MISSISSIPPI **PRIMARY HEALTH CARE** ASSOCIATION

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MPHCA E-UPDATE

November 22, 2011

MPHCA NEWS

Thanksgiving greetings from MPHCA!

As we approach this holiday season, we want to warmly express appreciation to the CEOs/executive directors, boards, staff and volunteers of our Community Health Center members for their support of MPHCA and for their tireless dedication to making a quality health care home a reality for all of our fellow Mississippians in need. Wishing you and yours safe travels and a very Happy Thanksgiving holiday with family and friends!

Note: MPHCA's office will be closed November 24-25, 2011

November is National Diabetes Month

But, for the nearly 26 million children and adults in American living with diabetes, every month is diabetes month. Diabetes is taking a devastating physical, emotional and financial toll on our country and another 79 million at high risk for developing type 2 diabetes.

Mississippi has the second highest diabetes rate in America!

Recent numbers by the Centers for Disease Control and Prevention paint a disturbing situation of where the nation is, and where we are headed:

- Every 17 seconds, someone is diagnosed with diabetes.
- Diabetes kills more people each year than breast cancer and AIDS combined.
- Recent estimates project that as many as 1 in 3 American adults will have diabetes in 2050 unless we take steps to Stop Diabetes.

To learn more about what America's Health Centers are doing in the Fight Against Diabetes, access the following link:

America's Health Centers Are Key in the Fight Against Diabetes

MPHCA EVENTS/EDUCATIONAL OFFERINGS

HCV/HBV/HIV Clinical Summit: December 8-9, 2011

PREVALENCE - PREVENTION - SCREENING - TREATMENT

Vicksburg, MS

Target Audience: Providers, Clinicians, Pharmacists, Social Workers, Tobacco Cessation Champions

Cost: $50 per participant

Registration: The cutoff date for registration is December 2, 2011. Late registrations will be accessed a $25 fee.

Education Credits: CME's will be provided for this educational offering. CEU's are pending.

CATF Members: CATF meeting will be held December 7, 2011 - 3:00pm – 5:00pm followed by dinner at Vicksburg's Historic Walnut Hills Restaurant

Contact: Joyce Smith @ jsmith@mphca.com

IDEAS Meeting: December 9, 2011
Jackson, MS

UDS Training: January 13, 2012
Clyde Muse Center
Pearl, MS
Contact: TC Washington@ twashington@mphca.com

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

TRAINING OPPORTUNITIES

NACHC Offers Billing 101 Webinar Series

NACHC offers eight-session series to provide established Community Health Centers, New Starts and Look-Alikes information to improve billing and collections procedures and optimize revenue. The training is designed for health center CFOs, COOs and billing and finance management key staff. Registration for each of the eight sessions is $119 and you must register online for each webinar session separately. For more information please visit http://www.nachc.com/Billing101WebinarSeries.cfm.

Billing 101 Webinar Series: Benchmarking and Key Performance Indicators

December 1, 2011 2–3:30 PM EST
Online registration deadline: November 29, 2011

Register now for the December sessions of the Billing 101 Webinar Series and find solutions to FQHC Benchmarking and Credentialing issues!

The *Benchmarking and Key Performance Indicators* webinar is the first session of the Billing 101 Webinar Series. It is designed to provide federally qualified health center billing staff with an understanding of the most important FQHC billing benchmarks and how to calculate them. From Days in A/R to Net A/R, to billing

staff performance, attendees will have real, FQHC-specific answers to questions relating to billing best practices.

Why this webinar series will benefit you and your staff?
After this webinar series you will be able to:
1. Identify the most common benchmarking tools used in health center billing departments.
2. Examine benchmarking tools to analyze existing operations and FQHC billing best practices.
3. Calculate common billing data into useful management and best practice tools for improvement.

Register online here for Session #1: Benchmarking and Key Performance Indicators.

Billing 101 Webinar Series: Credentialing, 855 Forms and National Provider Index (NPI)

December 8, 2011 2–3:30 PM EST

Online registration deadline: December 6, 2011
Session two of the Billing 101 Webinar Series, *Credentialing, 855 Forms and the NPI*, provides attendees with an in depth understanding of the most common forms used in the initial provider credentialing and re-credentialing processes. Credentialing is one of the most important processes a health center can complete and also one fraught with potential mistakes and omissions which will delay needed reimbursement. Attendees will understand these forms, their relation to billing and collections and most importantly what a completed form with the correct information will look like.

Why this webinar series will benefit you and your staff?
After this webinar series you will be able to:
1. Identify the most common forms and terms/acronyms used in the complex and byzantine credentialing process.
2. Decipher and complete the important CMS 855 form and its numerous versions (855 I, 855 R, 855 A).
3. Access the National Provider Identifier (NPI), discern how it relates to FQHC billing, and employ it to apply for an NPI number.

Register online here for Session #2: Credentialing, 855 Forms and NPI.
Who should attend these online trainings?
Health Center CFOs, COOs, Billing and Finance management and other key staff

Registration Rate:
Registration for *each session* in the Billing 101 webinar is **$119**. You must register online for each webinar *separately*.

Click here to view more about these and other webinars in Billing 101 series webinars.
For questions about this webinar series, please contact Sherry Giles at sgiles@nachc.com or 301.347.0400.

Data Sharing in Health Center - Collaborations and Affiliations

November 30, 2011 2-3:30 PM EST
This webinar will offer access to NACHC's general counsel, who will highlight the typical situations in which data sharing is involved, the applicable federal laws and regulations, and appropriate techniques for protecting the confidentiality of shared data, as necessary and appropriate. This webinar is geared for health center administration (CEOs, CFOs, CMO's) and other key staff. Time at the end of the webinar will be reserved to allow participants to ask questions.

Learning Objectives:
By the end of this webinar, you will:
1. Identify key federal laws and regulations impacting sharing of patient information.
2. Recognize potential data sharing pitfalls in collaborations and affiliations.
3. Understand techniques for protecting confidentiality of patient information and health center business information in affiliations and collaborations.

Speaker(s):

Marisa Guevara, Esq., Attorney, Feldesman Tucker Leifer Fidell LLP and Michael Golde, Esq., Attorney, Feldesman Tucker Leifer Fidell LLP
Registration Rate: Member: $99 Non-Member: $149

For more information please visit http://www.nachc.org/2011Legalwebinars.cfm.

Other NACHC Trainings

- Using Data to Drive State Improvement in Enrollment and Retention Performance November 21, 3:00-4:00 PM (EST) – NASHP/RWJF
- Looking into the Crystal Ball: Preparing for the Essential Health Benefits December 8, 2:30PM (EST) – NASHP
- NACHC/PCA Meetings, Trainings and Informational Offerings – NACHC

MISSISSIPPI & MEMBER NEWS

My Brother's Keeper Receives a $500,000 Community Transformation Grant from CDC to Reduce Health Disparities

My Brother's Keeper recently received a $500,000 Community Transformation Grant from the CDC to support community-level efforts to reduce chronic disease such as heart disease, cancer, stroke, and diabetes.

By promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease, these grants will help improve health, reduce health disparities, and control health care spending. Approximately $103 million in prevention funding was awarded to 61 states and communities serving approximately 120 million Americans.

For more information about the Community Transformation Grants program, visit: http://www.cdc.gov/communitytransformation/.

For more information about MBK, visit: http://www.mbk-inc.org/index.html.

POLICY & REGULATION

NEW NACHC Report: State Budgets and Community Health Centers

State Funding for Community Health Centers Reaches Lowest Level in Seven Years as Demand for Services Rises. In SFY12, 35 states will appropriate a total of $335 million in direct funding to health centers. This is almost $60 million less than last year (a 15% decline), and represents a seven year low. Read the full report here.

FINANCE & PAYMENT

What Your Health Centers Need to Know about Medicare Revalidation

The ACA requires all Medicare providers (*including health centers*) that enrolled in Medicare prior to March 25, 2011 to revalidate their enrollment in the Medicare program. It is critically important that you understand the requirements of this revalidation, as it will directly impact your center's Medicare billing. For more on the process and what you need to know, check out the Policy Shop

HEALTHCARE HEADLINES… BUSINESS NEWS, TRENDS & ANALYSIS

Supreme Court's planned review of health-care law shocks Medicaid advocates

While there was no surprise over the Supreme Court's decision Monday to review the 2010 health-care act's insurance mandate, supporters of the law are reeling over the justices' announcement that they will also consider a long-shot challenge to what many consider an even more central provision of the statute. That provision is the extension of Medicaid to cover a greater number of the poor. Twenty-six states say the expansion amounts to an unconstitutional coercion of state governments, which provide part of Medicaid's funding.

Supercommittee's hands-off approach to Obama's health care law

From the provisions that aim to reconfigure how care is delivered at the bedside, to new templates for financing care, to the blueprint for helping 32 million Americans get coverage, the wide-reaching Affordable Care Act is on pace to stay largely intact as the six Democrats and six Republicans on the supercomittee grapple with how to slash the deficit by at least $1.2 trillion. The exception - the one item that may be on a platter smack in the middle of that table - could be the law's $14 billion public health and prevention fund. Republicans call it a slush fund, and even some Democrats would halve it. But while tapping the prevention money would make public health advocates unhappy, it would not unwind health reform.

Another ObamaCare Glitch

Even if ObamaCare survives Supreme Court scrutiny next spring, its trials will be far from over. That's because the law has a major glitch that threatens its basic functioning. It's so problematic, in fact, that the Obama administration is now brazenly trying to rewrite the law without involving Congress. The Patient Protection and Affordable Care Act offers "premium assistance"-tax credits and subsidies-to households purchasing coverage through new health-insurance exchanges. This assistance was designed to hide a portion of the law's cost to individuals by reducing the premium hikes that individuals will face after ObamaCare goes into effect in 2014. (If consumers face the law's full cost, support for repeal will grow.)

Walmart Wants To Be Nation's Biggest Primary Care Provider

Walmart -- the nation's largest retailer and biggest private employer -- now wants to dominate a growing part of the health care market, offering a range of medical services from basic prevention to management of chronic conditions like diabetes and heart disease, according to a document obtained by NPR and Kaiser Health News.In the same week in late October that Walmart announced it would stop offering health insurance benefits to new part-time employees, the retailer sent out a request for information seeking partners to help it "dramatically ... lower the cost of healthcare ... by becoming the largest provider of primary healthcare services in the nation."

Health Care Innovation Challenge will improve care, save money, focus on health care jobs

Up to $1 billion dollars will be awarded to innovative projects across the country that test creative ways to deliver high quality medical care and save money. Launched today by the Department of Health and Human

Services, the Health Care Innovation Challenge will also give preference to projects that rapidly hire, train and deploy health care workers. "We've taken incredible steps to reduce health care costs and improve care, but we can't wait to do more," said HHS Secretary Kathleen Sebelius. "Both public and private community organizations around the country are finding innovative solutions to improve our health care system and the Health Care Innovation Challenge will help jump start these efforts."

Whatever Court Rules, Major Changes in Health Care Likely to Last

For the nation's health care system, there may be no going back. No matter what the Supreme Court decides about the constitutionality of the federal law adopted last year, health care in America has changed in ways that will not be easily undone. Provisions already put in place, like tougher oversight of health insurers, the expansion of coverage to one million young adults and more protections for workers with pre-existing conditions are already well cemented and popular. And a combination of the law and economic pressures has forced major institutions to wrestle with the relentless rise in health care costs.

Health Law Puts Focus on Limits of Federal Power

If the federal government can require people to purchase health insurance, what else can it force them to do? More to the point, what can't the government compel citizens to do? Those questions have been the toughest ones for the Obama administration's lawyers to answer in court appearances around the country over the past six months. And they are likely to emerge again if, as expected, the Supreme Court, as early as Monday, agrees to be the final arbiter of the challenge to President Obama's signature health care initiative.

Red tape hampers care for patients who are poor and disabled

Dual eligibles typically qualify for Medicaid because they are poor and for Medicare because they are either elderly or disabled. Medicare pays for most doctor visits and hospital stays. Medicaid pays for what isn't covered under Medicare, including long-term care at nursing homes. Each program has tried to shift costs to the other. A federal study last year found that leads to higher bills for taxpayers, as well as lower-quality patient care. Among the problems driving up spending, the study said, are unneeded hospitalizations.

WORKFORCE DEVELOPMENT

The Mississippi College Department of Physician Assistant Studies is hosting its **2012 Annual Clinical Skills and Preceptor Training Conference on the campus of Mississippi College in Clinton, MS on January 5-7, 2012**. It is my hope that you will consider becoming a preceptor and joining us for this event.

The event will be attended by physicians, physician assistants, and nurse practitioners from Mississippi and surrounding states looking to network with one another, recertify in ACLS, and gain some proficiency in a number of clinical skills. The annual conference also provides the opportunity for clinical preceptors of the program to participate in a four hour preceptor training session, designed to facilitate collaborative clinical education and effective teaching in community practices.

This program is not yet approved for CME credit. Conference organizers plan to request 20 hours of AAPA Category I CME credit from the Physician Assistant Review Panel. Total number of approved credits is yet to be determined. Registration for this event will be complimentary for those who have agreed to act as a clinical preceptor for the Mississippi College PA Program. The PA Program plan to offer training and CME for the preceptors annually in appreciation of your efforts to educate their students. This is a wonderful opportunity to learn more about our program, see our state of the art facilities, meet with faculty, students and other preceptors, and earn CME all in one short weekend.

They have an exciting and innovative agenda with a number of very popular and “in demand” topics and speakers. If you have any questions, or would like to volunteer as a preceptor, please visit their website, http://www.mc.edu/academics/departments/pa/volunteer/. Feel free to contact Tristen Harris, MPAS,PC-C at (601) 925-7372.

NHSC Announces New Alumni Network

The primary purpose of the NHSC Alumni Network is to offer former members a means to stay connected with the Corps. If alumni choose to participate, they will receive periodic email updates from the NHSC about upcoming events, activities, and announcements on the latest NHSC news. They will also have opportunities to be more involved, such as attending events, speaking to current or prospective NHSC members, or participating in other Corps initiatives. Participation in the NHSC Alumni Network is completely voluntary.

Obama administration to announce effort to expand health-care workforce

The Obama administration will announce Monday as much as $1 billion in funding to hire, train and deploy health-care workers, part of the White House's broader "We Can't Wait" agenda to bolster the economy after President Obama's jobs bill stalled in Congress. Grants can go to doctors, community groups, local government and other organizations that work with patients in federal health-care programs such as Medicare and Medicaid. The funds are for experimenting with different ways to expand the health-care workforce while reducing the cost of delivering care. There will be an emphasis on speed, with new programs expected to be running within six months of funding.

CLINICAL QUALITY

Press Release: America?s Health Centers Are Key in the Fight Against Diabetes

November is Diabetes Awareness Month

Could diabetes become the next HIV/AIDS?

The World Health Organization (WHO) estimates that more than 346 million people worldwide have diabetes. It is a number they expect will more than likely double by 2030, without intervention. With numbers that staggering, Dr. Patrick Whitfield says the disease will probably become the next HIV/AIDS. "With HIV/AIDS, we may have a better chance of control- ling somebody's sexual practices using condoms, but it is very difficult to control people's desires and appetites," says the general practitioner. "And it's important because [diabetes] would probably do as much damage to the population as AIDS. As a matter of fact, it will have the same serious effect that HIV/AIDS has as far as mortality and morbidity."

Diabetes and the health care safety net

As fall turns into winter and the temperatures start to plummet, many people in the United States are struggling to put food on the table, keep a roof over their heads, and stay warm. On top of these daily challenges, a staggering number of people with chronic diseases have an additional burden: trying to figure out how they can afford life-sustaining medications. In today's economy, millions of people are becoming more and more reliant on America's network of community clinics and health centers as their primary source of medical care, especially those who need daily medicine to survive.

Don't stop implementation plans because AMA opposes ICD-10-CM/PCS

The American Medical Association (AMA) House of Delegates voted to "work vigorously to stop implementation of ICD-10" during the closing session of its semi-annual policy-making meeting November 15. The AMA cites the number of competing healthcare initiatives and the costs involved in the transition as reasons it opposed the switch. It's a little late in the game to be figuring that out. Providers should not put their implementation plans on hold. Many (hopefully most) providers and payers are already planning for the ICD-10-CM/PCS transition. Some have even started updating systems, forms, and processes. CMS representatives have repeatedly said the deadline isn't changing. And really, too many good reasons exist for the switch.

Preschool Vision Screening Performance Improvement Module

The aim of this quality improvement project is to improve the quality of preschool vision screening that children receive as part of routine well-child care. Appropriate preschool vision screening can lead to the

diagnosis of amblyopia at a time when treatment is most effective. The US Preventive Service Task Force endorses preschool vision screening (B rating). Unfortunately, the rate of preschool vision screening is low, there are wide variations in how well tests are implemented in primary care, and there are disparities by race and- ethnicity in which children receive eye care. Participating in this Maintenance of Certification activitiy will help practices develop a standardized and effective way to screening young and often uncooperative children. The activity includes specific guidelines about how to conduct vision screening, a short video to assist with the process, and forms to monitor the rates of vision screening within the practice. The module can be accessed at www.abp.org. Please contact the American Board of Pediatrics with any questions: 919.929.0461, MOC@abpeds.org. Click here to see promotional flyer.

Call Yourself an ACO? Prove It

Healthcare providers that boast they're accountable care organizations may now have their services vetted by the National Committee for Quality Assurance, which on Monday announced a three-tiered accreditation program to verify and score those claims.So the committee is rolling out a set of seven overarching criteria that it expects ACOs to master, and will confirm their ability to provide that quality of care with onsite surveys starting in March. Organizations can apply starting Nov. 21.

INFORMATION TECHNOLOGY

GWU released their results from the "2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey." Results showed that 69 percent of health centers have adopted EHRs, with 45 percent of them being fully electronic at all sites. This outpaces the 2010 EHR adoption rate among office-based physicians, estimated at 51.5% by the National Center for Health Statistics. Additionally, 81 percent of health centers currently without EHRs reported that they planned to implement one within the next 12 months. The report also summarizes the progress to date on integrating clinical data systems and achieving patient centered medical home recognition. Read the report here.

Health IT Saves a Life in Memphis

A new study has found that a medical-information exchange system that is considered a model for health-care reform efforts saved significant amounts of money and led to better care for patients-including a woman who probably would have died without the system.The larger point of the study was to reveal the results of sharing patient data electronically between 12 hospital emergency rooms in the Memphis area. The researchers found that the participating hospitals reduced health-care costs by $2 million over 13 months, largely because doctors avoided needless admissions, CT scans, and other tests after getting insights from the patients' medical histories. In other hospitals, emergency doctors often fly blind and overtreat or overtest incoming patients.

EHR Market To Grow at Steady Pace, Reach $8.3B by 2016

The U.S. market for electronic health record systems is expected to reach $8.3 billion by 2016, growing at an annual rate of more than 12%. The report -- titled, "U.S. Markets for Electronic Medical Records 2012" -- predicted that Medicare reimbursement penalties for noncompliance with meaningful use requirements starting in 2015 will fuel steady demand for EHR systems. Under the 2009 federal economic stimulus package, health care providers who demonstrate meaningful use of certified electronic health record systems can qualify for Medicare and Medicaid incentive payments. Eligible health care providers who do not meet meaningful use requirements by 2015 will see their Medicare reimbursements decline by one percent annually to a maximum of five percent.

ONC seeks opinions, concerns on mobile health security

The Office of the National Coordinator for Health IT is digging deep to determine the public's appetite for mobile health technology, and their concerns about mobile security, according to a recently released *Federal Register* notice. Learn more here.

FUNDING AND OTHER OPPORTUNITIES

Health Care Innovation Challenge

On November 14th, CMS announced a new initiative, the Health Care Innovation Challenge, which will provide grants for new ideas to improve care and lower costs for those in Medicare, Medicaid and CHIP. CMS will award up to $1 billion in grants for a 3 year period and are encouraging those providers, payers, local government, public-private partnerships and multi-payer collaboratives to develop new and innovative ways to improve care. To learn more about the grants and application process, check out the CMS Innovation Center website and be sure to register for the CMS webinar on Thursday.

Cardinal Health Foundation

Applicants are encouraged to submit funding requests for projects that help improve medication safety, particularly for periods when patients move from hospital environments to home and other healthcare settings; or for projects that improve operating room safety through the use of World Health Organization Surgical Safety checklists. For more on the checklists, please visit http://tinyurl.com/42g7qq. In addition to grant funding, grantees will have access to coaching and support from experts in medication safety and surgical safety checklists. Questions, communityrelations@cardinalhealth.com; for grant guidance, please visit http://tinyurl.com/3ezag3n.

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation announced the launch of its new initiative: Forward Promise: Promoting opportunities for the health and success of young men of color. The Foundation currently is looking for the best ideas to help middle- and high-school-aged young men succeed in life, school and work, in recognition of the hurdles that many face in their efforts to do so. Have an idea? Submit it today!

RESOURCES

HRSA Releases New Start Web Guide

The Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) has released its New Start Web Guide, a new resource tool designed for BPHC grantees to help assess the status and quality of operations, improve programmatic performance, and get the answers to a wide variety of site visit questions all in one place.

The New Start Web Guide is vast (and growing). It contains useful information on the 340B Drug Pricing Program, the Federal Tort Claims Act, issues related to Health Information Technology, the National Health Service Corp, Policy Information Notices (PINs), Program Assistance Letters (PALs), and key health center program requirements. It also provides BPHC grantees with document templates, reference documents, and programmatic advice.

The New Start Web Guide is broken down into 25 individual resource pages. Each resource page can be conveniently downloaded and printed individually. HRSA welcomes comments or suggests on the new site. You may access the new start guide here.

The 5010 Buzz: Frequently Asked Questions. Trading partners looking to find additional information regarding version 5010 Implementation should visit the Frequently Asked Questions (FAQ) feature on the National Government Services Web site. You can quickly select the FAQ feature from the site's top navigation. Once viewing the FAQ home page, enter '5010' in the search form field or select '5 from the Topic Navigation.

Modest Improvements in Awareness of Racial and Ethnic Health Disparities over a Decade. The Nation's awareness of racial and ethnic disparities increased from 54.5 percent in 1999 to 59 percent in 2010 - a statistically significant, but modest, increase of 4 percentage points. Increases in awareness among Americans of health care access disparities like health insurance status were similarly modest - under 10 percentage points. The article about the OMH/NORC survey and its web supplements (General Population Questionnaire; Creating an Awareness Index) are available on the Health Affairs website at http://content.healthaffairs.org/content/30/10/1860.abstract.

NNED Library: The National Network to Eliminate Disparities has launched a new online database of resources related to the elimination of disparities in behavioral health. You can search by categories (topic area, population, intervention, sector, type of resource) or keyword. Access the NNED Library.

Other Helpful Resources:

- States, Primary Care and Health Centers: Fostering Delivery System Changes – *NASHP*
- Federally Qualified Health Centers Poised for Significant Role in Reform - *Center for Studying Health System Change*
- Primary Care Workforce Facts and Stats - *AHRQ*
- Communicating the Value of Integrated Care to Stakeholders – *Center for Health Care Strategies*
- Building Electronic Information-Sharing Systems to Support Care Coordination in Illinois – *NASHP*
- Transforming State Health Coverage in Louisiana – *Maximizing Enrollment (NASHP/RWJF)*
- State, Tribal, Local and Territorial Public Health Gateway - *Centers for Disease Control and Prevention*
- Simplifying Enrollment and Eligibility with Modified Adjusted Gross Income (MAGI) –*Families USA*
- Using the Basic Health Program to Make Coverage More Affordable to Low-Income Households: A Promising Approach for Many States – *Urban Institute*
- Addressing Coverage Challenges for Children Under the Affordable Care Act – *Urban Institute*

Mississippi Primary Health Care Association distributes the MPHCA E-Update 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.