NWX-BPHC

Moderator: Tracey Orloff
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2:30 pm CT

Coordinator: Welcome and thank you for standing by.

At this time all participants are in a listen only mode.

And throughout today's call we will conduct question and answer sessions. To ask a question, please press star 1.

And today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I'd like to turn the meeting over to Jim Macrae. Sir you may begin.

Jim Macrae: Great, thank you, and good afternoon and good morning to those way out West. Hope you all are having a great 2012 so far.

We definitely are looking forward to 2012. I think in some cases very glad that 2011 has ended but we are very optimistic going into '12. I think there are a lot of great things that we've begun in years past and are actually going to continue and I think accelerate into 2012.

And what we want to do today is share a little bit about where we are here in the Bureau of Primary Health Care, give you some updates on particular topics that are relevant on the policy front, on our quality and data front as

well as some information about what we're doing in our training and technical assistance area as well as an update on what we're doing with respect to the National HIV/AIDS Strategy.

In terms of doing this I actually have a number of different folks who are going to be presenting. I'll actually let each of them introduce themselves when they take on the topic.

But I also just want to make sure that everybody knows who's on the phone on the other end. We have on this call Primary Care Associations, our National Cooperative Agreement Partners, our Primary Care Offices, as well as Regional Staff, as well as HRSA and BPHC Staff. So we have a full complement of folks on the call. I think at last count it was almost 200 folks participating. So we're very excited about that.

We also have our network colleagues on the phone too, our HCCNs, who are on the call.

So in terms of where we are, I've heard it said many times and I think you've heard me say that we really want to focus on the basics in terms of what we focus on this year. There are so many things I think are positive going forward but also a lot of unknowns.

And for me in that kind of time period it's really the opportunity to get your house in order. And I think you've heard me say this in particular to the Health Centers but I would also say it to all of you all as well as ourselves that making sure that you've got your basic operations in place is critically important during this time because running a good program, being able to demonstrate positive results and being ultimately able to deal with whatever

comes down the line is going to serve us all well. Because we still don't know exactly what's going to happen.

But having those things in place I think will put us in the best position to be able to deal with and respond to any particular challenge or opportunity that we have going forward.

In particular for our Health Centers what we've asked them to really focus on in 2012 is to continue their push around the adoption of EHRs and meaningful use. We think that's absolutely critically essential that all of our Health Centers have the ability to report on data electronically both within their four walls as well as be able to share with other types of providers out there because that is going to be the name of the game going forward.

The second big piece really is around the whole effort around the patient centered medical home and gaining that recognition. We really do see this as an important step forward in the quality evolution of our Health Centers. Having that outside stamp of approval I think will be extremely beneficial as well as needed going into the new healthcare environment that we're all entering.

But I think it also helps again raise the bar on quality in terms of the performance that we're looking at.

And in particular that ability to work again within the four walls but also work with other providers in terms of tracking results, developing referral systems and ultimately, you know, which is a foundation for us, involving the patient in their care. That's something that's going to serve all of us well so pushing on that whole focus around recognition.

And then finally, just really again continuing to look at how we're doing in terms of our performance measures. And looking at it from both a clinical quality standpoint as well as a health outcome standpoint and even from a financial standpoint in terms of how are we doing. Are we providing affordable, cost effective, high quality care that produces good results and eliminates health disparities?

If we can do that we can do anything. But we got to keep our eye on the prize in terms of what we're trying to accomplish and keep working on it.

And it's not easy. We know that. We know each of these things that we're asking, you know, EHR adoption is not easy. Patient centered medical home is not easy. Continuing to push on performance measures is not easy.

But those are the things that we really do believe are critically important going forward.

So that's enough of me standing on my soap box. I'll get off the soap box for a couple minutes. And then turn it over to a few of our colleagues here.

First we want to give you some updates in terms of our policy work that we're doing.

And we've asked Colleen Meiman to give us an update on where we are with the Medicare enrollment as well as a tip sheet, a terminology sheet that we sent out just recently which we hope you find beneficial, so Colleen.

Colleen Meiman: Hi. This is Colleen. I'm the Medicare/Medicaid (unintelligible) in our policy branch here in OPPD.

And at the risk of boring you all with a topic that you've heard me talk about before I'd love to be able to come to you saying that the issue that every permanent and seasonal Health Center site needs to be enrolled in Medicare individually has been resolved, that the PAL we sent out last year did it, that the emails we sent out over the summer did it, that the EHB checks we did, did it, that all the talks we've been giving.

But unfortunately we just did a run on what's an EHB?

And of the permanent and seasonal sites listed in EHB less than half still have an individual, a unique Medicare number listed.

Now I'm willing to say that maybe there's some problems with what's been entered in EHB. But at best we can say that half are correct and half are not.

I honestly, we're all a little at a loss here about what we're doing that is not getting the message through. I know there are a lot of people out there who are still saying well we've been doing it this way for a long time and nobody gave us any problems now. And why do we want to go looking for trouble?

I'll give you the quick answer to that and if anybody wants any more please feel free to call me because I'm the person people call when they do have trouble and there is trouble.

There is definitely a risk, a small risk of putting yourself forward and trying to get this fixed now but there is a much, much larger risk in not getting this fixed.

Now Jim said this is the time for us to be getting our basic operations in place, to be getting our house in order. This is a critical part of getting that done. I

don't want to be fielding calls this time next year that the Medicare Recovery Audit Contractors have been tracking down FQHCs and asking for all of their money back because these places have been billing irregularly.

And, you know, according to the Medicare Recovery Audit Contractors that's fraud. I know that's a word none of us like and I know that's not the intention but that's how it looks and that's how people are planning on paying for a lot of healthcare expansions that are going out in the future is finding things like this that they can come at and start getting money back from.

So in the next few weeks you will all - the PCAs will be receiving a list of the Health Centers in your state that still have a problem with what's in EHB. Now I'm hoping that there's just a lot of problems getting the information updated in EHB.

I can't say I'm optimistic but maybe I'm just being a pessimistic at this point.

But if you have any questions please get in contact with your Project Officer. Please get in contact with me. If anyone wants any detailed information on how to resolve this issue there is PAL 2011-04, gives pain staking detail on how to go through the enrollment process.

So one other piece of information I would share is that when people submit these applications they have to follow through in great detail when it was mailed, to whom, who received it. I've gotten a couple phone calls last week from people who were like, oh we thought we'd just be patient and wait nine months and see what happened.

As you know the payment at the Medicare FQHC rate is not retroactive. This is not a time to be patient. This is a time to be the squeaky wheel.

So if there are any questions, concerns, doubt as to whether or not this is important please get in touch with me. I really do not want to be back here in another three months doing the same talk again. And I'm sure you all feel the same way.

Jim Macrae: I know I do. But I will say, you know, in terms of this is one of those things that's just a basic in terms of having those billing numbers in place for all your permanent seasonal sites.

But it's also something looking into the future in terms of, you know, the potential significant expansion in Medicaid that if we don't have these things in place we really are putting ourselves at potentially a significant risk and disadvantage going forward.

So it's something that, you know, we're going to continue to ask you and lean on you to help us get the word out.

And if there are issues, you know, Colleen definitely wants to hear those. And we will try to work through them as best we can.

But we really need your help and assistance to try to continue to get the message out, continue to get folks to hopefully have updated their Medicare billing numbers and maybe just haven't updated their EHB but get all of those things in place because it really is critically important both now and especially get into the future.

Woman: Colleen do you want to give your email address?

Colleen Meiman: Sure. The email address is probably the easiest thing to remember is O-P-P-D, Office of Program and Policy Development, C-M-S, Center for Medicare/Medicaid Services at HRSA.gov. That'll land on my desk.

And that's just a good general place to send any CMS related questions.

Jim Macrae: Okay.

Colleen Meiman: So okay, two other quick policy updates for me, about two weeks ago you should have received a document called Health Center Program Terminology Tip Sheet.

And what this document does is it goes through and clarifies the distinction among the term such as grantee, Look-Alike, Community Health Center. I know that from some perspectives it might seem like this sort of stuff is nit-picking.

But I can tell you that a lot of the issues that I deal with in my job and I think that a lot of you deal with have or at least to some degree origins and confusion about what we're talking about when we talk about things.

You know people will say all FQHCs qualify for (FTCA). No they don't. Not all F - you know Look-Alikes are part of the FQHC term.

Or they'll talk about all FQHCs do not realize they're bringing in native American Clinics or Community Health Centers and not realize that they're leaving out the homeless, public housing and migrant and seasonal farm worker clinics.

So if nothing else I'm hoping that - we're hoping sending out this document will make people alert to the need to please be careful about the terminology that you're using going forward.

We've even given some suggestions at the end of what could be useful terminology. For instance ways to emphasize the community-based nature of the Health Center Program while avoiding the term Community Health Center which unfortunately brings some - it adds some confusion. So we tried to balance those two things.

Once again if you have any questions about that try the OPPD CMS email as well or contact me directly.

And the last piece which is not on the agenda because it just came to our attention today is you may recall that CHIPRA legislation that was passed in February of '09 mandated that all state CHIP plans that are structured as separate plans as opposed to Medicaid expansions, it mandated that all of those plans had to begin paying FQHCs using the PPS system in October of 2009.

And the legislation also set aside $5 million for grants to states to assist them with the transition to the PPS system.

And in February of 2010 which incidentally was five months after the official implementation effective date, CMS announced that funding for states.

And of the 50 states and $5 million in funding only four states applied and less than $2 million of it was given out.

So just last week CMS reopened that funding so there is over $3 million of funding available.

The application deadline is very soon. I want to think its February 12th. And I can tell you just from what I've seen of the timeline, they're planning on turning around the final decisions within a month.

So I'm guessing it's not going to be the world's most Competitive Application process.

So if you are aware of any states that you think would be interested in applying for some of this funding please be sure to let them know that it's available.

This money can be used to calculate a CHIP specific PPS rate for states that don't just want to carry their Medicare rate over. It can be used to make the changes that are needed to the computer systems to get the PPS paid under CHIP. You know it's really pretty open-ended. I mean CMS wants to find a way to get this money out the door.

So if you have any problems I'd say just Google it. And if you have any problems finding the guidance just send me an email and I'll forward it to you.

Thanks.

Jim Macrae: Great. At this point we're going to give you also probably what many folks on the call are interested in, an update on where we are with the PCA guidance as well as the funding opportunity that relates to that.

Tonya Bowers is here to help me with this explanation, when I start to veer off and go into a bad place and also to answer all of your questions which I'm very happy about.

But in terms of where we are first and foremost, many folks have asked, well, where's the guidance?

Well it's not available yet. We anticipate that it will be available sometime in February is what we're looking at. We anticipate that it will be likely available probably in late February in terms of application.

Well many of you may ask, well if the application's not available until February and our grant ends in March what happens April 1?

Well you have no money. No I'm kidding. I better not be funny today. I better not. I'll work on that.

We're going to extend all of our Primary Care Associations for five months to carry you all through at your current 2011 levels through till August 31, 2012. So basically what you'll be receiving before April 1st is an extension of your current grant at your prorated level on '11 for five months.

And so our goal with our application guidance is to put it out in February, have the application due within I think a 30 to 60 day window. It depends on when it actually ultimately gets out but give you all hopefully up to two months but probably more realistically about 45 days to complete an application with the anticipated award date being September 1, 2012 in terms of the awards.

In terms of the guidance itself, I had the opportunity to share at a couple of different venues our anticipated way the guidance is going to look. It's not dramatically different but it is different than what we've done in the past.

And in particular what we are asking Primary Care Associations to focus on are some of the big goals that we've identified and we really think are important for us to work with you to achieve.

And let me just walk through those different pieces with you and then we'll open it up for any questions that you may have.

First and foremost, one area that we're going to ask all Primary Care Associations whether that's at a state or a regional level is to work with us to help all of our Health Centers meet the program requirements. We really want to get in a position where all of our Health Centers are meeting all of the requirements and we don't have to get into any kind of condition scenarios.

Now we know complete compliance is probably not realistic because things just happen. For example, Governing Boards, you know, you lose members and as soon as you get below that nine threshold you get out of compliance so it's not realistic to think that compliance can happen all of the time. But I think what we really want to work with you all on is try to prevent as much of that as possible.

And so what we're going to ask all of the Primary Care Associations to do with us is to identify, you know, what are those key program requirements that are being identified with your Health Centers. What kind of statewide assistance can you provide to help those Health Centers address those requirements?

And ultimately set a goal for where do you want to be in terms of helping Health Centers not get to a point where they have to have conditions placed on their grant.

And the basic aspect is what we're going to ask you to do is to identify and work on what we call preventive and proactive TA so that we don't get into a situation where people have conditions on their awards.

We really want to lean on you all to help us with that education piece because in some cases its folks not understanding specifically what the requirements are or it's providing that good technical assistance and training to help make sure that they don't get into a noncompliance situation.

What we're not going to ask you to do and this came up a little bit at our meeting that we had down in Florida is to do that crisis intervention TA that we sometimes in the past asked you to do. In this guidance coming up in September where we make the award, we're really going to move away from that whole idea that you work with that really crisis grantee on our behalf.

Instead we really want you to focus much more on that statewide preventive proactive TA that can be beneficial to not only one particular member but really all the different Health Centers in a state. We think that's really important.

So a couple of people have also asked, well we're not completely in control of the compliance of our Health Centers. How can you hold us accountable?

We're just asking you to set a goal in terms of what you would like to see. But then in the application guidance we're going to ask you to identify a few key activities in certain areas whether that's, you know, need aspects of our

applications in terms of helping folks, you know, truly document their service area and their need within those service areas or their QI/QA systems under services, their fiscal operations, workforce recruitment and retention or governance.

And then ask you to identify a few activities that you're going to do in each of these areas and then present to us how will you know whether you've actually been successful at the end of a year's period of time in terms of making an impact in that particular area.

And what we hope is that it will help all of us deal with what we think is critically important is that foundation of making sure that all Health Centers meet the basic requirements but that we work more proactively with you in our strategies of how to address that. And again lean on you to help us with the preventive/proactive piece.

The other aspect related to the guidance that I think is important throughout is that we really want this to be much more of a partnership. We stressed this a lot in Florida and then when we were down. I don't know where we were. Was it New Orleans? Where were we? New Orleans I guess, that's why it's been a long year.

Really the idea of partnership, that we need to share information and data with you and in turn you need to work with us to identify what needs to happen; it can't be just what you want and it can't be just what we want. It really needs to be this partnership, this give and take in terms of what makes the most sense. What are your capabilities and strengths? What are the capabilities and strengths of the Health Centers?

And what can we do from where we sit to identify what are those top priority areas to focus on?

And update that throughout the year that it's not just in the development of the work plan but we do quarterly check-ins where we actually assess how we're doing and what needs to be changed.

There will be much more information on the guidance when it actually comes out. And I will be able to speak much more clearly because we'll actually have things we can share with you.

But I wanted to give you just a flavor of sort of some of the different pieces.

So that was aspect one which is the program requirements piece. The second aspect is the whole area of performance improvement, again not a big surprise, not anything different than what we've talked about in the past.

But we really want you again to help us work with the Health Centers to meet some quality and financial performance goals.

In particular we are really trying to push internally here and we need your help to push externally that we get all of our Health Centers to meet or exceed at least one of the Healthy People 2020 goals that have been laid out whether that's in the area of diabetes care, cardiovascular control, hypertension control, entry to prenatal care, a variety of the different measures that we track.

We really want to make sure that all of our Health Centers are exceeding on at least one of those measures. And we need your help and support to do that.

We also want to get all of our Health Centers to be recognized as a patient centered medical home. We think that's critically important. And again we need your help to do that.

We also need to make sure that we keep our costs inline. We're not asking you to control the cost of Health Centers but we really want you to work with Health Centers to figure out how can they control their costs over time in terms of keeping it below at least the national standard or the national average? That's something actually that we're tracked on every year in terms of our performance running the program.

And the good news is that for the last five years we've been 20% below the national increase in cost annually. We want to continue to do that but, you know, as things get much more difficult we need your help in terms of really working with Health Centers around their cost centers as well as what they're doing to, you know, look at maybe potentially different models and more cost effective models of providing care.

And then lastly with respect to this is working with the Health Centers to make sure they don't get into a situation where in an audit there are concerns about their ongoing financial viability. That's not good for anybody.

And to the extent that you can work with us to help the Health Centers stay in front of any kind of financial issues that they may run into because sometimes they're outside of their control, but in a lot of cases there are things they can do internally to either be proactive and address things that might be happening with the Medicaid or the CHIP Program or honestly there may be just some real significant issues operationally internally that need to be addressed to deal with the whole issue of financial viability.

And so again we want you to work with us on those in terms of setting broad goals, identify what are those key activities, again on a prevention and proactive side that can be provided really to folks across the state to make an impact and again not to deal with the crisis one-to-one emphasis.

And then finally, there are areas that we call and I'm not sure what the ultimate term will be, but sort of the core additional functions that we just expect every PCA to be able to do which is to provide information on any kind of new funding opportunities.

We've had and we hope to have new opportunities in the future. And we really think it's important that folks be able to come to their PCA to get that kind of information about what's available.

And that includes members as well as nonmembers. There were some issues as you've heard me talk about where some nonmembers maybe didn't get the amount of service or support that we think they needed. We're going to make it much more clear that it is an expectation going forward.

But providing that basic information about how to apply, what's needed to become a Health Center we think is really important because ultimately we want I think as many Health Centers as we can who again meet the requirements, are performing well in the family as we can get. The more we have in the family the stronger we are.

The second thing is we are going to ask folks to do an annual technical assistance and training needs assessment to really, you know, work with their Health Centers in their state or their region to identify what are those key TA and training needs.

And to do an assessment of, you know, where the Health Centers are, where is the focus for the coming year, maybe for the next coming years in terms of what needs to be focused on.

We're also going to ask all of our PCAs to identify at least a point of contact around special populations. We really think it's important especially as the program has grown that we make sure that as we're developing, you know, resources in particular TA and training resources that we tailor it to meet some of those needs of our homeless grantees as well as our migrant health centers and our residents of public housing.

And we've done a good job but I think we really need to do it across the board and really broaden that out. In the past we used to fund certain PCAs to do certain activities. We really are now making it just a requirement across the board that all Health Centers have that capacity at some level, you know, based on the level of homeless, migrant seasonal farm workers and residents in public housing in your particular state but to have that kind of capacity in every PCA.

A next area which is not anything that you all haven't done but the whole area of collaboration. We felt like it's really important that you all be recognized for your key role that you play in terms of collaboration at the state level, you know, with other HRSA funded entities, state offices of (rural) health, PCOs of course. But also, you know, with state Medicaid, other statewide organizations that are focused on primary care as well as care to the underserved. And we just feel like it's important to continue to recognize that.

In addition the whole area of emergency preparedness just to make sure again that from where you all sit you're involved in whatever is going on at the state

level and that Health Centers have a voice as different decisions are made both at the state and ultimately at the local level.

And then finally the last piece which is around program analysis which is really, you know, your opportunity to dive into the data and the information that sometimes we provide or sometimes you receive from the Health Centers to really do that kind of analysis about what is the impact of the Health Center across the state or in particular communities or for particular populations. We feel like that's important.

So that's a real high level description of the guidance. It's basically going to be asking you all to focus on helping us - help the Health Centers meet all the requirements, number one.

Number two, helping them improve their performance in particular looking at helping them exceed the Healthy People 2020 goals, be recognized as patient centered medical homes, keep their costs below the national increase in cost, help them not get into a financially unviable position.

And then finally, these core functions of, you know, providing basic information on the program to any interested applicants, doing an annual TA and training needs assessment, focusing on special (POPS), continuing your efforts around collaboration at a state level, emergency preparedness and ultimately program analysis.

Again we'll provide much more detail and information on it as the guidance comes out which we anticipate coming out in late February.

But we want to just give you at least some things to think about because we know many of you actually think about your guidance before it actually comes out so we want to give you something to think about.

In terms of funding at this point I'm sure many of you thought I would actually start with the 2012 budget situation. We are still in discussions about how the 2012 budget will play out in terms of resources that are available.

At this point I can tell you the good news is that we do not plan to reduce the funding for the Primary Care Associations in 2012. A couple of you had actually asked me that question. That is not our intent; we plan to keep at least at the level that we currently are which is approximately 43 million for Primary Care Associations across the country. That is an increase of about 5 million from 2010 levels so we went from about 38 million to 43 million. We do plan to keep that level.

And then really the question becomes do we have any additional resources.

And I do not have an answer at this point. Right now we're looking at potentially a three year project period. There have been discussions about doing it for five. We're having conversations about that internally whether we can extend to a five year project period. We know our sister bureau has extended the Primary Care Offices to five years and so we are looking at that as a potential option. But no decisions have been made at this point.

Beyond that we're going to try like I said to give you at least 45 days to complete the application. It will be a two tiered process at grants.gov and then an EHB submission. Usually grants.gov you do have to get that done in 30 days but then you have additional time to complete the EHB portion.

Beyond that I don't know if there's anything else Tonya that I should be highlighting or hitting on in terms of the guidance itself.

Tonya Bowers: Not on PCA but if you want to talk about the NCA.

Jim Macrae: Oh the NCA, we also will be getting out that continuation guidance...

Tonya Bowers: Very shortly.

Jim Macrae: ...very shortly, soon.

Tonya Bowers: Eminently.

Jim Macrae: Very soon. We also have heard from you all in terms of the guidance itself that it was a little bit challenging in terms of some of the ways to fill it out. We are actually hopeful that our PCA guidance will be a little bit easier in terms of filling out that application.

On the other hand as I've shared with many of you we do need to have a lot of this information electronically to be able to report both what we're doing with the resources as well as ultimately progress reports. And the good news is as we put more things on in the front-end it actually makes it easier on the reporting end.

And with all of our grantees we anticipate doing six month progress reports ultimately in terms of what we're going to get to both on the PCAs as well as the NCAs. I think we started quarterly with the NCAs but I think we're going to move to every six months. We plan to do the same thing with the PCAs.

And we actually plan to have it be part of the application guidance. There will literally be a box where you can update what you've done in terms of your goals, your objectives, your activities, whether you completed it or if you need to adjust those.

So we're cautiously optimistic that we're making improvements and the NCA guidance should be out soon shortly in terms of that piece.

So let me stop there and see if there are any questions either on the policy front in terms of some of the items that Colleen mentioned or about the guidance itself.

And then we'll jump into quality and data.

Coordinator: Okay. And as a reminder it is star 1 to ask a question. Please make sure your phone is unmuted and record your name slowly and clearly when prompted.

And we do have a few questions, one moment please.

And we'll start with (Pam Morrell). Your line is open.

(Pam Morrell): Our question was answered. Thank you very much.

Coordinator: One moment. And next we have Marilyn. Your line is open.

Marilyn Kasmar: Hi. Good afternoon. Jim this is Marilyn Kasmar, Alaska PCA. I was wondering when you mentioned the training and TA needs assessment that you would like us to conduct annually and I think most of us do that already, but I'm wondering if the bureau is thinking about having a standardized tool

or if that will be something that's left up to the state or if you're looking to have some way of getting that information and aggregating it.

So I'm just wondering if you can speak to that please.

Jim Macrae: That's a great question Marilyn. We actually debated that internally whether we should provide a more formal tool.

At this point we decided not to do that because we really want to allow you all to tailor it based on what you see as the best.

But we are interested ultimately in doing some sort of rollup so if there are particular ideas or suggestions about how to do that at some point, we would be definitely interested in hearing from you on how to do that.

But at this point we're not planning on any kind of formal tool that you need to fill out or assessment that you need to fill out.

Marilyn Kasmar: Okay thanks. I do have some ideas for you so I will share this.

Jim Macrae: Okay, great.

Coordinator: And forgive me if I mispronounce the name. I wasn't able to quite catch it clearly. (Becky Stanky) your line is open.

(Becky Stanky): Thank you. My question has been answered at this point.

Coordinator: Excuse me. Next is Brent Wilborn.

Brent Wilborn: Hi. This is Brent Wilborn in policy with Oklahoma PCA. This is for Colleen.

On the policy issues we've talked about Medicare enrollment for site certification. I just wondered if there'd be an appropriate place here to discuss if there's been any conversation with CMS about a State Medicaid Director letter basically saying that the site certification would not be a prerequisite to having Medicaid recognition on the FQHC side.

Colleen Meiman: That's another - there's definitely been discussion of that and that idea has been fluted. But I wouldn't hold my breath on seeing a State Medicaid Director letter out on that.

I think the best we can hope for is some sort of guidance saying that it is not mandatory that state Medicaid agencies require FQHCs to have Medicare certification to enroll in Medicaid. And that it is not mandatory they - that the payment, that the FQHC payment rate not be retroactive, only be effective on the date of the application is approved.

Brent Wilborn: Thank you. I'm sure you can understand the revenue issue...

Colleen Meiman: Right.

Brent Wilborn: ...especially since Medicare doesn't retroactively pay. It'd be nice to have Medicaid payment for the duration until we can get everything settled.

Colleen Meiman: Absolutely. And I know in Oklahoma in particular you guys are really feeling the heat of this one.

Brent Wilborn: Thank you.

Coordinator: Next we have Allison Coleman.

Allison Coleman: Hi Jim, happy New Year. A question regarding the NCA continuation guidance, I believe in the last year the competing cycle we started out with a July to June project period and then it got pushed forward to a September to August period.

Do you know whether the - will the continuation guidance go back to the July to June cycle or are we still going to be on the September to August cycle?

Woman: Hi Allison. The - as you know that we did award the NCAs with a ten month budget period in order to align everyone as July 1 starts.

And so you'll see that your 2012 Noncompeting Continuation Application will be for a July 1 start and so you'll go back to a 12 month cycle effective on the 12 - on the 7-1 (unintelligible).

((Crosstalk))

Allison Coleman: Okay. Okay, great. Thanks.

Coordinator: Next we have Clifford Chang.

Clifford Chang: Hi Jim, happy New Year all. Just a quick question on sort of a generic one, to the extent in terms of the reporting that you want or for the guidance, is it going to be in terms of progress reports?

Jim Macrae: Yes. Basically it's going to be a progress report that you will submit through EHB. It'll be electronic. And it'll be based on what you present in your application guidance so you'll actually be able to list out these are the

activities that I'm proposing to do this year. These are the outcomes that I'm hoping to achieve.

And then you'll have the opportunity basically in a box on the far end to be able to say then what's your progress for the year and you'll be able to do that at a six month intervals.

So hopefully it'll be fairly straightforward.

Clifford Chang: Thank you.

Coordinator: We have no other questions in queue.

Jim Macrae: Great, thank you. At this point let's turn it over to Suma Nair who will give an update on what we're doing in the quality and data arena.

Suma Nair: Great. Thank you, Jim. Good afternoon everyone. I wanted to share a few key updates, key due dates, timelines and things to remember so have your pen and paper handy. There will of course be listserv notes and things to follow but these are some important dates that it would be helpful for you all to remember and for Health Centers to keep in mind as well.

I'll start with one of our favorite items, Recovery Act reporting both 1512 reporting and the HCQL reporting.

As Jim mentioned I think one of the priorities and things for us to stay focused on is really to demonstrate the positive results and impacts of the Health Center Program and particularly with Recovery Act as we close out those funding opportunities and projects.

It's critical if you haven't already closed out your Recovery Act projects, your (CIP), your (FIP) to go ahead and continue reporting on that. I know it's been a couple of years of reporting. We have additional reporting requirements now with our capital projects through ACA.

But it's critical that we get that. It gets elevated attention and there's a lot of interest and so thank you to the PCAs who respond to my quarterly, (we're pleased) for support to get out to those Health Centers that haven't reported. There are - there's continuing to be interest and significant implications to those grantees who don't report on time in terms of grant, drawdown restriction among other things.

So please, I know it gets to be a little tiresome but continue to report and make sure that every quarter folks are making sure they have all of the (FRN PINs), their (CCR) number, their DUNS, all this has codes and things to get into the different web sites to share that information.

Jim Macrae: And if I can a commercial interruption on this, please, please, please, continue to encourage the Health Centers to close out their projects. You know we have almost all of the new access points to close out. That's great. We have a vast majority of the IDS have been closed out. I think we're at a point where almost all of them are closed out at this point.

We have I think its well over 70% of the CIT projects have been closed out. But we still have some remaining.

And so just encourage folks, you know, smartly. We don't want them to just to close things just to close them but to get things done. You know don't let it straggle out there. Get it done. Close it out. Submit their final report because then they're off the hook in terms of this reporting. Otherwise we get into this

situation where we are specifically mandated to put conditions on awards, actually put drawdown restriction which impacts not just on their (ARA) funding that they receive from us but also other funding.

So there are implications if folks don't do this. And we really try to work with folks to get the message out.

But whatever you can do to encourage folks, one, to close out successfully their projects, do a final report out, and then not have to report to us, that would be great. That's our goal is to get to that point where we're all closed out.

Suma Nair: Great, thank you. So this time around (was) - the due date was January 14th. We did have 12 grantees who did not submit so they will be on the noncompliant list. We unfortunately had one grantee who was a two time noncompliant so they will definitely have some ramifications against the grant.

The next reporting period is April 10th. Please keep that in mind. And additionally in case there's any confusion between all of the Recovery Act reporting we also have the ACA reporting, the QPR, the Quarterly Progress Report, for all of our Capital Grants so the Capital Development Grants that were awarded and the School-Based Health Center Capital Grants they also need to report.

These are large grants, big projects and so there's interest in making sure that there's incremental progress toward the end. So please make sure you continue to share the great results that you're having as you report on those projects.

Next similar progress reporting plug, data collection for our 2011 UDS has begun. The deadline is February 15th. This year we have the great opportunity of including the FQHC Look-Alikes in our UDS reporting so this and I believe you also have listserv notes and otherwise and the Look-Alikes were invited to the regional PCA and hosted UDS trainings that we had.

So encourage them to report as well. Continue to provide (needs) support and outreach they need. The timelines are the same, again February 15th.

Grantees who submit by February 15th deadline will have the opportunity to get technical assistance and support to make sure that they're submitting all of their data elements appropriately, answer any questions and additional kind of accuracy validation check with our UDS support and technical assistance that we've had over the years.

If you don't submit by the 15th that technical assistance opportunity won't be there. And you'll have to submit by the end of March. If you don't submit or grantees don't submit by the end of March we have to freeze the UDS data and you forego that opportunity if you submit by February to get the technical assistance.

We have had over the last (three) years a couple of instances where Health Centers have come back and said oops, I made a mistake. I had an issue. And this was beyond our March deadline and we had frozen the UDS data. And we couldn't go back and make any changes.

As you know there's a lot of interest in the Health Center Program performance. And there's scrutiny in the UDS data and the outcome.

And it's very important that you and the Health Centers take the time to accurately report and get the technical assistance that is available for them so again February 15th for both the Look-Alikes and the Health Centers for their UDS.

We've been working with Health Centers on UDS reporting. It's not only a data submission (for you). It's really to use the data for quality improvement as Jim has mentioned. We were working on developing many standardized reports in the electronic handbook for Health Centers to use their UDS data for quality improvement purposes. We've improved those. We're a little late last year in getting some of those but those will all be available this year shortly after we've cleaned the data and have it available.

And we encourage you to support Health Centers in using that data and information for planning, quality improvement purposes.

Finally this - there was interest by the Primary Care Offices to get access to UDS data and so we are finalizing the logistics on that. Please look out for a email to PCO Director on the process for getting this data and the disclosure notes and all of that. So we'll be sending that information out and are happy to share that information with our partners.

On a similar note just sharing information, Jim mentioned as he was talking about the PCA guidance one of the key areas of focus is performance improvement. And really soliciting your support to advance the quality initiatives we have in the Health Center Program.

To that end we will be sharing shortly with the Primary Care Association state summaries related to meaningful use and EHR adoption.

As you recall in 2010 with the UDS we collect information on EHR adoption. We've sliced and diced that data and we have it available at the state level.

So in addition each Health Center could see where they are when they need that information but now you can see across your state where your Health Centers are in terms of the adoption rate.

Similarly we have information on PCMH that we will share. There was a (DW) Survey done last year. I believe many of the Primary Care Associations helped in fielding that. We have the results of those surveys that we'll be sharing.

And finally we've got packages of quality improvement data that we'll be sharing with the PCAs. We have information on the PCMH Supplemental and Health Centers that have applied for going through PCMH recognition. I think that'll be a powerful package of information and give you a sense of where the Health Centers are in your respective states and regions around some of these quality improvement and performance improvement initiatives and would be timely information for the upcoming guidance and some of your needs assessment work that you will be doing.

Related to meaningful use and PCMH we had a great opportunity to provide supplemental funding last year around these two initiatives aimed at improving quality with the Beacon Supplemental that went out to 85 Health Centers that were in the (Katzman) areas of the Beacon Community Grants that were funded by ONC. Again using HIT to improve quality, looking at information exchange across the health delivery system.

Those grants as well as a supplemental funding opportunity as well as the PCMH one will both have an interim and a final progress report. The interim

reports will be due around the end of April, early May so look out for that. It'll be a streamline report but it'll give us a good sense of how things are progressing with both in the Beacon Supplemental funding as well as the PCMH Supplemental funding.

And again both of those at the end, probably in September we'll be looking for a final progress report to see what great outcomes we've had as a result of that.

On a similar note around patient centered medical homes we've had overwhelming response. Over 700 sites have applied to go through NCQA recognition. But and so there was a lot of early adopters last year when we kicked off the initiative.

We've found a little bit of slowdown in the initial enthusiasm. While we've received many NOIs people have come in and done the first step of the readiness assessment, we've seen the rate of actually submitting the final survey to NCQA which includes all of the documentation and systems and processes around patient centered medical home. It's been a little lagging.

So where you can please encourage your Health Centers to keep plotting ahead, making progress and submitting that information to NCQA so we can hear great results about more and more Health Centers that have gone through the recognition process and being recognized as Level 1, 2 or 3 level patient centered medical home.

Finally, I'll get to (FQPA). We have completed our deeming application for 2012. And we're already onto thinking about Fiscal Year - Calendar Year, sorry, 2013.

We received a lot of very positive feedback from grantees in the Grantee Satisfaction Survey around they were happy about the new requirement or the enhanced requirement. And the only issue was a little more time and wanting to understand some of the requirements and seeing samples and templates. And so to that end we've been working to develop a set of tools and resources.

So we're going to open up the application period sooner this year and make it available in EHB at the end of February and to have the application deadline be early in April so that we can have all of the information. We have over 1000 Health Centers that are involved in the (FQPA) Program. We can receive all of those applications earlier in the year which will give us enough time to work with you to make sure that if there are questions where there's gaps in the applications or we're not clear that a requirement is met we have more opportunity to work closely with you to clarify training and technical assistance that's necessary and we don't want it to the latter parts of the year which can be a little I know stressful for Health Centers when there's concern (of FTCAs) and medical malpractice.

So there will be a PAL that goes out in the next couple of weeks around the timeline.

Another thing we've done to support Health Centers on this is we've made a series of technical assistance videos that will walk Health Centers through the actual EHB application, the application requirements and some tools, sample, templates that Health Centers can use so there's clarity around what we're really asking for when we ask about proof of implementation of some of our policies and program requirements around the (FTCA) Program.

So that will all be available here shortly and we encourage you to support Health Centers and encourage Health Centers to apply and really meet the deadline.

And we did have a couple instances towards the end of this year where it was iffy and I think we had one or two where they didn't meet the requirements or not so we encourage folks to take it seriously and adhere to the timelines associated with that.

I think that's all I have in terms of...

Jim Macrae: The one last area that we wanted to touch on in quality and data and we purposely didn't put it on there because it's still an active development is the whole network guidance.

We do anticipate getting out a network guidance within the next two months at the latest in terms of getting that out. I know many of the networks have been very interested in where is the guidance.

So similar to the PCAs it is coming very soon. We do anticipate providing resources to support ongoing operations. I know that's been one of the big questions with respect to the networks. Will these unlike previous grants be considered ongoing and operational? Yes, we will be doing that.

We've had a lot of conversations as you can imagine with making that change to really be much more clear on what the outcomes and deliverables are with respect to the networks if we move in this direction. When it was more one time and not ongoing support there was more I think room for innovation and less prescriptivity.

When you become more operational and directive you have to be a little bit more specific in terms of what you need from these particular grants.

So we are hopeful that that guidance like I said will be out in the next two months or so. We are going to of course then have a series of technical assistance calls and questions that you can ask about it.

You know I think we will continue our focus, you know, definitely around the whole area of HIT and quality and utilizing our networks to help to continue our efforts to do work around EHR adoption but really move much further in terms of how do you use data and information to actually improve the operations of Health Centers on a day-to-day basis.

So you'll see more to come and we will definitely share that information as it becomes available. But it should be out soon shortly in the near future.

So with that I will stop here and ask if there are any questions with respect to a number of the topics that Suma went over. I think all of them are actually critically important. You know in particular at this point encourage folks to get their UDS data in. That is so, so, so critically important in terms of being able to one, tell the story of the Health Center but it also allows you to tell the story at the state level and for us to be able to tell the story at the national level.

So just continue to encourage folks to get those data and information in for the UDS.

But Operator we'll take questions at this point.

Coordinator: And again as a reminder it is star 1 to ask a question. Please make sure your phone is unmuted and record your name slowly and clearly when prompted.

And we do have a few questions already in queue. (John Lazier) we'll start with you.

(John Lazier): Hello everyone. I was curious Suma as to whether the data package you'll be providing to the PCAs might be made available to the National Cooperative Agreements as well or even if the data could be sliced and diced by special populations or types of grant so that we can more effectively work with folks on this set of issues.

Suma Nair: Yes, absolutely. And that would be great.

Jim Macrae: So yes, we'll get it to you (John).

(John Lazier): We'll look forward to it. Thank you, Jim. Thank you, Suma.

Coordinator: Next we have Alex Lehr. You're line is open.

Alex Lehr: Yes hi. And (John) took the first of my questions so thanks for agreeing to that.

The second was for the Health Center Control Networks RFP that you just talked about, would that include funds and eligibility for new networks or is this just to maintain the existing commitments?

Jim Macrae: It'll be for both actually so it will be for new networks as well as for existing networks. Although again the expectations and the requirements will be more stringent than they've been in the past.

Alex Lehr: Yes, definitely. Thank you.

Coordinator: (Robert Pew) your line is open.

(Robert Pew): Jim good afternoon. This is (Robert Pew) from Mississippi PCA, happy New Year to you sir.

Jim Macrae: Happy New Year.

(Robert Pew): Thank you. Jim earlier you had talked about the goals for the new guidance. And one would be PCAs would be expected to help CHCs meet the program requirements especially around our identification of preventive and proactive measures we can - and activities we can work on.

Was the bureau considering providing some information to PCAs to help guide this process and working with us and as a set of these activities and actions that we're expected to carry out in this regard?

Jim Macrae: Absolutely. What we're planning to do because we've gotten a lot of feedback on the Condition Reports that we currently send out is that they are just a snapshot in time.

So one of the things that we're actually looking to do is actually provide you a full year's perspective of how conditions played out over the full year so, you know, hopefully with most of our Health Centers they are - a condition is identified. They address it in 90 days and then it's done.

And if you just do it in a point in time you might miss the fact that you actually had some Health Centers with conditions.

We want to provide data that actually shows you Health Centers that had conditions throughout the year whether it was 90, whether it go to 60, whether they got to 30, you know, all those different aspects of the conditions.

So we're working to get that information. Suma and her shop working with Tracey is going to be hopefully having that available very soon before the guidance comes out.

(Robert Pew): Thank you.

Jim Macrae: Yes.

Coordinator: (Amy Perchek) your line is open.

(Amy Perchek): Hi. I have a question on our closing out of projects and I know you said grantees will be penalized if they're late on that and that you have a list of 12.

I guess so is (OQD) going to contact grantees directly or is that something they're going to notify their Project Officers of?

I know I have some that have some late submissions due to permissions in EHB.

Suma Nair: Yes. We will be working with the grantee to see what can be done in terms of submitting some of that. I think there's some flexibility in HCQR and perhaps QPR 1512 (as well) so because of an external database and reporting system.

So often the experience though is once they've missed the deadline for the quarter particularly on 1512 they've missed for that quarter and they don't

have another opportunity until the following quarter. So for those 12 who didn't report on 1512 they're just delinquent until the next quarter and then they have to submit that information.

(Amy Perchek): Oh okay. So that's not directly related to project completions, certificates or anything like that.

Suma Nair: No. It's a little different.

(Amy Perchek): Okay, thank you.

Coordinator: Excuse me if I mispronounce the name but (Sally Alborn), your line is open.

(Sally Alborn): Thank you. Good afternoon. My question is about access to the data packages.

Is some of that information particularly the quality and PCMH information available to Health Center Control Networks?

Jim Macrae: We do plan to make this information available. Partially some of it is going to actually be available on our web site. You know its part of all of the application guidance's that we're going to be putting out. We're going to make it clear what those different resources are.

But I think also with respect to networks we can make some of this data and information definitely available to you all too.

(Sally Alborn): Thank you very much.

Jim Macrae: Sure.

Coordinator: No other questions are in queue.

Jim Macrae: Great. All right, then why don't we shift to the Office of Training and Technical Assistance Coordination, an update?

I think actually I have the first part which is related to the operational assessment site visits.

One of the things that we are going to be working towards doing in 2012 and again this goes back to the theme of getting our basic house in order and operations in order is the idea of doing a scheduled site visit to every Health Center.

We - as you may know it used to be formerly the Office of Performance Review and then the Office of Regional Operations, used to have a lead responsibility for doing site visits for all of our grantees across HRSA. They have changed in terms of their function and responsibility.

And so that responsibility and function for site visits has actually been transferred back to the Bureau of Primary Healthcare.

And in terms of looking at what would make the most sense for us we really felt it would be most beneficial if we did a thorough review of every Health Center at least once every five years. And so we're going to be working over the next year to develop a review schedule that basically allows us to be able to schedule these types of site visits and actually send teams out to go and do a real thorough assessment of how the organization is doing.

It will be utilizing the site visit guide that's up on our web site so looking at everything with respect to need, services, management finance and

governance. It will include consultants and we hope in most or at least many circumstances also the Project Officer will participate in these operational site visits.

And basically what we plan to do is to roll this out to all of our grantees, you know, over in the next year. So we'll have more communications coming out on this.

But we've been really working to try to figure out how to schedule this, how to make sure we have adequate resources to be able to do it, and really come up with a strategy that makes the most sense in terms of moving forward.

Part of the impetus behind this has been a recent GAO Study that's been done. They've asked a lot of questions about how do we onsite verify or how do we actually know whether these different things are taking place in terms of the Health Centers meeting the requirements.

And we have indicated that one of our mechanisms to do this is the site visit. And of course that led to the conversation well how often do you do it and is that regularly scheduled.

And we said this is where we're moving to.

So this is something we had planned to do but I think the GAO Study has helped encourage that even further in terms of moving forward in terms of that type of assessment.

So again we think this will be a positive thing in the sense that we'll really - I think we'll be able to go out and really see how folks are doing. And again it

will be focused both on the requirement side as well as on the performance improvement side.

But it is something that we're going to ask all of our Health Centers to participate in.

And in terms of timing, you know, it's always challenging. But what we're hoping to try to do is to do it really the year before their project period ends to the extent that we can so that, you know, any kind of information can then go into what they use to submit their next application, their next Competitive Application and in terms of addressing that or have those things addressed even before they submit that application.

So that's the quick update in terms of where we are with our operational site visits. You know what we're looking at is potentially doing 1100 of these over a five year time period so roughly, what is my math? My math, not too good, a little over 200 a year that we'll be doing, rolling out so it'll be definitely a significant investment on our part, you know, we think it'll be beneficial. You know, we'd be definitely interested in some feedback.

But it really is something that we need to do in terms of again making sure that our house is in order in terms of what we're doing.

Oh good point. A question has been raised about will this happen not just with Health Centers, will this happen with other organizations? The answer is yes. Actually we will be going out and doing site visits of all of our entities. So that will ultimately include Primary Care Associations, our National Cooperative Agreement Partners as well as our networks that we invest in.

Also our Look-Alikes, any organization that we work with ultimately will get a site visit and the goal again will be once every five years.

We of course will have to adapt our site visit tool to, you know, really meet the expectations and requirements of Primary Care Associations for example or networks. But that's something we're going to work towards.

The Health Center piece will be implemented in '12. The latter part for the PCAs, National Cooperative Agreements and others will probably be more likely implemented in 2013. And we might take some baby steps in that area late in the year but more realistically in 2013 so.

Tracey did you want to share a little bit about our web site and some new features that we've developed there?

Tracey Orloff: Yes. Good afternoon everybody. This is Tracey Orloff, Director of OTTAC.

And I know a lot of you have been using our web site. And we've been getting a lot of great feedback of what things are helpful.

And so one of the new features we'll be rolling out in the next oh week or two will be a new search engine. And so what this will allow you to do is have more flexibility to get at the range of tools, guides, resources that are on the web site and allow you to search based on rather than know exactly what it's called or where it is.

And so we've at the Technical Assistance web site, we have added a little search engine box. It'll be on the left when it goes live. And it'll allow for three kinds of search opportunities.

There'll be dropdown menus for TA topic and resource. There'll be a dropdown menu for just keywords if you're doing some research and trying to look across some various topics and issues. And then there'll also be a free text keyword search.

So there'll be lots of enhanced ways for you to find the information you're looking for and then of course we're always looking for new resources, tools and things that we keep adding to the site as it comes to our attention.

So please go ahead. When you have new features of your own that you think would be really great resources for other folks around the country let us know because then we can link to you and share that and get the word out.

So the other thing just to let some of you know we're also because of, you know, as we're asking you to do TA and training needs assessments we're also doing some exploration on our part of how we can best work with you in collaborating and coordinating our TA.

And so we'll be trying to do in the first half of this year some focus groups of PCAs, NCAs and some Health Centers. So we're working on how to pull that together and get some input from a variety of folks that are mixed from across the country so more to come on that.

Jim Macrae: Great. I think we'll jump to the last topic before we take questions and then we'll open it up for any questions that you have on any of the topics we've discussed or the most recent ones or any others or any other items that you want to talk about.

So at this point I'm going to turn it over to Rene Sterling who's really been leading our efforts around the National HIV/AIDS Strategy for the Bureau of Primary Healthcare to provide an update. Thanks Rene.

Rene Sterling: Great. Just a few things I'd like to share with you. Last January we provided an overview for you about the strategy and the 12 City Project.

And over the last year BPHC has worked alongside a number of federal partners to implement and support a variety of activities.

And we've received very positive feedback on our progress to date. And we're hoping that in 2012 although the actual federal implementation plan for the strategy doesn't have any specific activities and action items that we'll continue to support our activities that we started last year one of which was encouraging our Cooperative Agreements to develop activities in support of the strategy.

So we shared a list of seven potential activities that you all could adopt. Just want to reiterate that this is an integration of HIV into your existing work so for example around the issue of financial viability you might do a training for Health Centers on HIV coding and billing. That would be something that's along your general track but has an HIV spend based on the needs of grantees in your state.

So we'd like to ask that you continue to highlight anything you're doing regarding HIV service delivery in your quarterly calls with Project Officers or progress reports that you submit so that we can pull and compile those for reports that we have to prepare for our administrator at the HRSA level and the Secretary's office at the HHS level.

The second and final item is really a plug for the new, relatively new AIDS Education and Training Center that's been funded by the HIV/AIDS Bureau. BPHC is working very closely with the AIDS Bureau supporting the implementation of this national center for HIV care in minority communities.

And this ETC has been funded to provide a year's worth of intense capacity building assistance to both FQHCs and Look-Alikes that do not receive Ryan White funding and are interested in developing an HIV Primary Care Program.

The ETC is currently working with 24 Health Centers which are listed on their web site and they are across the United States both in areas highly impacted and lower incidence areas. And they have funding this year to provide assistance to an additional 30 Health Centers.

The number of applications that they've received so far has been limited. They really would like to encourage Health Centers who are interested to submit an application. Those applications for the 2012 cohort are due February 15th which is also the due date of UDS reports.

So if you have a Health Center that cannot make that deadline I would encourage you to ask them to still contact the ETC because they are considering having rolling deadlines for applications so that they can meet their goal of supporting 30 Health Centers a year.

A link was sent out to a program - to the BPHC web site where posted is a program fact sheet, a summary of key points about the opportunity and also the Competitive Application so you can either post those to your web site, email those out to your constituent and maybe do some targeted marketing for

us with any Health Centers that you think are serving low incidence or high incidence areas that could benefit from some program development.

So and I'm happy to answer any questions people have about that.

Jim Macrae: That's good. And I do think this is really an opportunity for our Health Centers that maybe haven't traditionally been involved in HIV/AIDS care to really take a couple of steps into it and understand what does it actually mean.

And I think there is definitely support and resources there to help them as they make that transition.

In addition given the fact that the President announced that there may be some money. I can't remember the exact amount. I think it was $35 million for new Ryan White Programs. There may be also an opportunity to build on that announcement which we anticipate coming out sometime later this spring.

So for those Health Centers who have been thinking about it this might be a great sort of stepping stone to get to that place where they actually become a Ryan White provider themselves or maybe just as part of their practice their medical home would incorporate HIV/AIDS care into their practice.

In addition as Renee said, you know, we want to continue to encourage you all where you can to be involved in HIV/AIDS activities at the state level. There is just - there continues to be a significant amount of need. There is a renewed emphasis on the whole idea of treatment as prevention and they are really leaning on us. And I would say I'm leaning on you all to get the word out that there's a lot that can be done now in the whole area of HIV/AIDS that, you know, with new drug regimens and other things that can make a significant impact.

And so many of our Health Centers that maybe said well that's - somebody else does that, really now it's an opportunity for everybody to do this.

And then finally I think this concentrated effort in the 12 cities, I think is really an opportunity for us to leverage what we do with a bunch of other providers in the community. I think, you know, that opportunity to really try to make an impact in those significantly impacted communities it really is exciting and a great I think opportunity for our Health Centers to shine and show what they can do in terms of the work that they're already doing and what they could do in collaboration with others.

So with that I think we'll open it up for questions. The last piece I will talk about is where we are with capital. I know I was actually waiting for Allison Coleman to ask me that question so Allison I won't forget to give you an update on that.

But before I get there let's open it up for any other questions that folks may have.

Coordinator: And again star 1 to ask a question. Unmute your phone and record your name when prompted.

We do have one in queue now. Kathy Wood-Dobbins your line is open.

Kathy Wood-Dobbins: Thank you. Hi Jim, this is Kathy in Tennessee.

In thinking about the scheduled visits, site visits to the Health Centers I can really foresee a role for the PCAs in doing some prep work for the Health Centers prior to the site visits.

Is the plan to include the PCAs and kind of letting us know about the schedule of those site visits giving us some time to help prep the centers and kind of facilitate that? What is some of the thinking on that?

Jim Macrae: Absolutely. You know I think what we want to do is to provide a schedule so folks can know and to the extent that you can help them beforehand that would be great.

I think the problem, you know, and I have my own opinions about this, but we don't want folks just to clean everything up for when we get there and then go back to the way they do things.

So if it can be really used as a proactive opportunity, I think that would be incredibly helpful and beneficial.

But we do plan of course to share the schedule with you all as well as with the grantees giving them plenty of notice about the different issues. And so you're aware of like when we're coming out in all of those different aspects.

Just give us a little bit of time to figure out how to do the schedule which is the challenging part for us is to try to figure out how to do this in a way that actually makes sense.

Kathy Wood-Dobbins: Thanks.

Jim Macrae: Sure.

Coordinator: Excuse me. We do have some other questions coming in, one moment.

Jim Macrae: Okay.

Coordinator: We have Stephanie or (Bethany) Berry. Your line is open.

Stephanie Berry: Hi. This is Stephanie from California. I was just wondering, I don't think I heard this but have there been any decisions made on how the funding for particularly 2012 for Health Centers is going to be allocated, like how many - how much will go to new access points and how much will go to other endeavors?

Jim Macrae: That's a great question. The answer is I still do not know at this moment exactly what the actual allocation will be.

Let me share a little bit about where - I definitely know where we are and then what some of the decision points if that would be helpful. In terms of the things that I definitely am aware of and this gets to the capital piece, we do as you know and are well aware have $600 million available for our big capital projects, what we call Capital Development Building Capacity Grants.

We anticipate making between 125 and 150 awards for up to $5 million to basically address big construction or big renovation projects in Health Centers.

The ORCs are actually meeting, I think they met last week and I think they're meeting next week. We did receive a number of applications. I think it was close to 500 total that came in so that was great.

But on the other hand we're going to have some disappointed applicants, which is the negative part of that. But we do have a number of I think good high quality applications that came in.

We also have $100 million as you are aware for what we call Capital Development and Immediate Facility Improvement Grants. These were awards for up to - what was it 800 and 500,000? I can't remember how much they could...

Woman: (Unintelligible) 500.

Jim Macrae: Five hundred.

Woman: Yes.

Jim Macrae: Up to 500,000. We received about 300 applications although we had a number of Health Centers that actually applied for sites that were CIP which we had excluded as part of our eligibility.

So I think the pool is now going to be closer to around 250, which is right around the target that we had identified in terms of making Capital Development Grants.

So depending on how the ORC plays out many if not all of the applications that we receive we may be able to fund assuming they're approvable applications so that's a really positive development from that standpoint.

And then finally in terms of things that we definitely are aware of sort of outside of the Health Center Program but a number of Health Centers have applied in the past is about 75 to $80 million available for School-Based Health Center Capital Programs. We anticipate that that guidance will be out sometime in the late spring for applications that we would hope to award sometime in the late fall of 2012.

That has been a great opportunity for a number of programs out there. We made announcements in July of last year and then we made a subsequent round of announcements just earlier - actually late in 2012 (sic).

And about 50% of the awardees have been Community Health Centers but the other half have been to a variety of different school-based organizations.

Similar to the past we anticipate that up to $500,000 would be available for these awards. And again I think it'll be a great opportunity for programs.

In terms of the increase on the services side, on the appropriation side, no decisions have been made at this point. We of course will share that as soon as it becomes available. I do anticipate that we will be able to share that probably by the end of the month or sometime in early February in terms of the ultimate decisions.

Of course we're looking at new access points. We had a number of very high scoring applications from last year. And, you know, depending on ultimately the decisions we may be able to go down on that list. Then the question always becomes how far would you go down on the list.

You know other decisions about would we do anything with respect to expanded service potentially, you know, any adjustments in terms of increased cost of care or quality improvement efforts, Cooperative Agreements, networks, all those different things.

They're all being discussed at the moment but no decisions have been made. And so anything at this point would be premature.

But as soon as we get to a point where it's clear about the resources we will get that information back out to you all.

All right, I think we'll take the next question.

Coordinator: Yes, next question, (Chris Moffett) your line is open.

(Chris Moffett): Excellent. I just want to follow-up regarding the site visits and at the SRPCA Meeting in New Orleans you mentioned tying PCA evaluations closer to basically Health Center performance.

And so I was wondering if you are planning to really emphasize or prioritize PCA involvement with the actual Health Center site visits so.

Jim Macrae: It's definitely something that we're looking at in terms of the involvement of PCAs in terms of you all being available. I think we're trying to just to work out the logistics of doing that.

So it's definitely something that as we roll this out we'll want your input and feedback on.

Coordinator: The next question comes from (Bobbie Ryder).

(Bobbie Ryder): Hi everyone, hi Jim. My question is in regards to the grantee site visits, the operational assessments.

I'm wondering if you have any sort of prioritization as to which grantees would be receiving that site visit first or I guess you could paraphrase that as who's on first.

Jim Macrae: Great question. I think we're - now that we've sort of made the decision and the leap to do it I think there is a real interest for some of our staff to jump into the ones that we are definitely concerned about the most and so I think we'll be doing a portion of those.

But I think the other aspect is to get onto a schedule too in terms of making sure that we have enough before the end of their project period.

So it's going to be that balance. You know we'll even that out. I think we'll get on a more routine schedule so probably 75% to 80% will be that routine schedule.

But then we'll always have that opportunity to go in where we had some real concerns and issues. I think initially it may be closer to 50/50 or maybe a little bit more on the problem side.

But I think over time it will be definitely much more a routine process where we sort of fill it in with concerns going forward.

Does that help?

(Bobbie Ryder): All right, thank you. It does. I'm working with a grantee now who has one scheduled and I was trying to figure out if that was coincidental or if there was a concern.

Tracey Orloff: This is Tracey. And I would also just remind everybody that we will also still always be doing our targeted TA. So operational assessments are a comprehensive all 19 preventive...

Jim Macrae: Right.

Tracey Orloff: ...requirements and so that's a - in order to do a baseline, it's in order to be comparative once every five years.

But we will still do the other kinds of TA that we do offer. It may be a little lower - less proportion but we'll still be doing targeted TA. We'll still be doing diagnostics for those that are - have more serious needs.

So, you know, I just want you to remember there's a larger pool of site visits that we're talking about. This is just a newer piece that we're going to try to do more of.

Jim Macrae: And in terms of your question I don't think the grantee should necessarily really freak out. This is just something we're going to do for everybody. So an operational assessment is going to be the standard for all organizations.

So it's going to be sort of our routine way of going in and doing a site visit. So they shouldn't freak out.

(Bobbie Ryder): Thank you.

Jim Macrae: Yes.

(Bobbie Ryder): Appreciate it Jim.

Jim Macrae: Yes.

Coordinator: Next we have someone from the Connecticut PCA.

Woman: Hi folks. We have a request around the site visits which is to receive the reports that the Health Centers receive after their visits because that would really be the fast track for us in terms of getting a - getting more quickly. We can go the long way around and try to get it from the grantees but to be able to tailor the training and TA in our upcoming year so any chance that we could get the reports?

Jim Macrae: That's definitely something that we're looking at. And again, you know, and I think this is going to be important going forward and we had a long conversation about this in Florida.

We're really moving away from the idea of asking the PCA to work with specific organizations on their particular findings. The reason why we would share that kind of information, you know, assuming that we can at some point would be more to see what the trends are so that you could develop training's and technical assistance that would address, you know, potentially conditions or issues that are found across the board so that you could tailor it again to be more proactive.

The site visit we hope won't identify a lot of issues. But if there are issues those are things that we're going to follow-up specifically with that grantee on.

I think the way we would you all if we're able to share it again is more of help to figure out what are the sort of training needs of the Health Center. So if we do, you know, ten site visits in a particular year it gives you a baseline to say okay, well, you know, a lot of Health Centers are having problems with, you know, financial control policies or internal controls or some are having real issues with their QI/QA system.

You know what I think that will provide is information to say boy, maybe we really should be focusing on developing a training or resource around QI or QA or around really appropriate billing or appropriate internal controls and, you know, let's focus on that as opposed to going back into that particular Health Center. That's not our intent in terms of what we're asking you all to do or what we actually specifically need. We have resources to be able to do that kind of more root canal type of TA.

But we need you to help us on the front-end to prevent, again most of these situations.

Does that help?

Woman: It does. And in fact we've had a lot of Health Centers that have had - or half of them already have had their operational assessment.

So I guess what I'd ask our Project Officer is to try to give us a few hints about...

Jim Macrae: Sure.

Woman: ...where the trends are because that's exactly. The way you characterized what you provide the information for and sort of how you do it, is exactly what we would be looking for.

Jim Macrae: Sure. And, you know, one of the things that comes out and we will be able to provide that, it's just the question specifically about the site visit, we got to figure out what we can share, what we can't share.

But anytime there are issues that come out of a Site Visit Report it turns into a condition. So when we provide that Conditions Report it does provide that kind of information back out to you all.

So you will definitely have that kind of information much better than what you currently have now. It's just a question of, you know, how much can we provide in terms of the Site Visit Report itself?

Tracey Orloff: And this is Tracey. One other thing I'll add to get at your point is also most of you should be having if you're not already having either monthly or quarterly calls with your PCA Project Officer.

And so those calls where the Project Officers for a state come together that's when you're supposed to be sharing this information.

And so you should be talking about what the grantees are doing and hearing those trends and saying well this is what we're seeing from our side and then the Project Officers can say what they're seeing from their side so that it gives you that foreshadowing of the trends that are being seen and where the needs are.

So that's another on the ground constant resource that you have and how you should be partnering together.

Jim Macrae: And we'll definitely provide more information about what we can and can't share going forward but it's a great request and we'll see what we can do.

Coordinator: Sorry, we have no other questions in queue.

Jim Macrae: All right well a big thanks to everybody for participating on today's call, a big thanks to our presenters. I really want to thank them for presenting I think some very useful information. Thank you all for participating.

And really look forward to a positive and exciting 2012. Thanks everybody.

Coordinator: Today's call has ended. Please disconnect at this time.

END