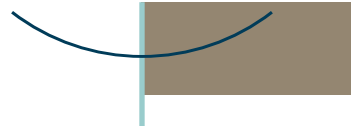




CHC Digest



News & Notices

(Updates courtesy of CHC Services Team)

Revamped Indiana Medicaid Website for Providers

On July 1, 2010 the Office of Medicaid Policy and Planning (OMPP) debuted the updated [website](#) for Indiana Medicaid providers. The member website has been available since April of this year. The provider site offers an updated look and access to information that is easier to find and navigate. Heading Tabs include: **“About Indiana Medicaid”**; **“Become a Provider”**; **“General Provider Services”**; **“Provider-Specific Information”**; **“News, Bulletins, Banners”**; and **“Quick Links”**. Under the **“Quick Links”** tab you will find the tools and resources readily available on the following: Claims/Billing; Electronic Data Interchange; FAQs; Fee Schedule; Locations That Need Providers; Manuals; Pharmacy Information; Prior Authorization; Preferred Drug List; Presumptive Eligibility; Provider Education; Provider Enrollment; Site Map; and Web interchange. Using the Pharmacy Information link in the **“Quick Links”** section, as an example, providers can find information on Pharmacy Benefit Management; Claims Processing; Pharmacy Auditing; Formularies; Boards and Committees; Pharmacy Benefit Consolidations; FAQs – Pharmacy; and Related Information.

The website is more user-friendly, so be sure to check it out!

ICD 10 Implementation Information and FAQ

On October 1, 2013, medical coding in the U.S. health care settings will change from ICD-9-CM to ICD-10. The transition will require business and systems changes throughout the health care industry. All providers covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition. According to CMS, the compliance dates are firm and are not subject to change, so all providers are strongly encouraged to begin this transition.

What is ICD-10? ICD-10 is a diagnostic coding system implemented by the World Health Organization (WHO) in 1993 to replace ICD-9, which was developed by the WHO, in the 1970's. ICD-10 is in almost every country in the world except the United States.

Why is the United States moving to ICD-10-CM? ICD-9 is out of room due to classifications. Classifications are organized scientifically, each having a three digit category and having ten subcategories. Most numbers in the categories have been assigned diagnoses. Medical science keeps making discoveries so there are no new numbers to assign these diagnoses.

How is ICD-10 different from the current system? Many improvements have been made to coding in ICD-10. For example, a single code can be found to report a disease and its current manifestation (i.e., type II diabetes with diabetic retinopathy). In fracture care, the code differentiates an encounter for an initial fracture; follow up of fracture healing normally; follow up with fracture in malunion or nonunion; or follow up for late effects of a fracture.

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

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News & Notices (Continued)

How much is this going to cost? While there are many that are attempting to capitalize on this transition, organizations such as the American Academy of Professional Coders(AAPC), are planning to make training affordable for all providers.

The American Academy of Professional Coders offers an ICD-10 FAQ found at this [link](#). This provides answers to additional questions providers may have on this transition.

NEW! A Consumer's Guide to Food Safety: Severe Storms and Hurricanes - USDA (July 2)

Did you know that a flood, fire, national disaster, or the loss of power from high winds, snow, or ice could jeopardize the safety of your food? Knowing how to determine if food is safe and how to keep food safe will help minimize the potential loss of food and reduce the risk of food borne illness. This [Consumer's Guide](#) will help you make the right decisions for keeping your family safe during an emergency.

Asthma Learning Opportunity

The Health Disparities learning community has provided the following information via the asthma listserv: As you may know spirometry is clinically indicated for asthma diagnosis and management. Also, it is now a required HEDIS measure for COPD. An online course, *Spirometry 360*, has been developed by Dr. Jim Stout and his team at the University of Washington. They have developed a set of interactive online resources designed to efficiently train clinicians and support staff to successfully perform and interpret spirometry tests in the office setting. This is not a free course, but there are a limited number of National Asthma Control Initiative (NACI) sponsored licenses/scholarships available to safety net providers. Enrollment for the course beginning in 2011 is available – [see details attached](#). Learn more at www.spirometrytraining.org!

HIPAA 5010

Mandatory compliance for healthcare providers to implement HIPAA 5010 into their systems software is January 1, 2012. CMS will begin accepting 5010 beginning January 1, 2011 as this begins the yearlong transition to full implementation in 2012. Some of the major differences, in the HIPAA 5010 version from 4010A1, are listed below.

- * Modification of note in 2010AA (billing provider) to prohibit use of PO Box addresses
- * Billing provider address and service facility address require a 9 digit zip code
- * Addition of the 2010AC loop (pay to plan)
- * Modification of the SBR (subscriber) loop. Allows for up to 8 additional payers beyond the Primary, Secondary and Tertiary
- * Deletion of the Responsible Party and Credit/Debit card loops
- * Patient Status code (CL 103) usage is required

Additional information, FAQ's (frequently asked questions) and a complete listing of the major differences between HIPAA 5010 and 4010A1 can be found at this [link](#).

Summertime Outdoor Safety - CDC (July 2)

The return of warmer temperatures brings thoughts of freedom, relaxation, exploration, and being closer to nature. Whether you're relaxing in the backyard, turning up your garden, enjoying the pool, or exploring the great outdoors, [here](#) are some ways to help keep you and your family healthy this spring and summer.

Think Cultural Health (HHS)

Cultural Competency Curriculum for Disaster Preparedness and Crisis Response (DPCR) is now available through the Think Cultural Health initiative. This program offers a cultural competency clearinghouse with a variety of continuing education programs and other resources for health providers. [This site](#), sponsored by the Office of Minority Health, offers the latest resources and tools to promote cultural competency in health care. You may access free online courses accredited for continuing education credit.

News & Notices *(Continued)*

America's Children: Key National Indicators of Well-Being

Each year since 1997, the Federal Interagency Forum on Child and Family Statistics has published a report on the well-being of children and families. Pending data availability, the Forum updates all 40 indicators annually on its web site and alternates publishing a detailed report, America's Children: Key National Indicators of Well-Being, with a summary version that highlights selected indicators. The America's Children series makes Federal data on children and families available in a nontechnical, easy-to-use format in order to stimulate discussion among data providers, policymakers, and the public.

The 2010 report, found [here](#), covers the following child well-being indicators spanning seven domains: Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health.

NIH Scientists Advance Universal Flu Vaccine - NIH (July 15)

A universal influenza vaccine — so-called because it could potentially provide protection from all flu strains for decades — may become a reality because of research led by scientists from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. In experiments with mice, ferrets and monkeys, the investigators used a two-step immunization approach to elicit infection-fighting antibodies that attacked a diverse array of influenza virus strains. Current flu vaccines do not generate such broadly neutralizing antibodies, so they must be re-formulated annually to match the predominant virus strains circulating each year. To read the full article click [here](#).

Indiana Perinatal Network Offers eNewsletter for Prenatal Care Coordinators

The Indiana Perinatal Network (IPN) is providing a monthly e-newsletter for Prenatal Care Coordinators. It provides information on a variety of topics. For example, in the July newsletter, new information about Medicaid changes, updated information on revised forms and procedures and the latest information on educational topics and opportunities in your area was provided. To sign-up for the eNewsletter click [here](#) and select the “add me to the e-mail list” under the Quick Links. Previous eNewsletters can also be found [here](#).

FDA Cautions Against Using Unapproved IUDs

Federal health officials are warning medical practitioners around the country not to use unapproved intrauterine devices (IUDs). In a July 22 letter, the Food and Drug Administration (FDA) reminds health professionals that using unapproved IUDs raises concerns about effectiveness and safety—as well as the potential for fraud and counterfeiting. For more information visit this [link](#).

Especially for FQHC's

(Updates courtesy of Carla Chance, Mark Vonderheit and Jenifer Nelson)

Enrollment for PSPC 3.0 Ends July 30, 2010!

HRSA is inviting you 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 ([see attached for more information](#)). We are currently enrolling teams for PSPC 3.0! Deadline is July 30th.

Medicare Reimbursement for FQHC's

As a piece of the health reform law, Patient Protection and Affordable Care Act (PPACA), the Medicare reimbursement cap for FQHC's will be reviewed. In a 2003 analysis, NACHC found that the cap adversely affected 75% of all FQHCs. In the legislation the Secretary of Health and Human Services (HHS) is charged with developing a prospective payment system for FQHC services delivered in an FQHC setting. By January 1, 2011 HHS will require FQHCs to submit information to develop and implement a new prospective payment system, which will include the reporting of services using HCPCS codes. By October 1, 2014 the new prospective payment system will be implemented.

Please review [the article](#) provided by NACHC for additional information.

Especially for FQHC's

(Continued)

Draft Federal Tort Claims Act (FTCA) Policy Manual

HRSA is offering health centers and other interested parties the opportunity to comment on this draft Policy Information Notice, which can be found [here](#).

NACHC's preliminary comments on the Draft FTCA Policy Manual

[Attached here are NACHC's preliminary comments on the Draft FTCA Policy Manual](#), issued by HRSA on June 7, 2010. Please note that according to HRSA, this guidance is intended to be a compilation of existing FTCA policy and processes rather than a means to modify such policies. Accordingly, NACHC's comments focus on areas of the proposed guidance which either mis-state existing policy/practice or, in our opinion, are vague and/or misleading as drafted.

Final comments are due to HRSA by August 16, 2010. NACHC welcomes any and all comments / feedback / input regarding our attached draft and will do our best to incorporate your concerns into our final comments. Please send your comments to Roger Schwartz at RSchwartz@nachc.org. As always, we encourage individual PCAs and health centers to submit their own comments - please feel free to use our draft as guidance.

CHC Program Updates

CHC Services

(Updates courtesy of Carla Chance)

Report from the "At the Bar: Hot Legal Issues Facing Community Health Centers" webinar. This is part two of a four-part series.

Health reform's expansion of fraud and abuse enforcement

Health and Human Services' Office of Inspector General (OIG) received \$17 million under the Recovery Act to expand its oversight activities in FY 2010. It is expected they will dedicate 55 – 60 full-time employees for this activity. There is an expected 16 – 32 health center capability audits to be conducted in 2010 to determine if new Federal grantees have the systems and controls necessary to manage Federal funds and meet grant requirements.

Findings from a few of the audited health centers have shown that the health centers have managed and accounted for Federal funds properly and they are financially viable. However, some of the health centers lacked written policies and procedures on the following: Procurement; Accounting of federal property; Use of consultants; Federal grant reporting; Accounting system; Segregation of duties; Inadequate safe-guarding of assets; and Whistleblower policy.

Lessons learned from OIG Audits

1. *Pre-site Visit* - Carefully review "Notice of Audit" letter to determine the scope of the audit. Do not delay in addressing any gaps or potential problems identified from the documents requested by the OIG.
2. *Site Visit* - Use entrance conference to understand scope of audit and use the exit conference to provide further explanation and/or documentation and if necessary challenge the findings.
3. *Post-site Visit* - Review and comment on the draft report and provide additional documentation as needed.

Declare Your Independence from the Paper Enrollment Process - Use Internet-based PECOS!

The Internet-based Provider Enrollment, Chain and Ownership System (Internet-based PECOS) **can be used in lieu of the Medicare enrollment application (i.e., paper CMS-855) to:**

- * Submit an initial Medicare enrollment application
- * View or change your enrollment information
- * Track your enrollment application through the web submission process
- * Add or change a reassignment of benefits
- * Submit changes to existing Medicare enrollment information
- * Reactivate an existing enrollment record
- * Withdraw from the Medicare Program

CHC Services*(Continued)***Advantages of Internet-based PECOS:**

- * Faster than paper-based enrollment (45 day processing time in most cases, vs. 60 days for paper)
- * Tailored application process means you only supply information relevant to YOUR application
- * Gives you more control over your enrollment information, including reassignments
- * Easy to check and update your information for accuracy
- * Less staff time and administrative costs to complete and submit enrollment to Medicare

Using Internet-based PECOS Is Easy!

Learn how to use the system by visiting the [Getting Started Guide for Provider and Supplier Organizations](#). Remember, creating a record in Internet-based PECOS can take several weeks for an organization provider. It is recommended that you begin this process (if necessary) well in advance of any upcoming enrollment actions. For more information on this setup process, visit our [Provider and Supplier Organization Overview](#).

Opportunity for Building Telehealth Infrastructure and Capabilities

In early June IPHCA sent out a survey regarding current usage and needs in regards to telemedicine infrastructure and capabilities. Based on the results from this survey and questions received by IPHCA, it was determined that further information needed to be provided to the community health centers for them to fully understand this great opportunity. The Indiana Rural Health Association (IRHA) received funding for the development of the Indiana Telehealth Network. Through this funding, they are able to purchase fiber optic cable which functions better and faster than T1 lines. IRHA is partnering with IPHCA to offer this opportunity to all community health centers in Indiana. It should be noted that this is not limited to rural communities, urban communities may also find this beneficial.

IPHCA will be hosting a webinar on **Wednesday, August 4th, at 10am** for all organizations to learn more about this exciting opportunity and the benefits it can provide. Becky Sanders, IRHA, will be leading the discussion and sharing information. Questions on the program and next steps will be encouraged as part of the webinar.

IPHCA and IRHA strongly encourage all interested community health centers to join us on August 4th to learn more about this program and next steps. Additional reminders will be included in the CHC digest for July and please contact me with any questions at mvonderheit@indianapca.org or at 317.630.0845.

Needs Assessment Resource Guide

Courtesy of Elaine Williams

IPHCA is pleased to provide a resource guide that contains links to a number of data sources based upon the needs assessment of a 330 grant application. The resource guide can be accessed by clicking [here](#).

Extrapolating Data to a Service Area or Target Population

Courtesy of Elaine Williams

The [Need For Assistance Data Resource Guide](#) contains information on how to extrapolate data to a service area or target population when specific data may not be available. While the guide was developed by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) for entities applying for new access points in the neediest communities, the information on extrapolation found in the first section can be useful for other applications. The resource guide can be found at [here](#).

Shortage Designations*(Updates courtesy of Natalie Brown)***HHS Appointments Committee to Review Criteria for MUA/HPSA Designation**

HHS Secretary Sebelius has announced the appointment of the committee to review and update the criteria used to define Medically Underserved Areas and Health Professional Shortage Areas. Among the 24 members are Dan Hawkins from NACHC, Jose Camacho from TACHC, Beth Giesting from HI PCA, Tess Kuenning from Bi-State PCA and Sherry Hirota, from Asian Health Services in Oakland, California. For further information on NACHC's activities related to the MUA/HPSA contact Roger Schwartz at rschwartz@nachc.org. To view the HRSA Announcement please click [here](#). To view the complete list of committee members please click [here](#).

Finance & Operations

(Updates courtesy of Mark Vonderheit)

Capital Link: Connecting Health Centers to Capital Resources

Capital link was established in 1998 to assist health centers nationally in gaining access to capital. It is a non-profit organization which helps health centers achieve goals for expansion of services through building and equipment projects by providing assistance to obtain capital. Capital Link provides technical assistance, financial and market feasibility reviews, business plan and proposal development to health centers. It partners with many primary care associations, consultants and other entities interested in improving access to capital for health centers.

Educational material, technical assistance and trainings are offered by Capital Link to all community health centers and can be found [here](#).

Medicare Population Continues to Increase

Indiana Medicare Population

Currently, there are 996,966 Medicare beneficiaries in Indiana. The Kaiser Foundation and Stats Indiana provide a breakdown per county of the Medicare population in Indiana for 2010. Interestingly, the counties of Hamilton, Boone, Hancock, Johnson and Warrick counties had an 18% or more increase in the 65 and older population from 2005 to present. Eighteen counties saw an increase of 9-18% and fifty-seven counties saw an increase of 0-9% in the 65 and older population. Twelve counties saw a decrease in this population. These population shifts and trends could possibly affect patient volume in all health centers and provide a positive shift in the payer mix for health centers.

Please review the state health facts [here](#) and for detailed information on the Indiana Medicare population [click here](#).

Emergency Preparedness

(Updates courtesy of Jenifer Nelson)

Common Cleaning Supplies—Potential Cause of Fire

In January 2010, ECHO's Homeless Health Clinic, located at 501 John Street in Evansville, Indiana, experienced an unfortunate fire, which resulted in a near total loss of the clinic and contents.

The "final report" from the local fire department determined that the fire source was "unknown" and "accidental". There were, however, some suspicious indicators for the fire start: the combination of basic cleaning supplies, a circulation pump on the gas water heater and a misplaced full trash bag.

The fire started approximately 30 minutes after the cleaning staff set the alarm upon their departure. The alarm monitoring company, Sonitrol, called both ECHO Administration and the fire department immediately. The Fire Department response time was 10 minutes.

Despite the fire department's best efforts at fighting the blaze, the building was an 80% loss with only some furniture able to be salvaged and all the electronic equipment was lost. Fortunately, their server was located in their main facility and escaped damage.

ECHO was able to utilize their other two facilities to redirect patients and was able to continue normal operations. They took immediate action and separated the cleaning supplies from the water heaters in their other facilities to prevent fire from occurring there as well.

The refurbishing of the damaged facility is nearing completion and is scheduled to reopen on August 2nd, but this time the building layout has modifications. The water heater, now electric, is stored in its own closet as are the cleaning supplies. Learning from past experience, ECHO has no desire to be "burned" in the same manner again.

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

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

Contact **Stephanie Suddeth** for more information!



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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Temporary Administrative Coordinator for Community Health Center Services

And Our Contractor:

Felice Vargo

Director of Workforce Development

Upcoming IPHCA Events

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

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

August

- * August 10, 2010: Online Coding Seminar "CPT Procedure Coding I"
- * August 12, 2010: Online Coding Seminar "107 ICD-9-CM Coding Changes Effective October 1, 2010"
- * August 17, 2010: Online Coding Seminar "205 Wellness and Illness Coding"
- * August 24, 2010: Online Coding Seminar "202 CPT Procedure Coding II"
- * August 26, 2010: Online Coding Seminar "701 Medicare Part B I"

Other Training Opportunities

- * **Workshops for community health centers through Indiana Medicaid** If you need further information please go to www.indianamedicaid.com.
 - **July 29, 2010**, 10am-noon at Paoli Medical Arts Building, Education Classroom, 488 W. Hospital Road, Paoli, IN 47454
- * The California Primary Care Association and the National Association of Community Health Centers are teaming up to present SHAKE, RATTLE, & ROLL! **Earthquake Preparedness for Community Health Centers** – a no-cost webinar on **August 11, 2010** from 11:00 – 12:30 PM PT / 2:00 – 3:30 PM ET. This webinar will cover general earthquake preparedness recommendations, lessons learned from a health center that experienced significant damage in the 1994 Northridge Earthquake, and health center specific response guidance from a member of the California Disaster Medical Assistance Team who responded in the Haiti Earthquake. In addition, CPCA and NACHC will describe resources and tools available to the participants to help move organizational and personal preparedness further along. To register, please [click here](#). Registration is open through August 9.
- * 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](#).
- * Illinois Primary Health Care Association Institute for Learning is offering the **HRSA Accreditation Initiative 2010-2102** workshop on **August 18, 2010** in Springfield, IL. The cost of the workshop is \$50.00 per person and will provide an overview of the two accreditation programs that HRSA is supporting. Facilitated by Karen Connolly, Association for Accreditation of Ambulatory Health Care, Inc. and Lon Berkeley, Joint Commission, this program will assist community health centers with the implementation of an accreditation program. The ideal target audience includes executives, medical directors, quality improvement and additional executive staff involved in center operations. Registration and hotel information are provided at this [link](#).
- * Intensive Chart Auditing Practicum **October 4-7, 2010**. The Association for Utah Community Health (AUCH) is partnering with the Association of Health Care Auditors and Educators (AHCAE) to provide a four day intensive **medical record auditing course**. Those attending will be able to sit for the exam on October 8, 2010 with those passing becoming a Certified Healthcare Chart Auditor (CHCA). AUCH and AHCAE designed this training to provide instruction on critical elements needed for accurate medical record chart auditing for FQHCs. Auditing is essential for medical record and proof of coding compliance. The training would be appropriate for billing managers, staff members that work with medical records, or those involved with QI. Obtain information on cost, a detailed description of the course and faculty, and registration by clicking [here](#).