

# CHC Digest

October 26, 2016

Digest Issue 84

Wednesday, October 26, 2016 - In  
This Issue:

Resource Spotlight

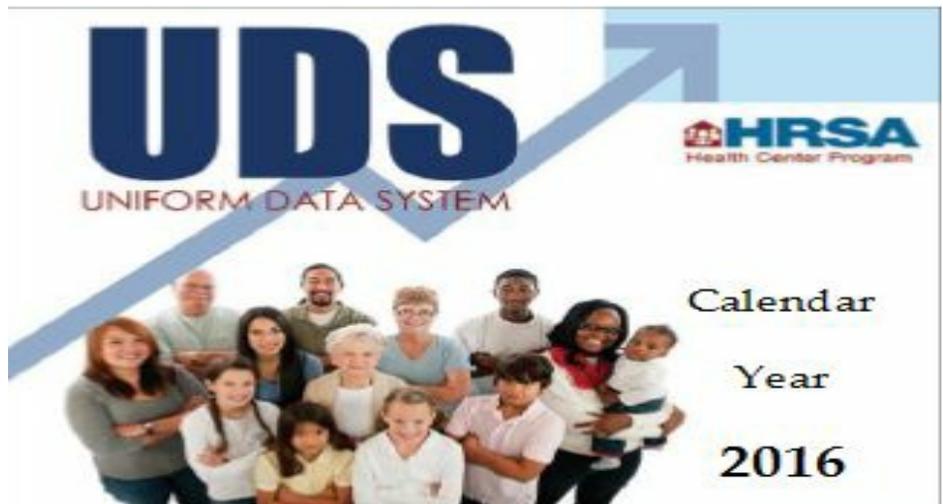
News and Notices

IPHCA Outreach and Enrollment  
Update

J1/NHSC Updates

Finance and Operations Updates

Other Educational Opportunities



## IPHCA Trainings & Meetings

**November 18, 2016**

**Building an Effective Care  
Coordination Program**

**WEBINAR** -presented by

## Resource Spotlight

**Free Online Training on Reproductive Health in  
Emergency Preparedness and Response from the  
CDC**

The Centers for Disease Control and Prevention has launched a new online training on reproductive health in emergency preparedness and response. Women of reproductive age (aged 15-44 years), including pregnant and postpartum women, may experience special risks and needs for public health and medical services when disasters and some infectious diseases strike. This course is designed to help address those needs, and includes practice exercises, describes challenges in surveillance of this population, and contains CDC resources about prophylaxis and treatment of pregnant and postpartum women for selected infectious diseases. This course has been designed for health care professionals in community or public health

*Candace Chitty, Quality First Healthcare Consulting*  
Building an Effective Care Coordination Program. An integral component of the medical home is care coordination. The basic tenet of effective care coordination is establishing clear communication channels inside and outside the health center, optimizing staff, and building consensus of accountability. Targeted audiences are staff involved in medical, dental, pharmacy, behavioral health services. **Free**

[Register Here](#)

**November 30, 2016**

### **Chronic Condition Management Model**

**WEBINAR-** *presented by Candace Chitty, Quality First Healthcare Consulting*  
Care Coordination: Chronic Illness Management Models: The presentation addresses common deficiencies in managing chronic conditions and provides a comparison of best practice models such as the Geisinger Model, Guided Care Nurse, and Care Oregon. The presentation places emphasis on resource redesign, retooling job descriptions, and how to move toward team based care. **Free**

[Register Here](#)

**December 1-2, 2016**

### **Centering Pregnancy**

#### **Basic Facilitation**

**Workshop** - *presented by*

settings and other public health professionals. CME, CNE and CEU are provided. It is estimated that it will take 60 minutes to complete the course. To learn more or to start the course go to:

<http://www.cdc.gov/reproductivehealth/emergency/training-course/index.html>.

## **News and Notices**

### **Special Open Enrollment and Temporary Auto Assignment Protocol Changes**

The FSSA/OMPP is working with the 4 health plans in a readiness review process for 2017 contracted services. Upon successful attainment of readiness by the MCEs, the state will hold a special open enrollment period **exclusively** for Hoosier Healthwise members from mid-November to mid-December. Specific dates will be determined by the readiness review. After January 1, 2017, it is OMPP's intention that any Hoosier Healthwise or HIP applicant who does not select an MCE on the application will be assigned to CareSource, with a few exceptions. This is also contingent upon readiness review status of the health plans. Members will have the opportunity to switch MCEs within the processes currently in place. The auto assignment process will return to its current format once CareSource has 100,000 total lives (across all lines of business). Announcements will be forthcoming when readiness has been determined.

### **Provider Portal News**

The IHCP will replace its current information system, IndianaAIM, with the new CoreMMIS on **December 5, 2016**. Along with CoreMMIS, a new provider interface called the Provider Healthcare Portal (Portal) will replace Web interChange.

The transition to CoreMMIS and the Portal will require providers to make some preparations in advance of the December 5 implementation date. Below are some key dates.

#### **November 14<sup>th</sup>**

- Provider enrollment applications and paper provider profile updates received on or before November 14<sup>th</sup> will be inventoried and processed. Provider enrollment applications and paper provider updates received after November 14<sup>th</sup> will be held for processing after CoreMMIS implementation.

#### **November 30<sup>th</sup>**

- Electronic batch claims will be accepted until noon on November 30<sup>th</sup> for processing in IndianaAIM or will be

**Workshop** presented by  
*the Centering Healthcare  
Institute*

This two day workshop will provide certification for facilitators of a basic Centering Pregnancy Program. It provides 1.2 CEUs granted through the American College of Nurse- Midwives for full two day attendance. The centering model has proven very effective increasing positive birth outcomes and providing support and education for mothers to be and their support systems. **\$100 member/\$200 non member pricing.**

[Register Here](#)

**December 15, 2016**

**Peer Review Webinar**

presented by Candace Chitty

[Register Here](#)

**February 2, 2017**

**Non Profit Business**

**Planning** - presented by *La Piana Consulting*

Non-Profits often use the terms "strategic planning" and "business planning" interchangeably. But a good business plan goes beyond the traditional strategic plan with its focus on mission and vision, goals and objectives. This one day training will walk attendees through how to create a successful

sustainable business plan and address challenges in the business plan development

November 30<sup>th</sup> for processing in IndianaAIM or will be held for submission on or after December 5<sup>th</sup> at which time claims will be submitted through electronic data interchange (EDI).

- Claims keyed and submitted through Web interChange will be accepted until 6 p.m. on November 30<sup>th</sup> for processing in IndianaAIM or be held by providers for submission on or after December 5<sup>th</sup> at which time the claims will be submitted through the Portal and processed in CoreMMIS.
- Electronic updates to provider profiles can be submitted through Web interChange until 6 p.m. on November 30<sup>th</sup> or will need to be held until December 5<sup>th</sup>.

Click [here](#) for further details.

**SelfMade Health Network (SMHN)**

SelfMade Health Network is a CDC-National Network dedicated to facilitating and celebrating change in communities. They have developed a number of Determinants of Health Fact Sheets that are available for downloading and sharing. The newest Fact Sheet is *Men's Cancer Health Disparities*. All of the SMHN Fact Sheets released recently can be accessed by visiting the SelfMade Health Network (SMHN) website at:

<http://www.selfmadehealth.org/educate/determinants-of-health-fact-sheets/>.

**Important Information about NCQA's PCMH Recognition Redesign**

The National Committee for Quality Assurance (NCQA) is redesigning their PCMH Recognition program. The following information is from NCQA: "The redesigned program - launching March 31, 2017 - includes ongoing, sustained recognition status with annual check-in and reporting instead of the current program's three-year recognition cycle. You can expect:

**Flexibility.** Practices take the path to recognition that suits their strengths, schedule and goals.

**Personalized service.** Practices get more interaction with NCQA, and are assigned an NCQA representative who works with them throughout the recognition process.

**User-friendly approach.** Requirements remain meaningful, but with simplified reporting and less paperwork.

**Continuous improvement.** Annual check-ins help practices strengthen as medical homes. By reviewing your progress more often, we hope to keep performance improvement at the top of your priorities list.

**Alignment with changes in health care.** The program aligns with current public and private initiatives and can

adapt to future changes

Learn more about how the [PCMH Recognition Redesign](#) can

business plan context.  
Attendees will receive La Piana's course book and materials.

**March 1 & 2, 2017**

### **CHC Management Team**

**Up-** presented by Curt Degenfelder and Jackie Leifer  
Curt Degenfelder will engage health centers in conversations about pay for performance and reducing the workload in CHC's. While Jackie Leifer will discuss sliding fee scale requirements and Health center compliance among other "hot topics."

**May 8 & 9, 2017**

Save the Date

### **IPHCA Annual Conference 2017**

**For additional information on above trainings please contact Jason Bundy at [jbundy@indianapca.org](mailto:jbundy@indianapca.org) or 317-630-0845.**

benefit your practice.

### **Information for Currently Recognized Practices**

Many practices may soon make decisions about how and when to move to the redesigned process. We want to help you make the right decision for you:

[Information for practices recognized under PCMH 2011](#)

[Information for practice recognized under PCMH 2014](#)

### **Information for Practices Considering Recognition**

Your practice may earn NCQA PCMH Recognition using the current process and PCMH 2014 until September 30, 2017. [See more information and key dates](#) for practices that are not currently recognized by NCQA.

More important, every minute saved through less paperwork means another minute for providing patient-centered care. We know you'd rather spend your valuable time and resources on patients.

Because PCMH recognition will move from a three-year recognition cycle to ongoing, sustained recognition with annual reporting, the pricing structure for the program will change.

[Pricing: Single Sites](#)

[Pricing: Multi-Site Organizations](#)

[Pricing: Partners In Quality Discounts](#)

### **Frequently Asked Questions**

We've answered the most [frequently asked questions](#) to help you make decision about what's best for you and your practice.

### **Questions?**

You may still have questions about what is best for your practice. Submit them through [MyNCQA](#) and an NCQA representative will respond within two business days" or to Carla Chance, PCHM CCE, at [cchance@indianapca.org](mailto:cchance@indianapca.org) .

### **Addressing Race and Bias in the Exam Room**

A recent article published by the Institute for Healthcare Improvement provides advice to physicians who are looking to build trust with their patients. Abigail Ortiz, MSW, MPH from a health center in Boston, MA provides insight on her experiences in opening up dialogue between health care providers and patients about racism and bias. Last summer, Ortiz began testing a series of questions clinicians can use at the health center. One physician mentioned he began opening his clinical encounters with this query "Many of my patients experience racism in their health care. Are there any experiences you would like to share with me?"

Physicians who asked this question found it was both effective and opened up an honest conversation. Asking open ended questions such as this allows for a more patient-centered approach to health care and gives the patient an opportunity to share what they feel is most important to them during that visit. To read more about how providers can address racism explicitly and learn about implicit bias

resources check out the article [here](#).

### **HIP Link**

Zach Zagar, HIP Link Recruiter for the State of Indiana, has provided the following information on the HIP Link program: HIP Link - a premium assistance program to help your workers afford health coverage. Do you have employees who struggle to afford your monthly insurance premium or decline coverage altogether due to costs? What if there was a way to help them better afford the coverage you offer? The State of Indiana's [HIP Employer Link](#) may be able to help your employees better afford or enroll for coverage in your plan(s).

For more information please visit

[www.in.gov/fssa/hip/2489.htm](http://www.in.gov/fssa/hip/2489.htm), or contact Zach Zagar, HIP Link Recruiter for the State of Indiana, at [Zachary.Zagar@fssa.in.gov](mailto:Zachary.Zagar@fssa.in.gov) or at 317-690-6422.

### **IPHCA Outreach and Enrollment Update**

#### **Open Enrollment Four Begins November 1<sup>st</sup>!**

Open Enrollment for 2017 Marketplace health insurance is days away. Indiana will have four plans (Anthem, CareSource, MDwise and MHS) participating in the federal marketplace this year which is a decrease from the eight that participated last enrollment season. It's important that your enrollment staff is prepared and ready for the **40,000 consumers being auto-assigned to different qualified health plans (QHPs) if their current plan will no longer be available in 2017**. Also keep in mind the following key dates:

- **November 1, 2016** - Open Enrollment begins
- **December 15, 2016** - Last day to enroll in or change plans for coverage beginning in January 1, 2017
- **January 1, 2017** - 2017 coverage begins for those who enroll or change plans by December 15
- **January 31, 2017** - Last day to enroll in or change a 2017 health plan

If your outreach and enrollment staff is not connected with IPHCA, we encourage you to visit our [website](#), sign up for the [O/E newsletter](#), visit [Enroll Indiana](#) and get connected with our team!

### **J1/ NHSC Updates**

#### **Indiana J-1 Visa Waiver Program Update**

Indiana has received over 30 applications for the 2017 J-1 Visa Waiver Cycle and will ONLY be accepting primary care

applications from this point on. Please note, Indiana does not consider hospitalists as primary care providers. All primary care applications will be accepted and will be processed before any specialist applications. We will not be accepting

any applications after December 31<sup>st</sup>, after which we will begin processing the specialists we have already received. Please contact Natalie Morrison with any questions [nmorrison@indianapca.org](mailto:nmorrison@indianapca.org).

## **\$294 Million in Primary Care Workforce Awards**

### **Help Expand Access to Primary Care**

October 18, 2016 the U.S. Department of Health and Human Services (HHS) announced more than \$294 million in awards to primary care clinicians and students through the [National Health Service Corps \(NHSC\)](#) and [NURSE Corps](#) Scholarship and Loan Repayment Programs. This funding helps to increase access to primary health care services in the communities that need it most. The NHSC and NURSE Corps programs provide funding to primary care clinicians and students to reduce their educational debt in exchange for their multi-year service in underserved communities. They also remove financial barriers for health professionals interested in practicing a primary care discipline, enabling them to pursue community-based careers.

"The NHSC and NURSE Corps attract qualified providers to high-need communities in all 50 states and our U.S. territories. These programs increase critical access to primary care services and help build healthier communities," said Acting Deputy Secretary for HHS Dr. Mary Wakefield. Today, more than 10,400 NHSC and 2,000 NURSE Corps clinicians provide culturally competent care to 11 million people.

"NHSC and NURSE Corps providers practice in a variety of urban and rural settings, making a positive impact in the communities they serve," said HRSA Acting Administrator Jim Macrae. "More than half of NHSC clinicians provide care at community health centers across the country."

These awards support the following programs:

[National Health Service Corps Scholarship Program](#) (\$42.8 million) provides 205 new awards and 8 continuation awards to students pursuing primary care training leading to a degree in medicine, dentistry, or a degree as a nurse-midwife, physician assistant, or nurse practitioner in exchange for providing primary health care services in areas of greatest need.

[National Health Service Corps Loan Repayment Program](#) (\$164.9million) provides 3,079 new awards 2,111 one-year continuation awards to fully trained primary care clinicians in exchange for providing primary health care services in an area of greatest need.

[National Health Service Corps Students to Service Loan Repayment Program](#) (\$10.6 million) provides 92 new awards. This program provides loan repayment assistance

to medical students in their last year of school in return for selecting and completing a primary care residency and working in rural and urban areas of greatest need.

[NURSE Corps Scholarship Program](#) (\$24.5million) provides 230 new awards and 12 continuation awards to nursing students in exchange for a commitment to work at least two years in a facility with critical shortages.

[NURSE Corps Loan Repayment Program](#) (\$49.5million) provides 377 new awards and 302 one-year continuation awards to nurses in exchange for a commitment to serve at a health care facility with a critical shortage of nurses or serve as nurse faculty at an accredited school of nursing. Additionally, the program provides 141 new awards and 63 continuation awards to nurse faculty, teaching RNs or Advanced Practice Nurses, at eligible public or private nonprofit schools of nursing.

[Faculty Loan Repayment Program](#) (\$1.1 million) provides 21 new awards to health professions educators in exchange for serving as a faculty member in an accredited and eligible health professions school. The program also encourages participants to promote careers in their respective health care fields.

[Native Hawaiian Health Scholarship Program](#) (\$889,613) provides 5 new awards and 3 continuation awards to Native Hawaiian health care professionals trained in those disciplines and specialties most needed to deliver quality, culturally competent, primary health services to Native Hawaiians in the State of Hawaii.

The bipartisan Medicare Access and CHIP Reauthorization Act of 2015 extended funding for the NHSC until 2017. Learn more about [NHSC](#) and [NURSE Corps](#) and view the detailed schedule of upcoming [scholarship and loan repayment application cycles - PDF](#), as well as [grant opportunities - PDF](#).

## **Finance and Operations Updates**

### **The IHCP to Apply PA criteria for Pharmacy Claims with Other Insurance**

Effective November 1<sup>st</sup> the IHCP will begin applying drug utilization edits and prior authorization criteria to all fee-for-service pharmacy benefit claims, regardless of whether the member has other pharmacy benefit insurance. Click [here](#) for additional details.

### **The IHCP Responds to the Zika Virus**

The IHCP is working with other state agencies to prevent, detect, and respond to the Zika virus, including efforts to prevent the transmission and address potential health risks to members. The State released a bulletin that covers the prevention, detection and treatment of the Zika virus. Click

prevention, detection and treatment of the Zika virus. Click [here](#) to read more.

### **HRSA CIS Update**

HRSA is updating their CIS process in an effort to remove redundant questions, unnecessary finance questions and to align CIS budget with annual applications. As a result, the Electronic Handbook is currently undergoing a suspension from October 6<sup>th</sup> to November 3<sup>rd</sup>. Click [here](#) for the updated process.

### **IHCP Presentations Available**

In the event you missed your local IHCP meeting or would like to review the presentations, click [here](#) to view.

### **NACHC Readiness Assessment Tool For Alternative Payment Methodology**

This Payment Reform Readiness Assessment Tool is designed to help health centers assess their current state of readiness, and to identify areas for improvement. The tool is not specific to one payer type or payment reform model. Rather, it is designed to capture core readiness areas that are needed for participation in a variety of payment reform models in use by both public and private payers. Click [here](#) for more information.

## **Other Educational Opportunities**

### **Ask & Code: Documenting Homelessness Throughout the Health Care System**

Presented by the National HCH Council

Tuesday, October 25, 2016 | 3-4 p.m. EDT

The health care system is increasingly focusing on the social determinants of health that drive cost, service utilization, and health outcomes. Hospitals, Medicaid managed care plans, and health providers are particularly interested in the risk factor of housing status, a key element of health. People without homes have higher morbidity and mortality coupled with more frequent and costly hospital stays compared to their housed counterparts, but better data is needed to identify individuals who are homeless and help justify funding additional services that will improve patients' health status.

Complementing our recent [policy brief](#), this webinar will explore how the ICD-10-CM code for homelessness (Z59.0) has been implemented at an HCH grantee in Colorado--and

how a hospital system has instituted a housing status screening tool in Pennsylvania. Additionally, we'll hear from a leading managed care entity about why Medicaid plans need to have this information and examine preliminary results from a pilot project in Texas using the Z59.0 code to identify homelessness among Medicaid beneficiaries.

**Speakers:**

**Tracy Olsten**, CPC, CPC-I, CPMA, Senior Coding Specialist, Colorado Coalition for the Homeless, Denver, CO

**Brett Feldman**, MSPAS, PA-C, Director, Street Medicine, Lehigh Valley Health Network, Allentown, PA

**Jenny Ismert**, Vice President Health Policy, UnitedHealthcare Community & State

**Moderator: Barbara DiPietro**, PhD, Senior Director of Policy, National HCH Council

Register at: <https://www.nhchc.org/event-registration/?ee=123>

**Mitigating Risk: Seven Important Things You Need to Know about Volunteer Background Checks**

Presented by the National Health Care for the Homeless Council

Wednesday, November 9, 2016 | 2-3 p.m. EDT

Employee screening is increasingly required for health centers and other nonprofits serving people without homes, and many organizations are expanding their screening practices to include volunteers and board members. Your reputation is paramount, and one rogue volunteer can negatively impact your program's credibility, fundraising, and recruitment. Supporting best practices, the National HCH Council recently partnered with [Verified Volunteers](#) to provide our [Organizational Members](#) significantly discounted pricing on quality volunteer and staff background checks. Join us on November 9th to learn critical information about volunteer screening to make better decisions and ensure that your program is performing background checks in the most effective and responsible manner. This webinar will present results and insights into volunteer screening trends and best practices, including misperceptions about screening, how to obtain high-quality screens on a budget, and the importance of keeping compliant. Attendees will also receive a brief overview of how Verified Volunteers can help mitigate risk in background screening for their volunteers and employees.

**Speaker:** Kimberly Chochon, Vice President, Partnerships, Verified Volunteers (Seattle, WA)

**Moderator:** Michael Durham, Membership & Development Coordinator, National HCH Council (Nashville, TN)

Register at: <https://www.nhchc.org/event-registration/?ee=124>

Save the Date: Tuesday, February 28, 2017

**Cardiovascular Disease and Diabetes Coalition of Indiana's 3rd Annual Fall Symposium**

Promoting Collaboration: Engage. Inform. Act.

Marten House Hotel and Conference

1801 W. 86th Street, Indianapolis, IN

\$15 registration fee - includes, breakfast, lunch and meeting

materials

To view the flyer to register [click here](#):

**Integrating Health and Legal Services to Transform Care Delivery**

The 12th Annual Medical-Legal Partnership Summit

April 5-7, 2017 \* National Harbor, Maryland

The Gaylord National Resort & Convention Center

<http://medical-legalpartnership.org/national-center/summit/>

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