

TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - May 17,
2013

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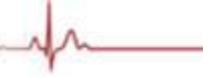
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*Maternal Health Education Group Visit at
Fourth Ward, dba Good Neighbor Healthcare Center
Houston, TX*

Upcoming Events



[TACHC/HHSC Webcast: Providing Application Assistance to Victims of Domestic Violence](#)

Wednesday, May 29, 2013 at 10:00am

As a partner with the Health and the Human Services Commission for the Community Partner Program, TACHC would like to welcome all Application and Case Assistance Navigators to attend a series of quarterly webcasts. This month, The Texas Council on Family Violence will be providing information and resources for YourTexasBenefits Navigators to use when helping victims of domestic violence apply for public assistance programs. This free webcast will emphasize the prevalence of domestic violence among recipients of public assistance programs, particularly TANF cash assistance, and highlight the risks that survivors of domestic violence may face or perceive when accessing public benefits. Participants will learn of the specific protections that have been built into some programs for survivors as well as the types of critical information to convey to applicants to promote safety throughout the processes of applying for and receiving public benefits. TO register for this event, click [HERE](#). For more information about the webcast, please contact [RexAnn Shotwell, Community Partner Program Project Manager](#) at TACHC.

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



1. Physician Education Loan Repayment Program (PELRP) Application Update: Attached is a **draft revision** of the PELRP application so that you can see the information the Texas Higher Education Coordinating Board (THECB) is proposing to collect. This is for initial “enrollment” in the program and does not include the employer verification forms that will be completed at the end of each year of service for all participants. Once the form is final, THECB will post a Pdf version on the program web page. If SB143 becomes law, it is likely that an alternative or revised application will be developed for any physicians who may qualify on the basis of the provisions of the bill. Enrollment starts on **May 31st**.

2. HHSC State Innovation Models Initiative: A model design award was granted to HHSC on April 1, 2013, as part of the State Innovation Models initiative to design an innovative payment and delivery system model. The six-month long initiative will conclude September 30, 2013. Under this project, Texas will design innovative multi-payer delivery and payment models that base payment on quality outcomes. Potential models include:

- Accountable care organizations or shared savings arrangements.
- Bundled or episodic payments.
- Medical or health homes.

To design innovative models, HHSC will:

- Convene public and private payers, providers and other stakeholders through webinars and meetings to develop a common understanding and consensus around the design of an innovative model and determine the elements needed to successfully implement that model, including health information technology infrastructure, billing and claims data, and quality measures.
- Research actuarial and financial models and determine policy options.
- Design innovative and meaningful payment and delivery models specific to the needs of Texans.

All meetings and webinars scheduled for this initiative will be open to the public and details will be posted on this webpage: https://www.hhsc.state.tx.us/hhsc_projects/Innovation/sim.shtml. **This is important to all TACHC members and as such we would like you to attend the meetings whenever possible. This may be the platform for a Medicaid ACO.** See the attached FAQ for more details. The links for the archived April 19, 2013, Kick-Off Webinar are listed below.

- [Presentation \(PDF\)](#)
- [Recording of the webinar \(MP4\)](#)

Public Regional Meetings: Please note that meeting facility arrangements have not yet been finalized and are subject to change. These meetings are open to the public and will be posted with finalized details on the [HHSC public meetings webpage](#).

3. CMS Requirement to Update NGS Contractor Numbers: This notice went out to the TACHC CFO and Billing Staff listservs. If you have sites enrolled with NGS Medicare, you should have received a letter from NGS dated May 6th related to EDI claims for Part A and FQHC providers. *(If you do not have sites enrolled with NGS you can disregard this email.)* **FQHCs with sites enrolled with NGS must follow the instructions on page two of the letter and update contractor numbers from 00450 to 06001. The cutoff date for this transition is July 13, 2013.** Your sites will remain with NGS at this time, but these contractor numbers must change due to CMS requirements. Please forward these letters to your vendors and clearinghouses to make sure they are aware of the required change. Also, more information is available on the FQHC section of the NGS website (www.ngsmedicare.com). NGS will host an EDI training webcast on

May 20th aimed at vendors/clearinghouses, so please encourage them to attend. NGS will hold another webinar for providers in June, but the registration information is not yet available. To access the EDI training and any other NGS trainings, click [HERE](#). Please stay ahead of these changes to ensure that no disruptions in your Medicare payments occur.

4. National Provider Call: Stage 1 of the Medicare & Medicaid EHR Incentive Programs for Eligible Professionals: First in a Series — Registration Now Open! Thursday May 30; 1:30-3 PM ET

This session will inform individual practitioners on the basics of Stage 1 of the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. Learn if you are eligible, and if so, what you need to do to earn an incentive. This is the first in a series of 6 National Provider Calls on the Medicare and Medicaid EHR Incentive Programs. Other topics include: Stage 2, clinical quality measures, hardship exceptions, payment adjustments, and a discussion on certification by the Office of the National Coordinator for Health Information Technology. For more details regarding eligibility for the Medicare and/or Medicaid EHR Incentive Programs, click [HERE](#).

Agenda:

- Are you eligible?
- How much are the incentives and how are they calculated?
- How do you get started?
- What are major milestones regarding participation and payment?
- How do you report on meaningful use?
- Where can you find helpful resources?
- Question and answer session

In order to receive call-in information, you must register for the call on the [CMS Upcoming National Provider Calls registration website](#). Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early. The presentation for this call will be posted on the [FFS National Provider Calls web page](#). In addition, a link to the slide presentation will be emailed to all registrants on the day of the call. Continuing education credit may be awarded for participation in certain CMS National Provider Calls. Visit the [Continuing Education Credit Notification web page](#) to learn more.



1. NACHC-sponsored Training for New Medical Directors to be Hosted by TACHC June 26-27: Are you new to your role as Medical Director of your health center? This 1 ½ day, in-person training for new Medical Directors will be a foundational and essential building block in your career development, providing core knowledge and competencies that all health center Medical Directors need to function as effective managers, leaders, and advocates for their centers and communities. In addition to providing contextual knowledge regarding the history, political evolution, regulatory expectations, and terminology of the health center movement, course content focuses on developing competency in evolving health care issues such as the patient centered medical home, electronic health records, and meaningful use.

Topics covered include: History of Community Health Centers and the National Health Service Corps; Performance Evaluation; Review and Accreditation; Funding Sources and Regulatory Expectations; Additional Delivery Models and Supporting Organizations; Federal Tort Claims Act and Risk Management; The Role of the Clinical/Medical Director; Quality Management; Patient Centered Medical Home and Meaningful Use; and Small Group Case Studies.

Target Audience: Course content is designed specifically for new Medical Directors. Registration limited to Medical Directors in their position for two years or less.

CMEs: This live activity has been reviewed and is acceptable for up to 6 Elective Credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For registration and hotel information, click [HERE](#). For additional information about the training, contact [Dr. Davelyn Eaves Hood, Director of Clinical Affairs](#) at TACHC.

2. TACHC Clinical Director Institute to be Held June 28-29: Attention all Chief Medical Officers, Chief Dental Directors, and Behavioral Health Directors, please join your colleagues this year for an interactive network and learning event. Sessions include an update on TACHC Clinical Initiatives, FQHC Billing for Clinical Directors, Better Documentation and Coding, Patient Termination in the Safety Net Setting and UDS from Audit to Submission to Improvement, What Does it Mean for Your Center and Health Home, How Well Do you know your Health Care Community. There will be specialized breakout sessions for the Medical, Behavioral and Dental providers on topics such as: Moving HIV Care into the Primary Care Setting, Quality Metrics in the Dental Setting, Models of Integration that Work, How Do Medical and Dental Providers Complement Each Other and Teaching the Care Team about Screening and Brief Behavioral Health Interventions. For hotel information and to register for the conference, click [HERE](#). For additional information, contact [Dr. Davelyn Eaves Hood, Director of Clinical Affairs](#) at TACHC.



Two New Pharmacy Dispensing Technologies from a TACHC Preferred Provider: Kirby Lester!

Introducing the KL100 mid-sized robotic dispenser, proving that oversized, overpriced robots are a thing of the past. Kirby Lester's new KL100 is the smallest and most affordable 100-medication system. Less than 5' deep, the KL100 manages 50% or more of total daily scripts. And the KL100's exclusive "FillSafe" technology sets a new standard for medication security. And for every other medication that doesn't get dispensed by a robot, see the new KL1Plus counting plus verification device. It combines our best-selling tablet counter with streamlined scan-verification software in one compact device. You'll be assured that

every patient gets the right product, strength and quantity every time with the KL1Plus. Contact either [Lynn Ford, Purchasing Program Coordinator](#) at TACHC or [Kirby Lester](#) for TACHC pricing and more information.

Other News

1. New TACHC Staff: Please join us in welcoming Matt Shirley, TACHC's new Database Programmer!

2. Wellness Pointe Opens New Gilmer Dental Clinic: Wellness Pointe health system is pleased to announce the opening of their new Gilmer Dental Clinic. The clinic located at 602 Titus Street, Suite #130, offers comprehensive preventative dental services. Wellness also operates a primary care clinic at this same location which offers Pediatric Services and will soon offer Family Medicine, Urgent Care and OB/GYN services. Wellness Pointe health system is one of the largest East Texas Federally Qualified Health System with medical campuses in Gilmer, Kilgore and Longview.



3. 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.

Frequently Asked Questions: Texas State Innovation Models Initiative

What is the State Innovation Models initiative?

The [State Innovation Models initiative](#) is an initiative created by the [federal Centers for Medicare & Medicaid Services \(CMS\)](#) to support the development and testing of state-based models for multi-payer payment and health care delivery system transformation with the aim of improving health system performance for residents of participating states. The projects will be broad based and focus on people enrolled in Medicare, Medicaid and the Children's Health Insurance Program (CHIP).

What will the Texas initiative include?

Under this project, Texas will design innovative multi-payer delivery and payment models that move away from a traditional fee-for-service payment system to base payment on quality outcomes. Potential models include:

- Accountable care organizations (ACOs)
- Shared savings arrangements
- Bundled or episodic payments
- Medical or health homes

To design innovative models, HHSC will:

- Convene public and private payers, providers and other stakeholders through webinars and meetings to develop a common understanding and consensus around the design of innovative models and determine the elements needed to successfully implement that model.
- Research actuarial and financial models and determine policy options.
- Design innovative and meaningful payment and delivery models specific to the needs of Texans.

What are the differences between the models under consideration?

Accountable or Integrated Care Models

- Bring together groups providers and at times, other community entities that accept clinical and financial responsibility for a defined population.
- Can be structured as virtual integrated delivery systems— incentivize providers outside a capitated risk contract or salaried practice to provide high quality care without focusing on generating billable transactions.
- Generally involve both down-side and up-side risk.
- Often build off of existing medical/health home.

Shared Savings Arrangements

- Payers and providers share savings in health care costs that accrue as a result of reforms in health care delivery.
- Can vary depending on contracts between payers and providers.
- May stand-alone or be in conjunction with other quality improvement initiatives.
- Commonly included in accountable care organizations.

Medical or Health Homes

- Offer processes and services not ordinarily provided by primary care practices and often not reimbursed under fee for service payment systems.
- Examples include:
 - Expanded access through extended office hours, open scheduling, telephone or e-mail communications.
 - A strong primary care foundation coordinating care across the entire health care system.
 - Use of health information technology, evidence-based medicine and clinical decision-support tools.
 - A multi-disciplinary team-based approach.

Bundled or Episodic Payments

- Reimburse providers based on performance and ability to achieve satisfactory outcomes in the most efficient manner.
- Generally accompanied by other efforts to improve quality and coordination of care.
- Establish aligned payments for most services, using value-based purchasing approaches to reward high-quality, efficient care.

Is this initiative statewide or limited to certain regions?

Because Texas is large and diverse, HHSC is seeking flexibility from CMS to design models specific to a region's needs rather than implementing any one model statewide.

What payers will be involved in the initiative?

CMS requires that models be multi-payer and involve Medicaid or CHIP. CMS expects commercial payer participation and encourages Medicare involvement. CMS also encourages including state employee benefit programs and state insurance exchanges.

Who should become involved in the Texas initiative?

A major goal of the Texas initiative is to convene stakeholders to reach consensus on the gaps in technical knowledge and resources needed to determine how to pay for health care services based on quality rather than quantity. HHSC invites a diverse group of stakeholders—representing payers, providers, consumers, and other health care interests—to participate, including those who:

- Already have fully implemented innovative models (such as large system accountable care organizations, medical/health homes, bundled payment arrangements).

- Started implementing components of an innovative model (such as health technology utilization, strong care coordination, expanding access).
- Are interested in moving toward a quality-based model but are not yet ready.
- May not desire or be ready to implement such a model but want to work towards improving quality of care and containing costs.

What is the timeline for the Texas initiative?

April 1, 2013: Initiative officially began.

May – June 2013: Stakeholder meetings throughout the state to identify and develop design concepts.

June 2013: A statewide survey developed to get information to be used to design innovative models.

August 2013: A conference in Austin; comments accepted on draft model design.

September 2013: Model design will be finalized for submission to CMS.

Does the initiative end in September?

The CMS model design process officially ends September 30, 2013. However, HHSC plans to continue working with stakeholders on innovative models. CMS has indicated that following the model design stage, another opportunity to apply for model testing will become available. No details concerning timing or requirements have yet been released.

How will this initiative address health information technology?

Health information technology is a critical component of this project. HHSC will solicit feedback at the stakeholder meetings and through the online survey to gauge existing infrastructure, evaluate existing needs, and determine what gaps currently exist. This project cannot duplicate funding or resources available through existing initiatives as a variety of electronic health record and health information exchange grants and other opportunities currently are available to providers from the state and federal governments. HHSC plans to work with stakeholders to ensure they are aware of existing opportunities and may be able to assist in determining how to best use technology in designing and implementing an innovative model.

How does this initiative address behavioral health, long-term services and supports, and pharmacy services?

A quality-improvement component focusing on behavioral health, long-term services and supports, or pharmacy could be included in any of the potential innovation models. CMS has not stated that any particular service or provider could not be included in an innovation model. HHSC encourages stakeholders to submit proposals or suggestions, including what aspects would be most beneficial to communities and how payment systems may be structured to improve health outcomes at stakeholder meetings, through the online survey later this year or [via email](#) at any time.



TEXAS HIGHER EDUCATION COORDINATING BOARD
Application for Enrollment in the
Physician Education Loan Repayment Program

ELIGIBILITY REQUIREMENTS - Physicians must:

- Hold a full physician license from the Texas Medical Board, with no restrictions
- Be eligible to take the exam for board certification from specialty boards established in THECB administrative rules, if the physician has not earned and maintained board certification
- Agree to provide four consecutive years of service in a (1) federally designated Health Professional Shortage Area (HPSA), (2) secure correctional facility operated by or under contract with the Texas Juvenile Justice Department*, or (3) secure correctional facility operated by or under contract with the Texas Department of Criminal Justice*
- Provide direct patient care to Medicaid enrollees and CHIP enrollees, if the practice includes children
- Not be currently fulfilling another obligation to provide medical services as part of a scholarship agreement, a student loan agreement, or another student loan repayment program

**Limited to 10 participants each year*

APPROVED PRIMARY CARE SPECIALTIES

- | | |
|-----------------------------------|-----------------------|
| • Family Medicine/Family Practice | • Medicine-Pediatrics |
| • General Practice | • General Pediatrics |
| • Obstetrics/Gynecology | • Psychiatry |
| • General Internal Medicine | • Geriatrics |

SERVICE PERIOD

The service period is a period of twelve consecutive months, generally beginning on the date the application is received or the date qualifying employment begins, whichever is later.

REPAYMENT AWARDS

Annual loan repayments are disbursed directly to the lender/servicer following completion of each service period. Physicians whose student loan indebtedness is at least \$160,000 may qualify for the amounts shown below, based on full-time service. For physicians owing less than \$160,000 on their student loans, the annual loan repayment amounts based on full-time service will be the amounts required to repay the indebtedness over a period of four years, with annual increases that are proportional to the annual increases for physicians owing at least \$160,000 on their student loans, as follows:

- \$25,000 for the first service period or 16% of the amount owed, if the total is less than \$160,000
- \$35,000 for the second service period or 22% of the amount owed, if the total is less than \$160,000
- \$45,000 for the third service period or 28% of the amount owed, if the total is less than \$160,000
- \$55,000 for the fourth service period or 34% of the amount owed, if the total is less than \$160,000

The following conditions render loans **INELIGIBLE** for repayment through the PELRP: (1) loans made during residency or to cover costs during residency, (2) loans in a default status, (3) loans having an existing service obligation, and (4) loans that are subject to repayment through another student loan repayment or forgiveness program.

Texas Higher Education Coordinating Board
PO Box 12788
Austin, Texas 78711-2788

1-800-242-3062 (Outside Austin) 512-427-6340 (In Austin)
e-mail: loanrepaymentprograms@thechb.state.tx.us
Program web page: www.thechb.state.tx.us/lrp



TEXAS HIGHER EDUCATION COORDINATING BOARD

Application for Enrollment in the Physician Education Loan Repayment Program

Part 1 - Applicant and Loan Information

*Social Security #: _____ Date of Birth: ____/____/____
Name: _____ Any Prior Name(s): _____
Home Address: _____ Home Phone #: (____) ____-____
Other Phone #: (____) ____-____
E-mail: _____
City State Zip Code
Degree: [] MD [] DO Texas Medical License No: _____

Provide the following information for all student loans that you obtained to pay for undergraduate, graduate, or medical education. Loans obtained during residency training or for post-medical school costs are ineligible. Please list your loans in the order in which you would like for them to be repaid.

Table with 3 columns: Lender/Service, Loan Type/Program, Estimated Principal Balance. Rows for Priority 1 through Priority 5.

Did the promissory note or governing terms of the loans listed above require that the loan proceeds be used for expenses incurred by you to pay for the cost of attendance for your undergraduate, graduate, or medical education?
[] Yes [] No If no, state the priority number(s) of the loan(s) that did not: _____

Were any of the loans listed above obtained during residency training or to cover post-medical school expenses?
[] Yes [] No If yes, state the priority number(s) of the loan(s) that were: _____

Are any of the loans listed above in a default status?
[] Yes [] No If yes, state the priority number(s) of the loan(s) in default: _____

Have any of the loans listed above been consolidated with non-educational loans or included in a spousal consolidation?
[] Yes [] No If yes, state the priority number(s) of the consolidated loans: _____

Do any of the loans listed above entail a service obligation?
[] Yes [] No If yes, state the priority number(s) of the loans that do: _____

Are any of the loans listed above subject to repayment through another student loan repayment or loan forgiveness program?
[] Yes [] No If yes, state the priority number(s) of the loans that are: _____

Are you participating in any other loan repayment or loan forgiveness program?
[] Yes [] No

*Please refer to the Privacy Act Notice on page 4 of this application. The Coordinating Board must enter the SSN to verify federal loan information using the National Student Loan Data System. For information on non-federal student loans, the last four digits of the SSN or the account number is needed.



TEXAS HIGHER EDUCATION COORDINATING BOARD

Application for Enrollment in the Physician Education Loan Repayment Program

Part 2 – Employment and Facility Information

Printed Name of Applicant

Any Prior Name(s)

Name of Employer

Date of Birth

Facility Name

Facility County

Facility Street Address

Facility Phone Number

City State Zip Code

Beginning date of service Position Title

- I am Board Certified in the practice specialty shown below Eligible to take the exam for board certification
Family Practice/Family Medicine General Practice OB/GYN General Internal Medicine
General Pediatrics Medicine-Pediatrics Psychiatry Geriatrics Other (state)

I am practicing the specialty for which I am certified/on track for certification; if not, indicate the specialty being practiced:

Employment type: Individual Private Practice Group Practice State Agency

Facility type: Clinic Hospital Community Health Center Rural Health Clinic
Texas Juvenile Justice Department (TJJD) Texas Department of Criminal Justice

Full-time clinical practice is defined as a minimum of 32.5 hours of direct patient care per week. Prorated repayment awards may be disbursed for physicians providing at least 20 hours of direct patient care per week. Do Not Include Time in Preceptorship or On-Call Time.

Total hours per week anticipated at this facility during the 12-month service period:

Anticipated hours per week providing direct patient care at this facility during the 12-month service period:

Indicate the number of sites where service is going to be provided. (A separate form is required for each location):

I understand that the Physician Education Loan Repayment Program disbursements are made annually following verification of completion of twelve consecutive months of service and are contingent upon the availability of funds.

I agree to provide at least four consecutive years of service in a federally designated Health Professional Shortage Area or secure correctional facility operated by or under contract with the Texas Department of Juvenile Justice or the Texas Department of Criminal Justice. I understand that I will be released from this agreement for any year of service for which loan repayment funds are not available.

I understand that my employer will be required to provide the following information at the end of my service period, on the Verification of Service form that the Coordinating Board will mail to my home address and e-mail address: (a) number of Medicaid enrollees treated, (b) number of Medicare enrollees treated, (c) number of Texas Woman's Health Program enrollees treated, (d) number of Children's Health Insurance Program enrollees treated, (e) number of uninsured patients treated, and (f) number of privately insured patients treated.

By my signature below, I certify that the information provided in all parts of this application is true and correct.

Signature: Date Signed: / /

Warning: A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.



TEXAS HIGHER EDUCATION COORDINATING BOARD

Application for Enrollment in the Physician Education Loan Repayment Program

Authorization to Release Student Loan Information

Participant Authorization

Name: _____ Date of Birth: ____ / ____ / ____
Last Four Digits of Social Security #: _____ Any Prior Name(s): _____
Home Address: _____ Home Phone #: (____) ____-____
Other Phone #: (____) ____-____
E-mail: _____
City State Zip Code

I have applied for participation in the Physician Education Loan Repayment Program and authorize my student loan lender and/or servicer to release information regarding my loan(s) to the Texas Higher Education Coordinating Board.

Signature: _____ Date Signed: ____ / ____ / ____

Privacy Act Notice

Certain information required on the application is made confidential by the Privacy Act of 1974 (5 USC 552a). The requested information is necessary for participation in the Physician Education Loan Repayment Program, to verify your identity and to determine your eligibility for the program and for any benefits from it.

The following notices are provided in accordance with Texas Government Code, Section 559.003(a):

- 1. With few exceptions, you are entitled on request to be informed what information THECB collects about you, and to receive and review the information.
2. Under Section 559.004 of the Government Code, you are entitled to have THECB correct information about you that is incorrect.
3. The information that the Texas Higher Education Coordinating Board collects will be retained and maintained as required by Texas record retention laws.

Warning: A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.