



CHC Digest

NOVEMBER 25, 2015

DIGEST ISSUE 73

Trainings & Meetings

December 11, 2015

Clinical Challenges in Opioid Prescribing: Balancing Safety and Efficacy

Indiana Government Center
Indianapolis, IN

[Registration.](#)

December 15, 2015

Forum – Topic: Staff Engagement and Staff Development. Our fellow Health Centers will be presenting on Staff Engagement and Development successes and challenges.

Indiana Wesleyan University
North Education Center
3777 Priority Way S. Dr.
Indianapolis, IN 46240

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.](#)

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

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.

IPHCA STAFF

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

Opioid Prescription Mapping Tool

The Centers for Medicare & Medicaid Services (CMS) released an interactive [online mapping tool](#) which shows geographic comparisons at the state, county, and ZIP code levels of de-identified Medicare Part D opioid prescription claims – prescriptions written and then submitted to be filled – within the United States. This new mapping tool allows the user to see both the number and percentage of opioid claims at the local level and better understand how this critical issue impacts communities nationwide.

Looking at Indiana specifically it should be noted that the state average for opioid prescriptions is at 6.36% compared to the national average of 5.32%. Of further concern, 73 of the counties in Indiana have higher rates than the national average and 18 have exceptionally high average rates of 7.01% - 15.00%. The largest geographic clustering of these counties include: Floyd, Clark, Scott, Jackson, Jennings, Bartholomew, Morgan and Brown (Scott County was at the epicenter of the recent HIV outbreak). Another cluster includes Madison, Delaware and Henry counties. In southwest Indiana, Vanderburgh and Posey Counties have percentages greater than the nation. Two counties, Dearborn and Martin, are somewhat isolated, but reasonably close to Scott County. The remaining three are isolated from other counties with high percentages; Boone, Miami and Sullivan Counties.

A drill down to selected zip codes reveals which zip codes have Opioid claims greater than 30%, for example:

46582: Average Opioid Claim - 38.22% (Kosciusko County: 4.45%)

46914: Average Opioid Claim – 62.55% (Miami County: 7.42%)

46157: Average Opioid Claim - 57.69% (Morgan County: 8.04%)

Notably, there are several zip codes that fall within the 15.01% to 30.0% average opioid claims.

While the tool only uses data from Medicare prescription claims, it can be assumed that providers are also prescribing for other populations/payer mixes.

2016 Community Health Center Data Survey

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](#)

Finance and Operations Updates

Finance/Operations Newsworthy Notes

Several changes are occurring in regards to Indiana Medicaid. The topics and informational bullet points follow:

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

- FSSA has decided to allow APNs to do rounding mental health departments of hospitals and bill separately
 - This was in the 10/29 bulletin and online as well
 - December 1 is when they will be able to bill
 - This will be retroactive to October 1
- 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

MCE Rebid/Procurement Update

- RFP Released October 5th
- Deadline pushed to January 7th
- Award date is June 2016

Dual Eligibles & Medicare Cost-sharing; Bridging the Financial Gap

- Medicare Part B premiums were expected to increase substantially
- Indiana pays the cost for about 174,000 people, which would have been about \$40.7 million to the state, which was not budgeted
- The state expressed concern to Congress and they gave relief to seniors by reducing premium significantly in the BBA
 - Now it will be about \$15.1 million for Indiana-which according to Joe Moser is “manageable”

Meetings

Course on Safe Opioid Prescribing Practices, 12/11/2015

The Substance Abuse and Mental Health Services Administration (SAMHSA) will be offering a FREE day-long course designed for all clinicians practicing in primary care settings — physicians, dentists, nurses, pharmacists, physician assistants and others — who prescribe opioid medications and who care for patients receiving opioid medications. The course will provide specific knowledge and skills associated with safe prescribing of opioids, including balancing optimal pain relief and preventing inappropriate use of opioid analgesics CME is available through the Postgraduate Institute for Medicine (PIM). PIM designates this live activity for a maximum of 7 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Friday, December 11, 2015 (8am-5:30pm) at the Indiana Government Center, 302 West Washington Street, Indianapolis, IN 46204

Who should attend: all staff involved in administering opioid medications.

or more information about the course and registration click the following link:

[Clinical Challenges in Opioid Prescribing: Balancing Safety and Efficacy](#) or contact Anne Leopold: aleopold@jbsinternational.com.

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.