



CHC Digest

DECEMBER 23, 2015

DIGEST ISSUE 74

Trainings & Meetings

January 11-14, 2016

Managing Ambulatory Health Care I: Introductory Course for Clinicians in Community Health Centers

National Association of Community Health Centers
Delray Beach, FL

[See article for more details.](#)

February 16, 2016

Forum

9:30 am
Hilton Indianapolis Hotel and Suites
120 W. Market St
Indianapolis, IN 46204

Contact Jason Bundy at jbundy@indianapca.org or 317-630-0845 for more information

January 4, 2016

Accelerating Evidence Into Action Webinar 1:00pm – 2:00pm, ET

The CDC is hosting a webinar to provide an overview of CDC's [6|18 Initiative](#). Following the overview, Rhode Island will present on their success-to-date in implementing one of the targeted interventions as well as their collaboration between Medicaid and public health, and what they hope to accomplish by participating in the policy collaborative.

SAVE the DATE

IPHCA Annual Conference

May 2 and 3, 2016

The title and theme are Beyond the Four Walls: Addressing the Social Determinants of Health.

News and Notices

Congratulations to HealthNet on Being Named the 2015 HIMSS Davies Award Winner

“HealthNet has been named a 2015 Healthcare Information and Management Systems Society’s (HIMSS) Ambulatory Davies Award recipient. The HIMSS Nicholas E. Davies Award of Excellence, since 1994, has recognized outstanding achievement by organizations that have utilized health information technology to substantially improve patient outcomes while achieving return on investment. The Davies Awards program promotes electronic health record-enabled improvement in patient outcomes through sharing of case studies and lessons learned across a wide range of efforts, including implementation strategies, workflow design, best practice development and adherence, and patient engagement that have improved ambulatory care outcomes for patients. HealthNet’s successful use of health IT to move metrics is highlighted in case studies focused on the value of leveraging IT to standardize care and improve patient outcomes. With the assistance of electronic health records and a variety of IT interventions, HealthNet has reduced low birth weights, improved care outcomes for pediatric patients, and significantly increased patient satisfaction. The use of the electronic health record to improve patient management and billing has produced a 230 percent return on investment since 2009. HealthNet will be recognized at the 2016 HIMSS Conference & Exhibition, February 29-March 4, 2016 in Las Vegas, Nev.”

340B Drug Pricing Program – Applicable to New Sites Only

The Bureau of Primary Health Care has published the following information regarding the 340B Drug Pricing Program. To participate in the 340B Program, eligible organizations/covered entities must register and be enrolled with the 340B Program and comply with all 340B Program requirements. 340B registration will be open for Health Center Program grantees, **January 1 - 15, 2016**. Note that your site **must be verified as ‘active’ status** in the health center’s scope of project (Form 5B: Service Sites) in EHB order to complete the site’s registration for the 340B Program. Please allow adequate time for HRSA/BPHC processing and acknowledgment of your site verification. BPHC encourages organizations to verify all new sites within EHB as soon as possible and register early with 340B, as early registrations enable time to work through any systems issues that may arise.

[View 340B eligibility requirements and more registration information.](#)

[View more information and register for this webinar.](#)

February 10, 2016

**Tri-Service Buprenorphine Training – Wednesday, February 10, 2016
1:00pm – 5:00pm, ET**

In collaboration with the Office of National Drug Control Policy, this free course will provide the required eight hours of training necessary to apply for the DEA waiver. Participants will complete four hours of the eight hour training as a self-study activity prior to participating in a four hour webinar which acts as a refresher in evidence-based practices for prescribing Buprenorphine in the treatment of opioid addiction.

For additional information or to register, contact Dr. Maureen Coster at DHA.SUD@Engilitycorp.com by **Friday, February 5, 2016.**

IPHCA STAFF

Indiana Primary Health Care Association
429 N. Pennsylvania Str., Ste. 33
Indianapolis, IN 46204

Meeting the National CLAS Standards and PCMH Recognition: A Crosswalk for Health Centers

The Association for Asian Pacific Community Health Organizations (AAPCHO) developed a crosswalk tool to help health centers better understand how to align the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) Standards with National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).

[View the Crosswalk Tool](#)

A Guide to Comprehensive Hepatitis C Counseling and Testing

The Center for Disease Control and Prevention released a manual to provide guidance to primary care providers on hepatitis C counseling and testing recommendations for individuals who are at risk for or potentially infected with the hepatitis C virus. The manual can be downloaded at:

<http://www.cdc.gov/hepatitis/hcv/profresourcesc.htm>. It is recommended by CDC and the U.S. Preventative Services Task Force (USPSTF) that adults born during 1945 – 1965 should receive one-time testing for hepatitis C virus without prior ascertainment of HCV risk. It is thought that with the full implementation of the hepatitis C testing recommendations in primary care that would help identify more individuals with hepatitis C, allowing them to enter into care and treatment sooner.

Great Lakes Practice Transformation Network (GLPTN):

The GLPTN can support you and your team in doing what you do best – providing excellent patient care

Our tools and resources can help you stay ahead of healthcare transformation

What is the GLPTN?

The Great Lakes Practice Transformation Network (GLPTN) is a three-state network (Indiana, Illinois and Michigan) that will support 11,500 clinicians to continuously provide value for their patients while being ready for the 2019 Merit-based Incentive Payment System. This alternative payment method will consolidate the quality and cost measurement mechanisms of the Meaningful Use (MU), Physician Quality Reporting System (PQRS), and Value-Based Modifier (VBM) programs.

How?

At no cost to you, the GLPTN will provide a Transformational Toolkit including:

- local Quality Improvement (QI) Advisors trained in evidence-based practices and management to support your quality improvement activities;
- national CMS resources and experts; and
- national support and alignment networks such as the American Medical Association and/or the American Board of Family Medicine to provide CMEs, certification maintenance, data registries, and more.

Who?

In Indiana, the GLPTN will be recruiting at least 3,000 primary care and specialty physicians, advanced-practice providers, and clinical pharmacists.

When?

Over the next four years, the GLPTN will support clinicians through the CMS five phases of patient-centric practice transformation.

Where?

In your practice, the GLPTN will align our transformational toolkit with your current quality improvement activities and support transformational change in the areas you choose from our quality-measures menu.

For more information and to learn more about how to enroll in this no-cost initiative, contact Great Lakes Practice Transformation Network Clinical Lead [Tara Hatfield](#), RN, BSN, CHTS-CP, CPHPA, at (812) 525-0023 (cell) or thatfie@purdue.edu.

It is nearing that time again. The Indiana Primary Health Care Association will be sending out a data survey to collect information about patients, funding, insurance, etc. which will be analyzed and turned into a visual representation for members of Congress and their staff. The survey will be sent out around mid-December so please be looking for that email in the next few weeks. Last year the surveys were due by late January. The tentative due date for completing the survey will be Friday, January 22, 2016. This data is a very important tool to educate members of Congress about the impact CHCs make in their district and in the state as a whole. We appreciate your timely response to this survey which will ensure our final presentation is professional, neat, and accurate. Please send any questions to LMangifico@indianapca.org.

2015 UDS Manual Available

The 2015 Uniform Data System (UDS) manual which includes instructions for health centers to submit UDS data for Calendar Year 2015 is now available on the [UDS Resources webpage](#) or you can download the manual directly from this link: [View the 2015 UDS Manual](#).

J1/NHSC Updates

Indiana J-1 Visa Waiver 2016 Cycle Update

Indiana is now accepting applications for the 2016 Cycle of the J-1 Visa Waiver Program. Applications will be reviewed as received but will not be processed until October 1, 2015 for Primary Care physicians and January 1, 2016 for Specialist physicians. IPHCA will continue to post updates on the website as they are available. Please feel free to contact Natalie Morrison at nmorrison@indianapca.org or (765) 918-4431 with any questions. Please find the updated 2016 J-1 Visa Waiver documents here: [Application Cover Sheet](#); [Waiver Program Affidavit](#); [Program Guidelines](#); [Verification of Employment](#)

Primary Care Scholarship and Loan Repayment Programs

[The Health Resources and Services Administration](#) (HRSA), [Bureau of Health Workforce](#) has many exciting loan repayment and scholarship programs for primary care students and providers interested in a rewarding career in primary care.

To prepare for these opportunities, you can view the [Application Bulletin](#) which outlines the eligibility requirements, disciplines and estimated open dates for all of our programs. [Sign up](#) to receive email alerts for when each of the 2016 application cycles open

NURSE Corps Program Updates

The Health Resources and Services Administration (HRSA) Bureau of Health Workforce (BHW) has just announced new updates for its NURSE Corps Programs. Beginning in 2016, additional site types will become eligible for the NURSE Corps Loan Repayment and Scholarship Programs.

NURSE Corps members who are fulfilling their service obligation earn competitive pay and benefits negotiated with their employers, which could be any of thousands of hospitals, clinics and other facilities located in designated Health Professional Shortage Areas across the U.S. All eligible site types are listed below:

Eligible Nurse Corps Site Types in 2016

- Critical Access Hospital (CAH)
- Disproportionate Share Hospital (DSH)
- Public Hospital
- Private Hospital
- Federally Qualified Health Center (FQHC)
- Indian Health Service Health Center
- Native Hawaiian Health Center
- Rural Health Clinic
- State or Local Public Health or Human Services Department

- Nurse Managed Health Clinic/Center
- Urgent Care Center
- Certified Community Behavioral Health Clinics (CCBHs)
- End Stage Renal Disease (ESRD) Dialysis Centers
- Ambulatory Surgical Center
- Residential Nursing Home*
- Home Health Agency
- Hospice Program

*Includes: skilled nursing facilities, transitional facilities, assisted living and group homes.

Registered nurses and advanced practice nurses currently employed at one of the site types listed above may be eligible to apply for the NURSE Corps Loan Repayment Program, which is scheduled to open in January 2016.

The NURSE Corps Loan Repayment Program helps alleviate the shortage of nurses across the country by offering loan repayment assistance to registered nurses and advanced practice nurses, such as nurse practitioners working at Critical Shortage facilities, and nurse faculty employed at accredited schools of nursing. Program participants receive repayment of up to 60 percent of their qualifying student loans in exchange for a 2-year service commitment – plus an additional 25 percent of their original loan balance for an optional third year.

The NURSE Corps Scholarship Program helps students complete their nursing education by paying tuition, fees, and other education costs, while providing a monthly living stipend. The program is open to full or part-time nursing students accepted or enrolled in diploma, associate, baccalaureate, or graduate nursing programs at accredited schools located in the U.S. Upon graduation, scholarship program participants fulfill a minimum two-year service commitment at a Critical Shortage Facility.

Below are program resources for NURSE Corps Loan Repayment and Scholarship applicants to help them prepare for application cycles scheduled to open in January and March, 2016, respectively. For your reference, the [2016 Application Bulletin](#) summarizes BHW loan repayment and scholarship opportunities, including the NURSE Corps Programs.

Loan Repayment Resources:

- [NURSE Corps Loan Repayment Program Factsheet](#)
- [NURSE Corps Loan Repayment Application Checklist](#)

Scholarship Program Resources:

- [NURSE Corps Scholarship Program Factsheet](#)
- [NURSE Scholarship Program Application Checklist](#)

SCHOLARSHIP FOR DISADVANTAGED STUDENTS (SDS) PROGRAM

The Health Resources and Services Administration's (HRSA) [Bureau of Health Workforce](#) has released the Fiscal Year (FY) 2016 Funding Opportunity Announcement for the [Scholarships for Disadvantaged Students \(SDS\) program, HRSA-16-069](#).

HRSA's Scholarship for Disadvantaged Students Program estimates making approximately 99 awards totaling \$43 million for four years (fiscal years 2016-2020) with 16% of the funding designated for nursing schools and 25% designated for graduate programs in behavioral and mental health practice. The maximum award to recipients will be up to \$650,000 per year. The deadline to apply for this opportunity is January 25, 2016.

The SDS program increases diversity in the health professions and nursing workforce by providing awards to eligible health professions schools for use in

awarding scholarships to students from disadvantaged backgrounds who have financial need, including students who are members of racial and ethnic minority groups.

The SDS program aims to increase the:

1. Number of graduates practicing in primary care,
2. Enrollment and retention of full-time students from disadvantaged backgrounds including students who are members of racial and ethnic minority groups, and
3. Number of graduates working in medically underserved communities (MUCs).

Eligible applicants are accredited schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, allied health, a school offering a graduate program in behavioral and mental health practice, or an entity providing programs for the training of physician assistants.

Upcoming Technical Assistance for the 2016 Scholarship for Disadvantaged Students Program

January 6 Webinar, 2-4pm ET

To register: <https://hrsaseminar.adobeconnect.com/sds-jan-2016/event/registration.html>

Toll Free Number: 877-917-2510

Participant passcode: 5386017

You can also refer to the [BHW 2016 Grants Bulletin](#) and visit the [HRSA Grants website](#) for additional information regarding upcoming funding opportunity announcements.

Finance and Operations Updates

Finance/Operations Newsworthy Notes

Effective January 1, 2016, IHCP providers subject to the application fee will be required to pay an enrollment application fee of \$554.

<http://provider.indianamedicaid.com/ihcp/Bulletins/BT201580.pdf>

Chronic Care Management for Medicare

CMS recognizes care management (CCM) as one of the critical components of primary care that contributes to better health and care for individuals, as well as reduced spending. Beginning on January 1, 2016, RHCs and FQHCs may receive an additional payment for the costs of CCM services that are not already captured in the PPS for CCM services to Medicare beneficiaries having two or more chronic conditions that are expected to last at least 12 months and place the patient at significant risk of death, acute exacerbation/decomposition, or functional decline. CCM payment will be based on the Medicare PFS national average non-facility payment rate when CPT code 99490 is billed alone or with other payable services on a RHC or FQHC claim. See more details below.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9234.pdf>

As reported in last month's Digest, several changes are occurring in regards to Indiana Medicaid. They are as follows:

MMIS Implementation will Cause "Dark Out Periods"

- Estimated Go Live Date: 2/29/16 (no longer: 1/1/16)

- Estimated Dark Out Periods:
 - Definition of Dark Out: No activity, system is down
 - Provider Enrollment-45 Days
 - Claims Filing-30 Days
 - No Adjustments-15 days
 - Note: Proposed Dark Out Period was met with strong opposition and concern
- Web interChange accounts will not rollover to new portal. Providers will need to re-register in early 2016
- Banner/Bulletin to come out
- Provider Portal Training: www.indianamedicaid.com/general-provider-services/provider-education/provider-healthcare-portal-training.aspx

Advanced Practice Nurse to Accept Panels

- Primary Care Panels
 - On January 1, they will move forward with this policy change
 - 500 is the maximum panel size
 - FSSA is requiring them to enroll in Medicaid program as a condition
 - Panels will be tied to a facility locator so patient-panels will not follow NP if the NP changes facilities
 - Member may follow NP to new location by member calling MCE customer service
 - Bulletin soon to follow

Meetings

Managing Ambulatory Health Care I: Introductory Course for Clinicians in Community Health Centers

Featuring: New "The Next Step" Follow Up Training

A National Association of Community Health Centers sponsored training

January 11-14, 2016

Delray Beach, FL

Early Bird Deadline: January 1, 2016

[Apply here.](#)

To find out more about other courses in the Managing Ambulatory Health Care (MAHC) training program, visit: <http://www.nachc.com/MAHCCourses.cfm>.

[Click here](#) to find out more about the follow up "Next Step" training.

For additional information, contact Cindy Thomas, <mailto:cthomas@nachc.com> or (301) 347-0400.