

# MEMBER BULLETIN

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Submitted By:  
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## SECTION I: HRSA Updates

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Clearly, HRSA is under pressure to demonstrate the funding for health centers is being put to good use. The focus on Compliance and Quality are intentional by the bureau and the level of scrutiny health centers face is likely to get more intense as we near the looming Funding Cliff of 2019.

**The HRSA “All Grantee Call” was held on July 31, 2018.**

**To listen to an archived recording of the call, click this [link](#).**

**Review the [July 31st All Grantee Call here](#).**

Health centers are encouraged to complete the annual Stakeholder Satisfaction Survey to provide input to HRSA. The identified Administrator in your EHB should have received a copy of the survey by email. If you have not received the link, you can request one from HRSA by emailing [bphcreviews@hrsa.gov](mailto:bphcreviews@hrsa.gov). The survey be open through September 11, 2018.

HRSA will now provide Certificates of Achievement along with those quality dollars! Gold Certificates will be presented to health centers who meet or exceed national quality metrics. Silver Certificates will be presented to health centers who meet or exceed health center quality benchmarks. Lastly, health centers who received 100% Compliance during their Operational Site Visit (OSV) will also receive a certificate. This recognition would be great to share with patients – so look for the certificates and hang them with honor!

Another project HRSA is working on is a new Service Area Needs Assessment Methodology (SANAM) which will replace the dated *Need for Assistance* form in current New Access Point/SAC applications. The goal is to find a better way of identifying where the need for care truly lies. HRSA plans to offer the SANAM webinar on August 6<sup>th</sup>. Register here to learn more. It is the intention of HRSA to eventually incorporate and revise this tool to also address issues of Service Area Overlap.

### Funding

- Capital Assistance for Hurricane Response & Recovery Efforts grants will be released at the end of August. These dollars will be provided to grantees who were victims of hurricanes Harvey, Maria & Irma. No funds have yet been identified for California wildfires.

- Over 1200 applications were received for the HRSA Expanded Services Mental Health/Substance Use Disorder grants. Those awards will be released in September.
- Advancing Precision Medicine grants and will now be available for 50 more grantees. Currently, only six health centers in the nation participate – including your colleagues at San Ysidro Health. *Selected* health centers received invitations to apply to the fiscal year (FY) 2018 Advancing Precision Medicine (APM) Supplemental Funding Opportunity. This one-time supplement will support eligible health centers with demonstrated capacity to participate in the [All of Us Research Program \(AoU\)](#). Health centers will use APM funding to **support patient enrollment in AoU, including community outreach and enhancing health information exchange capacity to share patient data with AoU**. A total of **\$21M** is available and selected health centers can request up to \$375k. Applications are due August 20<sup>th</sup> by 2 pm PDT. Learn more at the [APM technical assistance website](#).

## Compliance

- Health Centers who will receive a 1-year project period:
  - First-time SAC awardees
  - Any health center with an *existing* condition at the time of SAC or OSV
  - Any health center receiving a 1-year project period will be required to submit a corrective action plan addressing how they will correct the issue and maintain compliance.
- Communication During SAC Application Review
  - EHB is the only communication being used – no phone or email so make sure your authorized official's email address is correct in EHB
  - HRSA Reviewer has 14 calendar days to review application with grantee and document any compliance issue
- Final 2017 UDS Data will be released during National Health Center Week – August 12-18. Spoiler alert: collectively, health centers now provide care to over 27 million people – an increase of more than one million people in the last year!

## HRSA Prototype for South West Division

The [HRSA Prototype SWD](#) webinar was conducted on August 1<sup>st</sup>. In response to the Balanced Budget Act of 2018 and the requirements made for HRSA to become more efficient and transparent, a new Prototype is being rolled out in 2 regions of the country. One of the regions affected includes California. In summary, HRSA will use independent reviewers to judge Service Area Competitions and Changes in Scope. Currently, these are overseen by the Project Officer assigned to the grantee. This change was made to reduce subjectivity, preference or even the appearance of such when judging grantee applications for Service Area awards and Changes in Scope. This prototype will run from August 6 –



December 31, with the Bureau requesting feedback from members affected along the way.

**Note: If you have a *pending* Change in Scope, your current project officer (PO) is still the one responsible for completing it. Anything submitted from August 6<sup>th</sup> – December 31<sup>st</sup> will be handled by this new team of reviewers.**

## Training Opportunities

### Service Area Needs Assessment Methodology Prototype Webinar

Monday, August 6

1:00-2:30 p.m. ET

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

Call in: 888-490-2759

Passcode: 440345

### Tribal Grants Webinar Series: Preparing a Budget for your Grant Proposal

Hosted by HRSA

Wednesday, August 8

1:00-2:30 p.m. ET

[Register here](#)

### Free MAT Training and Mentoring to Become a DATA-Waived Practitioner

Physicians, nurse practitioners, and physician assistants can access free Medication-Assisted Treatment (MAT) waiver training and mentoring through the SAMHSA-funded [Providers' Clinical Support System \(PCSS\)](#). Providers can apply to become DATA-waived practitioners and begin prescribing practices for treating opioid use disorder, as well as accessing educational resources.

### Best Practices for Sustaining Behavioral Health Integration Models in Health Centers Using Health Information Technology

Hosted by CIHS

Wednesday, August 22

3:00-4:30 p.m. ET

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

### National Health Center Week

August 12-18

[Click here for more Info](#)

#CHCSuperPower #NHCW18





## SECTION II: Summary of CPCA's June Committee Meetings

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Below is a summary of the June Committee meetings. To review all board and committee information, use this link: [CPCA Board & Committee Materials](#). Additional links and resources are provided by HCP to supplement summaries.

### Special Population and Rural Communities Committee

#### Title X

Established in 1970, Title X provides affordable birth control and reproductive health care to people with low incomes, who couldn't otherwise afford health care services on their own. On Friday, June 1st, the anticipated Title X Domestic Gag Rule was officially issued. The Title X Domestic Gag Rule is also called the "Compliance with Program Integrity" is a strategy designed to block people from getting accurate information about their health care and would prevent doctors from giving patients the vital reproductive health care they need. HCP has submitted [comments on Title X](#) to the federal registry on behalf of the membership.

#### CMSP Counties

The [County Medical Services Program \(CMSP\)](#) provides short-term health coverage for low income adults who are uninsured and not eligible for other publicly funded programs. 35 California counties participate in CMSP. *Of our three-county service area, only Imperial County participates in CMSP.* In March 2018, the CMSP board approved expanding eligibility for the Primary Care Benefit to people eligible for Emergency Medi-Cal (earning incomes 0-138% of the FPL.) Counties would need to partner with its FQHCs to serve enrollees. The program will be called Path2Health and should be in effect by January 2019.

#### Immigration

The House of Representatives had numerous bills to consider regarding improvements to the US Immigration system. Most were partisan. The first two bills the Speaker agreed to bring to the floor were – *Securing America's Futures Act (SAFE)*, and the *Border Security & Immigration Reform Act* both failed to pass the House. Two bills remain: *Uniting and Securing America (USA) Act of 2018* and the *Dream Act*. It is unlikely that either of these bills will be

heard on the floor, but CPCA has requested members to take a *Support* position on each. For additional information on the [current status of the DACA program](#), please review the resources from iAmerica. Additional immigration resources are available online under the Government Programs full committee notes.

#### National Health Center Immigration Workgroup Webinar

On **August 7th** at 11 a.m. (PST), the National Health Center Immigration Workgroup will host its next meeting. They will provide an update of on the proposed public charge rule and will be reviewing the advocacy plan for submitting public comments. You may register by clicking [HERE](#).

#### Public Charge 101 Webinar

Do you or your colleagues need a refresher or a first-time overview of how the public charge test works today and how it is likely to change under the Trump proposal? If yes, please join the Center for Law And Social Policy (CLASP) on **August 8<sup>th</sup>** at 10 AM PT and [click here to register](#).

### Workforce Committee

The legislature and Governor reaffirmed their commitment to primary care workforce by approving a budget which included the 2<sup>nd</sup> of 3 installments to increase funding to the Song Brown Program, investing in primary care residency in underserved communities. One-time additional investments in emergency medicine, primary care, and psychiatry were also made.

The Song Brown Commission met in mid-June to review scoring criteria for the granting of awards. The focus areas for consideration were: clarifying primary care residency application criteria, Song-Brown glossary updates, definitions of “economically disadvantaged, and SB outcome measures. These changes will go into effect in the **2019** Primary Care Residency funding cycle. *All Song Brown Program applicants are encouraged to attend the PCR funding meeting **on August 22-23<sup>rd</sup>** at 2020 West El Camino Ave in Sacramento.*

The Department of Health Care Services (DHCS) submitted its first iteration of the state plan amendment for Medi-Cal this past March. Included in the second SPA submission (June 30<sup>th</sup>) was a proposal to allow reimbursement for Primary Care Residents practicing in approved California Teaching Health Centers. Previously, because these physicians were not yet licensed, FQHCs were unable to bill for their services. If approved by CMS, qualifying THC programs will be able to bill retroactively to April 1, 2018. Advocacy will continue with DHCS to broaden the coverage beyond just those FQHCs with a THC designation. **Ten**

**health centers applied for THC funding this year.** This includes both new and existing applicants.

CPCA continues to work on its multi-pronged strategy for increasing workforce by working with UC Davis' Center for a Diverse Healthcare workforce, with the goal of recruiting, training and mentoring students from rural areas in hopes they will return to their home communities to practice.

## **Government Programs Committee**

### **OSHDP3**

CPCA continues to work on a multi-faceted strategy aimed at decreasing the OSHDP3 burdens on health centers.

1. A consultant has been hired to research the licensing process and building standards.
2. All small number of health centers have agreed to be a part of a "license-exempt" (and OSHDP3 exempt) workgroup to demonstrate that not meeting OSHDP3 does not jeopardize patient safety. This will also provide information to sister CHCs about possible implications of being exempt from licensure.
3. *The Glimmer Squad* continues to collect information to share with Pro Tem Atkins. This group is working together to present data that shows the increased costs for health centers to renovate existing facilities – in some cases existing medical practices.

### **Four Managed Care Priorities**

1. Educating New Administration & Leadership – until change occurs, it's about collecting data!
2. Commercial Plan Procurement – Workgroup members plan to establish a checklist health centers can use to evaluate whether a new health plan would be a good partner. [See the draft checklist here.](#)
3. P4P, HEDIS & Quality Measure Alignment – After the state's decision on P4P becomes final, this workgroup will push for the alignment of quality measures.
4. Enrollment Efficiency & Default Assignment – to improve and standardize how health centers receive information on assigned members from the health plans. This will look at: HEDIS for "assigned but unseen patients", timeliness of data received/shared with health plans, and the provider directory development process.

Mental Health Waiver Negotiations will begin with DHCS in 2020. To be well prepared, CPCA is proposing a 3-part workshop for health centers to outline a policy-driven vision for the future. The first webinar, "Policy to Practice: Understanding the Medi-Cal Mental Health Delivery System," is tentatively scheduled for September 6, 2018 with a second, in-person, meeting occurring in Sacramento the following week. For more information, [review these materials](#) or [email Meaghan](#) at CPCA.



#### New Health Homes Program

[The Health Homes Program](#) – is the care management/coordination program DCHS has recently implemented for Medi-Cal beneficiaries with multiple chronic conditions. A part of the ACA, California's program was approved by CMS in December of 2017. The program is designed to add care coordinators (funded by the Managed Care Plans) to the care teams for patients who qualify. This program will be implemented in **Riverside County January 2019 and San Diego & Imperial counties in July 2019**. Be sure to take a few minutes to download this [Free Health Homes Rate Setting Tool](#) by JSI. The HHRS tool is designed to support health center leaders in considering the costs, staffing, and infrastructure needs associated with implementing Health Homes.

#### Licensing

California Department of Public Health (CDPH) is the agency responsible for clinic and facility licensing. Recently, health centers from around the state have been contacted by CDPH regarding shared facility licenses for clinics on the same campus. While it had been their practice to offer these "all-in-one" licenses for buildings on the same grounds, it has been deemed to be out of conformance with the law. Any health center fitting this description will be responsible for converting these into individual licenses, each with a separate licensing cost.

### 330 Committee

#### State Plan Amendment (SPA)

The Department of Health Care Services (DHCS) has received the [CMS Response](#) to its submission of SPA 18-003. There are several instances when the CMS response would seem to support the position of health centers, particularly around changes in scope, productivity and documentation requirements. CMS has instructed the state to remove this language – but has suggested the state could implement this through their provider bulletin. This supports the initial argument of CPCA that the state is trying to change the law through the State Plan Amendment and, it appears, CMS agrees citing, "CMS does not have the authority to approve...under federal statute." CMS has requested additional information from the state before the SPA can be approved.

CPCA is representing health centers with DHCS in the second phase of the SPA, this time negotiating around issues of: 4 Walls, P4P, reimbursement for Resident services, and Payment Reform/APM. Monthly calls are scheduled for members who want to provide input. The recording for the most recent call is [here](#). The next call is scheduled for **August 13<sup>th</sup> at 1 pm**. To participate, send an [email to Daisy Po'oi](#).

## P4P

In April of this year, the Superior Court of Sacramento upheld that DHCS auditors were acting appropriately by including incentive payments in the Medi-Cal PPS reconciliation. This issue has not affected all California health centers in the same manner, with auditors operating along the entire continuum – from not addressing the incentive payments at all, to reviewing the incentives and excluding from reconciliation, to a full-blown inclusion of the P4P in reconciliation. Due to the variance among auditors, DHCS has instructed its auditors to refrain from including quality/incentive/P4P payments in annual reconciliation until they have determined one consistent methodology. **Auditors may request information about your P4P program via email and you are required to participate** (since you participate with Medicaid/Medicare.)

## Service Area Needs Assessment Methodology (SANAM)

HRSA is considering the development of a new methodology to capture the needs of a defined service area. This information would automatically populate the “need” section of the New Access Point application and replace the “Need for Assistance” worksheet. HRSA is seeking feedback from PCAs and other stakeholders at this early stage in the process. Once developed, this methodology could also become the foundation for reviewing Service Area Overlap. Stay tuned!

## Legislative Committee

### Governor Signs FY18 -19 State Budget with No Change to the 340B Program!

On June 27th, Governor Brown signed the 2018 - 2019 State Budget. The budget reaffirmed the administration’s commitment to primary care workforce by moving forward with the second of three installments to increase funding to the Song-Brown Program that invest in primary care residency in underserved communities. Additionally, the budget reflects no changes to the 340B program.

## Sponsored Bill Watch

- **SB 1125 Same Day Billing (Atkins)** – After a brief time on the suspense file in the Senate Appropriations Committee, the bill was passed out of committee by a vote of 7-0 and ordered to the Assembly. On June 7th, SB 1125 was referred to Assembly Committee on Health where it passed out of the committee on June 26th. No funding for this bill was allotted in the Governor’s budget, so if passed, it’s could be implemented in the second year of the session and effective as of 2020.
- **AB 2428 Consolidated Licensing (Gonzalez-Fletcher)** – AB 2428 has now passed out of Senate Health Committee and will now be heard by Senate Appropriations. In recent conversations with CDPH, CPCA learned that CDPH will not grandfather existing “campus” licensed sites and will require any “campus license” to submit a new cost

report to determine an adjusted PPS rate. IF CDPH is going to force all future or existing health centers to submit for a new PPS rate when applying for a “campus license” it will neutralize the intent of AB 2428 which was meant to allow existing and new health centers to bill using the existing “parent” site’s PPS rate and administrative functions. CPCA has determined it is too late in the process to try to amend the current legislation and will watch to see if the bill comes off the Senate Appropriations suspense file.

- **AB 2204 Intermittent Clinics (Gray)** – The bill was ordered to the Senate on April 12th passed out of Senate Health Committee and continues to move along through the process.
- **AB 2576 Declared Emergencies (Aguilar-Curry)** – There has been no opposition to this bill and it has passed both the Assembly Committees on Health and Appropriations unanimously with votes of 15 -0 and 16-0. On May 25th the bill was ordered to the Senate Business, Professions and Economic Development Committee where it passed was passed out on June 20th.

The board changed positions from “Watch” to “Support” on several bills relevant to expanding access for patients & workforce including one proposed by a member of our delegation, Eduardo Garcia, outlined below.

- **AB 2029 Federally Qualified Health clinics: rural health clinics (Eduardo Garcia)** - This bill was introduced by a small contingent of health centers in the central valley. The original bill addressed a myriad of things in the Health & Safety Code and included language to protect 340B savings for FQHCs. It was later amended to reflect specific concerns for FQHCs such as: changes in scope, per-visit rate adjustments, productivity standards, incentive payments and training. Many of these issues are under current negotiation with DHCS and could impact SPA negotiations. However, supporters argue that this bill requires the state to follow federal regulations which are far less restrictive and prescriptive for health centers. **The board approved support of this bill with the understanding this does not negate or replace existing negotiations with DHCS.**

#### Legislative Leadership Changes

- Senator Richard Pan (Sacramento) replaced Senator Ed Hernandez as the Chair of **Senate Health** since Sen Hernandez is running for Lt. Governor. The Vice Chair is Janet Nguyen from LA County.
- Senator Anthony Portantino (Pasadena) replaced Senator Ricardo Lara as the Chair of **Senate Appropriations**. Lara is running for Insurance Commissioner. The Vice Chair is our own Senator Pat Bates!
- The Governor’s long-term Chief of Staff, Nancy McFadden, died unexpectedly and has been replaced by Diana Dooley. Ms. Dooley led the Health & Human Services Agency (HHSA) since 2011 and was previously president of the California Children’s Hospital Association.



## Section III: Government Affairs Update

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### Federal

In terms of legislation, July was a slow month due to the 4<sup>th</sup> of July recess and Congress preparing for their August recess. However, two items of note passed, which will now await a vote in the Senate; but, don't expect the Senate to act soon on either.

#### House Appropriations Committee Advances FY19 Health Spending Package

- On July 11<sup>th</sup>, the House Appropriations Committee passed its FY19 Labor, Health and Human Services & Education bill on a party line vote.
- The bill, which contains \$1.526 billion in discretionary funding for community health centers, represents a \$100 million reduction in the discretionary allocation for CHCs compared to the FY18 Omnibus package that passed in March 2018.
- It is unclear whether the House bill will move to the floor for a vote. If it does, it will still have to be reconciled with the Senate version of the bill, which includes full funding for health centers.

#### House of Representatives Passes Two-Year Delay on ACA Health Insurance Tax

- On July 27<sup>th</sup>, the House of Representatives passed [H.R. 6311](#) by a vote of 242-176, with twelve Democrats joining Republicans in support of the bill.
- This legislation would delay the ACA's annual fee imposed on health insurance providers through 2021.
- The bill increases the maximum contribution for tax-advantaged health savings accounts (HSAs).
- The bill also would allow anyone to purchase bronze plans and catastrophic "copper" plans (high deductibles and low premiums), which are currently only available to citizens younger than 30 or those experiencing a justified hardship.

### State

Both the Assembly and State Senate have been on recess for the month of July. They will return on August 6<sup>th</sup> to resume work for the remainder of the legislative year. HCP will be watching closely and will provide letters of support to the committees hearing the sponsored bills.

#### 2018 Statewide Ballot Initiatives

During the Primary Election, California voters had the opportunity to vote on five

Propositions of which only one failed. The passed Propositions dealt with issuing bonds for parks, environmental protection, water infrastructure and requiring certain tax and fee revenue related to transportation to be used for transportation purposes; while excluding rainwater capture systems from property tax assessments.

As of June 28th, there are twelve ballot initiatives which have been certified for the upcoming 2018 November General Election ballot. There are no community health center specific Propositions but there are two healthcare specific measures:

- Proposition 4 - Authorize \$1.5 billion in bonds to fund construction at hospitals providing children's health care.
- Proposition 8 - Limit the amounts outpatient kidney dialysis clinics may charge for patient care and imposes penalties for excessive charges.

Although not directly affecting community health centers, there are several other measures of interest or benefit to our patients at large. These propositions include:

- Issuing \$4 billion in bonds for veterans' housing.
- Authorizing Prop. 63 revenues to repay \$2 billion in bonds for supportive housing.
- Expanding local governments' authority to enact rent control on residential property.
- Requiring private-sector emergency ambulance employees to remain "on call" during work weeks.

[To read more on each Proposition and to see a list of those Proponents or in Opposition click here.](#)

## County

HCP hosted its Quarterly Legislative Briefing in Riverside on July 25<sup>th</sup>. Representatives from Congressman Mark Takano, State Senate Richard Roth, Assembly Members Sabrina Cervantes and Jose Medina, County Supervisor Manny Perez and the County's RUHS office were in attendance.

The conversation included remaining legislative goals for 2018, the economic impact health centers have in communities, voter engagement activities and a report out from the elected office representatives on what their member's priorities are in health.

Due to the geographic size of the county HCP will move from quarterly legislative briefings to twice yearly. HCP will host the briefings in both Riverside and Palm Springs, to create less travel for local offices.



## **Voter Registration and Engagement**

HCP has been working with CPCA and other Consortiums to create a statewide health care voter engagement toolkit in partnership with Nonprofit Vote, the nonpartisan organization behind [National Voter Registration Day](#).

The toolkit is still in production with a goal to release it for distribution by the end of August, in advance of National Voter Registration Day on 9/25.

On Monday, September 10<sup>th</sup> HCP will host Nonprofit Vote for a **Voter Engagement Training** to review the toolkit and the “dos and don’ts” for a 501c3 nonprofit. Please be on the lookout for a “Save the Date”.

[For more info please visit HCP’s Voter Engagement Webpage](#)



**Our Team is Here to Help!**



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