

TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - Dec. 7, 2012

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*Patient Exam at
Vida y Salud Health Systems*

Upcoming Events

[TACHC December CPI Webcast: Improving Cervical Cancer Screening](#)

Friday, December 14th, 2012 from 9:00am to 11:00am CST

In response to the supplemental funding that many of the centers across the state have received to improve cervical cancer screening rates, TACHC has partnered with the American Cancer Society for this month's CPI

Chrystal City, TX

Webcast. This webcast will be Part 1 of a two-part series. In Part 1, we will review the latest guidelines for cervical cancer screening, discuss how the UDS measures relate to the guidelines, discuss best practices for improving screening rates in the safety net population and discuss best practices for referrals for further testing/treatment in patients with a positive pap smear. At the conclusion of Part 1, homework assignments will be given for centers to share ideas on how to improve cancer screening rates at their center. To register for this event, click [HERE](#).

In [Part 2](#) of the webcast (January 18, 2013), TACHC staff will provide a summary of projects across the state and facilitate discussion among participants regarding common barriers and potential solutions.

NOTE: Registration for all CPI Webcast Trainings is for two webcasts, Parts 1 and 2, at once. Thus, please register for December and January 2013 CPI Webcasts by logging in on the [TACHC website events page](#), clicking the Register button, and paying for one registration covering both months. For more information contact [Verne LaGrega](#) at TACHC.

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



1. Medicaid Enrollment Requirement Changes for All Medicaid Providers: Pursuant to requirements in the Affordable Care Act, as of January 1st all providers that order or refer services or supplies for Medicaid recipients must be enrolled in Medicaid with an active Texas Provider Identifier (TPI) number. This applies to FQHC providers who otherwise do not need to be enrolled in Medicaid individually. TMHP has created a Medicaid application for providers who need to enroll only to order or refer for patients. Please see the attached memo and complete the required actions to avoid disruptions in providing care to your Medicaid patients. Contact [Shelby Tracy](#) (512-329-5959) with any questions.

2. NGS Webinar: Federally Qualified Health Centers Basic Billing: The Medicare Administrative Contractor National Government Services (NGS) is offering a **FREE** webcast training session on FQHC

billing on **Monday, December 10, 2012 from 1:00-2:30 p.m. CT**. *This is a free training opportunity for new FQHC employees or a refresher for seasoned billers.* The session will provide information on practitioners that may bill Medicare for services provided in a federally qualified health center (FQHC) setting. It also provides guidance for submission of claims to NGS for payment. In addition, information will be provided regarding specific services that FQHCs are allowed to provide to Medicare patients. Registration for this session is now open. Visit the [NGS website](#) for details and determine your Medicare contract. On the Provider Specific Portal Home Page select the Training Events Calendar option under the Education and Training category (on the left hand side). Your registration is complete only when you receive a confirmation at your e-mail address immediately after submitting your registration.

3. TACHC Policy & Issues Forum (P&I) is Scheduled for January 28-29, 2013 at the Omni Austin Hotel Downtown! Mark Your Calendar: TACHC's group rate of \$189/single or \$209/double is available until 5pm Sunday, January 6th. Self-parking is reduced to \$10/day. Call 1-800-THE-OMNI to make your reservation today. In addition, each guest can receive a \$38.00 value with the Omni Loyalty Program – Select Guest. Click [HERE](#) to enroll and receive the following complimentary amenities:

- Internet in your guestroom
- Morning beverages delivered to your room
- Pressing of two clothing items
- Shoe shine
- Bottled water – arrival night

More information about this event is [here](#) and coming soon!



1. Clinical Directors Network (CDN) Webcast: Hospital Community Benefit Obligations—Implications for Health Centers and Communities: “Community Benefit” is an obligation of non-profit hospitals to invest in the communities they serve beyond the provision of direct medical services. **Tuesday, December 11, 2012 from 2:00-3:30 p.m. Central**, panelists will introduce the concept of community benefit, review new requirements for Community Health Needs Assessment and Implementation Strategy under the ACA, and discuss implications and opportunities for health centers and public health. This webcast is pending for up to 1.5 CE credits by the American Academy of Family Physicians (AAFP). To register for this event, click [HERE](#).

2. Health Resources and Services Administration (HRSA) Health Information Technology (IT) and Quality Webinar: “Meaningfully Using Computerized Order Entry for Safety Net Providers” Friday, December 14, 2:00 PM ET This webinar provides an understanding of how inpatient and ambulatory safety net providers can meaningfully use computerized physician order entry (CPOE) systems. The Centers for Medicare and Medicaid Services (CMS) defines CPOE as “the provider’s use of computer assistance to directly enter medication orders from a computer or mobile device.” CPOE, a mandatory core measure for meaningful use for the CMS Electronic Health Record Incentive Program, can provide many benefits and challenges to safety net providers. These include increased patient safety, accurate communication between healthcare providers, and greater capturing of services for billing. Webinar speakers will discuss how they successfully implemented CPOE in their provider settings and how they overcame CPOE challenges in order to reap its benefits. For more information and or to register ["CLICK](#)

[HERE](#)". Questions for presenters are welcome ahead of the event and may be emailed to healthit@hrsa.gov. For more information contact Verne LaGrega, Clinical Care Coordinator at vlagrega@tachc.org.

3. NPVO Funding Opportunity: Evidence-based HPV and Adult Immunization Projects: The National Vaccine Program Office (NPVO) has released a Request for Proposals to fund evidence-based HPV and adult immunization projects (influenza, pneumococcal, zoster, Tdap), including funding for Community Interventions (up to \$10,000) and Systems Interventions (up to \$50,000). JBS International, Inc. has been contracted by HHS's National Vaccine Program Office to lead this effort and will subcontract with the organizations that are awarded to complete HPV and adult immunization projects. Please refer to the PDF attachment for more information. You can also visit <http://nvpo.jbsinternational.com> to review the full proposal for details on eligibility, funding, and submission criteria. The deadline for application is **Friday, December 21, 2012, 3:00 p.m., EST**. For more information contact Verne LaGrega, Clinical Care Coordinator at vlagrega@tachc.org.

Recruitment and Retention

NHSC Jobs Center UPDATE—Site Profile Requirement: Effective January 1, 2013, health centers must have completed at least a basic site profile (site description, hours of service/operation, site size, number of patients served annually, services provided, and languages spoken by patients) to continue to list job opportunities with the NHSC Jobs Center. But don't stop there! Include your brochure, photos and any other information that will let applicants know why they should consider applying to your site. Click [HERE](#) to log into the Site Administrator Portal. Have questions or need assistance? Contact [April Sartor](mailto:April.Sartor@tachc.org) at TACHC.

Other News

TACHC Member News: To learn what your fellow health centers are involved in or read news that may affect your health center, 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.



JBS International, Inc.
5515 Security Lane, Suite 800
North Bethesda, MD 20852-5007
Phone: 301.495.1080
Fax: 301.587.4352

Announcement

Request for Proposal

Issue Date: December 3, 2012

Purpose

[JBS International, Inc.](#) seeks to competitively award evidence-based projects that enhance disease prevention initiatives and improve health outcomes by:

- a. Increasing routine HPV vaccination coverage for adolescents and persons up to 24 years
- b. Increasing the proportion of adults vaccinated annually against seasonal influenza
- c. Increasing the percentage of adults vaccinated against pneumococcal, zoster, or Tdap

Projects shall align with the goals (and targeted objectives/strategies) described in the [2010 National Vaccine Plan](#), such that they:

- a. Support communication to enhance informed vaccine decision making
- b. Help to improve access to vaccines and coverage rates
- c. Increase awareness of the benefits of preventing death and disease through safe and effective vaccinations

Funded projects must successfully demonstrate how proposed **HPV and/or adult immunization activities** will utilize innovative, evidence-based [strategies](#) (as recommended by the Centers for Disease Control and Prevention (CDC) and the Community Preventive Services Task Force (CPSTF)) to strengthen existing immunization systems.

Eligible applicants are invited to submit a proposal for one of the funding opportunities specific to either Community or Systems Interventions.

Available Funding

Selected applicants will receive **up to \$10,000** (for Community Interventions) **or up to \$50,000** (for Systems Interventions) to complete projects that promote a better system of prevention for adults in the United States and its affiliated Territories.

Submission Deadline

Proposals must be received by JBS International, Inc. (electronically or by mail) and time stamped before **Friday, December 21, 2012 by 3:00 p.m., EST.**

Questions

Please visit <http://nvpo.jbsinternational.com> to review the full proposal for details on eligibility, funding, and submission criteria.

Please send questions to vaccineproposal2012@jbsinternational.com or call 1-800-839-6324 (9:00 a.m. – 5:00 p.m., EST, Monday-Friday).

Memorandum

TO: Health Center Billing Managers/CFOs

FROM: Shelby Tracy, TACHC Policy and Research Coordinator

RE: Changes to Medicaid enrollment effective January 2013

DATE: November 27, 2012

You may have heard about upcoming changes in Medicaid enrollment due to new rules authorized by the Affordable Care Act. The Texas Health and Human Services Commission (HHSC) and the Texas Medicaid and Healthcare Partnership (TMHP) now have guidance for Medicaid providers on how these changes will impact their Medicaid enrollment. Please review the TMHP bulletin available [here](#). The impacts of these changes on health centers are outlined below:

Ordering/Referring Providers: Beginning January 1, 2013 new rules take effect that require all providers who order or refer services or supplies for Medicaid patients to be enrolled in Texas Medicaid with an active TPI number linked to an NPI number. Even though individual FQHC providers do not file claims directly to Medicaid, the FQHC provider's NPI must be on the claim submitted by the provider that renders the supply or service or the claim will deny. Note that it is not sufficient to put the FQHC NPI on the claims; it must be an individual Medicaid-enrolled provider's number. **Therefore, all FQHC providers must enroll in Medicaid to be able to order/refer for patients.** Sound familiar? This is the same requirement that centers now face with Medicare claims. Luckily, **the state is developing a shortened ordering/referring only application for providers that need to enroll only for this purpose and do not directly bill Medicaid with their own numbers.** (This is the same thing that CMS did with the 855-O application for Medicare ordering/referring providers.) You will not have to complete the enrollment process before the January 1, 2013 deadline, but **you must be able to verify that you have begun the enrollment process or the claim may be subject to a retroactive review and denial.**

In order to comply with this new rule, FQHCs should take the following step:

- **On or after December 17th, enroll your ordering/referring providers in Medicaid electronically, using Provider Enrollment on the Portal (PEP). Choose the check box for "Ordering/Referring Provider."** TACHC strongly recommends that you enroll your providers using the online version of the application, which reduces errors and turnaround time. A paper version of the form is also available on the TMHP website.
- Note that the PEP will be unavailable between December 1st and December 17th while TMHP makes updates to the system to comply with the new enrollment requirements. Do not attempt to enroll your providers as ordering/referring providers before December 1st, as the PEP will not yet be set up for this type of application. For more information on the new application, see the TMHP bulletin available [here](#). **Centers should enroll your ordering/referring providers as soon**

after December 17th as possible to avoid disruption in your ability to order services or supplies for your patients.

- Also note that providers who are already enrolled in Medicaid with active TPI numbers will not need to take action at this time. So if you have providers who see patients in the hospital and bill those services under an individual TPI number, they will not need to enroll as an ordering/referring only provider.

Medicaid Provider Re-enrollment: All Medicaid providers will also be required to revalidate their Medicaid enrollment, as they must do in the Medicare program as well. FQHCs are considered low-risk providers and will have to revalidate every five years. Health centers should not have to pay an enrollment fee to the state if an enrollment fee has already been paid to CMS. Please wait for further details on this process before taking any actions. Please review the TMHP bulletin on this topic available [here](#).

Contact [Shelby Tracy](#) (512-329-5959) with any questions.