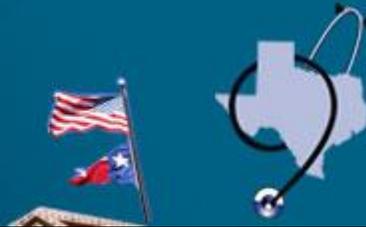




TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - April 27, 2012

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*Dental Exam
Gateway Community Health Center,
Laredo, TX*

Upcoming Events

[TACHC May CPI Webcast Training: How to Address "No-shows" & Keep Appointments Filled, Part 1 of 2](#)

May 18, 2012, 9:00am to 11:00am CST

Patients who fail to keep their appointments (FTKA) interrupt the scheduling process, disrupt the delivery of care and cost the center both in terms of lost revenue and wasted staff efforts. During this presentation, participants will be led through a discussion on how to understand, control and eliminate the root causes of no-show activity. Presenters will describe the importance of measuring and reducing the no-show rate, and how to do so. Presenters will assign center participants the measurement of their rate and a set of interventions on which to report back in Part 2 of this set of webcasts. Centers that are participants in the TACHC ACO that are not in the full OC3 Learning Year 2012-2013 and that have no-show rates of 30% or above (or unknown rates) are required to send participants to the webcast.

***NEW: Registration for all CPI Webcast Trainings is for two webcasts, Parts 1 and 2, at once.** Thus, please register for May and June 2012 CPI Webcasts by logging in on the TACHC website [Events](#) page, clicking the Register button, and paying for one registration covering both months.

[June CPI Webcast Training: How to Address "No-shows" & Keep Appointments Filled, Part 2 of 2](#)

June 15, 2012, 9:00am to 11:00am CST

TACHC Staff will present de-identified data from the homework assigned to participating centers during the May CPI Webcast (Part 1) and centers will identify (1) reasons for patient FTKA, (2) barriers at the center, and (3) strategies to reduce no-shows at their center. If centers have specific questions, they are encouraged to send them in advance of the call to vlagrega@tachc.org and they will be integrated into the center discussion time.

Information regarding all upcoming events hosted by TACHC can be found [HERE](#).

Governance and Finance

1. DSHS Round Two of Rider 71 Stakeholder Meetings Dates/Sites is Now Available: Information on the second round of Rider 71 stakeholder meetings, regarding the legislatively mandated reviews of the public behavioral health system, and an updated timeline are available [HERE](#).

2. TACHC Center Provider and Site Enrollment Update: Please see the attached memo for clarification about

when centers are required to get separate identifier and/or enrollment numbers for sites and individual providers in Medicaid and Medicare. Please contact Shelby Tracy (stracy@tachc.org) with questions.

3. CHIP Outreach Materials for Your Center: Children in Texas without health insurance may be able to get health-care services through the Children's Health Insurance Program (CHIP) or Children's Medicaid. Families with children who get Children's Medicaid pay nothing and children with CHIP pay no more than \$50 a year for health care coverage. Some families with CHIP also may need to pay co-pays for some services. Both programs cover office visits, prescription drugs, dental care, eye exams, glasses, and much more. To order free materials online, visit the Community Outreach section at www.chipmedicaid.org.

4. HHSC Regional Advisory Committee Meetings: The Texas Health and Human Services Commission (HHSC) will hold a series of Medicaid and CHIP Regional Advisory Committee meetings throughout the next several weeks. During these meetings, HHSC will provide an update on the Medicaid managed care expansion, the 1115 Transformation Waiver, the Women's Health Program, and other programmatic and policy changes in the Medicaid program. For an updated schedule of these meetings, please click [HERE](#).

5. TACHC Registration for the Advanced Billing Managed Boot Camp is Open—Only 2 Spots Left! This 2-day training will be held in Austin on **June 11-12, 2012**. Because sessions will examine in more detail the concepts taught in the previous boot camps, focusing more on the individual characteristics and needs of your health center, we are limiting registration to those who attended a regular Billing Manager Boot Camp, either in October 2011 or February 2012. *If you did not attend a regular boot camp but are interested in the advanced event, please DO NOT register online for the advanced boot camp, as we will have to cancel your registration. Instead, please email [Shelby Tracy](mailto:Shelby.Tracy@tachc.org) directly for information on your options. The Advanced Billing Manager Boot Camp will also be limited to 25 participants, so make sure to register soon in order to reserve your spot. This will be the only session of this type to be offered by TACHC, so don't miss out on this opportunity! Click [HERE](#) to register for this event.

6. U.S. DHHS Region VI Office of Minority Health RFPs: The Region VI Office of Minority Health announced two funding opportunities last week. The opportunities are intended to support projects, activities, or events in Region VI that address [cardiovascular health](#) and [local environmental justice and public health issues](#), targeted to racial/ethnic and underserved populations. Proposals are due on **April 30, 2012 at 5:00 PM CST**.



1. TACHC's New Optimizing Comprehensive Clinical Care (OC³) Medical Home Transformation Learning Year to Begin This May: Do you want to decrease the patient waiting times for and waiting times at the appointment in your center? Do you want to improve the health outcomes of your patients? Are you interested in increasing your staff and provider productivity? Do you want to improve patient and staff satisfaction at your center? If you answered "yes" to any of these questions, then TACHC has an exciting learning opportunity for your health center! One of the many goals of OC³ is to redesign clinical office practices to significantly improve performance in order to meet today's urgent need for more accessible, higher-value health care—especially for our most vulnerable populations. By increasing capacity to meet the demand for services, centers will also see improved financial performance and optimal clinical care for patients. Participating teams will work together for the duration of the learning year to design, test, and implement changes in clinic practice and practice management, changes designed to fundamentally improve performance levels in patient access; office flow and efficiency; increased patient, provider, and staff satisfaction; patient outcomes; and lower costs. This Learning Year will begin the third week of May with pre-work calls. TACHC is now accepting applications (see attached OC³ Application and Participation Agreement) from interested health centers. **Applications are due by COB May 10th, 2012. Space is limited, so don't delay!** For more information, contact [Verne LaGrega, TACHC](#)

[Clinical Care Coordinator](#) at the TACHC office.

2. TACHC Clinical Director Institute: Attention all Chief Medical Officers, Chief Dental Directors, and Behavioral Health Directors, please join your colleagues this year for an interactive 2-day session that will help you prepare for the upcoming challenges at your community health center. [The Institute](#) will be **July 27-28, 2012** at the Intercontinental Stephen F. Austin Hotel, 701 Congress Avenue, Austin, TX 788701. Presentations include, but not limited to: “Accountable Care, the Sustainability Model”, “How to Spread the Knowledge or Proper Coding and Improve the Skills of CHC Providers”, “ICD-10 Coding for Clinicians”, “Peer Review” and “How to Manage Physicians in Good Times and Bad”. Registration will be available on the TACHC Website, Events Page in the near future. For more information, contact [Davelyn Eaves Hood, MD, Director of Clinical Affairs](#) at the TACHC office, 512-329-5959, Ext. 2130.

3. American Heart Association Free Patient “Health Card” Kit to Improve Early Detection & Patient Screenings: Collectively, cardiovascular disease (including stroke), cancer, and diabetes account for approximately two thirds of all deaths in the United States and about \$700 billion in direct and indirect economic costs each year. The American Cancer Society, American Diabetes Association and American Heart Association have created a set of “health test” materials designed for use in a clinical setting to facilitate communication between a patient and a provider about recommended screenings and to increase the number of people being screened for chronic diseases. The "health card" was designed to be used in a clinical setting to facilitate an exchange between a patient and a healthcare professional in an effort to increase a patient's knowledge of appropriate screenings; increase the public's understanding about the clinical role for prevention; and increase the number of people being screened. For more information about the Health Card Kit, click [HERE](#).

4. FTCC U.S./Mexico Border Collaborative Trainings: The TX/OK AIDS Education & Training Center (TX/OK AETC) in collaboration with Federal Training Center Collaborative (FTCC) partners invites you to participate in a series of webinars/trainings specifically geared towards clinicians working in community health centers on the US-Mexico border and dealing with HIV-related issues. Continuing education will be offered for some of these trainings. For more information, click [HERE](#) to view details and to register!

Community Development



U.S. Department of Agriculture (USDA) Rural Development Capital Funding Opportunity: Grants are available to assist in the development of essential community facilities in rural areas and towns of up to 20,000 in population. Grant funds can be used to construct, enlarge, or improve community facilities for health care, public safety, and community and public services. This can include the purchase of equipment required for a facility's operation. Detailed information and applications for financial assistance are available through Rural Development State Offices. Rural Development staff will be glad to discuss your community's needs and the services available from Rural Development and sister agencies within the USDA. For more information, click [HERE](#).

Recruitment and Retention



National Health Service Corp Application Cycles Open! Application cycles for the National Health Service Corp Scholarship Program and Loan Repayment Program are open for providers at eligible centers! Applications for the [Scholarship Program](#) are due **May 8, 2012** and applications for the [Loan Repayment Program](#) are due **May 15, 2012**.

Other News



1. Houston Area Community Services Honored: HACS will be honored with a H. Geiger Award from the National Center of Health for Public Housing at their annual conference in May 2012. Awards are presented to health centers who have shown excellence in program management, improvement, development and/or analysis. The CEO, Joe C. Fuentes, Jr., MBA, will accept the award on HACS's behalf. For more information, click [HERE](#).

2. TACHC Member News: To learn what your fellow health centers are involved in, click [HERE](#) for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv (members@tachc.org), where only TACHC executives or their designees are recipients.



If you would like to be removed from this mailing, please send a message to ccarson@tachc.org, and we will remove your name from our list as soon as possible.

**OPTIMIZING COMPREHENSIVE CLINICAL CARE (OC³) LEARNING YEAR
PARTICIPATION AGREEMENT**

This agreement is made effective May 1, 2012 by and between Texas Association of Community Health Centers, Inc. (“TACHC”), a Texas not-for-profit corporation with offices at 5900 Southwest Parkway, Building III, Austin, Texas 78735, and _____, (“Center”), a Texas not-for-profit corporation with offices at _____.

WHEREAS, TACHC desires to provide training to community health centers in Texas to improve operational efficiency and clinical outcomes, including the measuring and reporting of clinical and operational data;

WHEREAS, TACHC desires to coach community health centers in Texas to achieve National Committee on Quality Assurance (NCQA) Recognition for being a Patient-Centered Medical Home (PCMH), and/or The Joint Commission (TJC) Certification for Primary Care Medical Home;

WHEREAS, TACHC and Center desire to enter into this written agreement (“Agreement”) to memorialize and confirm the nature of their collaboration during May 1, 2012 through April 30, 2013 (“2012 OC³ learning year”);

NOW THEREFORE, for good and valuable consideration, the parties agree as follows:

A. RESPONSIBILITIES OF TACHC

1. Provide expertise for the activities listed in Exhibit A.
2. Provide administration of the activities listed in Exhibit A, including conference call lines and venues for Learning Sessions during the 2012 OC³ learning year.
3. Provide focused coaching for each OC³ center on implementing the OC³ system of care and achieving NCQA and/or TJC PCMH Recognition. This coaching may include the following:
 - a. Development of an action plan with timetables for development and implementation of policies, procedures, and required data collection.
 - b. Site visits as agreed upon between the Center and TACHC.
 - c. Individualized center coaching calls.
 - d. Written feedback on required monthly narrative and data reports.
4. Facilitate and participate in group listserv to provide continuous feedback throughout the 2012 OC³ learning year.

5. Provide center with a comparison of center data with statewide benchmarks on a quarterly basis.

B. RESPONSIBILITIES OF CENTER:

1. Select a group of individuals (“team”) to represent the center in the 2012 OC³ learning year. Select a minimum of one operational and one clinical representative, including at least the Executive Director or equivalent and the Medical Director or equivalent to be a part of the team and attend all learning activities. Other team members could include the financial director, a nursing manager, a front-desk staff person, a medical assistant, or other center staff as necessary. Each center will be responsible to cover travel and registration costs for learning sessions for each attendee.
2. Submit a non-refundable \$1000 participation fee via check made out to “TACHC” upon execution of this Agreement to the following address by May 8, 2012:

TACHC Accounting Department
5900 Southwest Parkway, Building III
Austin, Texas 78735

3. Actively participate in every activity listed in Exhibit A.
4. Implement the action plan developed in conjunction with TACHC staff and expert faculty according to the timetable included in the plan.
5. Collect the clinical measures listed in Exhibit B.
6. Collect the operational measures listed in Exhibit B.
7. Submit monthly reports to TACHC during the 2012 OC³ learning year. Monthly reports shall include clinical and operational data from Exhibit B and a narrative describing progress during the previous month. Reports shall be due to TACHC no later than the 1st Monday of every month. NOTE: For centers that are members of TACHC’s Health Center Controlled Network (HCCN), clinical reports will be generated automatically.
8. Communicate the work of the practice team in the 2012 OC³ learning year within the organization and to stakeholders including but not limited to the Board of Directors, other staff, and patients.

C. TERM AND TERMINATION

1. This Agreement between TACHC and Center is effective as of May 1, 2012 and shall remain in effect through April 30, 2013.

2. At any time and without prior notice, TACHC may terminate this Agreement.

D. GENERAL PROVISIONS

1. Copyrights. TACHC holds all copyrights for materials developed and/or shared under this Agreement.
2. Confidential Information. The Center agrees to exercise all reasonable efforts not to publish or otherwise reveal proprietary or otherwise confidential information in any form from TACHC or any of its members, affiliates or partners without the written permission of TACHC, unless the information has already been published or disclosed publicly by third parties or is required to be disclosed by order of a court of law. The Center's duty to protect confidential information learned through work for TACHC shall survive the termination of this Agreement.
3. Choice of Law. This Agreement shall be construed in accordance with and governed by the laws of the Texas, without regard to principles of conflicts of law.
4. Entire Agreement; Amendment. This Agreement constitutes the entire agreement between the parties, superseding and terminating all prior or contemporaneous agreements, understandings, proposals, negotiations and communications, oral or written, between the parties with respect to the subject matter hereof. This Agreement may not be modified except in writing signed by the duly authorized representatives of the parties hereto. The services required under this contract may be amended by TACHC if, at its sole discretion, it determines such amendment is necessary to meet its goals and objectives.
5. Assignment. Center may not assign or transfer any of its rights or obligations under this Agreement without the prior written consent of TACHC.
6. Notice. Any notice required or permitted to be given in writing pursuant to this Agreement shall be deemed to have been properly given if sent by certified mail or electronic mail addressed to each party's signatory at the offices listed in this Agreement.
7. Hold Harmless.
 - a. Center will defend, indemnify and hold TACHC and its officers, directors, employees and agents harmless from and against any and all losses, costs, damages, judgments, liability of every nature and description, expenses and fees (including reasonable defense costs and attorneys' fees) suffered or incurred by TACHC, and its officers, directors, employees, and agents as a result of Center's negligence or willful misconduct in the performance of its obligations under this Agreement. The rights of

indemnification hereby provided does not affect any other rights which TACHC may have.

b. This subsection shall survive the termination or expiration of this Agreement.

8. Severability. The provisions of this Agreement are severable. In the event that one or more provisions of this Agreement are deemed null, void, illegal, or unenforceable, the Parties shall make good faith efforts to renegotiate the remaining provisions of this Agreement, unless the parties mutually agree in writing that the invalidity, illegality, or unenforceability of said provision(s) warrants termination for convenience. In the event that the parties reach such an agreement, this Agreement shall be construed in all respects as if such invalid or unenforceable provisions have been omitted.

ACCEPTED FOR TACHC
by José Camacho, Executive Director:

Signature Date

ACCEPTED FOR CENTER
by _____:
PRINT NAME & TITLE

Signature Date

PARTICIPANT ATTESTION

I have read the Agreement and understand what is required of me under its terms.

Printed Name of Executive Director

Signature Date

Printed Name of Medical Director

Signature Date

Printed Name of Board Representative

Signature Date

Texas Association of Community Health Centers
Optimized Comprehensive Clinical Care (OC³)
2012-2013 Learning Year
Application for Participation

Please answer each question as thoroughly as possible. For questions about the application, please contact Verne LaGrega or Davelyn Eaves Hood, MD, MBA at TACHC at 512.329.5959.

1. Health Center Information

Health Center Name:

Name of Contact Person:

Contact Phone Number:

2. Interest - Please explain why your health center is interested in applying for participation in the 2012-2013 OC³ Learning Year:

3. Previous Learning Activity (Collaborative) Participation

Has your health center participated in any previous learning activities or Collaboratives (e.g. Health Disparities Collaborative, Access Redesign Mini Collaborative, OC3)? If yes, please list and briefly describe the experience.

4. Time Commitments

Does your health center plan to participate in any other learning activities in the upcoming year or do you have any major system or practice changes planned (e.g. EHR implementation, facility move/remodel)?

If yes, please list, describe and outline the time commitments of each.

5. NCQA or TJC Recognition/Certification

Has your center decided to seek NCQA Recognition for being a Patient-Centered Medical Home or the Joint Commission Primary Care Medical Home Certification?

If yes, please describe your timeline and planning process thus far.

Have you received the HRSA Patient Centered Medical Home Supplemental Funding or the CMS Advanced Primary Care Demonstration Project?

If yes, please describe your progress thus far.

6. If we have any questions regarding this application, please identify a preferred time when we can call you to talk to you.

7. Information Systems and Technology Capacity

Have you participated in the TACHC Gap Analysis, **if yes**, you can skip the remaining questions and sign the form and submit.

Does your health center have an Electronic Health Record? Yes No

If yes, please specify: _____

If no, what is your timeline? _____

Can your system produce customized reports? Yes No

If your center has an EHR, are you willing to join TACHC's Health Center Controlled Network (HCCN) in order to participate in the Centralized Data Repository (CDR) and Health Information Exchange (HIE)? Yes No N/A

Does your health center report to a registry? Yes No

What practice management software does your health center use?

Is there a computer available for daily team use in the clinical area? Yes No

Are the computers for daily team use connected to a network? Yes No

Do team members have access to the internet and individual email? Yes No

Is there a computer dedicated to data collection and reporting? Yes No

Is there a person/position dedicated to data collection and reporting? Yes No

8. **Data Collection** – NCQA and TJC recognition/certification requires monitoring and reporting on a number of different clinical and process indicators. Therefore, data reporting is not an optional part of the OC³ Learning Year. Measures will be negotiated with each center depending on individual circumstances, but there will be a minimum set of requirements.

Please describe the process for data collection and reporting at your center and explain how the required measures will be incorporated into the center’s existing Performance Improvement Plan.

9. **Commitment and Signatures**

This application and our health center’s potential participation in the 2012 - 2013 OC³ Learning Year have been discussed, reviewed, and approved by:

Executive Director (Print Name) _____ (Signature) _____

Medical Director (Print Name) _____ (Signature) _____

OC3 Team Leader (Print Name) _____ (Signature) _____

Updates on Provider/Site Enrollment:

TACHC has recently received new information related to upcoming provider enrollment requirements for FQHC providers. First, those centers who participated in the TACHC Gap Analysis were informed that new Affordable Care Act (ACA) regulations required that individual FQHC providers enroll in both Medicare and Medicaid and use individual provider numbers on claims. TACHC was recently informed by HHSC that the state will NOT be requiring individual TPI numbers, but will rely on NPI numbers for verifying rendering provider information. Therefore, all FQHC rendering providers will need to have active NPI numbers, not TPI numbers.

Second, currently FQHC providers have to enroll individually in Medicare and use their Medicare PTAN number they receive on claims, if they follow patients to the hospital and bill fee for service for non-FQHC services for the center. This will not change. However, because of the ACA, if FQHC providers only refer patients to specialists or order services for patients (diagnostic tests, DME, etc.) in Medicare, they will now have to enroll in Medicare in order to have their individual NPI in the PECOS system. This requirement has been a long time in the making, but the final [rule](#) came out earlier this week. CMS has created a separate Medicare enrollment application for providers who need to enroll in Medicare ONLY to order/refer patients ([CMS-855O](#)).

Third, the TACHC Gap Analysis emphasized the need for centers to have their sites separately enrolled in both Medicare and Medicaid. While this is absolutely a requirement, there has been some confusion around sites that are not eligible for Medicare enrollment. Dental only sites or behavioral health only sites that do not have Medicare-eligible providers will not be able to enroll in Medicare. Centers can only enroll sites that provide medical services by Medicare-reimbursable providers.

Please contact Shelby Tracy (stracy@tachc.org) with questions on these topics. TACHC will send out more information to centers when we receive more details about how this new requirement affects health centers.