

Cooperative Agreement Quarterly Call

**May 22, 2014
1:30 pm ET**

Coordinator: And thank you for standing by. Welcome to the Cooperative Agreement Quarterly Call. At this time, all participants are in a listen only mode. During the question and answer session, you may press star 1 on your touchtone phone if you'd like to ask a question. Today's conference is being recorded.

If you have any objections, you may disconnect at this time. And now I'd like to turn today's meeting over to Mr. Jim Macrae. Mr. Macrae, you may begin.

Jim Macrae: Thank you very much and good afternoon and good morning to those on the West coast. Thank you so much for joining us a couple of days before a long holiday weekend. Hopefully, everybody's getting excited for that. I know we are definitely doing that here. And we had a bad rain storm. But now the sun is out and hopefully it'll be that way for the entire weekend.

We have a number of things and items to update you on, a lot of things that are percolating. A lot of things that will be coming out soon shortly within the next couple of days, weeks. So we wanted to share some of that. And then some policy and application updates. So in terms of just a couple of updates, I want to give you some information about different funding opportunity because I know that's on a lot of people's minds.

A lot of people want to know where different things are. So first and foremost, we do have two competitive application cycles going on right now. I think

most of you are aware of this. But I just want to give you a quick update on that piece.

We have our patient center medical home capital program that will award about \$35 million probably up to 150 to maybe 175 awards will be made for about \$250,000 apiece. We are currently in the eligibility review of that. And that will be going to our objectory review committees very shortly. We had over 400 applications that came in.

And again, we hope to make those awards in September. So we were very pleased that we got so many applications to do capital construction for patients in a medical home transformation. We also have a behavioral health initiative to better integrate primary care and behavioral health services. We had an amazing uptick in terms of just the number of applications that came in.

We expected about 500. And we received over 650 applications for this particular competition. Those are currently going to our objective review committee I think within the next couple of weeks. And we hope to make up to 200 awards. But as you can tell, 200 awards out of about 650 applications that means roughly about a third will be funded.

So a lot of interest, but we won't be able to meet all of the demand for that. We do anticipate making those awards sometime in August. Now the couple of things that I know folks are very interested in, the expanded service opportunity. We will be announcing that probably within the next two weeks at the latest for health centers to apply to expand their medical capacity and also to have the opportunity to expand their oral health services or even add new oral health services.

Same thing with behavioral health, vision and pharmacy. There will be an expectation that folks will dedicate a portion of their money to expand their medical capacity to see more patients either by increasing their number of hours at a medical provider's or through different contractual arrangements. But the expectation is that they will use a portion of their money to do that.

And then the remaining portion similar to what we did a few years ago, people can either add and do more to expand their medical capacity or they can oral health or behavioral health or vision or pharmacy. So they'll have that opportunity. It will be through a formula approach. People will be given a target amount.

They'll be asked to submit a brief application, provide a budget for that and submit it fairly quickly. We're looking at potentially less than a month in terms of getting applications in. So not a lot of time. But hopefully with respect to the application guidance, it will be very straight forward and people will be able to complete that fairly quickly.

So that's exciting. Stay tuned. We will have a lot of different TA calls for that because we know there will be a lot of questions. And of course, we encourage you to help get the message out to your grantees on that. The other thing that we're also working is a new access point competition. I think most of you know that the president's budget included \$100 million for up to 150 new access points.

So we're currently going through the clearance process on that application guidance. And that will be a little bit later than the expanded service guidance because we want folks to focus first on expanded service. But then have the opportunity to have applications coming in for new access points. We're

hoping to have that out for a longer period of time, at least 60 days. Hopefully 90 for people to be able to apply.

And then make those awards probably sometime in early calendar year 2015 is what we're looking at. Probably within that First Quarter is what we're looking at right now. And so we're very excited about that. We know a lot of people are very interested. And it'll be exciting. We also know that for a lot of existing grantees, they're very interested in the service area competition applications.

Or maybe not interested is the right word. But looking forward to. Maybe that's not the right word. Want to know when they can start their applications to continue to receive funding, probably the best way to phrase that. We will be getting that out sometime later this summer. We did also look - take a look at feedback that we got from - on the 2014 guidance to look to see where we can improve and streamline that guidance to make sure that it better reflected what we were trying to accomplish.

And hopefully it was a little bit clearer in terms of what it is we that we were trying to do. So hopefully that will be an improvement and folks will see some of that in that guidance itself. We do know how actually important that is in terms of the guidance. And then finally the last piece is - which I know folks are very interested in too.

And you've heard me talk about a little bit on a couple of different occasions. I won't bore you with all the details. We are going to be doing also \$110 million in base adjustments of which a portion will be for patients that are medical home recognition. A base amount if a health center's been recognized. And then an additional pump for every additional site that's been recognized.

And then the remainder of the money basically to reflect their increased cost of care based likely on a base amount plus some adjustment based on the number of patients and uninsured patients. And then finally, the idea of creating quality incentive awards. We are looking to do that in terms of 4 different categories.

First for those folks that report UDS through their EHR system. Second for those health centers that have seen significant improvements on a number of measures. So basically looking at their own performance and then are improving. Next, those top performing health centers in terms of their clinical performance.

Risk adjusted based on their percent of special populations that they see, their percent uninsured their percent of patients that are racial or ethnic minorities. And then if they actually use an EHR, actually giving them an adjustment to reflect what sometimes happens with an EHR is that you're actually your performance drops a little bit. So it will reflect that.

And then finally which I think is something that's really exciting. And actually had the opportunity to share with (Dr. Wakefield) who was sharing it with the Deputy Secretary today - is actually the idea of recognizing some health centers that have achieved and exceeded national benchmarks and standards.

So benchmarks and standards that have been set for the general population. But because of the populations that we serve are even more remarkable in terms of their performance. So really the top performing health centers nationally that would exceed anybody else in terms of what they're doing. So this is going to be I think a real sort of shift in terms of how we award money.

And I think it's really the next logical step in terms of the work that we're doing. We invested a lot as you all know both in terms of resources as well as technical assistance as well as support to help centers really fully recognize about the importance of having a strong QI and QA program. Encouraging folks to adopt electronic health records.

And we've made a lot of progress there. Encouraging folks to then do some of the systematic things to become patients in their medical homes. And now really the next logical step which is "okay, what are you doing in terms of your actual clinical performance." And starting to recognize that. And the idea is that we would do this every year.

You know starting with a smaller amount. But ultimately, this would become a revolving annual performance fund that we would recognize health centers for their performance based on what they do every year. And so it's very exciting to me in terms of this opportunity. Finally and lastly, I know folks are also interested in the 2015 budget.

We like I said are working on the new access point guidance. So we hope to get that out. The other part of the president's budget is actually related to capital. So right now, we have allocated about \$800 million for capital activities. And within that, we've identified about \$700 million would be for major capital. About \$100 million would be for minor capital.

We are still waiting ultimately for guidance from the Hill and the appropriators in terms of what actually we're going to end up doing. But we are proceeding forward with the potential for us to do a capital opportunity in 2015. But that will likely not happen for a while. This is not soon or shortly. This will be something if we ultimately do get the authority and the resources

to be able to do this, we'll likely come out either late this calendar year would probably come out in early calendar year 2015.

So that's a quick update on funding. The other quick update that I want to provide and then I'm going to turn it over to Jen Joseph to give you a policy update because there are a number of things going on in our policy world that we want to make sure you're aware of is that we did have the opportunity just earlier this week to have an all staff retreat.

It was I think a great experience for I know for me personally. I think for most of our staff to actually take a step back from our work, sort of the day to day hum that you get into. Sort of take a break from that. And work to figure out how we can become a better organization. We spent a lot of time working with outside partners figuring out what we can do to make funding work to develop great policies and other things.

We don't always spend as much time and energy as I believe we need to, to figure how we can be the best we can be because I think ultimately then we can provide the best service, make the best decisions and do better in terms of what we're doing with you and for you.

And so we had an opportunity to do that earlier this week. And the first part of our conversation was really about unleashing creativity in terms of what things could we do differently here in the bureau. And we which I think was great, we actually got people in cross cutting teams to identify what things could we do. And then the second day, we actually spent time trying to flush out what are some action steps that we could do in the immediate term and then in the longer term to actually make an impact.

That of course is much harder. Creativity and ideas is great. And turning them into actually actions is a little bit harder. But we did identify a number of things that we're looking forward to working on here in the bureau that we think will make significant and immediate impacts internally which then we anticipate will make positive and lasting impacts on you externally.

And so really excited about that. We're going to share more with our staff. Actually, this coming Friday about some of the commitments we've made in terms of what we're doing going forward. And we will of course share of that with you both in terms of the experience. If you're interested in hearing a little bit more about that as well as of course about what some of those key strategies than activities that we're going to do going forward.

So thank you all for being nice and gentle to us without sending a lot of emails. Clearly our email traffic did go down. So really appreciate that. Also recognize that on the other side, we're having to catch up now. So just give us a little bit more slack. When I came back it was like, "wow, there's a lot of stuff going on."

So just give us a little bit of slack. But we'll catch up. And you know by early next week after the Memorial Day weekend, we'll be back on track. So with that, shall I stop here and see if there are any questions. Or should jump into policy. What - any preference? I guess I could stop and see if there's any questions. Why don't we do that? Then we'll jump into policy. Operator?

Coordinator: Yes. Thank you. To ask a question, press star 1 on your touchtone phone and record your first and last name when prompted. To withdraw your question from our queue, you can press star 2. Once again, to ask a question, press star 1 and record your name. One moment, please.

Our first question comes from someone. Unfortunately, the recording did not take. But if you called from 405-863-9767, your line is open.

Judy Grant: Jim, this is Judy Grant. And we're from Oklahoma PCA. And I'm asking about the ONE funding. I don't know if this is the proper time to ask about it. But we had a health center just contact us a couple of hours ago and say they received their NLA. But they did not have any indication that any amount had been added for ONE. And so I'm asking about the ONE funding for this year.

Jim Macrae: Sure. So Jen is going to talk more about that. And we actually had some frequently asked questions about it. But the bottom line is, ONE is rolled into people's base for 2014. Granted, it would likely be at a lower amount than what they received in '13 because that was a full thing and winded into people's bases just lining it up.

You know it went from July 1 to June 30. And then we then rolled into people's bases going forward to cover from if for example there were November 1, they would get money that would fund them from July to end of - what is that October - to get them to November 1 so they get what six or seven months of funding.

My math's not good at this point. I don't have a calendar in front of me. Whatever it is. So - but Jen will talk more about that. If you want to talk about it now - you want to talk about it now.

Jennifer Joseph: I will talk about it now. Thank you for bringing up that question because we know that many people are confused. And how we've tried to explain it up till now hasn't worked tremendously well. So I actually want to explain it and hopefully get everyone on the phone to - to be on the same page with us. And then we want to lean on you.

So all - everyone on the phone to be the carriers of this message for us.

Jim Macrae: Help. Help. Please.

Jennifer Joseph: Help us, yes. Because not only is it - it's - we want people to understand how the money works. But more importantly, we really want to make sure that people understand that they have these resources. And that we're expecting them to continue this work by virtue of having the resources. So as Jim said, the funding has been added to base awards.

If any individual grantee is having a hard time figuring out how that played out on their NOAs, we understand why their - that's - it's confusing. And we have people at the ready with spreadsheets who can walk them through NOA by NOA what they got in '13, what was one time, what their prorated '14 amount was.

And most importantly I think is what their FY15 ongoing ONE amount is because that really does show the commitment of these resources over time. And so ever health center has money in their budget for the - on an ongoing basis that equals what they got in 2013 minus \$5,000 in one time funds. So and again, the walkthrough of the play by play for how that works for different grantees, we're happy to do it our end.

But if you can share the message that, yes, it's been added to base awards. And yes, the ongoing commitment is at the same level as FY14 minus \$5,000, that's how much you have to work with, that would be incredibly helpful to us. We also know that there are some questions about for those who understand that the resources are there.

How they were expected to use them. And how we moved from that initial supplemental funding guidance with many FAQs and lots of constraints around our expectations for use of funds. And how they connected to new FTEs and specific activities. We've definitely moved to a more generous place where you know as with other funding in the base award that we're looking to health centers to use their discretion.

And how to budget the funding to support what they understand will need to happen in their communities during the next open enrollment period. And what the needs are in between enrollment periods. And more specific guidance for folks who want to see that is available on our web site. If those of you who haven't looked there recently, we've taken down all the FAQs from FY2013.

And we've started fresh with a new set. And they define for folks these - how the funding has worked. Includes the activities we expect health centers to continue doing. And talks about some of the constraints and non-constraints that are there for how they can use those funds. Since we're on the ONE topic, I'll also just let you know that we've also heard confusion about the QPR reporting.

And what should be included. What shouldn't be included. And just wanted to let you know that we have new TA materials in development now that we're hoping will reduce that confusion and help bring clarity to the ongoing QPR reporting which the other point of message is. The QPR reporting will be ongoing. So the funding is coming with the activities. And the activities are coming with the reporting at least for the near future.

We don't anticipate that folks will be need to be reporting these activities you know several years into the future. But at least through this next open

enrollment period at the least, we're expecting folks will continue to give those numbers to us. So I'll stop there and see if there are other questions for Jim. And then I can jump into other things.

Jim Macrae: Nope. So average enrollment is there. It's going to continue to be there. We do recognize that you know in this period where we're in between enrollment cycles, please may need to shift in terms of a little bit about what they're doing. But we still expect people to do outreach and enrollment especially in those more higher volume areas.

But in the interim, it's really up to them to figure how best to utilize it. And we do as Jen said have a lot of frequently asked questions that are out there. And we know there's also a lot of confusion. So again, as Jen said, if you could help message that this is something we expect folks to continue to do. You know recognizing reality of different cycles.

But it is rolled into people's bases that would be helpful.

Judy Grant: Thank you.

Jim Macrae: Yes.

Coordinator: And I show no further questions from the phone at this time.

Jim Macrae: Alright. Great. Well then let's jump to Jen Joseph about the number of different policy updates to give. So, Jen.

Jennifer Joseph: Hello everyone again. So I just wanted to touch on what I'm sure you all have seen already is the scope alignment policy assistance letter - program assistant - assistance letter that was distributed recently. And bring some attention to

the fact we're streamlining forms 5A and 5B. There are resources that are linked in that PAL that will help folks get us to the ultimate place we're heading which is an accurate documentation of scope of project.

So this is a great opportunity for health centers. And we're phasing communications. So we're giving the information that we gave recently so that folks can understand what has been done to the forms. Understand that their - the data from their current form 5A and 5B has been migrated to these new forms.

And then orient them to what things will look like in the future. So you can see what the forms look like and imagine potentially what they look like populated with your - with the health center's data. A second communication will be coming as Jim said shortly very soon that will describe in greater detail the actual process of what health centers can do during a limited time period this summer to align their forms with what they're actual scope of project is.

And you know there may be some concerns. And if you could help us carry the message forward for this as well that we don't anticipate that process to be a really heavy lift for people. And we do anticipate that they'll have enough time to do it. So more details are coming soon.

But in the meantime, it would be really helpful for folks to go to that scope landing page that's linked in the PAL and really look at what's there and familiarize themselves with what's there because I think than the next steps will become a lot clearer when that second communication comes out. So we know that folks are also looking for the sliding fee pen. We are working hard to get that out as soon as we can.

And we also know that there is a connection of concern between getting that out and the new Medicare PPS rate because there's some questions that I think the sliding fee pen will help people to frame a little bit differently. So we're aware of that and we're doing all that we can to get that out as soon as possible.

And then we know also that there's great anticipation for the program requirements manual and the policy branch. A team has just amazing work at pulling those resources together. And we're hoping to get that out into the world as soon as possible too. And both internally and externally we're looking forward to having that resource I think as much as you are.

I also wanted to just touch on the Medicare PPS. That was recently released. And we'll begin to become effective in October 2014. It was a final rule with comments. So those - it is in effect. But there is still the opportunity to provide comment. As many of you probably are aware, it does allow same day billing for behavioral health and primary care visits.

It introduces the G - G code which is a way for health centers to quantify their actual charges. And ultimately, they will be paid the lesser of the G code or the PPS rate that CMS established with some adjustments for geographic areas and new patients. So there - I know that there are a lot of questions brewing about the sort of operation of the G code and how this billings going to work.

And what it means for health centers? And how they'll get themselves to a place where they can feel comfortable with what their charges are. And I wanted to make you all aware of a couple of calls. There was a CMS national provider call yesterday that at a very high level touched on some Medicare PPS. There will be another call.

And you don't even have to write these down because it will be in the digest. But on June 11, there'll a low income access open door forum where the Medicare FQHC PPS will be many topics. And then on June 25, there will be another CMS national provider call that will specifically focus on the Medicare FQHC PPS and really dig into the operational details of that.

And so we - we'll make sure that you're prompted for those at least a couple of times so that you can get into the weeds a little bit more with that to the extent it makes sense for you to do so and be able to ask CMS related questions. And I guess - I mean then I think that's it. I guess - have we had the opportunity to ring the bell about outreach and enrollment?

Jim Macrae: Oh. Ring the bell.

Jennifer Joseph: Ring the bell. Four million assists and 14 thousand people trained. So we're very excited about the accomplishments that health centers and you all have made during that open enrollment period and continue to make as we're figuring out how to do the next steps in helping people to understand their new insurance and dealing with special enrollment periods and filing for exemptions.

And all of the other things we know are happening now. As I'm sure you're all aware, there a big focus on lessons learned and really making sure that we're getting as much as we can from this last open enrollment period to inform how we do our work better in starting in November. And I know the PCAs haven been in communication with us about what's going on there. And a lot of you are having state wide or regional meetings to mine those lessons learned.

But I also for other cooperative agreement partners encourage you to please share with us lessons learned that you think would be valuable for us to incorporate. We're eventually looking to post some of these on our web site. And so to the extent you have things that you've learned that you would like to have included there.

Or you'd like us to know about but not have included there, please do send those to - and you've heard this about 100 times if not more, bphc-oe@hrsa.gov. And that's it for me.

Jim Macrae: Great. Operator, let's see if we have any questions on any of those. That was a lot.

Coordinator: Thank you. Again, to ask a question, press star 1 and record your first and last name when prompted. If you physically muted your phone, make sure that you unmute. You're on a listen only line. You don't need to physically mute your phone. Again, to ask a question, press star 1 and record your name.

One moment please. It can take a few seconds for the question to make its way into the queue. And our first question comes from - our first question comes from Vicki Young. Your line is open.

Vicki Young: Hello. This is Vicki Young with the South Carolina Primary Health Care Association. I know that you're working very hard on getting that sliding fee pen out. And for various reasons in our state, we are really anxious to see that. Is there any idea as to whether don't really expect it until like the - you know the fall or like the end of year December. Or can we expect it a little earlier.

Jim Macrae: I think our hope is to get it out by this summer because we know how important it is too many people. It's just I think you know given some of the

questions we've gotten recently, we want to make sure we hit the right answers in terms of just some of the interactions with the Affordable Care Act and some of what's going on there and the new Medicare PPS.

So we're - we're working it through. I promise you we're doing everything we can to get it out there so people have it because we know it's very important.

Vicki Young: Thank you.

Jim Macrae: Yes.

Coordinator: And I show no additional questions at this time.

Jim Macrae: Okay. Great. At this point, then we'll turn it over Suma Nair, our director of our office of quality and data to give a quality and data update.

Suma Nair: Great. Good afternoon, everyone. So a couple of quick updates. First I'll start with FTCA. Hopefully you all have seen the notifications going out to grantees. And I think some have even come across your thresholds. At this point, our applications for 2014 FTCA deeming and medical malpractice coverage is due by midnight tomorrow, so it's Friday by close - not close of business, but by 11:59 pm.

Currently, as of last night or early this morning, we only had about 50% of our applications submitted. So really hoping the other 50% submit by Friday at midnight. To support folks with getting in their FTCA application, we've extended our helpline hours on Friday for any last minute support, technical issues people have. So please, just be aware of that extended hours resource.

But it's really imperative that health centers get their FTCA application in. If it's not in by the deadline, there is then the concern about potentially jeopardizing their '15 medical malpractice coverage. And so you want it to start on January 1st of '15. But if we don't have the application and completed materials in hand, it makes that very challenging.

So please, please encourage health centers to do that. We've been working with the health centers, their project officers. And if you wouldn't mind doing a last minute push on your end as well, that would be great. In terms of other updates, UDS. So we're excited that we have all of the UDS data in. And it's being worked on, cleaned and scrubbed.

And we hope that early in July, we'll have all of the EHB reports and the data download available for all of our primary care associations and national cooperative agreement partners. So look for that notice in EHB where we'll ask you to sign the disclosure. And then download the data for the technical assistant purposes.

And then we anticipate in August having the web site updated with all of the 2013 UDS data including again this year like we've had last year all the way down to the individual grantee data that includes all the clinical data as well as your EHR status and PCMH status. So that should be on August.

The other milestone or interaction I guess with all of you guys around UDS is that our contractor is working on flushing out the schedule for the PCA hosted trainings for UDS. And so hopefully they'll be discussions soon around finding dates and times for those meetings. One thing that I would encourage you all to think about, we've been hosting these for a while.

And as you've thought about really making sure that you're providing customer responsive, highly effective training through the work that you're already doing with grantees. If you see opportunities that you've seen over the last couple of trainings to do things a little bit differently or that would be a greater benefit for the grantees, we are always open to suggestions.

And your partner in kind of co-creating that training so that it's optimally useful for the grantees in terms of reporting. So just wanted to throw that opportunity out there. Then in terms of PCMH and quality initiatives, just a couple of quick updates. And one thing I think that's most important out of all of these updates is some of the timing around PCMH.

So as you all are probably familiar at this point NCQA has come out with an updated set of standards for 2014. Our health centers have been mostly working on and a lot of our training and technical assistance has been geared towards the 2011 standards. So there's a small window of opportunity remaining where health centers who have not already begun the process can begin the process or complete the process under the 2011 standard.

But that window will be closing. So we want be sure anyone who you've been working with and enters the pipeline really can leverage this opportunity. So by June 1 of this year, so very shortly, the next couple of weeks, we need all notices of interest for grantees who want to get recognized under the 2011 standard.

NCQA's last date for issuing survey tools is June 30. So basically in a month. So if there's anyone out there who wants to have access to the tools, you need to let us know. You can then, the latest date to submit your final survey under the 2011 standards is March of 2015. So that's the last day to get NCQA recognition under the 2011 standards.

And then for anyone who's working on add-ons, so you want to move from level 1 to level 3 or add additional sites in your health center to get recognized by PCMH, the last date for that is June 30 of 2015 I believe. So we need to really work the process. If you have question, encourage you to work with your health centers.

And then let us know so that we can get all this processed and health centers can utilize these resources to help them make great progress down the PCMH path. In terms of another update around PCMH is a CMS demo. We are about 30 to 40% complete. Or in terms of progress towards our goal of having our 500 sites recognized at level 3 NCQA by October.

Do keep pushing ahead and making good progress so that we can have the best results as possible by October of 2014. Really hoping for 100%. But we still have some work to go. So continue your efforts in supporting the health centers. And keep encouraging them to meet that goal. And then finally, there's been a lot of updates and work around quality improvement.

Jim talked about all of the new incentives and supplementals we have underway here as well as the '14 standards and just lessons learned from our experience over the last couple of years with PCMH. It's remarkable that we've gone from less than 1% of health centers recognized just a few years ago to more than at this point 44% of health centers being recognized.

So along the way we've learned lessons in terms of what are the most challenging standards. Where are some of the places that health centers are doing best? So we're hoping to host a series of Webinars over this summer to share some of that. The first Webinar in the series will be basically a PCMH update and lessons learned. We hope to have that out in mid-June.

Then followed a little bit later in the summer with a Webinar on the 2014 standards vis-à-vis NCQA. And then finally we're going to have a Webinar close to when we make the awards that Jim was taking around the quality incentives to really explain the criteria and how we came about that because it's to truly incentivize and have people try to achieve those standards for the next year.

We want to be clear and transparent in terms of the process and criteria that we use in coming up with those awards. And we'd love your feedback on that as we continue to move forward with this opportunity. So those are the key updates that we have from our side. And then to the PCAs and cooperative agreement partners and HCCNs out there, we will be reaching out to you.

July 1 is when we were going to make the cutoff date for supplemental funding for PCMH. So we want to verify our lists. So we'll reach out to you just to verify that we have a list of all health centers that have been recognized as patients at our medical homes as of now. So I can pause and see if there's any questions.

Jim Macrae: Yes. Why don't we do that? Operator, any questions for Suma?

Coordinator: I see no questions at this time. But let's give people the opportunity. Just press star 1 and record your name when prompted. And while we're waiting for questions to appear in the queue, please know that you can press star 1 at any point during this call and record your name if you want to ask a question. One moment.

Suma Nair: And one last plug I'll make as we're queuing up for questions is around the behavioral health grant opportunity...

Coordinator: Our next question comes from Carlo Victoriano. Your line is open.

Carlo Victoriano: Yes. Hello. Good afternoon, guys. This is Carlo with the South Carolina Primary Health Care Association. Actually, I have a funding question for Jim. As it relates to the quality awards, is that's going to be part of the base adjustment award process or is that separate all together?

Jim Macrae: The only piece that'll be part of base adjustments is the patient center medical home part. And that will be something that people will continue to receive in their base as long as they maintain their recognition status. Our idea is that we would actually add more health centers over time that have gone through it so that the amount that people could get could actually be adjusted upwards if they want to come and become recognized or if they add sites.

But the quality piece is not part of the base adjustments.

Carlo Victoriano: Okay. And do you know - when do you anticipate releasing that base adjustment award?

Jim Macrae: Base adjustments, I know that's been a lot of people's interest. Probably sometime in August or September. Part of it relates to what Suma was sharing with you all about the UDS data. The last part of our UDS data that we ultimately complete is the clinical part just because of some of those risk adjustments that we make. And so probably realistically late August, early September.

Carlo Victoriano: Okay. I have - we have another question here from our staff member about quality.

Jim Macrae: Sure.

Carlo Victoriano: I'll let her ask her question.

(Jan Byars): Thank you. This is (Jan Byars) with the South Carolina Primary Care Health Association. My only question is where do they submit their NLIs for PCMH funding? Do they - to the same mailbox at PCMH initiative mailbox or a different one?

Suma Nair: Yes. No. The same mailbox. We haven't made any changes to that. So the PCMH HI okay.

(Jan Byars): Okay. Thank you.

Suma Nair: Yes.

Carlo Victoriano: Thank you all.

Jim Macrae: Thank you.

Coordinator: Our next question comes from Jodi Samuels. Your line is open.

Jodi Samuels: Thank you. Hello, this is Jodi Samuels from the California PCA. Just I'm rapidly trying to take notes on some of the stats. And I happened to miss for the CMS (ATCT) demo, what is the percent progress so far towards meeting that goal? The ultimate goal on October 2014.

Suma Nair: It's in the 30 to 40% range. The reason there's a range is because we have - the number that have actually been recognized. But I know there's another

chunk that's actually in the NCQA review process. And so I'm optimistic that they're going to hit their mark as well. So probably about 40%.

Jodi Samuels: Okay. Great. Thank you.

Coordinator: Do you have a further question, Ms. Samuels?

Jodi Samuels: No. That's all. Thank you.

Coordinator: Our next question comes from Mr. (Robert Pew). Your line is open.

(Robert Pew): Thank you. Ms. Nair, I have a HIV AIDS question. It is my understanding that there will be some changes in the UDS or other reporting requirements that would ask for more detailed information on HIV AIDS in the near future around quality measures and/or reporting. Can you clarify that?

Suma Nair: Sure. Great question. Thank you for that. The 2014 UDS will include symmetric around HIV positivity and testing. And so I would encourage to look at the policy assistance letter. We do have the finalized 2014 data, the UDS reporting requirements out there. So look at that for the detailed specification.

But essentially it's in alignment with the National HIV AIDS strategy and the idea to identify people and then continue to engage them in the entire care continuum. And the recognition that primary case is interval towards the effort. And so we really wanted to highlight the work that health centers are doing already around this. And make this one of our core clinical areas that we want to focus on.

So the specifications of the true metrics though are in the program assistance letter.

(Robert Pew): Thank you.

Coordinator: And I show no further questions at this time.

Jim Macrae: Okay. With that, I'll turn it over to Tracey Orloff to give an update on the office of national assistance and special populations. Tracey.

Tracey Orloff: Great. Thank you and good afternoon to everybody. I think maybe good morning to a few. Let's see. I will start with what I think for the national (unintelligible) agreements will be on their minds right now. They're in their competitive cycle. And so we do plan to award their funds by July 1.

And if all goes well, things are going along well with the process and the RFCs, we might have them out a tiny bit early. That's our hope. But know that they will be on time if not a little early. And things are going well. And we're looking forward to being able to share that information with you shortly. The second thing I wanted to mention is we are in the - have already started honestly the kind of emergency event season.

June usually is our beginning of hurricane season. But I will say we've already had some excitement in 2014. And I want to thank a number of you who you know that already had some events in your states. But I want to thank some of the PTAs who have really stepped up and work very closely with us in partnership to share information in a timely way and really been there to health and support your communities.

And so in particular as we continue to ramp up this summer with hurricane season, I just want to express my appreciation and thanks to the PCAs to continue to work really closely with their health centers and their state systems, emergency preparedness systems. And particularly for that great work you do both before, during and after an emergency event happens.

And that regular communication you have with our PTA project officers as they're gathering information you know to help us help you. So just wanted to kind of put that out there and say that you know again, we have you know various materials on our web site for you. But please if you need kind of a refresher or you're newer to working on this at your PCA, do reach out to your PCA project officer.

And you can kind of walk that through together in terms of how the communication should happen. And so I just want you to know it's incredibly helpful, that partnership and close partnership and communication that we have with you on that. The next thing I wanted to mention was as all of you know about I guess in March, we made some major changes to site visit - our site visit guide.

And we also made some changes to our site visit report format. And so I'm not sure if many of you have been hearing any feedback from health centers and their experiences since they've had that. We have in particular put a couple of added questions into the health center survey for when they're out there as well as through our project officers.

But we would love to hear anything you're hearing on the ground from your health centers and how they're experiencing it, whether it's working. Obviously, we usually hear when something's wrong. And I will say happily,

haven't heard a lot of that. But we would love to hear if you think it's an improvement and if it's going well. But we'll take anything.

So we really would appreciate the feedback. So we'd love to hear anything you have to say now. But also know that please feel free to email us directly. We will - we've made sure that there is a - an email box that is mentioned in the digest. And I think it is svfeedback@hrsa.gov. S-V for site visit - feedback@hrsa.gov. So please, please do share that with us.

And you know gather information from your health centers if you can.

Jim Macrae: If I could just add, you know your feedback was really helpful in terms of making some of those updates both to the guide itself as well as the process and the electronic format of the site visit reports. So please tell us if we hit the mark, if we didn't hit the mark, all those kind of different things.

You know nothing's ever perfect. That's part of what we're doing. And we actually spent some times the last couple of days doing rapid cycle quality improvement. And that's sort of the mode we're in, in terms of looking at what we do and how we can improve it. So we do need feedback and your feedback is always extremely helpful.

Tracey Orloff: And just to add, this isn't set in stone. So we've allowed us the luxury to tweak things as we go along based on the feedback we get. So we're trying to be a little bit more flexible in how we move forward on this. So that would be very appreciated. And then I will make one other ask on the call given we have a little extra time is that with the PCAs, PCOs, NCAs, ATTNs, we would love to hear any trends you might be out there.

Barometer check on how people are feeling on the ground. Certain things you thing are boiling up different that some of the topics we've just discussed. We would love to hear it. So...

Jim Macrae: Absolutely. So any particular questions for Tracey on any of her topics. But then just any general sense about what's going on. I was actually in a meeting yesterday with the secretary. We met with a lot of different outside groups about the impact of the Affordable Care Act on their operations. We heard a lot about the impacts in states where Medicaid was expanding as well as the difference from those states that was not expanding.

Just anything from where you all sit that you think we should be aware of or would be helpful for us going forward as we think about what we do here or just any information that might be helpful for any of your colleagues. If there are things you want to share, please do so. If there are questions about any of the topics that either Tracey or any of us talked about, that would be helpful.

So operator, we'll open it up.

Coordinator: Thank you. And once again, to ask a question press star 1 and record your name when prompted. One moment please for our first question. I show no questions at this time. Oh wait, one moment. My apologies. We do have one question. One moment please. Our next question comes from Virginia Ruiz. Your line is open.

Virginia Ruiz: Hello. This is Virginia Ruiz from Farmworker Justice. Just wanted to share with you some information or feedback we're getting from the ground in states that have a lot of H2A temporary agricultural farmworkers who come on temporary work visas. They are eligible for enrollment in marketplaces under special enrollment periods.

And they're - we were getting reports from North Carolina that they're having some difficulties with that process largely because it's having to be done in very rural isolated areas and through paper applications. So we're trying to you know keep abreast of what's happening there on the ground. But I'm not sure if you were aware of that situation.

Jim Macrae: Not to a large extent so that's actually helpful to hear. So if you could maybe just talk a little bit more about what sort of the implications are.

Virginia Ruiz: The implication is that I guess the navigators and the sisters who are trying to help them on the ground are having to spend several hours with each individual worker trying to enroll them.

Jim Macrae: Okay.

Virginia Ruiz: And in North Carolina in particular, that's one of the states that - where there are many thousands of H2A workers. So - and participating that you know many will not be able to enroll this year.

Jim Macrae: Okay. Okay. Thank you.

Coordinator: Our next question comes from Mr. (David D'Amato). Your line is open.

(David D'Amato): Hello. This question is for Jim. Jim, you spoke about being in a meeting yesterday talking about the effects and the impacts of the ACA and Medicaid expansions on states. Could you give me or could you give us all a minute or two about any highlights of that meeting. That is very curious to our membership up here.

Jim Macrae: Yes. And I would say this is actually - I've heard the same thing from different health centers. I think what we're seeing primarily it's very interesting depending on the state that you're in. But in terms of Medicaid expansion, in those states where Medicaid has expanded, health centers in particular have just seen significant increase in resources coming into their centers.

Especially for those health centers that had a significant number of uninsured patients that were then eligible for Medicaid. And in those states, we've seen you know health centers be able to either you know deal with some short falls that they've been having or to actually reinvest into expanded capacity. Or to even add new services.

I know people are right now being somewhat conservative because they don't want to overreach. But we definitely are seeing that in terms of what people are experiencing. And that was reflected from the group which was the larger group because it was hospitals, health systems and health centers. And we were hearing that basically from everyone in terms of that happening in those Medicaid expansion states.

The reverse to some extent was happening. Although interestingly a little bit of a twist. So in those non-Medicaid expansion states, and I'll share more of the experience that I've heard from health centers is that as you've been doing outreach and enrollment and ultimately people are determined not to be eligible for the marketplace. And they're not eligible because their state hasn't expanded Medicaid.

What they have then found is that the health center actually exists. And, "oh, offers services on the sliding fee." And "oh, now I can start going there to receive services." So in those cases, we're actually seeing health centers see

an increase demand. But not from people who are newly insured. It's from people who are uninsured and maybe weren't aware of the health center itself. And so it's having a - definitely an impact in terms of the operations.

The other piece that I will share that we heard was really the whole issue and I know we've talked about it before. And we heard this again from hospitals, health systems and others is really helping people understand insurance. It was talked about more as like health literacy. But really understanding what it means to have an insurance card.

We heard a lot of great stories about people are just you know for the first time they have insurance. For the first time they have a card. And they're extremely excited about it. But they don't understand exactly what it all means. And what do folks need to do to be able to keep that card. For example, paying their premiums on a monthly basis.

What does it mean in terms of having access to specialists? How does that work in terms of networks? What services are they actually eligible for and may not be aware that they're actually eligible for that they never were before. Like a lot of the preventive health services are now because they have insurance, they're about to get them for free.

And actually it would be really beneficial to their health. And so there was just a lot of discussion about what we can do to help people turn coverage into care. And we actually sent out some materials on our digest which should be coming out if it hasn't already this afternoon that are our office of minority health is actually developed to help people with some of those resources and some of those tools that could be helpful in particular for health centers across the country.

But those are sort of some of the main things that we heard. So just really the impacts of what's going on and just the differences between in particular those Medicaid states. One other issue of course that came up was related to the potential community providers and just you know concerns about how different contracts have been done in different states.

And I know again, we've heard that a lot from health centers too. And just you know asking for folks to continue to look at network adequacy and different pieces like that.

(David D'Amato): Thank you, Jim.

Coordinator: And I show no further questions at this time.

Jim Macrae: Okay. Well last thing I will say is sort of a last pitch. It's sort of like a preview for what's also coming this summer. So we will be doing our annual grantee satisfaction survey to get your feedback. So once we put that out, we of course want your feedback. But we also want you to encourage health centers to provide their feedback.

We do look at that seriously. We do try to take the feedback and use it to actually improve our operations. So it's really important to get as many people's feedback as possible to get a full picture or as close to a full picture on how we're doing from your all's perspective. So would appreciate that when it comes out probably sometime in June or July.

Because I think the next time we'll talk, it will be - when will it be? It'll be August or sometime.

Woman: Yes. Yes.

Jim Macrae: So it will be awhile. So a lot will have happened between now and August. It never seems to be dull, does it? Never dull. So we're excited. But I want to wish everybody a great Memorial Day weekend. And a great start to the summer. And of course, we'll be in touch. Thanks everybody.

Coordinator: Thank concludes today's conference. All participants may disconnect at this time. Lead and speakers, please hold for your line count.

Jim Macrae: Okay. Thank you.

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