

PAL 2011-10 Technical Assistance Conference Call

Moderator: Bridgette Hager

September 29, 2011

2:30 pm CT

Coordinator: Thank you all for holding. Your lines have been placed on a listen-only mode until the question and answer portion of today's conference. I would like to remind all parties the call is now being recorded. If you have any objections, please disconnect at this time. I would now like to turn the call over to Bridgette Hager. Thank you. You may begin.

Bridgette Hager: Hello and welcome to the Technical Assistance Call for the Program Assistance Letter 2011-10, Federally Qualified Health Center Look-Alike Program Implementation of Electronic Annual Data Reporting.

My name is Bridgette Hager from the Office of Policy and Program Development Bureau of Primary Health Care. I will be providing an overview of this program assistance letter today. But before we get started I'd like to go over the materials that we will be referencing during this call.

We will be using the PAL 2011-10 presentation. That's about 12 slides. And the draft FQHC look-alike 2011 UDS table, that particular document is about 20 pages.

Both documents are located on the FQHC look-alike Technical Assistance Web site, which is <http://bphc.hrsa.gov/about/lookalike/index.html>. That address is also at the bottom of the first slide and on this presentation.

Let's proceed to Slide 2. In an effort to enhance the Federally Qualified Health Center look-alike program, HRSA is establishing electronic application and data reporting processes. Program Assistance Letter 2011-08 has been issued to communicate important information and upcoming dates related to these processes.

Beginning in January 2012, FQHC look-alikes will be required to submit certain data to HRSA through the HRSA electronic handbooks rather than through paper application. Slide 3 summarizes three benefits of the new electronic submission process.

One benefit is that the system will be centralized for monitoring, tracking performance and recording program changes. Next, the new process will be streamlined and simplified data reporting processes through integration into the HRSA EHD. Lastly, reporting requirements will be similar to existing data requirements in the current FQHC look-alike application guidance.

Now that we've provided an overview and highlighted some benefits to the new process, Slide 4 lists our agenda for the remainder of this call. We will review the data requirements, data submission timeline and briefly discuss

the data reporting manual and other resources for technical assistance. We will also leave time for questions and answers.

Slide 5 lists the types of data to be collected, which includes zip code, patient by age and gender, patients by race, ethnicity language, selected patient characteristics, staffing and utilization, quality of care indicators, health outcomes and disparities, financial costs, patient related revenue, other revenues and electronic health records information.

At this point we will be referring to the draft FQHC look-alike 2011 UDS tables. Specifically Tables 3A, 9D and 9E for Slide 6 and 7. Much of the data requirement for submission will be similar to the data requested through the FQHC look-alike paper application process.

For example, Slide 6 compares the type of data requested from the paper application Table 3A with the type of data that will be requested from the new electronic Table 3A. So Table 3A should look familiar and identical. Table 3A, as a reminder, collects a total patient by appropriate categories for age and gender.

Slide 7 compares the paper application Form 3 to the new electronic Tables 9D and 9E. If you recall, paper application Form 3 collected program income. Tables 9D and 9E will report selected total patient revenues, grants and contracts as HRSA is committed to minimizing the burden on FQHC look-alikes throughout this transition to electronic reporting.

Tables 9D and 9E also collect information on charges, collections, retroactive settlements, allowances, self-pay sliding discounts and self-pay bad debt write-off. FQHC look-alikes will only be required to report data that is already

captured through the current paper-based reporting process while much of the format of data reporting will change.

Slide 8 outlines our data submission timelines. FQHC look-alikes will be required to report data for calendar year 2011 commencing in January 2012. From January 1, 2012 through February 15, 2012, FQHC look-alikes will be able to enter and make changes as needed to this data.

HRSA will issue an FQHC look-alike electronic data reporting manual in fall 2011 as an addendum to the manual created for calendar year 2011 UDS data reporting under the Health Center program. FQHC look-alike data submission will be similar to the Health Center program uniform data system reporting within HRSA's EHD.

Slide 10, HRSA will conduct technical assistance conference calls to discuss training specific to data requirements, the EHC reporting system and reporting processes. Please visit the FQHC look-alike program Technical Assistance Web page for announcements of upcoming conference calls and TA materials.

You may also visit the Reporting and Technical Assistance Web page for more details on the data and electronic system currently used for the Health Center program.

Please contact (Nicole Amado) at fglclal@hrsa.gov or 301-594-4300 for additional technical assistance with this Program Assistance Letter. Or feel free to contact - excuse me, to refer to the FQHC look-alike program Technical Assistance Web page where we've outlined additional resources.

Slide 12, HRSA will hold technical assistance conference calls in the near future to discuss detailed elements of the FQHC look-alike data reporting instructions and processes. Please reserve questions related to those topics for those specific conference calls.

We would also like to let everyone know that we're looking for FQHC look-alikes to help us test a mock-up of this FQHC annual reporting UDS system. This testing will provide us with feedback on how the system can be improved and will provide testers a chance to experience the look and feel of the system before it goes live.

This testing is scheduled to begin at 10:00 am Eastern Time on Tuesday, November 8. The testing will be self-paced and we anticipate it taking a total time of three to four hours to complete. If your organization is interested in participating in this testing, please e-mail us at fqhclal@hrsa.gov by 5:00 pm on Wednesday, October 5, and indicate that a representative from your organization would like to participate in this testing of the system.

We'd also like to note that this call and replay will be available within the next 48 hours on the FQHC look-alike Technical Assistance Web site for further reference.

Operator, at this time we would like to open up the lines for questions.

Coordinator: Thank you, and at this time if you would like to ask a question please press star 1 on your touchtone phone. You will be prompted to record your name. Please un-mute your phone and record your name clearly when prompted.

Once again, to ask a question please press star 1. One moment please for the first question. First question today is from (Deborah Baird).

(Deborah Baird): My question is understanding that this now is going to be required electronically, are we going to be taking the information that we currently have and just typing it in electronically or are you trying to cause us to interface - some kind of interface to get this information to you?

Woman: Hi (Deborah). You'll be just typing the information into the system.

(Deborah Baird): Okay, okay. And for us to participate in the trial run in the pilot program, do we have to have all of the elements ready or what type of elements do we have to have ready? Or do I need to call somebody else to find that out?

Woman: In order to participate in the testing you will not have all data elements prepared. This is actually a self-paced training and you won't have to have that information available to you to participate.

(Deborah Baird): Okay, thank you.

Woman: (Unintelligible) data, it's just testing the system so you could make up data, too.

(Deborah Baird): Okay, okay.

Coordinator: Thank you. Our next question is from (Gail Speedy).

(Gail Speedy): Hi, I have two questions. The first is Table 7, which is going to be the health outcomes and disparities, deliveries and birth rate, hypertension and

diabetes. If we don't currently collect that information by race and ethnicity, is that going to be required in Year 1 or is that something we can ramp up to? I know I can't pull that information on my EHR right now.

Bridgette Hager: Hi (Gail). I'm not really sure if it shows up well on your printout, but those sections have actually been grayed out and so wherever you see those grayed out sections on these draft tables, that information will not be required this year.

(Gail Speedy): Oh, good. It was grayed out, I just didn't see - I wasn't sure. The other question I had, then, is this - we are in a recertification year. We're one of the folks that haven't applied for a recertification because we came due actually on September 30 so we had to wait until the new system became available. Is this what we're going to be supplying?

Bridgette Hager: No.

(Gail Speedy): Okay. So these are not the new forms, okay. When are we getting those?

Bridgette Hager: Actually, application instructions for the new electronic application system will be forthcoming soon. And what you want to do is stay connected to the FQHC look-alike Web page I referred to earlier. As soon as those instructions are available, they'll be posted at that Web page.

(Gail Speedy): Okay, thank you.

Bridgette Hager: You're welcome.

Coordinator: Thank you. Our next question is from (Colby West).

(Colby West): Hello. Thank you very much. Two part question, too. The UDS testing on November 8 that you mentioned, do you - do we already have to have our FQHC look-alike certification in process. We've already submitted our application earlier this year, but don't have the designated just as yet, but we would be very interested to be a part of the November 8 testing.

Do we already have to be FQHC look-alike status?

Bridgette Hager: Yes (Colby). Your organization would already have to be an active FQHC look-alike to participate.

(Colby West): Okay. Is that testing and/or some of the outcomes of that testing, will they be made available for technical assistance for just general review from folks or is that something that's still going to be locked down and key for just FQHC look-alike designees?

Bridgette Hager: That's actually one of the purposes of this testing is to utilize the feedback provided by testers to be included in the instructions that'll be forthcoming.

(Colby West): Okay, thank you very much. I said a two part quick question. The only reason why that second part came is because you told me no in the first part. (Nicole Amato) has been great for us in the process.

Do you know -- this is a general question and probably maybe not the form -- but where the FQHC look-alike backlog is and/or how new submissions for FQHC look-alikes are going? We're about, say, nine months into it.

(Tonya Bowers): Hi, thank you very much for your question. This is (Tonya Bowers), I'm the Direct of Office Policy and Program Development that oversees the look-alike program. So to answer your question, we are diligently working through the applications that have been submitted. We definitely had seen a large surge of applications come in over the last six months or so.

And so we are working as quickly as we can to work through that. And so hopefully very soon you will see that. I encourage you to continue your contact with (Nicole). She'll be able to keep you apprised of where it is in the system. But certainly we will let you know as soon as we have any additional feedback to provide.

(Colby West): I appreciate that so much. Again, I can't speak highly enough of (Nicole). She's been helpful throughout the process. Now for us IDs, the Initial Designation folks, let's pretend within the next four or five weeks we do get our designation. Will the entire electronic reporting be rolled out by then or is there going to be a transition between the paper and the electronic for a specific reporting tables and measure?

(Tonya Bowers): Well, if you're talking - if you're designated the next four to six weeks you will not be required to have to do the system reporting that we're talking about today because you won't have sufficient enough time under your look-alike designation to actually report. So you would be opted out of the system for this calendar year.

You and others that would be designated with the initial designation over the next couple of weeks leading up to the end of the calendar year. But you would be required to do it for the full calendar year 2012 using the whatever becomes of the 2012 reporting.

(Colby West): Okay. So it is important to stay abreast of all the pins and (unintelligible) that come out as it relates to the new electronic means in which that (unintelligible) will be reporting?

(Tonya Bowers): Absolutely. And the other thing, hopefully you're also getting a lot of the information that's coming out on our list serves regarding the health center program UDS system as well, because the two systems will work in parallel. So the changes that are being made or many of the changes that are being made in that system will also be reflected in the look-alike system. So you'll be able to keep track on both fronts to be able to see the expectations that you'll be held to for the next calendar year.

(Colby West): Okay, thank you very much. Sorry for the 16 part question when I said two.

Coordinator: Thank you. Once again, if you would like to ask a question please press star 1. Our next question is from (Karri Metsa).

(Karri Metsa): Hi, how are you?

Bridgette Hager: Hi.

(Karri Metsa): Hi. I just had a question on some of the quality of care indicators on the draft Table 6B that was posted to the look-alike page. A lot of these measures are actually new to look-alikes. I know that grantee health centers were provided with a publication on them a little earlier in the year, but a lot of these measures are something that haven't been introduced to the look-alike health centers yet.

Are any of the technical assistance conference calls planned for the future that was mentioned on one of the last slides going to specifically address the quality of care indicators that are new to us?

Bridgette Hager: Yes. There will be specific technical assistance with resources available to review all of the tables.

(Karri Metsa): Okay. Thank you.

Coordinator: Thank you. Our next question is from (Jomero McMillan).

(Jomero McMillan): Yes, this is (Jomero McMillan) and we - talking about you say calendar year, something about fiscal years start - my fiscal year starts July. So am I reporting for two partial years?

Bridgette Hager: No. This will be calendar year 2011 data. So it's not specific to fiscal year for your organization. All organizations will be reporting data from calendar year 2011.

(Jomero McMillan): Thank you.

Coordinator: Thank you. Our next question is from (Michael Baker).

(Michael Baker): Hi. This is (Michael). I'm from the same organization as (Jomero). So in 2011 we have to do calendar year reporting similar to folks that have to follow a UDS? And I understand (Jomero)'s question because that's exactly the point. So we have to do that by 2011 and if that's the case does it make sense for us for those that have the EMRs to purchase UDS packages as soon as possible so we can track UDS data?

In the future we currently opted out of buying that because we reported by fiscal year instead of calendar year.

Woman: Well, we can't certainly speak to or encourage you one way or the other on what to purchase in order, systems-wise, in order to actually do the data reporting. But if certainly any methods that are available to help with - to bring the data together to collect the data and to be able to actually produce the reports is probably - this is going to be an expectation going forward.

So if it will facilitate the reporting of the data going forward, it's certainly something that your organization should consider. But we can't say one way or the other whether it's something that your organization should or shouldn't do.

(Michael Baker): Okay.

Coordinator: Thank you. Our next question is from (John Philip).

(John Philip): Yes. (John Philip) from Southland Community Health Center in Boston. We're a look-alike with a designation of a February 29 date. So our recertification is due, you know, on 12/29. And usually we report on the prior fiscal year.

Seeing it's so close to the end of 2011, is there an overlap or can we transition into just reporting the 2011 calendar year and extend our reporting date for recertification?

Woman: Actually, the two systems are not connected in any way so that we won't be able to do that. But I certainly think if you want to send us an e-mail off on

the side in terms of looking at your application due date, obviously we want to try and make this as simple and seamless for folks as possible.

So if you send us an e-mail we'll look into what is and is not possible, given the lateness of your due date for your recertification package.

(John Philip): Okay, great. Thank you.

Woman: Sure.

Coordinator: Thank you. And as a reminder, to ask a question please press star 1. Our next question is from (Jeanie Bailey).

(Jeanie Bailey): Hello. I have a similar question to the prior one. We were re-designated as a look-alike and I think receiving our letter in June of 2011. And our designation date is February 12 and so we're kind of in that same pickle of our fiscal year is this January through December. And I don't know that we can meet that November 11 date when we need to apply an electronic handbook.

So I think it's a similar situation. Would you have some advice for us? We were re-designated, again, and used all 2010 data. We won't have a complete year of information until obviously the first part of January. So the timing is kind of crunchy here.

(Jen Joseph): Hi, this is (Jen Joseph), also from the Office of Policy and Program Development. And I think one of the things that might be helpful to make clear, which is difficult to know without having the application instructions available to you yet, and they will be forthcoming in the very near future, is

that your annual certification application will be different this year. And you will not be reporting the same data that you have been reporting in the past.

The data that you reported through that application will now be reported separately through the UDS system. So you won't need to report that data or the data that you normally would report in your recertification application until the new calendar year. So we won't even begin asking you for that until January and you'll have several months to input the data.

(Jeanie Bailey): Thank you for that. I have a little - the letter I have does - from (Tonya Bowers). I think it's from you. Says we need to get our data in by November 12 to meet the deadline. So I'm puzzled as to which system I need to use.

Woman: They are two different - you have an application due date and you have a uniform data system with UDS date. The two different systems - they're both all in the EHB system, but they're two separate activities. So one and as (Jen) said, they're actually going to be collecting different types of information.

And so one application for you will be due in June and then -- excuse me, in November -- and then your UDS with everyone else will be due in beginning of January.

(Jeanie Bailey): Okay. And the new PAL that's coming will tell us - delineate which is needed in which report?

Woman: Absolutely. What you have already through the most recent PAL that was issued, 2011-10, has all of the tables that will be collected through the UDS system. And very shortly you will see new instructions provided or issued for all of the types of applications. So program applications, initial applications,

renewal applications and recertification applications -- those instructions will be very shortly issued.

(Jeanie Bailey): Great. So when I submit my UDS, which is needed pretty soon, would I use 2010 information? Because I won't have a complete year of 2011 yet.

Woman: Your UDS data will not be required until after the end of this calendar year. So that data - if you can imagine the applications that you're used to submitting and just taking the data piece out of it, that distinct portion of what you're used to reporting in the application will be inputted into the UDS system in the EHB.

And then the narrative pieces and the sort of explanation about what you're doing and the progress you're making will be submitted in the annual certification application.

(Jeanie Bailey): Okay, that helps a lot. We submitted an application as a new access point, so a lot of that information is fairly current, so that would help us, I believe.

Woman: Great.

(Jeanie Bailey): Thank you.

Coordinator: Thank you. And once again, to ask a question please press star 1. Our next question is from (Gail Speedy).

(Gail Speedy): Hi there. First of all I apologize. I think I created all the confusion between the UDS reporting and the look-alike recertification, so I apologize for that. I have two more questions on the UDS reporting. The patients by zip code, to

me that looks like what we typically run when we do a zip code analysis. Is that - it's kind of an interesting looking form, but it would be a more expansive form in its final version, correct?

Bridgette Hager: Yes, that's correct.

(Gail Speedy): Okay. And then back to the forms that I'm nervous about, which is the three health indicators by race and ethnicity. Now it's blacked out. Is there a time coming forward - we're actually converting our EHRs and we're doing more with race, ethnicity and language reporting.

But is there a time moving forward that we should be very, very well aware of that we're going to have to break out these demographics in our reporting? That we're sort of getting a Year 1 pass? And maybe a Year 2 we may have to look at this. Just to be aware going forward.

Woman: I think it's a great question and I think at this point we do know that our grantees, our Health Center program grantees, are reporting, are expected to report, race and ethnicity for this table. And so we determine for this year that would be a substantial increase in burden from what has previously been expected of look-alikes. And so we made a determination for this year that we would not request that information.

I do believe, though, that moving forward for calendar year 2012 and beyond that it is something that FQHC look-alikes will be expected to be able to demonstrate is reporting by race and ethnicity on these tables.

(Gail Speedy): Okay, thank you.

Coordinator: And once again to ask a question please press star 1. And one moment please for the next question.

Once again to ask a question please press star 1. And I am showing no further questions at this time.

Bridgette Hager: Okay, well thank you everyone for participating today. I'd like to remind everyone that the replay for this call will be posted on the FQHC look-alike TA Web page.

Coordinator: I do have a question if you'd still like to take it, I'm sorry.

Bridgette Hager: Yes, we would like to take it.

Coordinator: Okay, (Ann Caspan), your line is open.

(Ann Caspan): Thank you. We did our recertification back in March and some additional information was required. We resubmitted it in August and we have not heard back yet. So will we be required to do this reporting again starting in January?

Woman: Yes you will. At this point all of our current look-alikes are being queued up for - because it's - you have a recertification so everyone is being queued over - all of our current look-alikes are being queued up for reporting in UDS for 2011 UDS reporting.

And so again, it goes back to we are slightly back logged in all of the levels of applications that we have to do, but we will get information to you very

shortly. But I would expect and anticipate that you will be doing UDS reporting for this year.

(Ann Caspan): Okay, very good, thank you.

Coordinator: And I am showing now further questions at this time.

Bridgette Hager: Okay, thank you. This concludes our call.

Coordinator: Thank you and this does conclude today's conference. You may disconnect at this time.

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