



CHC Digest



News & Notices

(Updates courtesy of CHC Services Team)

We Need Everyone at the Table to Improve the Public's Health

Community partnerships are vital for an effective public health system, according to Judith Monroe, M.D. The new video "We Need Everyone At the Table" highlights her efforts as Indiana's health commissioner to put this theory to work. The video is the latest installment in the "Public Health in Action" series produced by RWJF's Public Health team. [Watch the video.](#) [Access all the Public Health in Action videos.](#)

State Loan Repayment Program

The State has recently been awarded grants that will assist them in the repayment of educational loans of health professionals who agree to provide full-time primary health services in Federally designated health professional shortage area (HPSAs). Practitioners are required to provide primary care services in a health professional service area for a minimum of two years in order to receive loan repayment benefits. Please find the [cover letter here](#), the [application here](#), and the required [narrative here](#). If you have any questions regarding the State Loan Repayment Program please contact Ann Alley at 317-233-7546 or aalley@isdh.in.gov, or Mary Ann Hurrle at 317-233-7829 or mhurrle@isdh.in.gov.

Supporting Widespread Information Technology for Community Health

Purdue University was recently awarded a Federal grant to establish the Indiana Health Information Technology Extension Center to assist the Indiana healthcare community to attain "meaningful use" of electronic health records (EHR). The Center can assist with all phases of the EHR implementation process. For healthcare organizations that already are using an EHR, the Center can assist them to achieve the "meaningful use" criteria and improve patient outcomes. For more information on the Center [click here](#) or go to www.switch.purdue.edu.

Keeping Food Safe During an Emergency - USDA - May 02

The U.S. Department of Agriculture (USDA) is providing recommendations to residents in the Southeast, throughout the Ohio Valley and into the New England area to prepare for severe weather and flooding. USDA is hopeful that this information will help minimize the potential for food borne illnesses due to power outages and other problems that are often associated with severe weather events. To read [entire article](#).

FDA Revises Recommendations for Rotavirus Vaccines – FDA – May 14

The U.S. Food and Drug Administration today revised its recommendations for rotavirus vaccines for the prevention of the disease in infants and have determined that it is appropriate for clinicians and health care professionals to resume the use of Rotarix and to continue the use of RotaTeq. To review the full article [click here](#).

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

<i>News & Notices.....</i>	<i>1</i>
<i>Especially for FQHC's...2</i>	
<i>CHC Program Updates...3</i>	
<i>All IPHCA Upcoming</i>	
<i>Events.....</i>	<i>6</i>
<i>Other Training</i>	
<i>Opportunities.....</i>	<i>6</i>

News & Notices *(Continued)*

Increased Statewide Pertussis Activity

The Indiana State Department of Health (ISDH) is investigating increased pertussis activity throughout the state. As of May 16, the ISDH has reported 70 cases of pertussis to the Centers for Disease Control (CDC) with more than 35 other cases currently under investigation. Thirty-seven of the 70 cases have been confirmed by PCR testing. Many of the cases have been occurring in Henry County and other east central Indiana counties. In addition to those counties, cases are now appearing in other geographical locations throughout Indiana. Typically there is a peak incidence for pertussis during the summer and early fall months. Twenty-nine cases of the 70 cases (41%) are of school aged (5-18 years of age). Please note that when a pertussis case is identified within a school or child care facility, letters may be sent home with attendees to describe the symptoms of pertussis and the importance of vaccination. Health care providers are encouraged to consider a diagnosis of pertussis in patients with cough illness.

Recommended pertussis control measures can be found by [clicking here](#).

Indiana Health Information Exchange (IHIE) Is Awarded Federal Funding

On May 4, 2010 Vice President Biden and U.S. Health and Human Services Secretary Kathleen Sebelius announced the selection of 15 communities across the country to serve as pilot communities for eventual wide-scale use of health information technology through the Beacon Community program. The Indiana Health Information Exchange (IHIE) was one of the 15 selected and was awarded \$16 million dollars to “expand the country’s largest Health Information Exchange to new community providers in order to improve cholesterol and blood sugar control for diabetic patients and reduce preventable re-admissions through telemonitoring of high risk chronic disease patients after hospital discharge.” IHIE is one of five health information exchanges in Indiana. For more information on the award please [click here](#).

Central Indiana Selected to Participate in Robert Wood Johnson Foundation National Initiative to Improve Health Care

The Central Indiana Alliance for Health has been selected as one of 17 communities across the U.S. to participate in the Robert Wood Johnson Foundation’s *Aligning Forces for Quality* initiative. Aligning Forces for Quality (AF4Q) is the Foundation’s signature effort in a long-term commitment to improve the quality and equality of health care in the U.S. As part of our involvement, we will work to lift the overall quality of health care, reduce racial and ethnic disparities, and provide models for implementing national reform. Central Indiana will serve as a “learning laboratory” for improving the quality of care. Specifically, we will focus on three key areas:

- * **Performance measurement and public reporting:** using common standards to measure the quality of care that doctors and hospitals deliver to patients and making that information available to the public.
- * **Consumer engagement:** encouraging patients to be active managers of their health care, and make informed choices about their doctors and hospitals.
- * **Quality improvement:** implementing techniques and protocols that doctors, nurses and staff in hospitals and clinics can follow to raise the level of care they deliver to patients.

Although health care is a national problem, health care is delivered locally, and fixing it requires local action. In Central Indiana, teams of stakeholders representing the people who get care, give care, and pay for care will be mobilized to rebuild our health care system so it works better for everyone involved

Especially for FQHC’s

(updates courtesy of Carla Chance)

HRSA’s Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) 3.0

You are invited to be a part of an effort that is dramatically improving the health outcomes and medication safety of high-risk patients in your community. For the past two years, HRSA’s Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) has been helping teams across the nation transform how they deliver care to their patients to achieve impressive results in patient safety and health status. PSPC teams learn from the success of other teams and implement these practices through practical steps that provide integrated care in a primary health home, with sustainable and measurable delivery of clinical pharmacy services.

Join other leaders across the country and become a part of this breakthrough movement! Enrollment for PSPC 3.0 is now underway. The ONLINE participation package is available on the HRSA Knowledge Gateway under “What’s New” or by [clicking here](#).

Especially for FQHC's *(continued)**(updates courtesy of Carla Chance)***HRSA's Patient Safety and Clinical Pharmacy Services Collaborative (PSPC) 3.0** *(continued)*

The deadline for submission is July 30, 2010, so complete the ONLINE participation package today. The first event of PSPC 3.0 will take place in fall 2010. All current PSPC 2.0 teams should re-enroll via our "fast track" process. This will allow current teams to refocus their efforts, add new partners, and regain commitments from their leaders to continue the success of their work without having to re-submit PSPC essay questions.

Please submit any questions to: patientsafety@hrsa.gov

CHC Program Updates

CHC Services*(Updates courtesy of Carla Chance)***Limited English Speaking Resources**

Communicating with persons that do not speak English can be very challenging and costly. There are a few companies that offer translation services. Our intent is only to offer information via website links or other promotional documents from a variety of companies that the health centers can contact to compare price and services. IPHCA does not endorse any of the companies listed below:

- * [AT&T Language Line](#)
- * [CyraCom](#)
- * [LTC Translation](#)

NHSC Update*(Updates courtesy of Natalie Brown)***NHSC and RHC Site Approval**

A Rural Health Clinic Technical Assistance call was held on Tuesday, May 11, 2010. The subject of the call was how to become a National Health Service Corps approved site. The call also touched on the process of how an RHC can obtain a facility designation. IPHCA did not receive notification of the call in time to send a notice out, but we are able to provide you with the Power Point presentation and PDF document covered during the call. To view the slides from this call please [click here](#). To view *A Quick Guide for Rural Health Clinics: Applying for NHSC Site Approval* please [click here](#).

NHSC Scholarship Program

The NHSC Scholarship Program opened April 29 and closes on June 1, 2010. The program fact sheet can be found [here](#). Please visit the HRSA website for more information and to begin an [application](#).

National Health Service Corps Conference Call Slides and Replay Information

HRSA Associate Administrators, Rebecca Spitzgo (BCRS) and Jim Macrae (BPHC) conducted a conference call May 17, 2010 to provide an update on National Health Service Corps (NHSC) Opportunities for Health Centers. Some important issues that came up in the call are highlighted below:

- * The deadline date for the current cycle is July 29, 2010. The NHSC expects to make approximately 1,000 awards between July 29th and September 30th of this year. The next application cycle is anticipated to begin in October of 2010 with the start of the new fiscal year.
- * Health centers comprise 46% of the sites where NHSC clinicians fulfill their service obligation. Are all of your sites approved NHSC sites? Regardless of HPSA score it is important that all sites of your organization have current and approved NHSC R&R Applications submitted.
- * The Health Care Reform Bill will provide the NHSC with additional funds to continue distributing Loan Repayment awards regardless of HPSA score. Please let all of your clinicians know of this opportunity.
- * If you or any of your clinicians have questions on the NHSC R&R Site Applications or NHSC Loan Repayment please contact Natalie Brown at 317-630-0845 or nbrown@indianapca.org.

The slides from the presentation are [available here](#). If you are interested in listening to an instant replay of the call it will be available until June 17, 2010 by dialing 1-866-400-9641.

Shortage Designations Update

(Updates courtesy of Natalie Brown)

Federal Register Notice - Negotiated Rulemaking

The Patient Protection and Affordable Care Act of 2010 requires that a process be established for updating the criteria and methodology that define how Medically Underserved Populations and Primary Care Health Professional Shortage Areas are designated.

In a Federal Register Notice (FRN) published May 11, 2010, a brief description and timeline for the process are outlined. You can find the FRN click [here](#). The FRN also includes a listing of proposed organizations and entities that would be represented on the rulemaking committee.

There is a 30 day period during which comments can be submitted on the issues presented and on the proposed makeup of the committee. The National Association of Community Health Centers (NACHC) held a conference call May 20, 2010 to discuss the FRN and what comments they intend to submit. NACHC will be releasing their comments June 4, 2010. At that time IPHCA will share those comments with you in case your organization is interested in submitting comments regarding this FRN.

Finance & Operations

(Updates courtesy of Mark Vonderheit)

Newly-Released MLN Matters Article Regarding Changes to Medicare Claims Submission Requirements

CMS (Centers for Medicare and Medicaid) is updating edit criteria related to timely filing limits for submitting claims for Medicare fee for service reimbursement. Claims with dates of service on or after January 1, 2010 received later than one calendar year beyond date of service will be denied by Medicare. Please see [the link](#) for further information. This change is a result of the Patient Protection and Affordability Care Act legislation.

FAQ- Hybrid Welfare Eligibility System

- * **What is the Hybrid Welfare Eligibility System?** *This is the system used for determining eligibility for Medicaid, food stamps and temporary assistance for needy families (TANF) public assistance programs in Indiana.*
- * **How does the hybrid model differ from modernization?** *The Hybrid System allows for increased face to face contact between caseworkers and clients who desire it, while maintaining the electronic advancements of modernization.*
- * **What counties have the Hybrid system in place?** *The counties of Vanderburgh, Posey, Warrick, Spencer, Perry, Pike, Knox, Gibson, Dubois, and Daviess. (Region 7)*
- * **What counties are scheduled next to implement the Hybrid system?** *Pending approval from CMS the following counties will implement later this year, Warren, Fountain, Vermillion, Parke, Putnam, Vigo, Clay, Owen, Monroe, Greene, and Sullivan. (Region 6)*
- * **Will clients still be able to apply for benefits online and complete their application using the electronic signature?** *Yes.*
- * **Will the 1.800.403.0864 number still be available for access to information 7 days a week, 24 hours a day?** *Yes.*
- * **Can I go directly to a county office for assistance with my application or for information?** *Yes. Each county office will be staffed with additional people and each has implemented a County Office Team Concept. Clients will be served by a team in their county in which any team member can assist any client that visits the office. Newer case workers will work with more experienced caseworkers to expedite cases more timely. Clients will have their calls automatically transferred to a caseworker in their county. One caseworker will process a case and another will approve each case for accountability and appropriateness.*
- * **How many Hoosiers are receiving benefits through FSSA?** *1,114,950 people receive benefits through Food Stamps, TANF and Medicaid.*
- * **What progress has been made with the implementation of the Hybrid system?** *a) Food stamp re-qualifications in the 10 hybrid counties occur more timely. b) appeals in the 10 hybrid counties for benefits decreased to 60 as opposed to 200 per month last year c) applications for Medicaid disability benefits pending more than 90 days fell to 2.32 percent last month, compared to 11.55 percent in January. d) The rate of incoming calls to the hybrid area county offices that were abandoned fell to 2 percent in April. (Previously 10%) e) fewer clients being confused about the application and denial process has led to higher enrollment into the programs.*

For additional information on the Hybrid Eligibility System [click here](#).

Finance & Operations

(continued)

(Updates courtesy of Mark Vonderheit)

Dental Dentures Claims Adjustment for Medicaid

Due to an error in loading the codes **D5110, D5120, D5211 and D5212**, by Indiana Medicaid's fiscal agent HP, under payments and over payments occurred during the time period of 3/19/10 to 4/15/10. Please review your remittance advices for corrections and please review the banner in the [link provided](#) for additional information.

Emergency Preparedness

(Updates courtesy of Jenifer Nelson)

Alternate Care Sites

Do you have a backup site established where you could continue to see patients if your facility were unavailable for a prolonged period of time? On 5/24/10, IPHCA hosted a conference call to discuss Alternate Care Sites. Many resources were shared during the call including the following suggestions from the Red Cross Continuity of Operations group regarding possible solutions:

- * In-House -- This expensive option calls for building mirror facilities -- built to the exact company specifications -- that can be occupied in case of an emergency.
- * Third-Party Contracts -- This plan involves temporarily using another company's facilities.
- * Cold Site -- This plan simply calls for an empty room without computing equipment or connections to do business. Everything must be brought in later.
- * Warm Site -- A warm site is a room with some equipment -- maybe desks, chairs and phones, but not all of the computers and software and data necessary to do business.
- * Hot site -- A hot site is a back-up facility that's powered up 24/7 with all of the systems, applications and data needed to do business.
- * Reciprocal -- This plan calls for a written agreement with another branch of the same company or with another company -- to share office space and resources in an emergency.
- * Home Office - Identify who can work from home. There might even be an opportunity to "buddy up" if employees live close to one another.

Additional Resources to Consider:

- * [CIDRAP](#): Annex K Alternate Care Site Plan
- * [AHRQ](#): New Tools Help Emergency Planners Select Alternate Care Facilities and Transfer Patients During Disasters
- * [California Department of Health Services](#): Development of Standards and Guidelines for Health-care Surge during Emergencies

If you would like additional resources concerning Alternate Care Sites, including templates for Memorandum of Understanding to formalize agreements, please contact Jenifer Nelson

ESAR-VHP

As seen in prior disasters, the activities of health professionals during an emergency are invaluable. The Indiana Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) is an electronic database that contains a list of the health care personnel who have agreed to be a volunteer when they have updated their license information through the Indiana Professional Licensing Agency.

In order to ensure a robust response to a disaster, encourage providers and associates who maintain their licenses, but may be retired or not currently practicing, to consider registering to be a volunteer.

Although the ESAR-VHP system is not currently available for use by the health centers, benefit could still be gained by ensuring that the entire state has sufficient volunteers to be ready to effectively respond. Additionally, volunteers like the Medical Reserve Corp may be able to assist at health centers in the event of a disaster. Health Centers also have the option to contact their local Health Department to access volunteers.

Further information about the program is available [here](#).

Upcoming IPHCA Emergency Management Events		
REVISED June 25, 2010	Redundant Communications Equipment and Tools	12:00– 1:00 EST Webinar
July 7, 2010	Community and Partnerships	11:30– 12:30 EST Conference Call



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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*****Save the Date*****

IPHCA's Annual Conference is scheduled for October 11—12, 2010!

Contact **Stephanie Suddeth** for more information!

Upcoming IPHCA Events

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

June

- * June 3, 2010 Online Coding Seminar "Coding for Clinicians"
- * June 17, 2010 Online Coding Seminar "Family Practice Coding"
- * June 24, 2010 Online Coding Seminar "Internal Medicine Coding"
- * June 29, 2010 Online Coding Seminar "Obstetrics Coding"

Other Training Opportunities

- * **May** is the American Stroke Month and the American Heart Association has available the **2010 Stroke Month Kit and Resources**. You'll find that both of these friendly URL's will take you directly to the 2010 Stroke Month Kit: www.heart.org/americanstrokemonth or www.heart.org/strokekit
- * 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. To view the brochure with additional information and registration information click [here](#).
- * **Personal Preparedness Made Fun – A Free Webinar on June 8 at 2:00 PM ET**. This is not your typical Webinar on personal preparedness... NACHC is pleased to welcome Ana-Marie Jones from Collaborating Agencies Responding to Disasters (CARD) to discuss personal preparedness through empowerment. CARD provides emergency preparedness and disaster response resources for agencies serving our most vulnerable residents. To register, [click here](#).
- * **CMS 2010 ICD-10/5010 National Provider Conference Call, June 15, 2010** from 12 -2 pm. For more information and to register for the call [click here](#).
- * **The 8th Annual Conference on Health, Disability and the Law**, cosponsored by; Hall Center for Law and Health, IU School of Law Indianapolis, Riley Child Development Center and IU School of Medicine will be held **June 18, 2010**. For Registration, cost and agenda [click here](#).
- * GlaxoSmithKline is offering a live virtual video webcast presentation on the following topics: *Protecting Adults Against Vaccine-Preventable Hepatitis, Implementing Adult Vaccination Programs in the Public Sector and Risk is Along for the Ride on Every Trip-VPH*. [View training schedule through June 2010](#) or [Register Now](#).
- * NACHC is offering three levels of **Health Center Financial/Operations Management Seminars (HCFOMS)** training. Each level focuses on different topics that will help health center financial and operational staffs understand and meet the unique challenges of operating a health center. Available levels: FOM I **Miami, FL – June 9-10, 2010**, FOM II **Las Vegas, NV – June 23-24, 2010**, and FOM III **Las Vegas, NV - July 28-29, 2010**. [For a full explanation of training and Registration](#).
- * National Government Services is proud to host a three-day conference from **August 18-20, 2010** at the Marriott Louisville Downtown Hotel in Kentucky. This conference provides education to the following NGS providers: **Medicare Part A, Medicare Part B & FQHC's**. For full details [click here](#).