

BPHC All Programs Quarterly Call
October 10, 2013
2 p.m. ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the question and answer session please press star 1 on your touch tone phone. Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I will turn the meeting over to Mr. Jim Macrae, Associate Administrator for the Bureau of Primary HealthCare. Sir, you may begin.

Jim Macrae: Thank you everybody for joining us today, especially for those who were able to participate with us yesterday on our region enrollment call. We got a lot of very good questions yesterday and we recognize that we were not able to address all of those questions that folks may have had. We actually had close to 1,800 people on our call yesterday, but please if you do have remaining questions about the Outreach and Enrollment reporting please send those in to bphc-oe@hrsa.gov and we are working as fast as we can through those various questions.

Just a quick reminder, those Outreach and Enrollment reports are due October 24th and will be available in EHB on the 16th so you still have some time in terms of just getting all your materials together because the report itself won't be available until the 16th but as we mentioned I think repeatedly yesterday it is very important for you to submit those reports because it does provide us with some very valuable information with respect to the Affordable Care Act and in particular your impacts related to Outreach and Enrollment. So thank you all in advance for that activity.

In terms of today's call, it is our call that we try to have at least once a month to give you updates on different activities that are going on. This call in particular is a very interesting one because of all the activities that are going on and going on here in the federal government. We are currently in day 10 of the federal government shutdown or partial shutdown and it is actually partial for us here in the Bureau of Primary Health Care, but is impacting on a number of individuals.

And at the same time we are right in the heart of and I know many of you are involved in the rollout of the Affordable Care Act and are very busy and active related to all those activities. So we know it is a very challenging time. I would say it is a very challenging time for us here also and what we wanted to do is provide you a couple of updates and then most importantly open it up for any questions that you may have on any topics related to the Affordable Care Act in particular.

So in terms of updates a couple of things that I know folks have been very interested in and want some information on. I want to spend some time on that with you right now. First and I think most of you have heard me say this, but just to repeat it, funds do remain available to you in terms of your grants.

All grantees at this point have been funded for their FY 2013 awards and no 2014 awards for the Health Center Program begin until November 1st and so all health vendors should have funds available in their accounts to be able to draw down through the payment management system. There was some confusion about whether those organizations that were on restricted draw down were still able to draw down their resources. The answer is yes. You are even with restricted draw down able to draw down resources.

We still do expect that monthly information in terms of just what your expenses were as well as the amount you are requesting to draw down. We do, and I just really want to preface this, that while people can still draw down money, if there is extra effort involved for example with restricted draw down and other activities, we do have just a limited number of grant staff available to actually assist with that.

So it may take longer than it normally would so we would just ask folks to factor that in as they are making different requests in particular of our grant staff but also of our program staff here. If you do though have particular problems or concerns, please submit a message and you can send it by email to help@hrsa.gov. So if you have a particular issue that is the best place to send those concerns in.

I have been involved actually personally in a couple of these recently in terms of just some different problems that different grantees have run into. So if you do have any problems in terms of drawing down resources or other concerns please send those into help@hrsa.gov.

With respect to November 1st which I eluded to we are in the process of making those awards. Several folks have asked about whether the November 1 awards will be made available. We are processing those awards with the available Affordable Care Act resources that we have. We will likely issue the notice of awards probably by sometime late next week or at the latest the following week early that week. Funds will be available through May 31st and that actually is going to be the amount that we are going to fund everybody going forward until we get a final appropriation for the program.

So health centers who have November 1 start dates ask if they are going to get resources, the answer is we are processing those. They should receive the

notice of award by the end of the week or early the next week and they will have funding available through the 31st of May. And this will be the process that we will follow for all of our awards, December 1, January 1, and so on until we have a final appropriation and we can make full awards hopefully at that point. So that is good news. I know many of you have asked that question.

The one piece of sort of challenging news for us is that the sequester - not the sequester - the shutdown still continues to have an impact on us. I think many of you have heard me say this, but similar to how programs are funded here our staff in the Bureau of Primary Health Care are also funded in a variety of different ways and so as a consequence we have different resources that are available depending upon the funding source and the resources that we have available to actually support different programs.

So right now in terms of the impact directly on us we have staff that are available to support the FTCA program fully. So if folks have questions about the FTCA program we do have staff to answer any of those types of questions and they are working currently full-time. We also have staff available for those who may be free clinics to answer any questions that folks may have in terms of either their applications or adding additional providers to their program.

We also have staff available full-time to support our construction activities. So those programs are operating at a full capacity hopefully from where you sit but also from where we sit in terms of being able to provide you with support.

With respect to the Health Center Program, which of course is the big one for us, we are operating at about 50% capacity similar to the health centers themselves where about 50% of the resources are ACA and the other half are appropriations. We are similarly funded in terms of the activities that we are

involved in. As I assured on a couple of calls our first priority is to make sure that we process the applications that come in for service area competitions and budget progress reports to make sure that folks will continue to get resources to continue their operation. That is our first priority.

The other activities we are taking as we can but I would just ask you to recognize that again we are at limited staff capacity to do things like change in scopes or address conditions and other activities and so we will do our best to address those, but just recognizing the realities of staffing and resources that we have available here.

There have been some questions about whether we will continue to do operational site visits. Yes, we will continue to do operational site visits that are scheduled. Originally those were planned in most cases to have a project officer or one of our staff from the Bureau participate. Our staff will not be able to participate but we will still continue to do the visits with our contractors.

With respect to health center controlled networks similar to the health center program we do have staff available on a limited basis about half time to be able to provide support to health center controlled networks so if you do have questions related to that - granted it is limited but we do have resources and staff here to help support you.

With respect to primary care associations, we have staff to be able to support activities related to Outreach and Enrollment. We do not have staff available to support you with the general sort of regular primary care association work, but staff are here and I know other PCAs are engaged mightily in terms of Outreach and Enrollment and we in turn are engaged mightily with you around this activity. In fact, we have a call after this call to get some updates

about what is happening from the primary care association so we will continue that work.

And then finally with respect to National Cooperative Agreements, I mentioned the PCAs, the sort of regular aspects of the grants, as well as the FQAC look alike program and the native Hawaiian program. We currently do not have funds available to support those activities and so those activities are basically not being done until we get out of this shutdown situation. We have actually gotten several inquiries about FQAC look alike applications and unfortunately we have had to tell folks that we cannot at this point process those applications because we do not have the staff available to support that activity.

I will just say this because I have had to say it to our staff quite a bit so I will say it to you. Please do not equate importance to the amount of funding or your funding situation. It is simply a quirk of how funding is done both for different programs and for staff and for grantees. It is simply the way things are done. It does not equate to importance.

It is just how different activities and grantees and our own staff are funded and it is important to remember that. You know, we personally believe that all of our staff and all of our grantees are critically important but we just have to operate in this manner for at least the time being.

The other couple of things I just wanted to mention because I know several of you have asked about this also in terms of other impacts related to the shutdown. We are in a state where we are doing limited or no travel. In fact, we have basically canceled all of our travel and it actually has eliminated through next week.

Several folks have asked about different conferences and activities. Right now we are canceled for travel through as I understand it October 21st at this point in terms of just not proposing any travel. Should things change however we will revisit that, but we just want to give folks a heads up that at this point in time we are not planning any travel out through October 21st, but should we get, you know, either a continuing resolution or somehow a budget happens then we would revisit that because I know many of you are interested in having several of us come and participate or even present at your different meetings or participate in side business and other activities. So I just wanted to give you a heads up on that piece.

I mentioned this earlier just in terms of our reviews of change in scope request as well as conditions it may be slower than what folks have been accustomed to, but we will do our best to try and expedite those and do those as best as we can. In addition, our TA resources are more limited in terms of our capacity to put on Webinars and other activities.

It is one of the reasons why you are listening to me on the phone as opposed through our Webinar, but we are doing our best to try and address that so please just recognize it and I think the other thing I would just say is, you know, it is not easy. We recognize it both for you as well as for us but we are doing our best and we know you all are doing your best in terms of the work that you are trying to accomplish.

Which leads me to the ACA rollout and some activities that are going on with respect to that. So let me spend a couple of minutes on that and we will open it up for questions. So really into the Affordable Care Act one of the things that we are very interested in is hearing your own individual stories about what is going on and so if you do have success stories, in particular if you have been

successful in terms of enrolling folks electronically into a health insurance option, that would be great if you could send those into us.

We have had some of those stories come in, in particular in some of our state based marketplaces but now we are actually starting to get some nationally. So if you have some of those success stories please send that into us at bphc-oe@hrsa.gov. The individual stories are really helpful in terms of just what the impact was of the enrollment and what impact it made in terms of individuals and their own circumstances and thank you to those how have already submitted those. Those are very helpful.

In addition, if you have some compelling story that you have done in terms of helping people with paper applications or particularly I think effective outreach activities, please also send those in. But right now we are just trying to get as many stories where we have had some successful enrollments at this point.

In addition, we have been asking the Primary Health Associations to provide us with daily reports about what is going on in each particular state. So in turn my guess they are probably asking you all a lot of questions about just what is going on in your particular circumstances. That is really important because it helps provide on the ground intelligence about what is actually happening or in some cases not happening and it has been extremely helpful both for us as well as our colleagues from CMS and other places to hear just what is working and what is not, though those reports - we have been using them to help perform different activities here as well as in CMS about just where certain issues or concerns are popping up and we are trying to address those as soon as we can.

So please at least for the time being, we plan to ask the primary care associations to provide us with these daily reports in terms of what is going on. And then as I mentioned of course the Outreach and Enrollment reporting - just encourage you very strongly to get that information into us. In particular, we are interested in the number of staff that have been trained to date to do the marketplace Outreach and Enrollment activities, basically those that have met the federal requirements if they are in a federally facilitated marketplace or if they are in a partnership or state if they have also met the state requirement.

But we want to know just how many folks health centers have actually trained to do this work. Then we also - to the extent that folks can or may have been involved in this the number of assists provided. And that is really looking at individualized assistants. Customizable I think is the way it is described, but that one-on-one personal assistance to help people actually get enrolled in a program.

We are also looking of course at the number of applications that are submitted and finally the number of estimated people enrolled and then in particular and I think this is really helpful with this first report providing information on issues or barriers in one of our text boxes and then also lessons learned and success stories in our second text box.

And as I mentioned and I will just keep repeating it over and over again it will be available on October 16th with reports due on October the 24th so please get those in. Otherwise we have to put you on restricted draw down and we don't like that because it causes extra work for you and for us so just please get that in - please, please, please.

The last thing I am going to raise is just your critical importance. It has been made very clear to me in the last week just the critical importance of health centers to all these Outreach and Enrollment efforts. I get not quite hourly but pretty close to it requests for what is going on and what is happening. And so in turn we have been asking for a lot of that intelligence from you, but we are really interested and people beyond where I sit are very interested in just what you all are doing.

I think many people recognize that what you are doing is making a huge impact and your success is really tied to the overall success of this effort so please continue to send in that information into us. Again, if there are issues please send those into us. Very very helpful and I would even be interested on this call just to hear just a little bit from different folks about how it is going.

And then finally I feel a need to do it and I can't say it enough. I really want to thank the staff who are here. It is not an easy time to be able to do this work. It has definitely been challenging. It is definitely a challenging environment to be a federal employee at this point, but I can't thank the staff enough for their willingness to, you know, work through some very challenging obstacles and to keep the mission first and foremost and for the most part being able to keep a sunny disposition.

We have been eating a lot of candy and other things to keep us motivated but I can't thank them enough for all that they have done to keep things going as best we can and to do it with an attitude that I think just reflects their commitment to making sure people get the healthcare that they need. So I really want to thank the staff for all that they do as well as of course the work that you all are doing.

So with that I will open it up for questions and I have a few folks around the table that I hope will help me because I probably won't be able to answer them so I will turn it over to them to help them answer these questions. So operator please open it up for any questions the folks may have.

Coordinator: Certainly, thank you. If you would like to ask a question please press star 1 on your touch tone phone. Please un-mute your phone and record your name when prompted. To withdraw your question press star 2. Again, please press star 1 to ask a question remembering to un-mute your phone and record your name. Our first question comes from (Sherry Whitehead-Thompson). Your line is open.

(Sherry Whitehead-Thompson): Good afternoon. I just wanted to clarify something that I believe I heard yesterday. I just want to make sure I am on the same page with you guys and we have OE workers as well as IPA workers so on the quarterly report you do want - all six of them have actually been trained but you want to also count the number of assists and enrolled numbers for the IPAs as well as the OE employees?

Jim Macrae: So I have (Jennifer Joseph) here because I knew there would be a lot of questions that folks maybe did not get a chance to get to yesterday so (Jen) do you want to take that one?

(Jennifer Joseph): Sure. That is a great question and the answer is yes. We want to capture the entire health center effort in enrolling people in public and private insurance programs from July 1, 2013 to June 30, 2014 so these quarterly reports are intended to capture all activities by all people who are trained to assist with enrollment regardless of their role.

(Sherry Whitehead-Thompson): Okay. That helps me. Thank you so much.

Jim Macrae: One other thing operator just before we jump to another question. I got clarification on our email if folks have issues with respect to their grant. I think you can still get it through help@hrsa.gov but the more direct one if you want to talk to someone in the grant's office is hrsagranthelp@hrsa.gov. So hrsagranthelp@hrsa.gov. Send in your questions into that if you have particular issues with respect to your grant or anything related to it. Thank you.

Coordinator: (Christine Stacker), your line is open.

(Christine Stacker): Hi, this is (Christine Stacker) from Partnership Community Health Center in Menasha, Wisconsin and our concern is we have as a state been only able to enroll one person so far electronically and that is unconfirmed because of the system continuing to crash. And yet we have heard - so we have been doing paper applications, however, we have heard that paper applications will be pushed to the back of the enrollment line. Can you confirm that at all?

(Jennifer Joseph): I cannot confirm whether those paper applications will be pushed to the back of the line. I think there is an expectation - well there is an expectation that the system capacity will increase over time and that it may be in some cases make your judgement based on who is coming to you asking for what types of assistance, the distance they have traveled, all of those factors.

But it may be that for some people waiting to do an online application might be a more efficient approach than doing a paper application but balancing that against all the other factors you have to balance with the people you are trying to assist I know is a challenge. And I am acknowledging that I am not exactly answering your question, but we can follow-up to find out what people should expect with respect to the turnaround time from application submission that is

done on paper to when somebody would receive their verification and eligibility determination and put that in our frequently asked questions.

(Christine Stacker): Okay. Thank you.

Jim Macrae: So I think as (Jen) said it is a balancing act because you don't want to lose folks that have interest and you want to be able to fulfill that. We will follow-up with CMS just in terms of what are the expectations related to paper application reviews but, you know, it is a balancing act and we know many health centers have been very much engaged in both telephone submissions of applications as well as paper so, you know, please continue to do that but balancing it with what we hope is, you know, expanded capacity on the websites to be able to take more enrollments electronically.

Coordinator: Thank you. (Judy Keele), you like is open.

(Judy Keele): Hi, I have a question related to our SAC application which is due shortly. The form for community characteristics - I have most of it completed but I was going to be going back to the Census Bureau website and American Fact Finder website and obviously those are not available now so I am just wondering what to do in that instance?

Jim Macrae: Yes. We have been asked this question actually a couple of different times. So two answers to that question. If at all possible if that data is available through the UDS mapper there are basic census information. It may not be the specific information that you are looking for but that is definitely a resource that is still available for centers to be able to access at this point. In addition, what we have asked folks to do is to do their best job of describing that with the data that they had available, you know, even if it is a year old at this point to provide that.

Just make sure that is clear in the application itself though in terms of just noting that as part of your narrative. We will also make it clear to the reviewers that you may because of the shutdown didn't have access to the most up to date census information. You will not be penalized in that sense but I guess what we are saying is just do your best and we recognize it from where we sit and we will do everything we can to have it not have a negative impact on you.

(Judy Keele): Okay. That is very helpful. Thank you.

Coordinator: Thank you. Our next question comes from (Sara Vain). Your line is open.

(Sara Vain): Hi. We are a community care clinic in Colorado. We are a look alike and for those clinics that submitted NAPA applications that were not among the 25 that were funded my understanding was that those were going to be scored and we would receive feedback and that if there were funding released in the next year those applications would remain viable. I am wondering with the shutdown if we will still be receiving scores and feedback or if there is a delay in that?

Jim Macrae: We are still processing those. It has like I mentioned earlier taken us a little bit longer than we had initially anticipated but we are still shooting to get the summary statements out by the end of this month to all applicants.

(Sara Vain): Okay.

Jim Macrae: In addition, your question about the approved but unfunded, yes, we still have that list. Viable applications will be basically viable for a year after we have made our decisions so they will be available to be potentially funded if

resources become available up and through I think it is - when did we make the awards? Was it August or September? September. So up and through September when we made the decision. We will get that as fast as we can out to you all but we are hoping to get it by the end of the month.

(Sara Vain): Thank you very much.

Jim Macrae: Sure.

Coordinator: Thank you. Again to ask a question press start then 1 remembering to un-mute your phone and record your name. Our next question comes from (Gail Hunt). Your line is open.

(Gail Hunt): Yes. When you were talking about the impact of the shutdown I didn't hear whether or not either of the two call centers will remain open or whether they are affected? Both Pacific and HRSA call center?

Jim Macrae: Both of those are open, but again it is a little more limited in terms of that support but both of them currently are open. And so if you do have questions you can call in. Depending on the volume and we anticipate greater volume because of the Outreach and Enrollment reporting that we are trying to put additional staff there to help support those activities but again forgive us a little bit if it takes us a little bit longer to answer questions than we have in the past. But we do have folks available.

(Gail Hunt): Thank you.

Jim Macrae: Yes.

Coordinator: Thank you. (Heidi Benson), your line is open.

(Heidi Benson): Hi. I have a couple questions. We are a border state FQHC. Hello?

Jim Macrae: Yes. Go ahead.

(Heidi Benson): Oh I'm sorry. We are a border state FQHC and we have navigators and I have also applied to be a CAC in Wisconsin. How is the reporting going to differ between what we send in from Minnesota and what we send in from Wisconsin at the federal level and do you want us to combine any of those totals? And what about the population of people who go to school back and forth between the two states and are approved for medical assistance?

(Jennifer Joseph): I'll take a shot and see if this actually answers your question. So we would want you to report for HRSA quarterly progress report the activities of both the navigators, the CACs, everybody who is providing this kind of assistance on behalf of your health center and all of the activities associated with their work. And so you would report what they are doing and based on the fact that they are doing it for you regardless of where those individuals actually reside and which plans they may or may not be connecting to. And was there another part of your question?

(Heidi Benson): There are students who travel back and forth between state lines. Do we go by their permanent residence or their school residence when they apply for funding?

(Jennifer Joseph): I don't know the answer to that question so if you could send that into our inbox, bphc-oe@hrsa.gov I am sure there is a quick way for us to get that answered. I just don't have it right now.

(Heidi Benson): Great. Thank you.

(Jennifer Joseph): Sure.

Jim Macrae: Operator, before we take another question, (Suma) from our office of quality and data is also here and there were two items that we just wanted to make sure that folks were aware of. One, we do have out our FTCA reg on non-health center patients. I will have (Suma) talk a little bit about that as well as our individual grantee profile reports that are available in terms of providing, you know, a basic snapshot of health centers from the past year in terms of both their patient demographics, clinical and financial outcomes, as well as information if a grantee has conditions that are either in 60 or 30 day time periods. So, (Suma), if you could maybe just speak for a couple minutes about those two and we will go back to questions.

(Suma): Wonderful. Good afternoon everyone. A couple of exciting things to share. First starting from the FTCA arena, we have been working and I think many of you took the opportunity several months ago to comment on our draft regulation around individual emergencies.

Again, this is not any new FTCA policy. It was really a clarification on the regulations that existed particularly for those cases of coverage for non-health center patients. So when one of your providers is at a hospital providing rounds or taking care of health center patients, if a non-health center patient codes or has an emergency this regulation that was just put out and will be effective in December clarifies that that individual provider providing care to a non-health care center patient would be covered by virtue of the nature of the individual emergency. It also provides minor clarification.

We had provisions of the opportunity to provide or have coverage for services provided to non-health care center patients for things like health fairs,

immunization campaigns. Well some of those or examples given - talked about pediatric immunization campaign, so we have applied to say that it would cover any kind of immunization campaign.

So we look forward to getting that information out to everybody and communicating out to folks what this really means and what the clarification is. But it is important that it is not really a significant extension of coverage and no significant policy change, just a clarification and we will get communication and information out to everybody on those soon.

The second item we are happy to report and share is in our continuing vein of getting more data out there and data transparency and really showcasing the impact of health in our program. We have added some new data onto our health center UDS page.

This year one notable addition is that we have look alike data so we are able to talk about our colleagues, other partners of the health center family, the look alike program and all of the great impacts that they are having. So if you go to the page you will be able to click on a look alike tab and see the national impact of the look alike which has been collecting UDS data as well.

Similarly, if you are on our page for the health and our program grantees you can see both the national data, the state level data and individual grantee level pages for all 1200 of our grantees. As Jim mentioned, it captures a service area map. It has - you have a badge if you are PCMH recognized. If you have an EHR in place you have a badge for that as well as it has a summary of key bits of your UDS information including some of your demographics, patient profiles, as well as your clinical measures trended over time and the new area that is not out of UDS is program condition information as well.

So all of that data is available and I encourage you to take a look and see your information and how you compare it to the rest of the state and the country and just take a nice opportunity to notice the value and impact of the health center program.

So those are the two updates I have and one more point while we are on the topic of UDS, we are beginning - we realized in the fall and early in the winter to have all of our UDS training for calendar year 2014 reporting. So look to your PCA to hear more about when those trainings will be taking place as well as we will post that notification on our website soon.

Jim Macrae: The other piece of information that I have been asked about is with respect to drawing down resources. Some folks have asked about other grants than the 3-30 grant and the staff that are available to support those other activities are limited and so with respect to the 3-30 grant there are resources available to help with restricted draw down.

I do not believe there are resources as I understand it available to help with other grant programs that are non-ACA funded at this point. I will just confirm that in terms of that response. I was talking primarily about the section 3-30 grants with respected restricted draw down when I made my comment. So I just wanted to clarify that because I know a couple of people have asked about other grants in addition to 3-30 and I was talking about just the ACA portion of what we are doing.

Operator, we will take other questions.

Coordinator: Thank you. Again that is star 1 to ask a question. If you did press star 1 your line is open. We did not catch the recording of your name. Please just your mute button. If you pressed star 1 you may go ahead. Your line is open.

(Leanne Romero): Hi. This is (Leanne Romero) calling from Upper Cumberland Primary Care Project.

Coordinator: Yes. Go ahead please.

(Leanne Romero): My question is in regards to paper applications. We find that we are using those frequently during this time and most of our customers do not have access to the Internet, do not have email addresses, and don't have that availability to them. Is it my understanding that the 1-800 number you must have an email address to set up an account on that as well and is the paper application really the best way for us to go at this time?

(Jennifer Joseph): Those are great questions. So I am going to take a moment to alert you if you haven't seen it already. It has been sent to someone in your health center that CMS is having a call tomorrow so Friday at one o'clock for all certified application counselors and I believe this particular issue - we actually talk to each other so CMS and HRSA are in communication with one another and problem solving together.

And we do take the input that you provide to us and share it with them and they work to help address issues that we have identified and this is one that they were already aware of and that we have also brought to them. And I think they are planning to discuss this in some - perhaps on their call tomorrow at one o'clock.

(Leanne Romero): Great. Thank you. We have just been finding that the majority of the population that we are particularly helping through our health centers don't have the knowledge or the access to the internet or to email so I just want to

make sure that I have my group doing the best that we can do to get them enrolled as well.

(Jennifer Joseph): Absolutely. Yes. I just want to clarify that the call is at one o'clock eastern time tomorrow and that you are not alone and that we have heard that from other people. And that even if you can assist someone in creating an email address that the challenge of working with someone, who even if they had access to a computer but doesn't know how to use a computer, it is still of limited value for taking them through the process. And so what are the best practices for working around those realities.

(Leanne Romero): Exactly. I am glad you are aware of it. Thank you very much.

Coordinator: Thank you. (Jenny) (unintelligible), your line is open.

(Jenny): Good afternoon. I am in Milwaukee, Wisconsin, and we have a capital grant and we are very close to closing on our new market tax credit financing deal, however, we need some HRSA approval to go through first and the people that we need to work with on these approvals are on furlough.

I am very concerned that the government shutdown and these furloughs are going to delay our project and being in Wisconsin if you delay it too long it is going to greatly increase the budget or cause us to have to delay until spring. So I am wondering what can be done to facilitate the approval process with the shutdown?

Jim Macrae: Sure. So send that particular email into (Matt Kozar). It is mkozar@hrsa.gov. He is head of our capital branch and I will talk to him after this call and just make sure he flags it with respect to this. My guess is it may not be an issue of our staff but may be an issue of grant staff available to process maybe even

the federal interest part of it, but let me do a little more detective work. And if you can in that email just clarify what is it specifically that you need from us that would be helpful.

(Jenny): Okay. Thank you.

Jim Macrae: Sure.

Coordinator: Thank you. (Linda Hutchins), your line is open.

(Linda Hutchins): Yes. This is Linda Hutchins from Bluestone Health Center in West Virginia and what I am calling about is when we do the OE quarterly report in the EHB, my EHB is not working properly. I have been trying to submit my FFR and for the last couple of weeks I have been going through the help desk to try and solve the problem and they have not be able to yet. What happens if say I am not able to send my FFR or my quarterly EOE report?

Jim Macrae: Well I think if you could send in that question to us that would be helpful so that gives us a heads up and what we can do is then make sure we connect you with our folks on our help line to see what is going on with respect to your EHB system. So please just send that in to bphc-oe@hrsa.gov and we will see what we can do with respect to EHB and your access to it.

(Linda Hutchins): Thank you.

Coordinator: Thank you. (Donna), your line is open.

(Donna): We just had a question. We were wondering if you have any news concerning future funding opportunities particularly around capital?

Jim Macrae: That is a great question. So I think I have mentioned in a couple of different circumstances we do plan to have a limited amount of capital money available in FY2014. We hope to actually get a guidance out by the end of this calendar year is what we are looking it. What we are talking about is anywhere between probably 30 to 40 million dollars to support, probably it is going to be minor capital activities related to supporting health center with some of the transformation costs related to patients in our medical homes.

We don't have a huge amount of capital resources available. Actually the reason why we have these available is because health centers have been able to complete their projects under budget and under cost which has been great, but it did make available some limited resources. And so we also have heard from many health centers about the need to support some of their activities with transformation and some of those costs have redesigned for example everything from waiting rooms to the actual examination rooms and other activities.

So stay tuned. It may not be the big capital thing that several folks have asked about but we just don't have resources for that but this opportunity will be available like I said I hope by the end of this month.

(Donna): By the end of this month or the end of this year?

Jim Macrae: By the end of this year. Sorry.

(Donna): Okay.

Coordinator: (Stephanie), your line is open.

(Stephanie): Hi. We are FQHC and we applied to become a CAC. Do you know when we will receive feedback about our application submitted and the PIN number to take the required test?

(Jennifer Joseph): Hi. This is (Jen). So if you submitted that CAC organization designation application and some period of time has elapsed, you know, more than a week or so you can let us know that you are awaiting a response. You can send the name of your health center, the email address of the person who submitted the application and a phone number for that person, and we can follow-up with CMS to get more information about the status of that application.

(Stephanie): Who would I send the email to?

(Jennifer Joseph): bphc-oe@hrsa.gov.

(Stephanie): Can you repeat that? Sorry.

(Jennifer Joseph): Sure, bphc-oe@hrsa.gov.

(Stephanie): Thank you.

Operator (Christopher Cox), your line is open.

(Christopher Cox): Yes, good afternoon. Quick question. If our site has CACs and agents at the same location, can we count the agents assist in our report since the CACs will refer a consumer to the agent?

(Jennifer Joseph): So we would actually be better responding to that because we need a little more detail about scenario you have and the health care center so if you could send that question to that same email address, bphc-oe@hrsa.gov. So, we

wouldn't I think be counting the agent assist but I would like to understand the situation a little bit better.

(Christopher Cox): Okay. Thank you.

Coordinator: Thank you. If you did press star 1 to ask a question we did not catch the recording of your name. So your line is open if you would like to go ahead and ask your question. Please check your mute button.

Your line is open if you wanted to ask your question. Go ahead.

We will move onto the next question. (Lane Jacobs), your line is open.

(Lane Jacobs): Hi. Good afternoon and thanks again for the call. Regarding the CMS call tomorrow, a lot of times they don't record those calls and it sounds to me like that is going to be a really important one. I will actually not be able to participate and I am sure that other people - there will be other folks that can't participate. It would be great if they would record this call. I don't know if you guys have any pull with that but it would be wonderful if they could make sure to record it.

(Jennifer Joseph): Yes. We asked them about that this morning and are hoping to get an answer to that today.

(Lane Jacobs): Thank you very much.

Coordinator: Thank you. And again to ask a question please press star 1 on your touch tone phone. Again remember to un-mute your phone and record your name when prompted. One moment please.

(Eduardo), your line is open sir.

(Eduardo): Thank you. I just want to ask you if we (unintelligible) here in Maine are already certified as CAC. I wanted to see in the website, CMS website, and we don't see our name, the name of our institution as a provider of services. Is there a way that we can figure other or we should wait until your data information?

(Jennifer Joseph): So there is some period of time between receiving the organization's designation and the organization showing up on the list of available resources for consumers. So if that lag seems to be beyond what you think you could expect, you can certainly send that to us and again we can follow-up with CMS. So again that is bphc-oe@hrsa.gov, and I don't know if this is a part of your question but just to be clear you can move forward with your work regardless of whether the organization is listed on the website.

So if you have your designation and the individuals in your organization have successfully completed the training, then you can move forward even if the organization is not there and certainly, you know, promote the availability of assistance in your organization in whatever ways you think are appropriate in your service area.

(Eduardo): So that means at some point we will be listed in that website, right?

(Jennifer Joseph): Yes.

(Eduardo): Okay. Thank you.

Coordinator: Thank you. If you did press star 1 to ask a question your line is open. Please check your mute button.

Your line is open if you wanted to ask a question. We did not catch the recording of your name. If you would like to go ahead with your question please do so.

Your line is open. Did you want to ask a question? Your line is open. Did you want to ask a question? You had pressed star 1. Okay. We will move on to the next question. (Ed Kay), your line is open.

(Ed Kay): Thank you. I have the same question as the gentleman before me so it just got answered. Thank you.

Coordinator: Thank you. Our next question comes from (Ms. Johnson). Your line is open.

(Ms. Johnson): Good afternoon. I was following up regarding the organization being listed on the website. What timeframe should we be expecting before our organization should be listed on the website as a facility for clients who come in and find assistance with the marketplace?

(Jennifer Joseph): I don't know the exact turnaround. But if the lag between your designation and the listing on the site is beyond let's say one to two weeks please let us know and we will follow-up.

(Ms. Johnson): Thank you.

Coordinator: Thank you. Again it is star 1 to ask a question. One moment please.

If you pressed star 1 to ask a question your line is open. Please go ahead. Please check your mute button. Yes.

(Gwen): Hi. This is Gwen. Can you hear me?

Coordinator: Yes. Go ahead please.

(Gwen): Hi. We are Blue Ridge Medical Center in Virginia. We have recently received our CAC designation. We have not received any of the information on the CMS call for tomorrow and we would like to have that information. How can we get that?

(Jennifer Joseph): Sorry. You can send an email to bphc-oe@hrsa.gov and just put in the subject line CMS call information and someone can forward you the message that was sent earlier today.

Jim Macrae: And we did put it out on our list serve so your primary care association should also have that information and if you are on our general list serve you should also get it. So if it is not you it maybe somebody else on your staff that is in that signup that you can get that from.

(Gwen): Okay. Thank you very much.

Jim Macrae: Absolutely.

Coordinator: Thank you. Again it is star 1 to ask a question. (Jeanette), your line is open.

(Jeanette): Yes. I just wanted to ask. You may have just said it, but how do you get on that list serve again? (unintelligible)

(Tracy Orloff): Hello. This is Tracy Orloff and basically the list serve pulls all names out of our EHB system and for every health center in the country they have a number

of people in there and so each health center can go in based on who has authorizing rights from your organization and that is how the names are in.

And so it is all fed from the electronic handbook system and then we also have a cooperative agreement list serve that we send the same messages to all of our cooperative agreements who work with all the health centers. In addition, we send our weekly digest out to both those list serves and anybody who is interested in the digest can send up for the digest as a separate - to just get the digest.

Jim Macrae: And that is available on our website, bphc.hrsa.gov.

(Jeanette): So if I was just set up as a business officer through the electronic health record I should be getting these emails?

Jim Macrae: Yes. They are EHB and if you have any problems you can call our help desk and they can help make sure that you have the right person information in there.

(Jeanette): Great. Thank you so much.

Jim Macrae: Sure.

Coordinator: Thank you. Again that is star 1 to ask a question.

Jim Macrae: Go ahead (Jenn). I think you had one other question.

(Jennifer Joseph): I just had a quick update that we now have access to a link for full (unintelligible) federally facilitated and state partnership marketplaces for how to change the information that is posted on healthcare.gov. So I understand

that the questions that we just had were about organizations not yet being posted, but I know that we have gotten several about organizations that have been posted but the information - they want to change what is available to the public on the website so we will make this link available to you.

We have sort of part of our partial shutdown means that it is a little bit more cumbersome for us to do web updates but early next week we will include this in the next round of updates to our Outreach and Enrollment resources on the website.

Jim Macrae: Great. Okay operator I think we can take probably two or three more calls because we are coming up on time.

Coordinator: Sir, actually we are not showing anymore questions at this time.

Jim Macrae: Perfect timing then. Well, just again a huge thanks to all the folks around the table that have been really helpful in terms of answering questions and providing updates. Really appreciate that. Big thanks of course to you all in terms of the work that you are doing.

You know, please continue to send in information to our bphc-oe@hrsa.gov if you have success stories or if you have concerns as you've heard that is another great resource to be able to bring in those questions and issues to help us, you know, work both internally here as well as with our partners to help make sure that everybody is as successful as they can be.

So a big thanks again for everybody participating. Hopefully the next time we have this call we will be in a very different situation in terms of where we are but again thank you and just thank you for your patience as we all work through these very interesting times. Thanks everybody and we will talk soon.

Bye-bye.

Coordinator: Thank you for participating on today's conference call. You may disconnect at this time.

END