



Newly Funded Health Center Orientation Webinar

**Bureau of Primary Health Care
Health Resources and Services
Administration**

Department of Health and Human Services

Agenda

- Welcome and Congratulations!
- Getting Oriented to the Health Center Program
- Review of Notice of Award
- Training and Technical Assistance Resources
- Q&A
- Wrap Up and Next Steps



Getting Oriented to the Health Center Program

Tracey Orloff, MPH
Director

**Office of National Assistance and Special
Populations**

Bureau of Primary Health Care

BPHC Mission

To improve the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services.

BPHC Welcome Package:

- General information and TA resources
- Acronym list
- BPHC Organizational Chart
- BPHC Division Map
- Key Health Center Program Requirements
- Clinical and Financial Performance Measures
- List of Upcoming New Grantee Webinars

Payment Management System (PMS)

- To set up your PMS, contact your Grants Management Specialist, listed on your NoA
- Division of Payment Management homepage:
<http://www.dpm.psc.gov/>
- Useful PMS tips:
http://www.dpm.psc.gov/help/useful_tips/useful_tips.aspx#Email
- For questions, contact the PMS Application Support Group: (877) 614-5533

Enrolling in Medicare

- Online application:
http://www.cms.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp
- After the NOA is received, submit a completed standard Medicare 855A application:
<http://www.cms.gov/MedicareProviderSupEnroll/>
- Detailed information for FQHCs applying for Medicare:
<http://bphc.hrsa.gov/policiesregulations/policies/pal201104.html>

Enrolling in Medicaid

- Enroll with your state Medicaid office:
<http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>
- FQHCs Medicaid links to policies, billing/payment, enrollment/recertification, listserv signup, coding, coverage, manuals and a range of other resources:
<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html?redirect=/center/fqhc.asp#>

Federal Tort Claims Act (FTCA)

- Health center employees are eligible for medical malpractice liability protection from the government
- FTCA Program Site:
<http://bphc.hrsa.gov/ftca/index.html>
- FTCA Policy Manual:
<http://bphc.hrsa.gov/policiesregulations/policies/pin201101.html>

Uniform Data Set (UDS)

- Make sure your information systems are set up to report on UDS
- The health center data site contains links to useful manuals, webinars, and FAQs
<http://www.bphc.hrsa.gov/healthcenterdatastatistics/index.html>

Affordable Care Act (ACA) and Outreach and Enrollment (O/E)

- Contact your Primary Care Association to understand the state marketplace. For a list of PCAs: <http://bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html>
- Develop a list of the largest commercial insurance providers in your community, and request enrollment applications. For a list of payers: http://www.naic.org/state_web_map.htm
- Related webinars and toolkits for HRSA grantees: <http://www.hrsa.gov/affordablecareact/>



Overview of Notice of Award

Margaret Davis, MSW
Director
North Central Division
Bureau of Primary Health Care



Notice of Award (NoA)

1. DATE ISSUED: 06/12/2012		2. PROGRAM CFDA: 93.224		<p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended</p>																																																							
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																											
4a. AWARD NO.: 1 H80CS-01-00		4b. GRANT NO.: H80CS						5. FORMER GRANT NO.:																																																			
6. PROJECT PERIOD: FROM: 06/01/2012 THROUGH: 05/31/2014																																																											
7. BUDGET PERIOD: FROM: 06/01/2012 THROUGH: 05/31/2013																																																											
8. TITLE OF PROJECT (OR PROGRAM): Health Center Cluster																																																											
9. GRANTEE NAME AND ADDRESS: [REDACTED]				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) [REDACTED]																																																							
DUNS NUMBER: [REDACTED]																																																											
BHCMIS #: [REDACTED]																																																											
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																							
<table border="0"> <tr><td>a. Salaries and Wages :</td><td>\$681,312.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$177,674.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$858,986.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$78,971.00</td></tr> <tr><td>g. Travel :</td><td>\$21,975.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$189,205.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$917,979.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$2,067,116.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td>\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$2,067,116.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td>\$1,417,116.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$650,000.00</td></tr> </table>				a. Salaries and Wages :	\$681,312.00	b. Fringe Benefits :	\$177,674.00	c. Total Personnel Costs :	\$858,986.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$78,971.00	g. Travel :	\$21,975.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$189,205.00	j. Consortium/Contractual Costs :	\$917,979.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$2,067,116.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$2,067,116.00	i. Less Non-Federal Share:	\$1,417,116.00	ii. Federal Share:	\$650,000.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td>\$650,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td>\$0.00</td></tr> <tr><td> ii. Offset</td><td>\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td>\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td>\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td>\$650,000.00</td></tr> </table>				a. Authorized Financial Assistance This Period	\$650,000.00	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$650,000.00
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15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$649,030.00																																																											
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program regulation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																											
REMARKS: (Other Terms and Conditions Attached [X] Yes [] No)																																																											
<i>Electronic signed by Helen Harpold, Grants Management Officer on: 06/12/2012</i>																																																											
17. OBJ. CLASS: 41.51		18. CRS-EIN:		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																							
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																					
12 - 398180B	93.527	H80CS-01-00	\$487,500.00	\$0.00	CH	N/A																																																					
12 - 398180B	93.527	H80CS-01-00	\$162,500.00	\$0.00	MH	N/A																																																					

Notice of Award (NoA)

Important Items on the NoA:

- Box 9 & 10: Indicate the grantee name, address, and Program Director.
- Box 4b: Grant Number
- Box 6: Project Period ends in Fiscal Year 2016.
- Box 7: Budget Period is usually 12 months.
- Box 12: Total Funds for initial budget period
- Box: 11: Total budget for the budget period, based on application and prorated for the current budget period.
- Box 13: Amount of Future Support through end of Project Period.

Terms and Conditions on NoA

- Program and/or Grant Specific Conditions
 - Include a due date and specific deliverable.
- Grant Specific Terms
 - Grantee expectations and requirements for this specific award.
- Program Specific Terms
 - Expectations and requirements for Health Center Program.
- Standard Terms
 - General Federal and DHHS grant responsibilities and expectations.

Program Specific Condition(s)

All NAP awards include Scope Verification Conditions that must be responded to within 120 days of award.

- NAP Funding Opportunity Announcement outlined the expectation that awardees would be serving the community within 120 days.
- NAP implementation plans.
- Tune in to BPHC TA call on December 9 for further information.

Grant Specific Term(s)

- Post-Award Requests submitted in Electronic Handbooks as a Prior Approval Action
- Newly funded grantees are eligible to receive on-site technical assistance in the first 10 months.
- A compliance assessment site visit will be scheduled between 10-14 months from award.
- Description of funding amount for initial budget period including any that was awarded for 1-time activities.

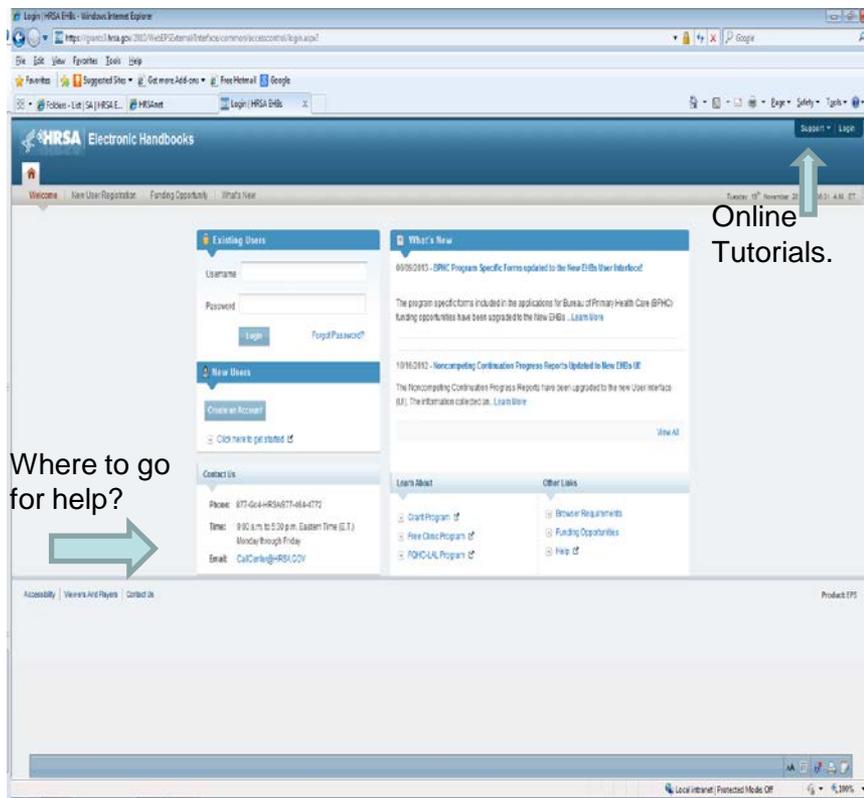
Program Specific Terms

- **Program Specific Terms Include:**
 - Federal interest
 - Cost principles
 - Program income
 - Audit requirements
 - Data reporting
 - Medicare and Medicaid enrollment
 - NAP expectations regarding 120-day verification and achieving full operational capacity within 2 years.

Standard Terms:

- Outline HHS and HRSA Grant Policy Requirements
 - Describes requirements for requesting approval for significant rebudgeting of project costs.
 - Includes reference to Payment Management System and contact information.

Electronic Handbooks (EHB)



- Your entry point for managing your grant and responding to deliverables.
- Make sure all persons who need access for your organization are registered under appropriate roles.
- Keep contact information up to date.

Questions?

Your Project Officer and Grants Specialist are listed on the last page of your NoA.

- Contact your Project Officer for questions related to:
 - Implementation Plan
 - Program Specific Conditions
 - Technical Assistance
- Contact your Grants Specialist for questions related to:
 - Prior approval requests
 - Federal Interest

Questions





Overview of Training and Technical Assistance Resources

Tracey Orloff, MPH
Director

**Office of National Assistance and Special
Populations**

Bureau of Primary Health Care

Training and TA Partners

- BPHC Staff
- National Cooperative Agreements (NCAs)
<http://bphc.hrsa.gov/technicalassistance/partnerlinks/natlagreement.html>
- Primary Care Associations (PCAs)
<http://bphc.hrsa.gov/technicalassistance/partnerlinks/associations.html>
- Contractors

Upcoming NCA Resources

- NACHC will be sending information to all newly funded health centers about regional orientations
- Orientations are scheduled for January, invitation only, and targeted to health center senior leadership
- Tentative orientation agenda:
[http://www.nachc.com/client/documents/New%20Grantee%20Orientation%20Agenda%20\(2\).pdf](http://www.nachc.com/client/documents/New%20Grantee%20Orientation%20Agenda%20(2).pdf)

Timing of Targeted TA

Phase	Activity	Timeline
Phase I	Targeted TA, as needed	4-10 months after grant award
Phase II	Operational Site Visit	10-14 months after grant award
Phase III	Operational Follow-up	12-17 months after grant award



BPHC New Access Point Implementation TA Call

- Monday, December 9th
- 2:00-3:00pm ET
- Call-in Information:
 - 888-795-3252
 - Passcode: 1399318

NACHC New Grantee Webinars and Orientation

- Newly Funded Webinar Series:
 - Payment Management System
 - Electronic Handbooks and Managing Your Grant
 - Getting Your Medicare and Medicaid Billing Numbers
 - Outreach and Enrollment
 - Federal Tort Claim Act (FTCA)
- For more information on the series:
<http://www.nachc.com/New%20Grantee%20Webinar%20Series.cfm>

Questions

