2013 (there will not be a grace period).
- Benefits of ICD-10-CM.
- Key similarities and differences between ICD-9-CM and ICD-10-CM.
- General structure and characteristics of ICD-10-CM.
- New features in ICD-10-CM.
- Setting the record straight about common ICD-10-CM myths and misperceptions.

News & Notices (continued)

- Impact of ICD-10-CM on medical record documentation.

Registration information and discussion materials for this conference call can be accessed at

http://www.cms.hhs.gov/ICD10/07_CMS_Sponsored_Calls.asp

Midwestern States Receive Least Federal Funding for Disease Prevention

The Robert Wood Johnson Foundation (RWJF) and Trust for America's Health (TFAH) released the fifth annual *Shortchanging America's Health: A State-By-State Look at How Public Health Dollars Are Spent* on March 1, 2010. This year's edition of the report found that federal spending for public health has been flat for nearly five years, while states around the country cut more than \$392 million for public health programs in the past year, leaving communities around the country struggling to deliver basic disease prevention and emergency health preparedness services.

States in the Midwest received the least federal funding support for disease prevention at public health, at only \$16.50 per person in fiscal year (FY) 2009, according to the analysis. This is \$3.30 less per person than the Northeastern states, which receive the highest amount, at \$19.80 per person. Western states receive \$19.22 per person, while Southern states receive \$19.75 per person. Read more [key findings](#) of the report here.

Public Health Departments Shrinking, Survey Finds

In 2008, local health departments lost 7,000 jobs through budget-related cuts, according to the National Association of County and City Health Officials. In 2009, the number of lost jobs more than doubled, to 16,000 workers. Read the [full article](#), by Katharine Q. Seelye, by clicking on the link provided.

U.S. Health System Not Meeting the Needs of People Living With Chronic Conditions

Chronic Care: Making the Case for Ongoing Care, a 2010 update of the Robert Wood Johnson Foundation's 2002 chartbook, examines the impact of chronic conditions on individuals and their caregivers, as well as the inadequacies of the U.S. health care system to meet their needs.

The data highlight the current problems encountered by people living with chronic health conditions. Most significantly, "care provided in the current acute, episodic model is not meeting the needs of people with chronic conditions and often leads to poor outcomes for patients with chronic conditions," writes Gerard Anderson, Ph.D., author of the chartbook and former director of RWJF's national program *Partnership for Solutions: Better Lives for People With Chronic Conditions*. Access the [full article](#) and the chartbook through the link provided.

Especially for FQHC's

New Bill Code for FQHCs Going Into Effect April 1, 2010

The National Billing Committee has approved a change in Type of Bill (TOB) for Federally Qualified Health Centers (FQHCs) from 73x to 77x, Effective Date: April 1, 2010. This appears to only affect Medicare claims on the UB-04 bill. The Inpatient-Outpatient General Designation in the UB-04 Manual is Outpatient. The following information was obtained from the Centers for Medicare and Medicaid Services website in the CMS Manual System, Pub 100-04 Medicare Claims Processing – Transmittal 1915; Change request 6788; Feb. 5, 2010.

077X	Preventative Care
Charges for the Administration of Vaccines	
Subcategory	Standard Abbreviations
0 – General Classification	PREVENT CARE SVS
1 – Vaccine Administration	VACCINE ADMIN
9 – Reserved (effective 10/1/07)	

CHC Program Updates

CHC Services

(Updates courtesy of Carla Chance)

IPHCA staff that attended that the National Association of Community Health Centers Policy and Issues Forum last month have the following Top Ten Takeaways. The first seven items are relevant to all Community Health Centers the last three items are relevant to only FQHCs.

1. U.S. Representatives need to be invited to their Health Center each year; U.S. Senators need to be invited every other year. (State legislators should be invited annually.)
2. Advocacy needs friends – CHCs need to look for ways to reach out to other organizations in the community on a regular basis (i.e., churches, small businesses, Chambers of Commerce, etc.)
3. Health Centers can be site of a political debate and must include ALL candidates; but Centers **cannot** indicate support of one candidate over the other.
4. Timing is everything; relationships with Members of Congress and their staff are ongoing, not when you need something.
5. Average 3% of health center patients are not registered to vote and the percentage health center staff registered to vote is not much better.
6. When celebrating National Health Center Week, plan small events each day.
7. The Medical Home Safety Net Demonstrations reported the need to have their state Medicaid programs involved in the project from the onset and that EHRs may not have the reporting capacity needed for patient registry data and quality improvement.
8. New Access Point guidance is likely to go out in July 2010.
9. A consolidated policy manual for the FTCA will be released soon. The manual will clarify and synthesize existing FTCA policy documents and statutory language.
10. It is still recommended that FQHCs not sign a Delegation of Authority with local health departments or other entities for the Vaccine for Children program – it can lead to audits for inappropriate use of funds.

J-1 Waiver Update

(Updates courtesy of Natalie Brown)

As of March 10, 2010 there are only five (5) slots remaining for 2010 J-1 Waivers. The application cycle will close August 1, 2010 or when all 30 slots are filled. If you have a candidate you would like to be considered, please submit your J-1 application ASAP. For more information, contact Natalie Brown, Shortage Designations and National Health Service Corps Program Director, at (317) 630-0845 or nbrown@indianapca.org.

Finance & Operations

(Updates courtesy of Mark Vonderheit)

Medicare Physician Payment Rates

The U.S. Senate passed the “Temporary Extension Act of 2010” which included provisions to extend 2009 Medicare physician payment rates through the end of March. As a result, the 21% payment cut that would have taken effect on March 1 has been postponed until April 1. Discussions are still underway in the House and Senate on the next steps that will be taken to address the Medicare payment crisis. Proposals are being circulated that would implement still another short-term patch to the sustainable growth rate (SGR) formula, including proposals that would postpone cuts for 90 days, 7 months, or through the end of 2010. The difficulty in obtaining a permanent repeal of the SGR has been centered on the fact that no one has yet identified a way to pay the over \$200 billion cost of a permanent fix to the rate problem. This issue has been excluded from the comprehensive health insurance reform legislation because it would increase the estimated costs of that legislation. For more information, [click here](#).

Indiana Health Coverage Programs—Presumptive Eligibility

The link provided below through the Indiana Medicaid website provides an updated notice from 02/10 regarding the responsibilities of the presumptive eligibility applicant. As part of the overall process of applying for Hoosier Healthwise,

CHC Program Updates (continued)

each applicant (upon being determined eligible for presumptive eligibility) must complete in full the Medicaid application within 30 days. If the applicant does not complete an application within this timeframe their eligibility determination will be denied.

As a suggestion for any presumptive eligible applicant please distribute this notice to them as part of the application process and post strategically for viewing within the health center.

<http://www.indianamedicaid.com/ihcp/MCE/content/peInfo.asp>

Reduction in Dental Reimbursement for Providers

Please review this bulletin from Indiana Health Care Programs (IHCP) regarding a reduction in dental reimbursement for providers. This bulletin can be found at www.indianamedicaid.com by linking to publications, and is also listed below.

<http://www.indianamedicaid.com/ihcp/Bulletins/BT201006.pdf>

Emergency Preparedness

(Updates courtesy of Jenifer Nelson)

Integrating Primary Care Provider Offices into Community Pandemic Influenza Planning

With the emergence of the 2009 pandemic H1N1 influenza (pH1N1), the importance of the primary care provider's (PCP) role in the community healthcare system has become increasingly evident. Often serving as the entrance into the healthcare system, PCP offices are likely to play a large role in alleviating surge on the hospital emergency department. As such, PCP offices should integrate their pandemic influenza plans into their community's plan. However, anecdotal evidence has shown that many PCP offices lack these plans.

The *Abbreviated Pandemic Influenza Plan Template for Primary Care Provider Offices* is a planning tool developed based on input from stakeholders (PCPs, PCP office managers, hospitals, local and state public health departments, and local and state emergency management agencies) during a CDC-sponsored meeting in August 2009. It is intended to assist PCPs and office managers with preparing their offices for quickly putting a plan in place to handle an increase in patient calls and visits, whether during the 2009-2010 influenza season or future influenza seasons.

[Access the template here.](#)

Defense Department Invests in Tobacco-Based Vaccine

Leaders of the Texas Plant-Expressed Vaccine Consortium announced in February a biotherapeutic manufacturing initiative designed to show proof of concept for a landmark new technology that could dramatically increase the nation's capability to produce vaccines for infectious diseases, including influenza. Project GreenVax, which utilizes tobacco plants rather than the current egg-based vaccine technology, holds the promise of shortening vaccine production to a fraction of the current time, allowing rapid response to newly emerging viruses not possible with current technology. Access the full article [here](#).

ICS-100 HC Regional Training

In the month of April the Indiana Primary Health Care Association and the Indiana Rural Health Association will jointly present regional ICS-100 training in a classroom environment. Jenifer Nelson, IPHCA, and Dana Stidham, IRHA, will offer this Introduction to Incident Command Systems module at no cost; anyone at your health center is welcome to attend. Continental breakfast and lunch as well as an Incident Command System Field Guide will be provided to all registered participants. Watch for additional information! The trainings will be held as follows:

Southern Indiana	Washington, IN	Wednesday, April 14 th	9:30 a.m. to 2 p.m.
Central Indiana	Greenfield, IN	Wednesday, April 21 st	9:30 a.m. to 2 p.m.
Northern Indiana	Bremen, IN	Wednesday, April 28 th	9:30 a.m. to 2 p.m.



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

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

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Upcoming IPHCA Emergency Management Events

April 1, 2010	Red Cross Online Continuity of Operations Tool	12:30—1:00 EST Webinar
May 2010	Alternate Care Sites	Conference Call
June 2010	Redundant Communications Equipment and Tools	Webinar
July 2010	Community and Partnerships	Conference Call

Upcoming IPHCA Events

For updated information please view IPHCA's Event Calendar at: <http://www.indianapca.org/eventscalender/index.html>

March

- * *March 18, 2010: Online Coding Seminar "Chart Auditing V"*
- * *March 23, 2010: Online Coding Seminar "Understanding Modifiers II (Surgery)"*
- * *March 25, 2010: Online Coding Seminar "E/M and Surgery Coding"*
- * *March 30, 2010: Online Coding Seminar: "99211—The 'Do's' and 'Don'ts'"*

April

- * *April 1, 2010: Red Cross Continuation of Operations Plan Webinar, 12:30—1:00 EST*
- * *April 8, 2010: Online Coding Seminar "ICD-9-CM Diagnosis Coding I"*
- * *April 13, 2010: Online Coding Seminar "Behavioral Health"*
- * *April 22, 2010: Online Coding Seminar "ICD-9-CM Diagnosis Coding II"*

Other Training Opportunities

- * Third Annual Recruitment and Retention Webinar Series, Presented by OACHC and the National Rural Recruitment and Retention Network (3RNet). Scheduled topic on **March 18, 2010**: Issues in Immigration with Bob Aronson, National Expert on Immigration Law.
- * "Health Literacy and Clear Communications" spring workshop, sponsored by the Indiana Society for Public Health Education. **March 30, 2010 from 10:00 am to 4:00 pm** at the Ball State University Alumni Center. [Register online now!](#)
- * Indiana Joint National Public Health Week Conference, "A Healthier America: One Community at a Time" will be held at the IUPUI Campus Center on **April 6-7, 2010**. The abstract submission system for the 2010 meeting is internet-based. To find the instructions and forms necessary for submitting your abstract, please click [here](#). You can also download the registration brochure here: [registration brochure 20101.pdf](#)
- * The Indiana Minority Health Coalition cordially invites you to attend the 2010 Minority Health Initiative Annual Luncheon. Theme: Healthy Babies, A Healthy Future: Preventing Infant Mortality. **Wednesday, April 21, 2010 from 10:30am to 1:30pm at the Indianapolis Marriot Downtown**. To register by phone call (31) 926-4011, or register online at www.imhc.org.
- * Third Annual Recruitment and Retention Webinar Series, Presented by OACHC and the National Rural Recruitment and Retention Network (3RNet). Scheduled topic on **April 22, 2010**: The Why, Who, When and What of Background Investigations, Credentialing and Privileging.
- * Indiana Stroke Prevention Task Force Conference: Stroke in Indiana—2010 and Beyond. **June 4, 2010** in the Lilly Conference Center at the Marten House Hotel.