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Subject: MPHCA E-Update-October 13, 2010
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MPHCA e-Update- October 13, 2010

MPHCA Events/Educational Offerings

- **Registration Now Open!** November 3-5, 2010- MPHCA Fall Clinical Conference, The Riley Center in Meridian, MS. [Deadline to register is October 15, 2010](#)
- November 4, 2010- MPHCA Board of Directors Meeting
- January 11-12, 2010-UDS Training

For complete information on trainings listed above, please click on http://www.mphca.com/Training_and_Events.htm

Other Events/Educational Offerings

- **October 29, 2010**-Aaron E. Henry Community Health Center presents "An Evening of Fantasy, Elegance and Mystique" Masquerade Gala @ 7:00 pm at the Isle of Capri. For more information, please call 662-624-4292.
- According to the American Liver Foundation, October is Liver Awareness Month. For more information, <http://www.liverfoundation.org/chapters/lam2010>.

NACHC NEWS

Retention Webinar Now Available

The National Association of Community Health Centers has recently released a part of its ongoing Workforce Webinar series, titled "Building a Strong Primary Care Workforce by Addressing Staff Turnover and Improving Staff Satisfaction." The webinar reviews national health center data that impacts staff recruitment and retention, and presents opportunities for health center executives to improve their own retention efforts. The video and handout are available at the [NACHC Learning Center](#).

FUNDING OPPORTUNITIES

[NIH Announces Availability of Economics of Prevention grants \(deadline October 26th\)](#)

HRSA Announces Revisions to NAP Funding Opportunity

The Health Resources & Services Administration, Bureau of Primary Health Care has made revisions to the fiscal year (FY) 2011 New Access Point (NAP) [funding opportunity announcement](#) (FOA). Corrections have been made to national and severe benchmark data for three core health indicator categories on the Need for Assistance Worksheet as well as the web link for the [Data Resource Guide](#). These corrections can be found on the following pages of the FOA:

- Page 75: Data Resource Guide link updated
- Page 78: Diabetes - 1(f) should now read "Adult Obesity Prevalence"
- Page 78: Cancer 3(a) - the national benchmark should now read "13.8%"
- Page 78: Cancer 3(a) - the severe benchmark should now read "16.0%"
- Page 78: Child Health 5(b) - should now read "Percent of children tested for elevated blood lead levels by 36 months of age."

Questions may be directed to Tiffani Redding in the Office of Policy and Program Development at (301) 594-4300 or BPHCNAP@hrsa.gov.

American Dental Association Foundation Harris Children's Dental Health Grants

Application Deadline: October 29, 2010

For the 2010 program year, grant funding will be exclusively considered from organizations that sponsor programs for mothers/caregivers to help reduce the incidence of early childhood caries (ECC) in infants and toddlers age 16 months or younger. The overarching goal of applicants must be to increase parent/caregiver awareness of how to protect their infant's oral health and prevent early childhood caries. Funding is only offered to perinatal and postnatal programs that seek to provide oral health instruction to mothers/caregivers of infants age 16 months or younger. The 2010 program encourages synergy between dentistry, health professionals and human service organizations.

HRSA Service Area Competition Funding

Application Deadline: Due dates range from October 25, 2010 to January 10, 2011

SAC funding guidances for health center project periods starting November 1, 2010 through June 1, 2011 (HRSA 11-007 - HRSA 11-014) are now available. Please be sure to use the correct funding guidance for your project period start dates. HRSA will extend project periods for those centers with project period start dates occurring in November, December, January and February. HRSA is committed to ensuring that existing grantees maintain continuity of services and will be providing pro-rated funding to these organizations as appropriate.

[Rural Health Network Development Grant Program](#)

Application Deadline: November 12, 2010

Funding to expand access to, coordinate and improve the quality of essential health care services, and enhance the delivery of health care in rural areas.

[HRSA School Based Health Centers Capital Program \(SBHC\) Grant](#)

Application Deadline: December 1, 2010

Grants to support the expanded capacity of school-based health centers to provide primary health care services to school-aged children. Funds are available for construction, renovation, and/or equipment expenses. A total of \$100,000,000 is available for approximately 200 grants of around \$500,000 each. An eligible applicant must be a school-based health center or a sponsoring facility of a school-based health center. Applicants may submit one application proposing a maximum of 10 projects including any combination of site-specific, stand-alone facility projects and one project to purchase moveable equipment and supplies for multiple SBHC sites.

[2011 Minority Nurse Scholarship Program](#)

Application Deadline: February 1, 2011

Annual scholarship program to help outstanding students complete their studies leading to a BSN degree.

[Research on Rural Mental Health and Drug Abuse Disorders \(R01\)](#)

Application Deadline: Applications accepted on an ongoing basis.

Grants to stimulate research on mental health, HIV/AIDS and/or drug abuse problems in rural and frontier communities.

[Stimulus Assistance: USDA Rural Development Programs](#)

Application Deadline: Applications accepted on an ongoing basis

Grant, loan, and loan guarantee assistance to rural residents, rural communities, and rural utility systems.

HHS/HRSA/BPHC NEWS

What Have FQHCs Accomplished with ARRA Funding?

According to the Health Resources & Services Administration (HRSA), community health centers are making significant progress toward meeting the expectations placed on them and trust placed in them by the American Recovery & Reinvestment Act (ARRA).

According to HRSA, health center ARRA funding has resulted in:

- More than 2.7 million new patients served
- More than 1.5 million new uninsured patients served
- More 10,000 health center jobs added in 2009

On behalf of the millions of people who would not have access to health care without you, *THANK YOU!*

Official Federal Website Launched for Certified EHRs

The Office of the National Coordinator for Health Information Technology (ONC) at the Department of Health & Human Services (HHS) has opened the [official federal website](#) for listing health IT products that have been independently tested and certified as eligible for incentive payments under the American Recovery and Reinvestment Act of 2009. The list includes electronic health record (EHR) systems and EHR modules that the ONC-authorized testing and certification bodies have approved. According to an ONC statement, only those systems appearing on the list will be granted a reporting number that will be accepted by the Centers for Medicare & Medicaid Services (CMS) for attestation under federal EHR incentive programs.

DPW Alert: Are You Prepared for New Electronic Healthcare Transaction Requirements?

On January 16, 2009, the Centers for Medicare & Medicaid Services (CMS) published its final rule adopting updated versions of the standards for electronic healthcare and pharmacy transactions originally adopted under the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). **The mandatory compliance date for ANSI X12 version 5010 and NCPDP version D.0 for all covered entities is January 1, 2012.**

If you use healthcare transaction software provided by a software vendor, billing service or a clearinghouse, you should contact them as soon as possible to inquire about the ANSI X12 v5010 and NCPDP vD.0 upgrades. They should be able to provide you with a basic timeline as to when they will be able to provide an upgrade to your software to meet the new requirements. This is the only way you can be assured that your software will meet the Department of Public Welfare's (DPW's) requirements for conducting electronic healthcare transactions.

DPW has also recently emailed all of the certified HIPAA transaction software vendors and clearinghouses outlining the requirements for certifying their software with PROMISE. The email briefly describes the steps required, and the support being provided to the vendors and clearinghouses to assist in certifying their software. If you use a third party software vendor or clearinghouse, it is important you discuss this letter with them. If your vendor does not certify with DPW, DPW cannot guarantee payment of your healthcare claims. A copy of this letter, as well as additional information about DPW's certification requirements and other useful information about the ANSI X12 v5010 and NCPDP vD.0 upgrades can be found at the [HIPAA 5010/D.0 Upgrade Information website](#).

Make Sure Your CHC is Audit Safe?

The federal Office of Federal Assistance Management (OFAM) within the Health Resources & Services Administration (HRSA) is required to validate grantee compliance with the Davis-Bacon Act. Therefore, OFAM will conduct a random sample of the entire population of the Capital Improvement Program (CIP) and the Federal Investment Program (FIP) grantees receiving American Recovery & Reinvestment Act (ARRA) funding. The sample will equal about 10 percent of total grantees. Please ensure your health center is in compliance with Davis-Bacon Act requirements, including weekly compliance sheets for individuals who work on-site with their hands (laborers and mechanics). For those health centers that have not yet expended all their ARRA funding, keep in mind that if you submitted a budget with a zero in any line and then want to spend money in that category, a change in scope is required. Quoting a judge who recently ruled against a physician charged with Medicare overpayment, "Those who seek public funds should work with scrupulous exactitude."

HRSA Relaunches Rural HIT Toolbox and Webinar Portal

The Health Resources & Services Administration (HRSA) announced two relaunched websites providing health information technology (HIT) and quality technical assistance resources for grantees and the safety net community on the [HRSA HIT Toolbox website](#) and the [HRSA HIT and quality website](#). The relaunched websites offer [rural providers resources](#) for implementing and adopting HIT systems and a site that will be home to the HRSA HIT and quality webinars. The first webinar, "Tips for Meaningful Use Gap Analysis

within the Safety Net Community," is now available with more webinars providing technical assistance tips and strategies on HIT and quality to be added in the resources section.

HHS Announces New Grant Awards for Construction and Renovation at CHCs

HHS Secretary Kathleen Sebelius along with Health Resources and Services Administration (HRSA) Administrator Mary Wakefield today announced awards of more than \$727 million in grants from the Affordable Care Act that will upgrade and expand community health centers as well as provide care for an additional 745,000 underserved patients. The Capital Development (CD) program grants, administered by HRSA will support major construction and renovation at 143 community health centers nationwide and expand access to quality health care. This funding is part of the Affordable Care Act \$11 billion for the operation, expansion and construction of community health centers over the next five years and builds on the \$2 billion investment in community health centers in the American Recovery and Reinvestment Act. A list of [awards by state](#) is available on the HHS website.

OTHER NEWS

Judge Rejects Affordable Care Act Injunction

In a victory for the Obama administration, a federal judge in Michigan rejected the request for an injunction blocking the individual mandate for health insurance in the Affordable Care Act (ACA). The Thomas More Law Center argued in a lawsuit on behalf of three uninsured Michigan residents that Congress lacked the authority under the commerce clause of the U.S. Constitution to pass the law and that the penalty for not buying insurance is an unconstitutional tax. Last month a federal judge in Florida heard oral arguments regarding the Obama administration's motion to dismiss a lawsuit against the ACA brought by 20 states and the National Federation of Independent Business. The judge indicated from the bench he was inclined to let the case proceed, but a written ruling on the motion has not yet been issued.

IOM Releases Future of Nursing Report

The Institute of Medicine (IOM) this week issued a [report](#) about transforming nursing roles, responsibilities, and education to ensure that nurses are well-positioned to lead change under federal reform and help meet the nation's health needs. Developed in collaboration with the Robert Wood Johnson Foundation, the report calls for state and federal policies that allow nurses to practice to the full extent of their education and training; residency programs to help those with nursing degrees transition into clinical practice; and more opportunities for nurses to lead collaborative improvement efforts.

U.S. Continues to Lag in Life Expectancy

Despite spending the most on health care, the U.S. continues to lag behind other nations when it comes to gains in life expectancy and commonly cited causes for the nation's poor performance are not to blame, according to a new [study](#). The study examined health spending, behavioral risk factors like obesity and smoking, and 15-year survival rates for men and women ages 45 and 65 in the U.S. and 12 other advanced nations. The findings reported show that while the U.S. has achieved gains in 15-year survival rates decade by decade between 1975 and 2005, other countries have experienced greater gains, even as per capita health care spending in the U.S. increased at more than twice the rate of the comparison countries. Forty-five year old U.S. white women fared the worst: by 2005, their 15-year survival rates were lower than that of all the other countries. The U.S. ranking for 15-year life expectancy for 45-year-old men fell from third in 1975 to 12th in 2005.

Guidance Offered on Integrating Behavioral Health in Physical Health Setting

A new report from the Milbank Foundation offers guidance on behavioral health/physical health integration models. Integrating mental health services into a primary care setting offers a promising, viable, and efficient way of ensuring that people have access to needed mental health services. Additionally, mental health care delivered in an integrated setting can help to minimize stigma and discrimination, while increasing opportunities to improve overall health outcomes. [Evolving Models of Behavioral Health Integration in Primary Care](#) offers guidance on eight practice models, outlining their pros and cons, complexity and costs.

Research Says FQHC Efficiency and Care Improves with Medical Home Approach

Recent [research](#) presented at the American Academy of Pediatrics National Conference and Exhibition found that implementing a medical home in a community health center allowed physicians and staff to improve efficiency and achieve a 95% immunization rate. The FQHC's patients had fewer emergency room visits and hospital admissions and the FQHC served more patients and pediatricians could focus on health care while a care coordinator made appointments with specialists, handled school issues and performed other administrative functions.

Medical Home Model Can Mean Better Medication Management

The American Association of Colleges of Pharmacy sponsored video, [Medication Management in the Medical Home](#), outlines the challenges of medication management and shows how use of the medical home model can offer solutions. The video demonstrates how the pharmacist is an integral part of the patient-centered team. HRSA has been employing the pharmacist as a vital component of the health center team in their Patient Safety and Pharmacy Collaborative, which recently started its third year (PSPC 3.0). For more information on pharmacy integration, visit the [Health Care Communities website](#).

RESOURCES

[Good article in the New England Journal of Medicine on the upcoming election and health policy: NEJM Article: The Mid-Term Elections: High Stakes for Health Policy.](#)

Legislation Introduced in House to Direct HIT Incentive Payments to Health Centers

Just before leaving Washington last week, U.S. Rep. Frank Kratovil of Maryland introduced legislation that would allow health centers to directly receive Medicaid HIT Meaningful Use incentive payments established under the HITECH Act. Without such a change to the HITECH Act, health centers will have to revise the contracts of their providers in order to access the incentive payments for the implementation of an electronic health record system and demonstration of meaningful use. The bill is in the House Energy and Commerce Committee, but its future in this legislative session is very uncertain. Congress will not be back in session until after the election and a number of issues are fighting for attention on an already crowded agenda. If Congress does not pass this bill before the end of the session, it will have to be reintroduced next year. We will continue to keep you up to date on the latest developments.

AHRQ Health IT Update -- New Health IT State & Regional Projects Fact Sheet

New Health IT Fact Sheet on State & Regional Demonstration Projects Now Available

A new AHRQ factsheet is now available. The factsheet, "Health Information Technology: State and Regional Demonstration Projects," highlights the work of six states in improving health information exchange at a state or regional level. The new factsheet is available online, select to [access](#).

On October 7, 2010, the Division of Medicaid **propose** filed the following **Provider Policy Manual** amendment(s) with the Secretary of State:

AP 2010-14 Beneficiary Eligibility Information
AP 2010-15 Provider Enrollment/Audiologist-Hearing Aid Dealers
AP 2010-16 Ambulance
AP 2010-18 Hospital Inpatient Newborn Eligibility and Prior Authorization of Hospital Services
AP 2010-20 Transplants/Reimbursement
AP 2010-21 Surgery/Modifier -54, -55 and Modifier -56
AP 2010-22 General Medical Policy/Hyaluronate Joint Injection
AP 2010-24 EPSDT School Health-Related/Audiological Services
AP 2010-25 Benefits/Exclusions
AP 2010-26 Family Planning (Non-Waiver)/ Covered Services
AP 2010-27 Family Planning (Non-Waiver)/Program Exclusions
AP 2010-28 Outpatient Physical Therapy

These filings can be reviewed at the following links:

<https://www.medicaid.ms.gov/Amendments/Amendments.aspx>.

If you have any questions, please contact me at the number below or Emily Thompson at Emily.Thompson@medicaid.ms.gov or by phone at (601) 359-4122.

Quality Profiles: TM The Leadership Series. NCOA and Pfizer Inc are excited to announce a Call for the Submission of Quality Improvement Initiatives for the next edition of *Quality Profiles: The Leadership Series*. This edition will focus on quality improvement through patient engagement. There is a special request for patient engagement initiatives relevant to adult vaccination; however, initiatives designed to engage patients in any area of health care are welcome and encouraged. For details, submission guidelines, and application form, log on to www.qualityprofiles.org.

Program Assistance Letter 2010-13 – HIV Testing in Health-Care Settings is now available.

<http://bphc.hrsa.gov/policy/pal1013/pal1013.pdf>

Public Health Report for October 12, 2010 - Mississippi State Department of Health

Health e-Tip #57: Food and Fitness Diaries

Goals and Progress

Awareness is the first step toward improvement, and the simple act of writing down your daily activities can help you measure your progress and meet your goals.

Keeping Yourself on Track

We often aren't conscious of the details of our lifestyle habits, which means that when it's time to improve them, it's hard to know exactly what to change. Keeping track of daily diet or exercise is a proven way to make yourself aware of what you do, and create motivation for change.

- Tracking Works: One study found that dieters who kept a food diary lost twice as much weight as those who didn't.
- Easy Does It: Diaries can be simple (just keep a list of each meal or activity) or elaborate (tracking time, calories or nutritional information as well), but either approach serves to keep you focused on your daily habits.
- All for One: When you share your daily details with others who are working toward similar goals, you get extra reward for your accomplishments, and extra support when you need it. Increase the power of tracking by teaming up with family, co-workers or friends.

Find Out More

The USDA's site [MyPyramidTracker](#) offers free tools for tracking physical activity and daily food intake when you [sign up](#) or just [try it out](#).

[MyFitnessPal](#) is one of many on-line services offering free web-based diaries for food and fitness, as well as an on-line support community.

You can check out other free web sites for tracking your health improvement. Search for [free food diary sites](#) or [free exercise diary sites](#). *This e-Tip provided by the Mississippi State Department of Health*

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[Unsubscribe](#) Mississippi Primary Health Care Association distributes the MPHCA e-Update every Wednesday to inform members and partners of issues important to Community Health Centers.

The MPHCA e-Update is the official e-bulletin of the Mississippi Primary Health Care Association. It is e-mailed weekly as a membership service to Mississippi Community Health Center executive leadership, board members, health professionals, non-clinical staff, and other MPHCA members and partners.

e-Tip:
**Track Daily Progress to
Meet Your Goals**

Food and fitness diaries – on paper or on-line – can be powerful aids in sticking to your health improvement plans.

