

MEMBER BULLETIN

MAY 2018

Submitted By:
Vernita Todd, EVP, External Affairs

www.HCPSOCAL.org @HCPSOCAL

#ValueCHCs
#BetterTogether



REGULATORY UPDATES

NEXT WEEK! BPHC All-Programs Webcast May 22

Tuesday, May 22 | 2:30-3:30 p.m. ET

[Join the webcast the day of the session](#)

HRSA Associate Administrator Jim Macrae will share updates followed by Q&A.

To submit questions in advance, please send an email to bphcta@hrsa.gov by **Thursday, May 17**, with the subject line, "BPHC All-Programs Question."

Review this [helpful FAQ](#) provided by BPHC to address changes made in the BBA 2018.

New AUTO HPSA Methodology

HRSA's Bureau of Health Workforce (BHW) Auto HPSA Call was held on April 20, 2018.

Review the slide deck [here](#) or [listen](#) to the archived version of the call. You will be prompted to enter your name and organization to listen to the recording.

HPSA Scoring Calculations							
Criteria	Primary Care			Dental Health			Mental Health
	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded	Multiplier	Total Points Possible	Max Pts Awarded
Population:Provider Ratio	5	x 2	= 10	5	x 2	= 10	7
% of Population below FPL	5	x 1	= 5	5	x 2	= 10	5
Travel distance/time to NSC	5	x 1	= 5	5	x 1	= 5	5
Infant Mortality Rate or Low Birth Weight	5	x 1	= 5				
Water Fluoridation				1	x1	= 1	
Ratio of children under 18 to adults 18-64							3
Ratio of adults 65 and older to adults 18-64							3
Substance abuse prevalence							1
Alcohol abuse prevalence							1
Max Score:			= 25			= 26	= 25

The BHW has been working to update the Health Professional Shortages Area (HPSA) since 2013. The Shortage Designation Modernization Project is finally done and should go **into effect April 2019**. This is critical to health centers who have providers interested in the National Health Service Corps or Nurse Corps loan repayment programs. Of course, a higher score makes your providers more competitive.

Of note, all federally qualified health centers will receive one Organizational Score – not site-specific scores. Determining factors include: Population below 100% of Federal Poverty Level (FPL); Travel time to nearest provider taking Medicaid; Pertinent clinical indicators (e.g. low birth weight) and your service area. HRSA will determine your service area using UDS data that identifies where 75% of your patients reside.

ZCTAs or ZIP Code Tabulation Areas were created by the U.S. Census Bureau and are generalized representations of ZIP Codes that have been assigned to census blocks. Therefore, ZCTAs are representative of geographic locations of populated areas. Because ZCTAs are based on the most recent Census, they are more stable than ZIP Codes and do not change as frequently.

Policies and Procedures

This [Grants Policy Bulletin](#) clarifies mandated requirements from the March 2018 Continuing Resolution which addressed the funding cliff. To be compliant and prepared, Health Center leaders should avail themselves of the [policies and procedures provided by NACHC](#) in consultation with Feldesman, Tucker, Leifer & Fidell (FTLF). NACHC is also working on an umbrella policy to address these issues in total. Policies currently listed on above link are specific to issues of women's health, needle exchange, medical marijuana and end-of-life matters; **and should supplement the "umbrella" policy, not replace it.** The new policy should be available from FTLF by mid-May.

FTCA

HRSA has provided additional resources to help health centers with deeming/redeeming for Federal Torts Claims Act (FTCA) Malpractice coverage. Redeeming applications are due by **11:59 p.m. ET on Monday, June 4.** [Watch a recording of last week's technical assistance webinar.](#)

- [PAL 2018-01](#) - FTCA initial deeming and redeeming for CY 2018 and 2019.
- [PAL 2018-02](#) describes the deeming process and requirements for health center volunteer health professionals for CY 2019

HRSA Takes on Diabetes

- HRSA plans to take a more in-depth approach in trying to help FQHCs manage their diabetic patients' A1C scores.
- Project Officers for health centers with a significant number of diabetes patients with an A1C value greater than 9 percent may soon schedule a targeted technical assistance site visit to support improvement in diabetes outcomes.
- If contacted, make sure your health center registers for Action Plan privileges in the EHBs. [Watch a video to learn more.](#)

Opioids

- [Primary Care Digest Special Edition: Focus on Opioids](#). The focus on the opioid epidemic has hit a fever pitch and gotten the attention of legislators and appropriators. There will soon be numerous funding opportunities for health centers working on prevention and treatment of opioids addiction. Be ready!
- [Applying CDC's Guideline for Prescribing Opioids](#) is an online interactive training series developed to assist providers in applying CDC's recommendations in a clinical setting through interactive patient scenarios, videos, knowledge checks, tips, and resources. Health center providers can access the training to gain a better understanding of Guideline recommendations, the risks and benefits of prescription opioids, non-opioid treatment options, patient communication, and risk mitigation.

Resources

- [CA Hub and Spoke Services](#) – expansion of Medication Assisted Treatment
- [California Opioid Safety Network](#) – a community of local coalitions working across California to share strategies and best practices toward the shared goal of reducing opioid addiction and deaths. This is a project of a valued partner to health centers, the California Health Care Foundation.

COUNTY UPDATES

San Diego

San Diego County's \$180 million SUD treatment plan will invest \$60 million in future recovery homes across the county while expanding billable individual and group appointment for drug Medi-Cal. The county is looking for feedback on their drug Medi-Cal rates and whether health centers are likely to participate in the program now that it has expanded what is billable. Please send comments and feedback to Tim Fraser, tfraser@hcpsocal.org.

This [County Information](#) includes link to SD County open budget, operational plan and a place to share your comments! Look at the plans the County has for the future. HCP's CEO [Henry Tuttle](#) is a member of the County's Health Services Advisory Board (HSAB), intended to provide the San Diego County Board of Supervisors with expert, timely advice and options to advance an integrated wellness and health care system where all residents have access to affordable, comprehensive and quality care. You can access all [meeting minutes, handouts and presentations for HSAB here](#).

The County's Whole Person Wellness (WPW) pilot project is moving right along. Recently, Live Well, the County Agency responsible for the project, shared a Screening Criteria flowchart to give providers a visual lesson on referring Medi-Cal (and Medi-Cal eligible) patients to the Whole Person Wellness program. Not sure about WPW? See the screening criteria and learn more [here](#). You can also find the March 2018 enrollment by Health Plan which identifies the progress new entrants, Aetna and United Health Care, have made in the market. Hungry for more? [Email our colleague, Janet.](#)

The County of San Diego held its Emergency Preparedness NDMS Exercise on April 20th. HCP participated along with eight of its members and received positive feedback and thanks from the county for our participation. This is the final year that HCP will act as the liaison for member health centers in the Emergency Preparedness exercise. Health centers are required, for participation in the Medicare program, to engage in Emergency Preparedness at a much deeper level than ever before.

ADVOCACY

It's time for state advocacy efforts! From May through September, all our sponsored bills must go through a maze-like series of approvals prior to becoming law. At each step of the way, our advocacy will be important.

The Governor released his revised 2018-19 Budget ([May Revise](#)) at the time of this writing.

Our concern is the prohibition of health centers using 340B within the Medi-Cal Managed Care space (p.38). We will need significant efforts aimed at both the legislature and the governor to ensure this fails. If it stays in the budget, health centers across the state stand to lose tens of millions of dollars, which will positively disrupt access to care for our patients.

HCP will cooperate with CPCA, other Consortia and local health partners to mount a state-wide campaign to defeat this budget proposal. Legislators will ultimately make the call since the Governor's budget is a recommendation or starting point for the budget.

Please be prepared to participate and share our Advocacy alert with your staff, local partners, board members and through your health center's social media channels.



You can start now! [Click the postcard above to send a quick tweet to our local officials.](#)

- [California Health Plus Advocates is also doing a campaign targeting our Legislative Leaders and Budget Chairs.](#)
- We need **both** approaches (grassroots and grass tops) to mount a successful opposition campaign. Please support these efforts by tweeting at least once a week until the budget is passed.
- **The Budget bill must be passed by midnight - June 15th.**

Sponsored Bills

These are likely to hit snags if the Department of Finance attaches a large fiscal impact to them (like Same Day BH Billing.) Bills with a big price tag can end up on the “Suspense” file and never be seen again. Despite potential costs, we continue to advocate this bill will mean people will have access to the care they need when they need it. We can’t forget our true goal.

CPCA Committee Meetings Summary: April 2018

Below is a summary of the Primary Care Association Committee Meetings held following Day at the Capitol on April 26th.

For additional information, review the [FULL CPCA PACKET.](#)

Government Programs

- **340B**

- This remains a pressing issue for health centers as the Governor is holding firm to his goal of eliminatng 340B from the Medi-Cal Managed care. Brown's proposal in the recent May revise suggests the state will save roughly \$16M beginning in 2021, while health centers and safety net hospitals will face immediate cuts.
- A coalition of these providers have submitted a [letter of opposition](#).
- The Legislative Administrative Office released this initial [report](#) in March, which details the program from their perspective.
- It is clear DHCS is preparing to move forward with the Governor's plan, based on this [draft All Plan Letter](#) for the Managed Care Plans (MCP).

- **Licensing**

- The Center for Health Care Quality (CDPH) now has performance metrics for how well they are processing applications! Click the Licensure and Reports of Change Applications link [here](#).
- Despite the increase in the number of staff and the addition of the electronic application, CDPH still estimates the backlog will take up to 6 months to clear. Although their original priority was to prioritize electronic applications, they have not made enough progress in old paper applications to do so.

- **OSHPD3**

- These building standards add additional costs for health centers renovating or building new facilities. For several years, health centers have been trying to find a legislative fix to this issue but have had little success because this will instigate a battle with trade unions who are very supportive of our Democratic legislators.
- To combat this stalemate, CPCA is investigating legislative and regulatory fixes while also examining the consequences of health centers becoming exempt from licensing.
- Review the CPCA OSHPD [strategy](#).
- There is one small glimmer of hope we have on this issue and it radiates from our very own HCP delegation Senator (and Pro Tem), Toni Atkins. After several years of addressing this issue in our quarterly legislative briefing, staff from the Pro Tem raised this issue up the flagpole. They learned that while Senator Atkins is aware of the challenges this presents for health

centers, the institutional Capitol staff was not aware this was a significant issue. They reported a lack of complaints from both health centers and associations. We seek to change that!

- HCP is convening a workgroup to collect cost information about these standards, so we can provide relevant data to the office. We would like to have information from four types of groups: small urban, small rural, large urban and large rural sites.
- **If OSHPD3 has created challenges in your renovation or building efforts, please email [Vernita](#) or [Tim](#) by May 31, 2018.**

- **Managed Care**

- The Managed Care Task Force is focused on [four priorities](#):
 - New Administration & Leadership at DHCS – prioritize the preservation of Medi-Cal funding, Medi-Cal expansion and preserve benefits & coverage.
 - Commercial Plan Procurement – Ensure Medi-Cal managed care plans are held accountable for quality, access and satisfaction (both providers and patients)
 - P4P, HEDIS, and Quality Alignment – Work together and ensure the quality of encounter data from CCHCs to plan and from plan to CCHCs.
 - Enrollment Efficiency & Default Assignment – Modernize and streamline enrollment system, standardize patient assignment to incentivize quality.

- **Behavior Health**

- CPCA has released a new report on [“Leveraging FQHCs in California’s Behavioral Health Continuum.”](#) Check it out!

- [State Auditor Report](#)

- A recent auditor report highlighted that DHCS has not been adequately monitoring the county spending of designation MHSA funds.
- Legislation has been sponsored to require better oversight by DHCS and, possibly, reversion of funds if those funds are allocated within a specific timeline.
- This is of great interest to San Diego County, as it is projected that the County has a large surplus of unspent MHSA dollars. San Diego county

- **Lifeline Clinic Grant**
 - Because health centers did not go over the funding cliff, there was no triggering event that would prompt distribution of these funds, although applications were still submitted.
 - Those applications are in review and winners, if applicable, will be announced in June.
- **Workforce**
 - A presentation was given on the state responsibility with the new federal Auto HPSA process.
 - For health centers hoping to get points added to their score, they would need to contact California's Managed Care Organization, which for us is OSHPD.
 - A copy of the slides, coordinating with the federal slides, are provided: [OSHPD 2018 Auto HPSA slides](#).
- **330**
 - It's time for **SPA 2.0** and a focus on "Four Walls." CPCA will continue to use an interactive member process to gain insight into what comments should be suggested to DHCS.
 - Please reach out to CPCA if you are interested in attending these calls. These rules will govern ALL health centers, so our best thinking is needed.
 - Of note, two edits regarding Change in Scope were not accepted that could be harmful for health centers:
 - DHCS wants a health center to have two years of cost (triggering event year and year prior) to prove the increase was attributable to the triggering event.
 - **CPCA needs your feedback on whether this will hinder your efforts.** DHCS has added language to further define what they see as "type, intensity, duration, etc" and have written it to be: The addition of a new service that requires adding new professional staff to perform the new service, and the new service was not previously provided by the FQHC or RHC.
 - Do you have examples of changes you have successfully had in the past that would not have made it through this new language? **To weigh in on these issues, please contact Andie or Ginger at CPCA.**
- **P4P Incentives**
 - For months, health centers have been waiting to hear the fate of the San Mateo health clinics who were in litigation regarding their P4P incentives program. The results are finally in and it is not encouraging news for health centers.
 - CPCA has provided this [FAQ](#); [San Mateo Writ Motion](#)

Clinicians Committee

- The clinicians committee in January suggested that CPCA write the CMB on behalf of all FQHCs objecting to opioid investigation and punitive strategy.
- HCP also submitted a letter on behalf of members but have not received a reply to our correspondence.

Legislative

- For a recap of Day at the Capitol, please refer to our [link to GA blast](#) concerning:
 - SB 1125 – Same Day Billing
 - AB 2428 – Consolidated License Fix it
 - AB 2576 – Declared Emergencies
 - AB 2204 – Intermittent Clinics

HELPFUL RESOURCES

Financial & Operational Trends

Capitol Link has released a report sponsored by Blue Shield of California on health centers in California. This report was sponsored by Blue Shield of California. It was briefly discussed in HCP's CFO Council Peer Group. For questions please contact Frank Whelan at fwhelan@hcpsocal.org

Health Equity Report 2017

The Report addresses HRSA's key Strategic Plan goals of improving access to quality health care and services, strengthening the health workforce, building healthy communities, and improving health equity. This likely matches efforts happening in your health center. Consider honing your language in future development proposals to show your alignment with federal goals.

Safety Net Dental Clinic Manual

National Maternal and Child Oral Health Resource Center provided this for health centers who are considering adding oral health services. It's a great resource that includes: facility planning, financial considerations, administrative operations and clinical/quality management.



Our Leadership Team is Here to Help!



Stay in Touch!

www.HCPSOCAL.org

Twitter @HCPSOCAL

Facebook @HealthCenterPartners

Linkedin @HealthCenterPartners