CMS Innovations: Two Upcoming Webinar Opportunities

Two new upcoming webinars have been added to Webinars & Forums on innovation.cms.gov. We hope that you will join us for one or both of these learning and engagement opportunities.

Webinar: Evidence-based Interventions to Reduce Avoidable Hospitalizations Among Nursing Facility Residents

Last week, staff from the Medicare-Medicaid Coordination Office (MMCO) and the CMS Innovation Center hosted a webinar to discuss the Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents. Slides from that webinar are now available.

On Tuesday, April 17, CMS will host a second webinar on the initiative entitled "Evidence-Based Interventions." During this webinar, independent faculty will discuss strategies that have proven successful in reducing avoidable hospitalizations in the target population.

What: Webinar: Evidence-based Interventions to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
Date: Tuesday, April 17
Time: 2:00 – 3:30 PM ET

More information on this webinar opportunity can be found at innovation.cms.gov/resources/rahnfr_evidence_based_interventions.html.

Webinar: Graduate Nurse Education Demonstration: Overview and How to Apply

Last month, CMS began accepting applications for a new Affordable Care Act initiative designed to strengthen primary care in the United States. Under the Graduate Nurse Education Demonstration, CMS will provide hospitals working with nursing schools to train advanced practice registered nurses (APRNs) with payments of up to $50 million annually over four years to cover the costs of APRNs' clinical training.

On Wednesday, April 18, staff from the CMS Innovation Center staff will host a webinar on the Graduate Nurse Education Demonstration. On this webinar, staff will provide an overview of the Demonstration, as well as information about how to apply.

What: Webinar: Graduate Nurse Education Demonstration: Overview and How to Apply
Date: Wednesday, April 18
Time: 2:00 – 3:30 PM ET

More information on this webinar opportunity can be found at innovation.cms.gov/resources/gne_overview.html

Audio File for Transcript:
http://downloads.cms.gov/media/audio/04-18-12SODFGraduateNurseEdDemo69965137.mp3

CENTERS FOR MEDICARE & MEDICAID SERVICES

Moderator: Matthew Brown
April 18, 2012
2:00 p.m. ET

Operator: Good afternoon. My name is (Nicole) and I'll be your conference facilitator today. At this time I'd like to welcome everyone to the Centers for Medicare and Medicaid Services, graduate nurse education demonstration special open-door forum.

All lines have been placed on mute to prevent any background noise. After the speakers' remarks there will be a question and answer session. If you'd like to ask a question during this time, simply press star then the number one on your telephone keypad. If you'd like to withdraw your question please press the pound key. Thank you.

Mr. Brown, you may begin your conference.

Matthew Brown: Thank you, (Nicole). Good afternoon and good morning to those joining us on the west coast. Thank you for your patience as we had a high number of callers still trying to dial in. My name is Matthew Brown; I work in the office of public engagement at the Centers for Medicare and Medicaid Services here in Washington D.C. We would like to welcome you to our special open door forum on the graduate nurse education demonstration as (Nicole) stated.

I want to let you know there are slides available at the following Web site, so if you have a second to write this down it is http://innovations.cms.gov/resources/gne_overview.html. Once you enter that you scroll down and you'll see the link under resources. And so probably I repeat that address again its http://innovations.cms.gov/resources/gne_overview.html For more information about this initiative including the solicitation, it's available, excuse me at another link here http://innovations.cms.gov/initiatives/gne/.

Finally you can send any questions you might have about this initiative to gne@cms.hhs.gov and we'll go with these web links and e-mail address later on in the call as folks still need that information. Today we are joined by two presenters Alex Laberge and Shannon Kerr from the Center for Medicare & Medicaid Innovation, who are these; excuse me, who will be providing an overview of this demonstration.

After Alex and Shannon's presentation we will take questions at that point the operator, (Nicole), will tell you how to get into the queue. With that being said the call is yours, Alex and Shannon, you can go ahead.

Alex Laberge: Thank you, Matthew. I like to thank Dan Farmer for putting this together for us. And I'd like to thank all of you for joining us and for your interest in the GNE demonstration. I am Alex Laberge, I'm the (COR) or project officer of the GNE demonstration. Shannon here is with me, she is on our team and she will be presenting with me today. After the presentation, as Matthew mentioned we will be answering questions.

The structure of this demonstration is similar to the – to one that was done earlier, but it's not same we are – or is – I did fair amount of information based on the questions that we've received over the week and a half. So although we might slip through the slides there I've seen this before, please stay tuned I think there is some good information for you. So we'll begin is how Shannon will begin with the presentation.

Shannon Kerr: Good afternoon. Thank you, Alex. I'll be covering the – a brief overview of CMS, the innovation center, and then we'll get into the graduate nurse education demonstration. If you go to slide two, we'll see the CMS mission, which is to be a constructive force and trustworthy partner for the continual improvement of health and health care for all Americans. This demonstration is being run at the innovation center.

On slide three our charge at the innovation center is to identify, test, evaluate and scale. We test innovative payments and service delivery models to reduce program expenditures under Medicare, Medicaid and CHIP while preserving or enhancing the quality of care furnished. The preference is for models that improve the coordination, quality and efficiency of healthcare services.

On slide four you'll see the three main measures of success that we use for any innovation center model, which are better healthcare, better health and reduced costs. Better healthcare is measured by Improving patients' experience of care within the Institute of Medicine's six domains of quality namely safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity.

Better health means keeping patients well, so they can do what they want to do. Increasing the overall health of populations, addressing behavioral risk factors and focusing on preventive care. And finally reduced costs are measured by lowering the total cost of care while improving quality. On slide five there will be an overview of the graduate nurse education demonstration.

This is one way we at the innovation center intend to foster healthcare transformation that is aligned with the department of health and human services strategic goals of finding new ways to deliver care. One avenue to meet this goal is to reimburse the cost of advanced practice registered nurse clinical training to hospital, school of nursing and non hospital community based care partnerships. This GNE demonstration was created under section 5509 of the Affordable Care Act.

If you move to slide six, you'll see the goals of the GNE demonstration. The primary goal of the GNE demonstration is to increase the supply of APRN in order to provide community wide access to healthcare professional services with the increasing number of Medicare beneficiaries.

This clinical training will provide APRNs the clinical skills necessary to provide primary care, preventative care, transitional care, chronic care management, and other services necessary for Medicare beneficiaries.

At this point I'm going to turn the presentation back over to Alex, who will get into the details of the demonstration.

Alex Laberge: Hello. The GNE demonstration here on slide seven, the GNE Demonstration was created by section 5509 of the Affordable Care Act. Congress has authorized $200 million from the Treasury for fiscal years 2016 - 2012 to 2016, which is a four year period that runs over those years to implement this demonstration. The funding is available without fiscal year limitations.

The demonstration reimburses up to five eligible hospitals for the reasonable costs associated with the provision of clinical training for APRNs. Reasonable costs are defined – reasonable cost can be direct, sorry, reasonable are defined in section 1861 via the Social Security Act. Examples of reasonable costs include the cost that can be directly tied to an increase in the clinical training costs resulting from the increase in enrollment of full time APRN students in the demonstration years compared to the baseline year.

On slide eight, eligible participants. Applicants eligible to participate are those eligible hospitals with written partnership agreements with one or more schools of nursing and two or more non-hospital community care settings. Individual eligible hospitals are those as defined in subsection (e) of section 1861 of the Social Security Act or Critical Access Hospitals as defined in subsection (mm)(1) of the Act.

At least half of the qualified training must be provided in non-hospital CCS. These sites must be considered by the schools of nursing certification and

licensing under these as legitimate training sites of which hours completed can be included in the clinical training requirements for graduation certification and licensure. The 50 percent community care setting requirement maybe waived for rural or medically underserved areas.

Any eligible hospital that believe they should have that waiver should make a request in their proposal and provide the details necessary to justify that exception. The community care centers can be with a hospital system or outside of the system. Both will require separate partner agreements for the demonstrations. Both cases require separate partnership agreements for the demonstration. With respect to the 50 percent community care setting requirement, applications will be considered in their entirety.

Fifty percent requirement will not be built on a per student basis. However, with respect to the overall application review criteria, applications that are closer in line with the spirit of legislation of increasing the number of APRNs in the community will be considered more favorably. The partners – the partners of the nursing and non-hospital community care settings must submit all demonstration costs and documentation through the eligible hospital cost report.

In order to further the legislative intent to increase the number of APRNs, CMS will allow for an expanded configuration of hospital relationships. Applicant eligible hospitals may partner with additional hospitals and their corresponding school of nursing. These additional hospitals must submit all costs related to the demonstrations supported documentations through the applicant hospital cost report.

Those hospitals that are part of a larger health care system must apply through one eligible hospital in the system. Proposals may not be submitted under an umbrella of the system. Additionally we are not allowing joint applications to be considered. Partnering hospitals – partnering hospitals can be within a hospital system or outside of the hospital system, but again they will both – they will in all cases require a partnership agreement between party.

I'm on slide 10. There are four APRN specialty program eligible for participation in the demonstration. Clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, certified nurse midwife. While these four programs are eligible, eligible applications do not need to have all four programs specialties to be considered for the demonstration. The demonstration will not include post graduate training or other sub specialties.

The demonstration include, will and can include DNP programs as long the current program is accredited, leads to licenser and permits students to be employed in a new capacity. The DNP program must also fulfill demonstration requirement where a baseline – where the baseline years can be calculated.

On slide 11, general information on the payment. Eligible hospital demonstration awardees will receive interim payments from CMS with an annual audit and settlement process for each cost reporting period. These payments will be additional and separate payments from the existing payment hospitals currently receive.

Demonstration payment will be based on the project eligible enrollment – project eligible enrollment, number of student clinical hours, and the estimated net clinical training costs as reflected in the proposal application budget. For additional details see section V.B.8.a. of the GNE demonstration solicitation.

Baseline is – we're now on slide 12. A baseline determination is needed to develop the proposed demonstration payment rate. For this calculation the proposal must include baseline year graduation summary statistics by school of nursing specialty programs for the academic years 2006 through 2010.

CMS will then determine the difference between the average number of enrolled fulltime equivalent who graduated from the baseline year and the projected number of fulltime equivalent for the clinical training of the demonstration year. Those schools that do not have the numbers for all 2006

to 2010 academic years required for the baseline are not eligible for participation in the demonstration.

The school of nursing must have graduation rates for all four academic years of the baseline period. Slide 13, shows an example of how the demonstration payment amount will be determined. Now understand here that the value here, just an example, these are not any projections or anything else like that, so we are expecting that from the applications about what the actual cost will be. But for simplicity we use these numbers to explain the determination.

For this calculation assume that a partner school of nursing graduated an average of 100 students per year for all of the APRN programs during the baseline period. In the first demonstration year the applicant enrolls 250 full time APRN students and 125 receive clinical training for that year that same year. This applicant will be eligible for demonstration reimbursement because the resulting 125 demonstration year fulltime equivalents who had clinical training is greater than baseline average of a 100 fulltime equivalent.

Therefore if the demonstration year, school of nursing clinical training cost is 1.25 million with a 125 fulltime equivalent the first student cost is $10,000 per student. So the 125 demonstration year fulltime equivalent a last the 100 baseline year of graduate equals 25 full time equivalent eligible for reimbursement. Twenty five full-time equivalents and the 10,000 per student training cost result in 250,000 demonstration reimbursement payment.

On slide 14, the CMS will only reimburse participating eligible hospitals for the reasonable costs of providing GNE clinical training that can be attributed to the incremental increase in the number of enrolled APRN students. This payment policy allows reimbursement for training that permits an individual to be employed in a new capacity that would not be permitted without the completion of the additional training program.

I now will provide a couple of an examples to give a bit of a scope of how of the reasonable cost. So for an example prior to the demonstration a faculty

member allocated 50 percent of FTE, so they could coordinate advice and administer the clinical training program. With a 50 percent increase in enrollment that faculty member was or has to be allocated to 75 percent FTEs to complete that same function.

In this case that's 25 percent increase in FTE to cover the – that increase in enrollment and that would be considered allowable. To develop clinical material like manuals to increase the APRN students would be covered under the demonstration. In order – in other word, if the cost of these materials increase by 25 percent because they are has to be 25 percent more manuals printed to do the increased enrollment CMS would pay that 25 percent increase under the demonstration.

However, the development of new clinical materials for all this school of nursing APRNs will not be allowed because those costs are not directly attributed to an increase in APRN students. The school of nursing and the community care savings will be expected to breakout their cost and provide at the hospitals since the hospital will be using that for their audit.

How the school of nursing, community care centers are reimbursed by the hospitals is up to the applicant and its partners, but a description should be included the proposal. On slide 15, certain costs are not permitted under the demonstration. Those costs associate with didactic training of the APRN certification or licensing cost training that enhances competencies without – but does not result in the individual being employed in a new capacity and the additional training of individuals have already being licensed to practice APRNs are costs not permitted under the demonstration.

This – please note that this slide – this is not exhaustive. On slide 16, all proposals shall be organized in the format specified in the solicitation. Submission deadline is May 21, 2012 by 5:00 p.m. Eastern Standard Time. Details on this – on the required content and the organized structure of the

proposals can be found at the innovation.cms.gov/initiative/gne Web site. Listed here are additional details, I'm sorry, not by (inaudible).

Listed here are additional details on the submission requirements for the proposal. Again please review the solicitation of the Web site provided for these requirements. However, please note that there is discrepancy in the solicitation and the solicitation applicant should follow the FRN, is a Federal Register Notice guideline that the proposal should be double spaced and not spaced as stated in the solicitation.

After review of the proposal – applicant proposal, CMS will select five hospitals for participation in the demonstration. We will use the number of selection criteria – a number of selection criteria for the evaluation. The over arching consideration is that the applicant propose a significant increase in APRN enrollment and subsequent increase in APRN Supply.

Specific criteria for the evaluation include the need for the project, the applicant program description, program efficiency, operational capacity and the resulting increase in number of APRNs and all this is listed on slide 18. Slide 19, there are several criteria that are mandatory requirements for applicants to be considered eligible for further considerations.

First the hospital must agree to all demonstration terms and conditions. Additionally applicant proposal will be evaluated to determine if they meet statutory eligibility requirements. Whether the applicant hospital orders a letter of intent or written, signed partnership agreements with at least one school of nursing and at least two non-hospital CCS, community care centers setting as required under the statute.

A determination will be made if the partner school of nursing and the non hospital CCS meet the eligibility requirements for participation in the demonstration. Proposals will be evaluated to determine whether sufficient

assurances can be made to at least 50 percent of the clinical hours will be conducted in non hospital community care setting.

Finally that the inclusion of the additional partnership hospitals provide sufficient information to explain how these partnerships will increase the number of APRNs in the market place. If all the mandatory criteria are met then the application will be moved forward for further review and consideration.

On slide 20, if the mandatory criteria described on the previous slides are met – describe that the previous slides are met then the application will be evaluated to determine those proposals that are most likely to increase the number of graduate nursing students enrolled in the APRN training programs will train the highest number of APRNs, have the strongest APRN clinical training curricula, demonstrate the greatest need for APRNs.

Demonstrate placement of APRNs in medically-underserved communities and the community at large. And have the most complete and efficient budget proposals. On slide 21, for final consideration, CMS will make final selection for the most highly qualified applicants. We anticipate that this demonstration will be awarded in fiscal year 2012 and start up activities will begin immediately thereafter. So if you have any questions or concerns, please contact the GNE demonstration's Web site at gne@cms.hhs.gov. I now I will pass the floor for questions.

Matthew Brown: Thank you, Alex and thank you Shannon. At this time we will move into the Q&A portion of the call. If (Nicole), if you can remind the callers how to enter the queue to have their questions asked?

Operator: As a reminder, ladies and gentlemen, if you would like to ask a question, please press star one on your telephone keypad. If you'd like to withdraw your question, please press the pound key. Your first question comes from the line of (Janet Marvin) from National. Your line is open.

(Janet Marvin): Hi, my question is the deadline is May 21 at 5:00 pm, is that the date and time that the package that we are mailing has to be date stamped at the post office or that it has to be in CMSes hand?

Alex Laberge: That would be in CMSs hand.

(Janet Marvin): OK, thank you.

Operator: Your next question comes from the line of (Don Neil) from Langston University. Your line is open.

(Don Neil): We just had a question on the specific hospitals we are wondering if VA hospitals and for profit hospitals they are eligible to be clinical site?

Alex Laberge: Yes, for profit community hospitals are; VA we are still looking into.

(Don Neil): OK.

Operator: Your next question comes from the line of (Beverly Belton) from (Yale-New Haven). Your line is open.

(Beverly Belton): Yes, thank you. I have two questions related to the content of the proposal. The first is does the budget and budget narrative count towards these 50 page count. And then are the partnership agreement required to be included in the application and is that count towards the page number limits as well?

Alex Laberge: So to the first question of budget, yes that's included in the 50 pages. I think there is a 15 page index page documentation on the solicitation and then your – you part your letter of partnership would fall under that category.

(Beverly Belton): OK. So it just need to be letters of partnership not the actual agreements themselves?

Alex Laberge: Correct.

(Beverly Belton): OK, thank you.

Operator: Your next question comes from the line of the Sue Shapiro from Emory Healthcare. Your line is open.

Sue Shapiro: Hi, thank you very much for taking my call. How about extending capacity for simulation, simulation laboratory development and expansion?

Alex Laberge: Simulation – we have some certain criteria that we may consider that being allowable if we don't have typically have to correct the clinical training site it has to be part of the clinical training aspect of the training. I would say that if you have a didactic portion like simulation that occur in a lab it's part of a didactic that would not be allowable. But so just in general if it's part of the clinical training portion – it will be – we'll consider it.

Sue Shapiro: Thank you.

Operator: Your next question comes from the line of (Julie Simicot) from (John Hopkins). Your line is open.

(Julie Simicot): Yes, thank you. I have two related questions, two parts and then related questions. So can we pay preceptors for their time? Can we pay for additional clinical faculty to supervise the students in their clinical training sites, those two are related. And then for the number of years of baseline data is it five years of graduations baseline data or four years of graduation baseline data?

Alex Laberge: OK, I am – actually have a question back to you with the preceptor. Who is paying the preceptor is that the hospital or the school of nursing? I'm a little bit unclear that that term is being kind of thrown around differently for us. Who is it that that paid the preceptor?

(Julie Simicot): OK, so the question – the preceptors work like in a primary care practice and because they are working with the student they cannot see as many patients on

their own. So basically their productivity is down. So what I am asking is can monies fall from CMS through the hospital and then help to compensate the preceptors for working with the student?

Alex Laberge: Yes, but in the case of the hospital with the hospital preceptor it would be that it should be at the cost, but not at the billing (inaudible) level. For example, you are paying for the salaries, but (inaudible) they do 50 percent productivity that you pay for the 50 percent salaries and cost of that individual rather than the potential loss of what they could have billed.

(Julie Simicot): OK, OK, that makes sense. And then so can we also because we are going to enroll more students we are going to need more clinical faculty to go around to do the site visits, so could some of the funds be spent on that?

Alex Laberge: Just anything just as an over (inaudible) anything that deals with the clinical aspect can be done, but it has to be the clinical aspect.

(Julie Simicot): Right.

Alex Laberge: And they have to be covering the increased numbers of, you know, it's a fact you know, increased number of students you are covering.

(Julie Simicot): Right.

Alex Laberge: So if you double your enrollment only the people that you've added to the clinical faculty.

(Julie Simicot): OK, and then is it four years of baseline or five years of baseline?

Alex Laberge: Four years.

(Julie Simicot): Four, thank you.

Operator: Your next question comes from the line of Stuart Smith from Duke University Health System. Your line is open.

Stuart Smith: Yes, mine is kind of a follow up to those questions. When we want to talk about physicians you would spend 50 percent of their time doing they may have previously spend a 100 percent of their time doing patient care. Now they are going to see only 50 percent of the number of patients because they are doing this training of APRNs at – during the same time.

We would be allowed to capture the cost of 50 percent of their salaries. I am assuming we would do it – it gives related party rules out to Medicare to capture this as opposed to having those savings bill. And if it is an unrelated party where we don't have access to their actual cost information they would be able to bill the hospital and the hospital would claim the cost for that?

Alex Laberge: Yes, if want to send that in writing in because that's going more specific in detail, so that we can answer that. And then we'll post to response that on the FAQ sheet.

Stuart Smith: I'll do that. Thanks.

Alex Laberge: Thank you.

Operator: Your next question comes from the line of Barbara Walter from San Francisco General. Your line is open.

Barbara Walter: Hi, thank you for taking my call. This is – you've talked about this already, but I just want some clarity. If a partner University does not have any data, have not graduated any students between the 2006 and 2010. They are not eligible to be partners in this initiative, is that correct?

Alex Laberge: Yes, that is correct.

Barbara Walter: OK, thank you.

Operator: Your next question comes from the line of Ellen Sheppard with Carolinas College. Your line is open.

Ellen Sheppard: I have two questions. The first is a more complete definition of the community care setting and specifically can that include physician's offices and urgent care centers. And my second question this is a little complicated. If they program in the interim in the 2006 to 2010 period closed a program that was an APN program. Can those baseline figures be deducted from the total? In other word –

Alex Laberge: OK, the answer to the first question is yes, OK.

Ellen Sheppard: OK, good.

Alex Laberge: The second question I mean, you are kind of the question of why it was close and what's being open and what you comparing to do (inaudible).

Ellen Sheppard: Yes, there was an APN program that was not serving the community well because it was purely narrow focused it did operate between 2006 and 2010, so would we need to show an increase in numbers, which included the now closed programs?

Alex Laberge: Let have these put that one in writing.

Ellen Sheppard: OK, will do.

Alex Laberge: Yes that's just (inaudible) right now.

Operator: Your next question comes from the line of Janice Hogan from Brigham and Women's Hospital. Your line is open.

Janice Hogan: Yes, I have two questions. The first is concerning hospitals or a hospital that is currently receiving CMS funding for both graduate and undergraduate education. Is that funding impacted by the demonstration? That's the first question and maybe that is two parts for both graduate and undergraduate. And the second question is whether a hospital can partner with a state

association of colleges of nurses as a group of colleges as partners in the demonstration?

Alex Laberge: The first question is this what funding, what CMS funding – are you talking nurse – those nurse should be funded by CMS year on at your facility?

Janice Hogan: Yes, both graduate and undergraduate.

Alex Laberge: But what's the program? I am curious.

Janice Hogan: Hold on one sec. Hi, we're one institution of justice you in the country that receives CMS for educating nursing students. We receive about a close to a million dollars a year. And we're wondering if we are eligible to apply for this.

Alex Laberge: Please e-mail us the specific and we'll – and with the details and we'll talk about that. The second question, could you repeat the second question?

Janice Hogan: Sure. Within approached by a state association of colleges of nursing regarding going through with multiple partners of schools of nursing or is that possible or we should identify one partner school of nursing.

Shannon Kerr: Yes it is how would we measure the –

Alex Laberge: Yes, the hospital has to can partner with multiple schools of nursing, but they have to have individual partnership with each school that relation of independent partnership relationship with each school.

Janice Hogan: OK. And then the baseline is measured for each school, is that correct?

Alex Laberge: The baseline, yes, yes. And you have to be like when agreement in details from each school about what about their histories (inaudible) the baseline.

Janice Hogan: All right, thank you.

Operator: Your next question comes from the line of (Keith Totino) from Cornell University. Your line is open.

(Keith Totino): Hi, I just wanted to clarify the community care service, and you did indicate that that would be, an example of that would be a physician's office, is that correct?

Alex Laberge: Yes.

(Keith Totino): OK. Are there any other examples that you can provide?

Alex Laberge: I wish I can go it's just community care setting is approved by a nursing school certification and licensing – licenser entities then it would be eligible. It can be used as a site for training and it's a non hospital site it's a good chance that it would be included.

(Keith Totino): OK, thank you.

Operator: Your next question comes from the line of (Wahima Ashraf) from NewYork-Presbyterian. Your line is open.

(Wahima Ashraf): Hi, I just want to know if there a one hard copy plus (inaudible) hard copies of the actual grant proposals.

Alex Laberge: Yes, one hard copy was send up to (inaudible).

(Wahima Ashraf): OK. And also if some hospital have immunity in this (inaudible) and on hospital campus (inaudible) does that total waive the requirements of the (inaudible) being upside (inaudible) community care?

Alex Laberge: I am sorry, can you rephrase, can you speak again I just – you are breaking up, I am missing the – I miss some of the components of that statement or that question.

(Wahima Ashraf): Sure, can you hear me now?

Alex Laberge: Yes.

(Wahima Ashraf): OK. So if some hospital has those community care in that (inaudible) setting and it's also medically underserved and it's also in a medically underserved area does that waive the requirement the 50 percent requirement?

Alex Laberge: They need to have the 50 percent requirement and then I guess for the sites that would be considered underserved, I am not sure – I am not sure and we might need to have that as a written question, I'd like – prefer that as a written question, so that we can clearly give it – give the right answer.

(Wahima Ashraf): OK, I'll do that. Thank you.

Operator: Your next question comes from the line of (Chris Moline) from Hudson Valley. Your line is open.

(Chris Moline): Hi, thank you for taking my call. I believe my question my answered, but for clarification CCS is a – can be a physician's office that or a community health center, a title, I think it's title 10. And how many – I know it's two required, but what if there were multiple would that be possible and they have to be approved by the nursing school, so those organizations also have letters of agreement with the nursing school?

Alex Laberge: Yes, yes. Yes they would have to have agreements as well and they can be included. Does that answer your question?

(Chris Moline): Yes, it does. But let me ask if there isn't a current agreement, but there was one you know, impending for example.

Alex Laberge: Well, yes the agreements really have to be agreements with this idea of this participating the demonstrations. But they would, I guess, just (inaudible) intention was agreement.

(Chris Moline): OK.

Alex Laberge: (inaudible) full agreement on the application.
(Chris Moline): OK, I think I understand. Thank you.

Operator: Your next question comes from the line of (Nancy Weston) from the University of Texas. Your line is open.

(Nancy Weston): Thank you very much. Since this RSP is addressing the increase of APRNs can deliver health care to the community. We have a programs that also include acute care nurse practitioners and CRNA. Would it be more beneficial to address those nurse practitioners who will be out in the community as the programs that will be included in this proposal or should we include all of them?

Alex Laberge: Well, I mean first the CNRA – CRNAs are included in this demonstration, right?

(Nancy Weston): Yes.

Alex Laberge: And I guess we are unclear, I mean, they can – they can be part of the application where they would be part of the demonstration.

(Nancy Weston): But they time (inaudible) in hospitals or in some type of acute setting, so should we highlight the ambulatory care people or should we do all of them or should we focus on those that will be most broad spectrum that would be in primary care practices.

Alex Laberge: Yes.

Shannon Kerr: This is (inaudible) with the demonstration (inaudible) innovation center.

(Nancy Weston): Yes.

Shannon Kerr: Applicants can charge any train – any anomalies in any of the four specialties of APRN included, which are the clinical specialist nurse practitioners,

certified nurse midwife and certified registered nurse anesthetist. It's not clear why any applicant would want to – we can't count any other advanced practice nurses.

(Nancy Weston): OK, OK, that answers it. And I have one – two other questions.

Shannon Kerr: Not everybody in those specialties, but nobody outside of those four areas.

(Nancy Weston): Correct.

Shannon Kerr: Demonstration.

(Nancy Weston): It calls for the clinical agreements of the schools of nursing have with different clinical agencies. We have many, many pages and so do the other schools that we would be partnering with. So how would we possibly include all that? I mean we are talking about 100s of agreements or contracts with different clinics that the schools of nursing partner with for their clinical arrangements of students?

Alex Laberge: Are you – who do you represent? Are you representing a hospital?

(Nancy Weston): I'm representing – I'm – we are part of the – the consortium with the hospital nurse for partnering nursing school. So we have lots of clinical affiliation agreements. Do you want (inaudible) implementation of all that?

Operator: Your next question comes from the line of (Aaron Sheridan) with (inaudible).

Alex Laberge: Well, just wait for me we are still – yes, please e-mail us that – (last one) please e-mail us that question with the detail.

(Nancy Weston): OK.

Shannon Kerr: Thank you.

Operator: Your next question comes from the line of Erin Sheridan from Virginia Mason Medical. Your line is open.

Erin Sheridan: Thank you. I just want a little bit of clarification; I want to make sure I understand the flow of funds here. So for the incremental training cost, clinical training, all those funds are going to flow through the hospital applicant, is that right or does anything flow separately to a community care site or school of nursing. Everything goes through the hospital is that correct?

Alex Laberge: Everything goes through the hospital that is correct.

Erin Sheridan: OK, thank you.

Operator: Your next question comes from the line of Katherine Hall from WVU Hospital. Your line is open.

Katherine Hall: Is in the all hospitals in the United States then you are two things five.

Alex Laberge: I'm sorry we can't hear. You are very, very far away, can you please speak louder?

Katherine Hall: And this is open to all hospitals in the United States and you are choosing five?

Alex Laberge: Yes, all Medicare hospitals.

Katherine Hall: Thank you.

Operator: Your next question comes from the line of Laura Land from OU Medical Center. Your line is open.

Laura Land: Hi, yes. I know that we've talked about this, but just another clarification on the baseline your summary statistics for those four years do you want one summary statistics that summarizes the graduates and the average number of enrolled equivalent or do you want it per year in those four years?

Alex Laberge: For the year.

Laura Land: OK, so then my follow up question is let's say that for some reason you did not graduate somebody in one of those years does that make you ineligible?

Alex Laberge: Are you saying that this one year you had zero graduates?

Laura Land: I'm saying I am new in my role and I would have to look at it, but it is possible that in one of those years they did not have a graduate.

Alex Laberge: Yes, put that one in – could you please respond that in writing, we need to think about it.

Laura Land: Sure, sure. Thank you.

Operator: Your next question comes from the line of (Brenda Hale) from (inaudible) University. Your line is open.

(Brenda Hale): Hello. Thanks for the opportunity to ask some questions. Mine relates to are there specific enrollment goals that you are looking for in terms percentage increases from baseline enrollment?

Alex Laberge: No, we are, I mean, in the spirit of legislation we wanted as many (nurses) as possible, and APRNs as possible.

(Brenda Hale): OK. And additionally with low income tenants staff that would be used to make up for the less patients being seen due to the increased responsibilities for training on the part of preceptors. Would low income tenants be covered under as an reliable expenditure?

Alex Laberge: No.

(Brenda Hale): So if these, in other words the hospital then would just have to make sure that they had full time staff or part time staff that were employees of the hospital to cover to make up for the short fall in patients being seen then.

Alex Laberge: Yes, why don't you please write that into question (inaudible) please?

(Brenda Hale): OK. And the other quick question I was going to ask is will you publish a fact of like a frequently asked question sheet that incorporates the questions you are asking people to send in writing?

Alex Laberge: Yes, we are in process of having that completed.

(Brenda Hale): OK, great. Thank you so very much.

Alex Laberge: And it'll be on the innovations CMS Web site (inaudible).

(Brenda Hale): Thank you.

Operator: Your next question comes from the line of Laura Land from OU Medical Center. Your line is open.

Laura Land: Hi, I just had a follow up on the question about the total number of graduates you had said that what they really looking for is the total number of graduates. I'm just wondering in a state where there may be fewer potential students to pull from and but a bigger impact in the rural area in the underserved population is that something that will be looked at versus simply one program has x number of graduates versus the another one in automatically the one with the few left is not as considered.

Alex Laberge: Generally we are looking for the increases in staffing and any of that I would put that in I'm sorry, APRN enroll. And (inaudible) just specify that clearly in your application (inaudible).

Laura Land: OK.

Alex Laberge: I mean (inaudible) applications as a whole when we make a determination.

Shannon Kerr: Right.

Laura Land: OK, thank you very much.

Operator: Your next question comes from the line of Erin Sheridan from Virginia Mason Medical. Your line is open.

Erin Sheridan: Hey I've got one more question for you. I was thinking about the earlier question with the only five hospitals will be choosing, can you give us some idea of how many people have listened in this morning? How many separate medical centers?

Alex Laberge: No, we are not aware of how many medical centers.

Erin Sheridan: OK. Thank you.

Operator: Your next question comes from the line of (Nancy Weston) from the University of Texas. Your line is open.

(Nancy Weston): Thank you. In the community clinics that students will be placed in do they all have to be associated with the hospital or with agreements with the hospital? What is the school of nursing has clinic that they have contracts with, but they are not associated with the hospital. Can student still go to those for part of their study or does all of that have to be through the partnering clinics with the hospital entity?

Alex Laberge: This is – if you look at the flow payment I've to go through the hospital, so I keep it we require an agreement between the clinics and the hospitals.

(Nancy Weston): OK, thank you.

Operator: Your next question comes from the line of James Denny from Mississippi University. Your line is open.

James Denny: Yes with $2000 reimbursement for each new student, do the Universities receive their funding by felt that $10,000 per student or whatever money the University or whatever experience the University is going to incur is that money included additionally to the $10,000?

Alex Laberge: There is – the value in that example was just was just hypothetical just to clarify the process. Essentially the school of nursing would be telling the hospital is cost and the cost – would report to the hospital the cost and the hospital would get the payment from Medicare and then the hospital were reimbursed the nursing school for those cost, whatever those cost maybe that the, you know, as long as they were allowable reasonable and (inaudible).

James Denny: OK, thank you.

Operator: Your next question comes from the line of (Christina Miller) from (inaudible). Your line is open.

(Christina Miller): Thank you for taking my call. I just wanted to know your thoughts on multiple hospital supplying I understand that there needs to be one applicant, but as a collaborative across the region.

Alex Laberge: You know, in order to expand their each of the demonstration yes, multiple hospitals can be in the demonstration, but they would have to go through one lead applicant hospital. And they would have to be partnership between those hospitals. And so fund would flow to that applicant hospital and so they would (inaudible) partner cost to that like an hospital (inaudible).

(Christina Miller): Great. And can I ask a follow up question just for clarification. The types of allowable charges that school of nursing could bill the hospital? Could I have a few examples of what those would be because you very clearly said no payment didactic instruction?

Alex Laberge: I guess any cost it's related to clinical training as a whole can be related to – can be included as cost from the school of nursing. Yes, and basically you

would have to demonstrate to make justify why that particular cost it would be considered a clinical training cost.

(Christina Miller): OK, thank you.

Operator: Your next question comes from the line of Amy Miller from University of (inaudible). Your line is open.

Amy Miller: Hi, I think we are right that there are any indirect cost included in this proposal, but say when it was due to financial person, you know, to do some of the administration we can just break that out as a direct cost.

Alex Laberge: (Inaudible) some of that more into (inaudible) e-mail please and write off (inaudible).

Amy Miller: OK.

Operator: Your next question comes from the line of Sandy Tobar from Providence Park Hospital. Your line is open.

Sandy Tobar: Hi, we were sitting here and trying to determine with the CRNA that is for in this proposal in meeting the percent community based requirement. I know it's overall and it's not based on a person or on a subset of our advanced practice nurses. So my question is would their rotations in an outpatient surgery center be considered a community based training program or training opportunity?

Alex Laberge: We'll need to – you submit better as a question.

Sandy Tobar: OK, thank you.

Alex Laberge: Thank you.

Operator: Your next question comes from the line of (Chris Moline) from Hudson Valley. Your line is open.

(Chris Moline): Hi, thank you very much. I am kind of building on the question about the flow fund that is there are a lot of administer would be administrative cost for that sending the funding to different facilities, so is that – you of course not permitted and that's not on the list. So our funds for administration of the funding concluded? Cost for that?

Alex Laberge: I think (inaudible) demonstration agreement and yes those all funds would be covered if it's based on operating the clinical training portion of the training.

(Chris Moline): Right, like what I am thinking right now is students will have to be placed, so that would go through the hospital I am assuming because there where the funding is coming from. So you would need a person to do that to place students in different places that's what I am talking about and (inaudible).

Alex Laberge: That would be allowable because if that person (inaudible) would be any kind of (inaudible).

(Chris Moline): OK, thank you very much. That's what I am looking for.

Operator: Your next question comes from the line of (Beverly Belton) from (Yale-New Haven). Your line is open.

(Beverly Belton): Yes, hi. And I think just a follow up question, do you have an approximate date as to when the FAQ list will be available on the Web site?

Alex Laberge: (Inaudible) we don't have any (inaudible) day, it's probably has to go through clearance and then it will be up on the Web site.

(Beverly Belton): OK, thank you.

Alex Laberge: Again if you have a specific question, you know, feel free to e-mail us at the GNE Web site.

(Beverly Belton): Thank you.

Operator: You have no further questions at this time.

Matthew Brown: Thank you, (Nicole). Are there any closing remarks (inaudible)?

Alex Laberge: Just a sec, thanks for (inaudible) all of your interest and attending this call.

Matthew Brown: Thank you. And that will actually (Nicole) do you have any encore information this call?

Operator: Yes, I do. Thank you for participating in today's graduate nurse and education demonstration conference call. This call will be available for replay during (inaudible) the beginning at 5:30 Eastern Time today through 12:00 p.m. Eastern until April 12, sorry, April 20, 2012 with the conference ID replay number 65965137, and the dialing number for the replay is 1-855-859-2056. Thank you.

Matthew Brown: Thank you, (Nicole). And with that that concludes our call. Thank you for your participation.

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