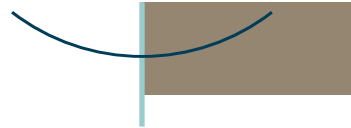




# CHC Digest



## News & Notices

*(Updates courtesy of CHC Services Team)*

### ACO Initiatives Announced

On May 17, the CMS Center for Medicare and Medicaid Innovation announced three new initiatives addressing ACOs (Accountable Care Organizations). Under the ACA (Affordable Care Act), the HHS Secretary is directed to create the Medicare Shared Savings Program (MSSP), which encourages groups of providers to come together to form ACOs. ACOs will manage and coordinate patient care for Medicare fee-for-service patients/beneficiaries.

### Pioneer ACO Model:

The Pioneer ACO Model which provides a faster application process for existing ACOs that have already begun coordinating care for patients.

### Advance Payment Initiative:

The Innovation Center is considering an Advanced Payment Initiative for ACOs entering the Medicare Shared Savings Program to test whether and how pre-paying a portion of future shared savings could increase participation in the program.

### Accelerated Development Learning Sessions

The Innovation Center will be offering four Accelerated development Learning Sessions in 2011 to provide executive leadership teams from existing or emerging ACOs the opportunity to learn about essential ACO functions. Sessions will include a focused curriculum on core competencies for ACO development; leadership and priority setting, clinical and operational challenges, building capacity to assume and manage financial risk and meeting patient needs while reducing the total cost of care.

For additional information on these initiatives please link [here](#).

### Call for Conference Workshop Proposals

The 2011 National Refugee and Immigrant Conference: Issues and Innovations will hold its seventh annual conference on Monday and Tuesday, November 7-8, in Chicago and invites you to submit conference workshop proposals. The goal of this conference is to identify issues, emphasize best practices, and highlight innovations by providing those who work with refugees and immigrants an opportunity to learn from and network with one another.

The Call for Conference Workshop Proposals is now available on the conference website at <http://www.thecenterweb.org/alrc/refugee.html>. Click on the link "Call for Proposals." We encourage submissions from professionals in Pre-K-12 Education, Adult Education, Universities, Health Care, Marriage and Parenting Education, Family Support Services, Job Development, Refugee and Immigrant Services, Cultural Orientation, Capacity-Building, Community Organizations, Advocacy, and Social Media. Please respond to the Call for Workshop Proposals by **June 30, 2011**.

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

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## News and Notices *(Continued)*

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

### **Obama Administration Establishes White House Rural Council**

The White House announced on June 10, 2011 the establishment of the first White House Rural Council with the goal of strengthening rural communities. While rural communities face challenges, they also present economic potential. To address these challenges, build on the Administration's rural economic strategy, and improve the implementation of that strategy, the President signed an [Executive Order](#) establishing the White House Rural Council.

The White House Rural Council will coordinate programs across government to encourage public-private partnerships to promote further economic prosperity and quality of life in rural communities nationwide. Chaired by Secretary of Agriculture Tom Vilsack, the Council will be responsible for providing recommendations for investment in rural areas and will coordinate Federal engagement with a variety of rural stakeholders, including agricultural organizations, small businesses, and state, local, and tribal governments.

For more information and to view the official press release please visit: <http://www.whitehouse.gov/the-press-office/2011/06/09/obama-administration-establishes-white-house-rural-council-strengthen-ru>.

### **FSSA Expands Hybrid Eligibility System**

The Hybrid Eligibility System will now expand to another 13 counties located in the Lake and St. Joseph regions. Total number of Hybrid counties is now 72 and the effective date for the Lake and St. Joseph region is June 20, 2011.

Approval for the expansion occurred on June 7, 2011 by the Food and Nutrition Service (FNS). The Hybrid Eligibility System brings technological enhancements that provide clients improved support via phone and internet service. It continues to offer the face to face meeting with a county caseworker in the local county office to complete applications for Medicaid and food assistance benefits. It also helps current beneficiaries maintain benefits.

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

### **BPHC NEW NCA Highlights Report Released**

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) has recently released a pilot version of a new report highlighting activities and resources of the 15 National Cooperative Agreements (NCAs) supported by BPHC.

These NCAs provide a wealth of one-on-one and one-to-many training and technical assistance activities and resources to BPHC grantees. The purpose of this report is to provide a few highlights of activities related to BPHC's current priorities, and tools that may be useful to BPHC grantees in day-to-day work.

This report is available now on the BPHC website: <http://bphc.hrsa.gov/buckets/bphcncahighlights0411.pdf>. For more information, please contact Lisa Wald in the Office of Training and Technical Assistance Coordination at [lwald@hrsa.gov](mailto:lwald@hrsa.gov).

### **Healthy People 2020 Community Innovations Project**

The Office of Disease Prevention and Health Promotion (ODPHP) announced a Request for Proposal (RFP) for an Healthy People Community Innovations Project. Healthy People is a set of topic areas and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts to improve the health of people in the United States. The purpose of the RFP is to solicit community-level projects that use Healthy People 2020 overarching goals, topic areas and objectives to promote improved health at a community level. Funding is intended to support activities above and beyond general operations. Using the projects funded through this RFP, the ODPHP intends to evaluate how the Healthy People 2020 overarching goals, topic areas and objectives are being used to improve the health of communities. Deadline for the RFP is August 5, 2011. For the full announcement of the project go to:

<http://www.healthypeople.gov/2020/implementing/HP2020CommunityInnovationsRFP.pdf>

## Especially for FQHCs

(Updates courtesy of Carla Chance & Mark Vonderheit)

### New FTCA Deeming Requirements

The Bureau of Primary Health Care hosted a conference call on June 8, 2011 on the new FTCA Deeming application requirements. A replay of the call can be accessed by dialing: **800-337-5610** until December 31, 2011.

#### **Major changes include:**

- Minutes from the **last six** QI/QA committee meetings (all patient names and other identifiers should be removed – on the call a question was asked if they could use a black magic marker to black out the information and the answer was that that would be acceptable).
- Minutes from the **last six** Board meetings that reflect Board approval of QI/QA activity (removal all information not related to QI/QA activity).
- Board-approved Credentialing and Privileging policies (must be signed and dated by the Board – usually the Chair). The presenters indicated that if the Board approves a packet of policies at a meeting, then a listing of the policies in the packet with the Board Chair's signature and date will be sufficient along with the corresponding policy – this is if not each policy is individually signed.
- Clinical policies and procedures for the following activities: Referral Tracking; Hospitalization Tracking; X-Ray Tracking; and Lab Result Tracking. A question was asked if these needed to be individual policies as one health center had the tracking processes combined and the answer was that a combined policy was acceptable, but each tracking process should be listed in the policy.

The presenters also discussed the “essay” type questions that are part of the application. They strongly encouraged the health centers to answer the questions and reference the page number and source of the information – they should not say “see attached”. The section was purposely designed to expedite the review process.

A complete initial or redeeming application must include: an Application Form completed in the EHB; An approved Quality Improvement/Quality Assurance Plan, including governing board signature and approval date; Summary of professional liability history for case filed or closed within the last 5 years, if applicable – include name of provider(s) involved; area of practice/specialty; date of occurrence; summary of allegations; and status of outcome of claim.

Additional information and resources can be found on the FTCA website at: <http://bphc.hrsa.gov/ftca/>.

For further information and/or questions on the FTCA Program, Program support, application requirements, or for EHB support, please contact the BPHC Help Line at:

1-877-974-BPHC or [bphchelpline@hrsa.gov](mailto:bphchelpline@hrsa.gov).

### Program Assistance Letter (PAL) 2011-05

PAL 2011-05 describes the process for health centers grantees to submit FTCA deeming applications for calendar year 2012. PAL 2011-05 supersedes 2010-06 and clarifies the requirements for calendar year 2012 FTCA deeming and renewal application submissions.

PAL 2011-05 provides additional guidance regarding application deadlines and information requests. Additional information requests include; minutes from the last 6 QI/QA committee meetings, minutes from the last 6 board meetings evidencing QI/QA activities, credentialing and privileging policies and clinical policies and procedures on referral tracking, hospitalization tracking, x-ray tracking and lab results tracking.

To review PAL 2011-05 please link [here](#).

### Opportunity to Learn More About the BPHC's New Review Process

On July 21, IPHCA will be hosting the training “Are You Ready for 2014?” and one of the presenters will be Tim Crofton CEO of Tug River Health Association. Tug River was one of the first FQHCs to have undergone the new review process by the BPHC and Tim has offered to be available after the training to explain the process and answer questions. Please consider attending the training and staying afterward to hear more about the process.

## CHC Program Updates

### CHC Services

(Updates courtesy of Carla Chance & Mark Vonderheit)

#### New CAHPS Items to Assess Cultural Competence of Providers

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, which is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care, has announced a new set of survey items to better assess the cultural competence of health care providers. To download the Adult Primary Care Questionnaire in the *CAHPS Clinician & Group Survey and Reporting Kit* and view the survey questions for assessing cultural competence go to: <https://www.cahps.ahrq.gov/cahpskit/CG/CGChooseQX.asp>

#### New Website Helps Spanish-speaking Patients Communicate More Effectively with Their Medical Provider

*Conozca las preguntas* (Know the questions), a new Spanish-language website of the Agency for Healthcare Research and Quality (AHRQ) located at <http://www.ahrq.gov/preguntas>, offers Spanish-speaking patients tips to improve their communication with their medical providers.

AHRQ data show that the proportion of Hispanics reporting poor communication with their providers is widening. The website also features downloadable public service announcements (PSAs) from AHRQ's nationwide campaign with the Ad Council.

A special website for mobile phone users is also available at <http://4in.fo/Y9SAwg>, and those interested in receiving bi-weekly tips on talking with their doctors can get them by texting 80676/Preguntas.

For a free, continuous-loop DVD of the public service ads, *Abre la boca (Open your mouth)*, for waiting room showing, as well as free supplies of *Conoce usted cuales son las preguntas correctas que debe hacer? (Do You Know the Right Questions to Ask?)*, a bilingual card with 10 key questions patients may want to ask their medical providers, contact [bob.isquith@ahrq.hhs.gov](mailto:bob.isquith@ahrq.hhs.gov)

### NHSC and Shortage Designation Update

(Updates courtesy of Natalie Brown)

#### NHSC Corps Connections Newsletters - Volume III

The NHSC has just released the website links to Volume III (May edition) of the NHSC Corps Connections newsletters. These newsletters are designed to support NHSC Clinicians In-Service, NHSC Sites and NHSC In-School Scholars. To access the newsletters, please visit the following links below which are found on the NHSC Website:

NHSC Clinicians In-Service: <http://www.nhsc.hrsa.gov/loanrepayment/corpsconnectioninservicemay.pdf>

NHSC Sites: <http://www.nhsc.hrsa.gov/communities/corpsconnectionssitesmay.pdf>

NHSC In-School Scholars: <http://www.nhsc.hrsa.gov/scholarship/corpsconnectionscholarmay.pdf>

#### 2011-2012 NHSC Scholar Placement

As many of you may know, NHSC scholars are required to work at NHSC-approved sites in federally designated HPSAs of greatest need. NHSC reviews data each year to determine what HPSA score a site must have in order to recruit and hire an NHSC scholar. As of June 20, 2011, the minimum HPSA score for the 2011-2012 placement cycle will be **16** for all eligible clinicians, not 17 and higher as had been anticipated. This adjustment is being made based on further calculations completed in anticipation of publishing the official score in the Federal Register in the coming weeks.

If you have any questions regarding the information above, please feel free to contact the NHSC Call Center at 1-800-221-9393. Thank you.

#### Notice: Publishing of HPSA Designations by HRSA

The Health Resources and Services Administration (HRSA) will be publishing the list of Health Professional Service Areas (HPSAs) in the near future. The first publication will include HPSAs with their status as of January 1, 2011; a second publication will be published in next couple of months which will have a later effective date. This publication will result in the final withdrawal of all HPSAs that have been in '**Proposed for Withdrawal**' (P) or '**No New Data**' (N) Status since the last list was published in 2002.

The most significant impact will be the termination of payments to physicians under the Medicare 10% Bonus program, which has continued in P and N HPSAs; however, these payments will continue until the end of 2011 since they are based on the HPSA status as of 12/31/2010.

**NHSC and Shortage Designation Update***(Continued)**(Updates courtesy of Natalie Brown)*

If you want to find out if your area is in a HPSA designation you can view the Indiana HPSA Maps [http://www.indianapca.org/aboutchcs/hpsa\\_mla\\_maps.html](http://www.indianapca.org/aboutchcs/hpsa_mla_maps.html), last updated March 2011. You can also Search by State and County to determine if your area is currently designated <http://hpsafind.hrsa.gov/> or you can Search by Address <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>. If you have any questions pertaining to the publishing of the HPSA list and if your area will be impacted please contact Natalie Brown at 317-630-0845 or [nbrown@indianapca.org](mailto:nbrown@indianapca.org).

**Primary Care Shortage Designation Applications**

Through the Technical Assistance Contract with ISDH, IPHCA handles the Primary Care HPSA and MUA/P designations for Indiana. This includes both new requests and the federally required Annual HPSA Updates. After IPHCA completes the data entry and analysis of the designation it is submitted to ISDH for review. Once ISDH has reviewed the application they formally submit it to the Office of Shortage Designation (OSD) at HRSA.

OSD then reviews the designation application and makes a decision as to whether it will be approved. In order to provide you with the most up to date information we have decided to start including a section in the CHC Digest where we will inform you of designations that have recently been submitted to ISDH, designations that have recently been submitted to OSD, and designations that have recently been approved by HRSA.

Due to the nature of shortage designations some go very quickly, while others take considerably longer. Please be aware that we are not only working through our request list as quickly as possible, but we are also doing so in the most efficient way possible. This means that an area that was requested recently might be submitted before older requests due to the fact that we had recently surveyed that area for another designation. We take each designation application very seriously and do our best to find a way to designate an area, which unfortunately is not always possible. Please keep in mind that we are always working on multiple designations at a time and at some point we may contact you requesting information for your site if it happens to fall in an area we are working in, or if it falls within 30 minutes of an area we are working in. We appreciate your assistance with providing this information, as it is crucial to the designation process. If you have any questions regarding Shortage Designations please contact Natalie Brown at [nbrown@indianapca.org](mailto:nbrown@indianapca.org) or 317-630-0845.

Primary Care Shortage Designation Applications submitted to ISDH in June

- South Bend Southern Service Area MUA
  - Census tracts 0026, 0028, 0033, 0034, 0035, and 0111.

Primary Care Shortage Designation Applications submitted to OSD in June

- Knox County MUP
  - Whole County
- Crawfordsville Service Area MUP
  - Census tracts 9570, 9571, and 9572.
- Noble County Primary Care HPSA
  - Whole County
- Starke County Low-Income Primary Care HPSA Update
- Wayne County Low-Income Primary Care HPSA Update
- Switzerland County Primary Care HPSA Update

Primary Care Shortage Designation Applications designated by OSD in June

- Benton County Low-Income Primary Care HPSA
  - Whole County

**Finance & Operations***(Updates courtesy of Mark Vonderheit)***New Market Tax Credit (NMTC)**

The NMTC is a federal tax credit intended to encourage private equity investment in qualified “low-income” communities. NMTC is an investment that is not repaid, provides a tax credit which provides a 20% net equity of the total cost of the project, structures loans with interest only payments for 7 years and can be used with a variety of other financing resources.

**Finance & Operations***(Continued)**(Updates courtesy of Mark Vonderheit)***New Market Tax Credit (NMTC)**

The NMTC is a federal tax credit intended to encourage private equity investment in qualified “low-income” communities. NMTC is an investment that is not repaid, provides a tax credit which provides a 20% net equity of the total cost of the project, structures loans with interest only payments for 7 years and can be used with a variety of other financing resources.

Earlier this month Capitol Link conducted a webinar on NMTC in which IPHCA staff participated. The webinar provided further information on tax credit overview, loan structure and process resources. It provided a community health center NMTC project and financing example which highlighted process and budgeting information.

Please contact Mark Vonderheit at [mvonderheit@indianapca.org](mailto:mvonderheit@indianapca.org) for additional information on the Capitol Link NMTC webinar. NMTC information can also be found on the Capitol Link website at <http://www.caplink.org>.

**Indiana Medicaid FAQ (Frequently Asked Questions) for FQHCs and RHCs**

Recognizing the important role and partnerships that exist between the Indiana Medicaid Managed Care Entities (MCE) and community health centers the MCEs, Mdwise, MHS and Anthem have put together this FAQ on health center billing for Indiana Medicaid.

This document discusses the billing, claims payment and reconciliation process that occurs with the MCEs and the Indiana Medicaid health program. Myers and Stauffer, IPHCA and OMPP (Office of Medicaid Policy and Planning) consulted on this FAQ document. Additional information on EPSDT claims, wrap payments, well child visits and supplemental payments can be found in this guide.

Each of the health plans have or will be posting this FAQ on their websites under the provider link. Please link [here](#) to view the FAQ.

**ICD-10 Code Change Fast Approaching**

In recent ICD-10 trainings promoted through IPHCA emphasis on beginning to transition to ICD-10 changeover was shared. This changeover from ICD-9 to ICD-10 involves the entire operation processes of each community health center.

Some steps health centers can begin to take immediately are identifying current systems and work processes that use ICD-9 codes, communicate implementation plans between providers, payers and vendors, identify potential changes to workflow and business processes, and budget time and money for implementation which includes allowing time for testing transactions and for staff training.

Suggested training curriculum include; basic understanding of the ICD-10 code set, coding diagnoses, clinical definitions and terms in ICD-10, systems updated for ICD-10 and workflow changes.

The implementation date for ICD-10 is October 1, 2013 and all claims for services provided on or after this date must use ICD-10 codes. IPHCA will be hosting additional trainings next year (dates are to be determined), so look for the announcement of the training in future Digests or check the IPHCA website's Events Calendar at <http://www.indianapca.org>. Additional information and resources can be found [here](#).

**Medicare Enrollment Reminder**

Medicare enrollment application forms are “fillable” on your computer. This means that you can fill out the information required by typing into the open fields while the form is displayed on your computer monitor. Filling out the forms this way before printing, signing and mailing means more easily-readable information – which means fewer mistakes, questions, and delays when your application is processed. Be sure to make a copy of the signed form for your records before mailing.

*Signatures are still required to be handwritten. Don't forget to complete this important step prior to mailing your typed form(s).*

Keep in mind that typed forms are easier for Medicare to process, but the most efficient method for submitting your enrollment application is to use the Internet –Based Provider Enrollment, Chain and Ownership System (PECOS).

**Finance & Operations***(Continued)**(Updates courtesy of Mark Vonderheit)*

PECOS guides you through the enrollment application so you only supply information relevant to your application. PECOS also reduces the need for follow-up because of incomplete applications. Using Internet-based PECOS results in a more accurate application and saves you time and administrative costs.

To view the forms and review enrollment process please link [here](#).

**HIP (Healthy Indiana Plan) Reimbursement Manual**

The HIP Reimbursement Manual has been updated to clarify coverage/reimbursement policies. This manual is available on the IHCP website in the manuals section. HIP follows Medicare's guidance on any reimbursement changes based on effective date, retroactive changes in payment dates and Medicare hold claims. The ESP (Enhanced Services Plan) billing guidelines mirror traditional fee for service Medicaid claims and are processed by ACS. OMPP (Office of Medicaid Policy and Planning) will continue to provide wrap-around payments up to the Medicaid FQHC and RHC PPS rate with year-end settlements based on claims data. For claims paid in a calendar year any difference between HIP insurer payment and payment under Medicaid PPS will be accounted for in the HIP year end settlement calculations.

To access the HIP reimbursement manual please link [here](#).

**Emergency Management***(Updates courtesy of Jenifer Nelson)***Updated EOP Templates**

Since network notebooks have now been distributed, the Communications Plan section of the Emergency Operations Plan (EOP) template has been updated. Additionally, there is a template for Fatality Management available. If you are interested in these updated templates, please email Carla Chance at [cchance@indianapca.org](mailto:cchance@indianapca.org).

## Upcoming IPHCA Events

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

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

\* **Are you Ready for 2014? The Impact of Health Reform on R&R Strategies**

July 21, 2011 – 9:00 AM – 3:00 PM

Indianapolis Marriott North  
3645 River Crossing Parkway, Indianapolis

Register [Here!](#)

**July Online Coding Seminars**

- \* July 7, 2011: Orthopaedic Coding
- \* July 12, 2011: OB/Gyn and Contraceptive Management Diagnosis Coding
  - \* July 21, 2011: Wellness and Illness Coding
  - \* July 26, 2011: Neoplasm Diagnosis Coding
  - \* July 28, 2011: ICD-9-CM Diagnosis Coding I

**[Register Now!](#)**

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).

## Other Training Opportunities

\* **Online Course Offering For Dental Professionals**

**June 30, 2011 (No time available).** MATEC Indiana is partnering with a sister AIDS Education and Training Center, Pacific AIDS Education and Training Center, to offer an online course designed for dental professionals.

*Modeling Risk Assessment: Conversations Between the Dentist and HIV-infected Patients* is presented by the University of Southern California (USC) School of Dentistry and the Oral Health Advisory Group of the Pacific AIDS Education and Training Center.

This one-hour online training is intended to increase the participant's confidence in initiating risk assessment conversations with patients. The topics covered include: Pregnancy and HIV, Adherence to Anti-retroviral Medications, Illegal Drug Use and Oral Sex. This program is intended for all practitioners involved in caring for the oral health needs of patients. A certificate of completion (in PDF format) for all professionals will be available immediately upon course completion. [Click here to register!](#)

\* **2011 School Health Conference to be held this July 13 & 14 in Indianapolis at the Omni Severin Hotel.**

We will feature national, regional and statewide speakers who will address current trends affecting school health. This year, our conference entitled, ***The Future of School Health: Resources, Access, and Outcomes*** also addresses critical issues on maximizing financial resources, school-based clinics, and coordinated school health. More information about the conference can be found on the CKF website at <http://www.ckfindiana.org/> or on the ISHN website at <http://www.inschoolhealth.org/>. Hotel reservations can be made by calling: 1-800-THE-OMNI (1-800-843-6664). **Register today** at <http://www.regonline.com/Register/Checkin.aspx?EventID=978132>. The registration fee of \$130 also includes one-year membership in the Indiana School Health Network! [View Banner Here](#)

\* **IN Public Health Training Center Summer Workshops**

**July 7, 2011 Workshop, "Understanding Hoarding."** 9am—12:30pm at the IUPUI Campus Center. \$35 includes all materials, parking, and breakfast. This workshop will focus on defining and discussing the psychology of hoarding, working with the hoarder to treatments, medical supports and social services, and discussing the environmental hazards and cleanup processes associated with hoarding.

**July 26, 2011 FREE Public Health Café, "Worksite Wellness."** 8am—9:30am at 714 N. Senate Ave., Indianapolis. Discussion topics include the diverse strengths and areas of opportunities for the small business workplace and how it relates to workplace wellness.

**Register** for these events today at : <http://www.publichealthconnect.org!>

\* **Managing Ambulatory Health Care I: Introductory Course for Physicians in Community Health Centers**

September 12–15, 2011 Boston, MA

The *Managing Ambulatory Health Care (MAHC) 1: Introductory Course for Physicians in Community Health Centers* is designed to help CHC leadership to expand their knowledge of management concepts and leadership roles that can effectively guide their centers through these times of uncertainty and change. The course provides case method style instruction to facilitate practical application of the concepts presented, creating a dynamic forum for the exchange of ideas, issues, and challenges between participants and faculty. [Apply today!](#)