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**November 13, 2014**

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## Behavioral Health

### **Important Update on Behavioral Health Billing**

During a recent CPCA phone call with representatives from California Medicaid Management Information System (CA-MMIS), A&I, DHCS' Primary, Rural and Indian Health Division (PRIHD), and Xerox (Medi-Cal fiscal intermediary), CPCA received new information about how FQHCs should bill for mental health services. DHCS stated that FQHCs should follow the information included in the Medi-Cal provider manual, as of December 2013... Read more [here](#) Access Appeal Form Completion instructions [here](#) and Claims Inquiry Form Completion instructions [here](#).

### **HRSA Awards \$51.3M in ACA Funding to Support Mental Health and Substance Abuse Treatment**

On November 6 HRSA announced \$51.3 million in Affordable Care Act funding to support 210 health centers in 47 states, the District of Columbia, and Puerto Rico to establish or expand behavioral health services for nearly 440,000 people nationwide. For a list of awardees, please click [here](#).

# CPCA News

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## **New Grant Opportunity**

One new listing has been added to [CPCA's Grant Opportunities](#) web page: [HRSA – Rural Health Network Development Planning Program](#) with applications due January 9.

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## **ICD-10: Ready, Set, Go! New readiness Program Available!**

The ICD-10 transition is approaching quickly...are you ready? Are you interested in organizing your resources, creating your budget and action plan, and having your staff properly trained in ICD-10? If you missed the overview presentation last month, please click [here](#) for the recording. During this recorded webinar PMG Consulting outlines the ICD-10 Ready, Set, Go! program, including timeline with phased deliverables, ICD-10 readiness tools, customizable ICD-10 portal, and more! For more information, please contact Paul Ferrazza at [pferrazaa@gopmg.com](mailto:pferrazaa@gopmg.com)

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## **2015 HealthManagement+ Program – Deadline Extended!**

The deadline to apply for HealthManagement+ Cohort III has been extended to December 1<sup>st</sup>! HealthManagement+ is a cutting edge management training program for current and future primary care leaders at varying levels. This program will help hone current skills, while also providing new tools to help your health center staff remain successful into 2015 and beyond! Find out more by clicking [here](#).

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## **2015 CEPPN/COPN Conference – Registration NOW OPEN!**

CPCA is eager to announce its newest membership event, the "Emergency Preparedness Peer Network (CEPPN) and Compliance Officer Peer Network (COPN) Conference! This 2-day inaugural event will feature separate sessions for Compliance and Emergency Preparedness attendees, as well as general keynote speakers focusing on requirements specific to community health centers and pertinent to the CA 2014-15 emergency planning and compliance efforts. Click [here](#) for more information and to register today!

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## **How are you managing your grants? Find out more with CPCA's GrantTracker+**

Do you find yourself trying to manage and document grant information across multiple applications, including Excel spreadsheets, Word documents, Outlook or other calendar reminders, etc.? GrantTracker+ has the solution for you! GrantTracker+ is a new grants management system designed for and by community health centers that allows you to effectively (and affordably!) manage the grants process from start to finish. [Register](#) for the November 18<sup>th</sup> webinar to find out more!

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# Department of Health Care Services

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## **Important Update on Behavioral Health Billing**

During a recent CPCA phone call with representatives from California Medicaid Management Information System (CA-MMIS), A&I, DHCS' Primary, Rural and Indian Health Division (PRIHD), and Xerox (Medi-Cal fiscal intermediary), CPCA received new information about how FQHCs should bill for mental health services. DHCS stated that FQHCs should follow the information included in the Medi-Cal provider manual, as of December 2013... Read more [here](#) Access Appeal Form Completion instructions [here](#) and Claims Inquiry Form Completion instructions [here](#).

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## **DHCS Releases All Plan Letters**

The DHCS Medi-Cal Managed Care Division (MMCD) has released two new All-Plan Letters (APL) requiring Medi-Cal Managed Care Plans to submit regular standardized Call Center Reports and Grievance Reports. To view the two APLs, click [here](#).

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## **Reminder – Cal MediConnect Information on Continuity of Care Available for Viewing on DHCS Website**

For counties participating in CalMediConnect (Alameda, Los Angeles, Orange, Riverside, San Bernardino, Santa Clara, San Diego, and San Mateo), this is a reminder that DHCS has updated its website materials to include information on continuity of care provided by Medicare-Medicaid Plans (MMPs). Each MMP is required to ensure that beneficiaries have access to medically necessary items and services, as well as medical and long-term services and supports providers. Upon beneficiary request, an MMP must allow the beneficiary to continue receiving services from out-of-network providers for primary and specialty care services and maintain his or her current providers and service authorizations at the time of enrollment (for up to six months for Medicare and up to twelve months for Medi-Cal). Beneficiaries may continue to see out-of-network providers provided that certain requirements are met. Beneficiaries, their Authorized Representative on file with Medi-Cal, or their provider may make a direct request to an MMP for continuity of care. For more information, please click [here](#).

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## **DHCS Coordinated Care Initiative Stakeholder Call – Tuesday, 11/18 (1:00 pm – 2:00 pm)**

In an effort to continue the dialogue with stakeholders about the implementation of the Coordinated Care Initiative, the Department of Health Care Services has scheduled the next monthly stakeholder update call for November 18, 2014. The upcoming call will provide updates from DHCS on CCI implementation. They're also hoping to hear questions and feedback from stakeholders on how implementation of the CCI is going in their local counties. Click [here](#) to register!

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## **The Provider Quitkit: The California Smokers' Helpline and the Medi-Cal Incentives to Quit Smoking Project**

The California Department of Health Care Services (DHCS), California State Office of Rural Health is hosting a webinar for rural health clinics (RHCs), Federally Qualified Health Centers (FQHCs), small rural hospitals, and sole rural providers on the MIQS project. The November 17<sup>th</sup> webinar will take place from 12:00-1:00pm and will review the free telephone counseling that doubles the chances of quitting, and now offers a web-based referral service that connects your patient proactively. Click [here](#) to register.

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# **Health Center Operations**

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## **Dental TA RFP - Strengthening the Oral Health Safety Net**

Opportunity to receive free technical assistance from Safety Net Solutions (DentaQuest) to strengthen dental services at your health center: Health centers that are selected to participate in this initiative will receive in-depth practice management technical assistance from *Safety Net Solutions (SNS)*, valued at \$45,000. SNS will assess all aspects of your dental program, including operations and systems, finances, and quality.

Click [here](#) for the application. Click [here](#) for the official RFP. Click [here](#) for supplemental information and [here](#) from Safety Net Solutions.

The deadline for completing the enclosed application is Friday, December 5, 2014. For more information about the application process please contact, Emily Shipman, Senior Administrative Assistant at [eshipman@cpc.org](mailto:eshipman@cpc.org).

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# Health Information Technology

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## Central Valley Collaborative's HIT Academy – Application Deadline is Approaching!

The deadline to apply for the Central Valley Collaborative's HIT Academy is approaching soon! If you are interested in having staff members at your health center learn more about how to optimize the use of an EHR system, check out the Central Valley Collaborative's HIT Academy! Students admitted to this year-long, grant-funded program have the opportunity to take online coursework, complete apprenticeships at Central Valley health centers, and become Certified Healthcare Technology Specialists. To learn more, view our flyer or visit [www.hitacademy.org](http://www.hitacademy.org). If you're interested in this program but not a resident of the Central Valley, we'd be happy to speak with you! Please contact Heather Rapinchuk, HIT Workforce Development Program Communication Coordinator, at (209) 394-1390 or [HITinfo@gvhc.org](mailto:HITinfo@gvhc.org) for more information.

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## HRSA News

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### ACA Funding for Mental Health and Substance Abuse Treatment

Health Resources and Services Administration (HRSA) Administrator Mary K. Wakefield, Ph.D., R.N., announced \$51.3 million in Affordable Care Act funding to support 210 health centers in 47 states, the District of Columbia, and Puerto Rico to establish or expand behavioral health services for nearly 440,000 people nationwide. Earlier this year, HHS awarded \$54.5 million in Affordable Care Act funding for 223 other health centers to expand behavioral health services. Health centers will use these new funds to hire new mental health professionals, add mental health and substance use disorder health services, and employ integrated models of primary care. See the full announcement [here](#). CPCA congratulates the following members on receiving awards through this funding program:

- Camino Health Center
- The Children's Clinic "Serving Children And Their Families"
- Chinatown Service Center
- Clinica Sierra Vista
- Coastal Health Alliance
- Community Health Centers of the Central Coast, Inc.
- Community Health Clinic Ole
- East Valley Community Health Center, Inc.
- El Proyecto Del Barrio, Inc.
- Hill Country Community Clinic
- Los Angeles Christian Health Centers
- Marin Community Clinic
- Mendocino Community Health Clinic, Inc.
- Mission City Community Network, Inc.
- Mountain Valleys Health Centers
- North East Medical Services
- The Saban Free Clinic
- Salud Para La Gente
- San Diego Family Care
- Santa Cruz Women's Health Center
- Tri-City Health Center
- United Health Centers of the San Joaquin Valley

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### Civil Legal Aid Now a HRSA-approved "Enabling Service" for Health Centers

In recognition of the link between health and legal needs for vulnerable and low-income populations, HRSA recently clarified that civil legal aid may be included in the range of "enabling services" that FQHCs provide to meet the primary care needs of the communities they serve. This is a huge opportunity for the medical-legal partnership movement and a chance to bring legal assistance to more of the 22 million people who receive primary care at Health Centers. [Click here](#)

for more information.

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## OIG Plans Two New Reviews Related to Health Centers in 2015

The Office of the Inspector General (OIG) for the U.S. Department of Health and Human Services (HHS) announced two new reviews related to health centers in its 2015 work plan. The work plan, issued each fiscal year by the OIG, summarizes new and ongoing reviews and activities that the OIG plans to pursue with respect to HHS programs and operations. In 2015, the OIG will review: (1) whether health centers comply with federal laws and regulations, including the allowability of expenditures and accounting for program income and (2) HRSA's oversight of health center grantees with documented compliance or performance issues. Click [here](#) to read more.

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## Medicaid Update

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### Medicaid and CHIP Outreach and Enrollment Efforts Aimed at American Indian and Alaska Native Children

The Centers for Medicare & Medicaid Services (CMS) awarded \$3.9 million for outreach and enrollment efforts aimed at American Indian and Alaska Native (AI/AN) children eligible for Medicaid and the Children's Health Insurance Program (CHIP). The grant awards will fund activities to engage schools and tribal agencies in Medicaid and CHIP outreach and enrollment activities. Click [here](#) for more information about Connecting Kids to Coverage.

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## Medi-Cal Update

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### Medi-Cal Provider Enrollment Clarification

This is an update on the process that was implemented January 2013. FQHC providers need to be individually enrolled if they order, refer or prescribe. For more information please see the Provider Enrollment page of the [CPCA website](#).

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### Expanded Psychology Services for RHCs and FQHCs

On November 06, 2014 Medi-Cal announced: Effective retroactively for dates of service on or after January 1, 2014, psychology services rendered in a Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) are not restricted to the two-visit per month limit for the following all-inclusive per visit codes:

#### Code Description

- 01 Medical, per visit
  - 02 Crossover claims
  - 11 Licensed clinical social worker
  - 12 Psychologist
  - 13 Psychiatrist
  - 18 Managed care differential rate
  - 20 Capitated Medicare Advantage plans
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## Remaining Uninsured

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## **One in Four U.S. Latinos Still Uninsured, Data Show**

About 25% of Latinos in the U.S. do not have health insurance one year after the Affordable Care Act's first open enrollment period, according to Census Bureau data compiled by the Pew Research Center. The data show the Latino immigrants are twice as likely to be uninsured as U.S.-born Hispanics. Click [here](#) to learn more.

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# Rural Health

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## **Office of Rural Health Policy Outreach Grants – Deadline 11/14**

The Office of Rural Health Policy's Outreach Grants are open for application through Nov. 14. Funding may be used to conduct health screenings, health fairs, education and training, and any other health service delivery activity that does not involve inpatient care. This is a three-year grant program with maximum individual grant awards of \$200,000 a year. To learn more about the program, listen to the [technical assistance webinar](#) or watch this [short video](#).

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## **Rural Health Care Provider Shortage – Q & A with HRSA**

In a recent Q&A, HRSA Administrator Mary Wakefield discussed what can be done about the rural health care provider shortage. "One of the nation's best tools for addressing maldistribution of our primary care workforce is the National Health Service Corps," Wakefield said. "This program recruits and retains primary care providers – doctors, dentists, psychologists and others – to work in underserved communities by offering scholarships or loan repayments for their medical educational costs." Wakefield commonly speaks at NRHA's annual [Rural Health Policy Institute](#) and has been invited to speak at the 2015 event Feb. 3-5.

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## **Health Care Access in Rural Communities Guide**

The Rural Assistance Center's new topic guide on health care access in rural communities provides an overview of challenges to health care access in rural America and ways communities and policymakers can address these community needs. RAC's recently updated [rural health disparities topic guide](#) addresses the causes of these disparities, as well as rural/urban comparisons of health status, mortality rates and life expectancy.

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## **Rural Border Health Chartbook Now Available**

The 44 U.S. counties that adjoin the border with Mexico share many health concerns with corresponding counties in Mexico. The Office of Rural Health Policy (ORHP) is responsible for facilitating intra-agency border health activities and addressing collaboration across programs to leverage resources and services. To aid in this mission, the South Carolina Rural Health Research Center developed the [Rural Border Health Chartbook](#), which combines information from a variety of standardized federal data sets to provide a comprehensive examination of health disparities among border counties.

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## **NHSC Students to Service Loan Repayment Program Application Deadline**

The [National Health Service Corps Students to Service Loan Repayment Program](#) provides up to \$120,000 to medical students (MD and DO) in their final year of school in return for a commitment to provide primary health care full time for at least three years or half time for at least six years at an approved NHSC site in a health professional shortage area.

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## **HRSA Rural Health Network Development Planning Program Grant**

HRSA has announced a new Rural Health Network Development Planning Grant Program (Network Planning). The purpose of the Network Planning program is to assist in the development of an integrated healthcare network, if the network participants do not have a history of formal collaborative efforts. Health care networks can be an effective strategy to help smaller rural health care providers and health care service organizations align resources and strategies.

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achieve economies of scale and efficiency, and address challenges more effectively as a group than as single providers. The Network Planning program promotes the planning and development of healthcare networks in order to: (i) achieve efficiencies; (ii) expand access to, coordinate, and improve the quality of essential health care services; and (iii) strengthen the rural health care system as a whole. The lead applicant organization must be a rural non-profit or rural public entity that represents a consortium/network of three or more health care providers. Federally-recognized tribal entities are eligible to apply as long as they are located in a rural area. Please click [here](#) for more information.

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### **Rural Remedies Article**

A recent article in the Yakima Herald suggests that social dynamics may have more to do with America's rural doctor shortage than the number of medical schools or curriculum. It discusses this unique consideration when recruiting workforce and the need to build an established medical community and a vibrant rural lifestyle, which could help alleviate feelings of professional isolation to lure more physicians. Click [here](#) to read the article.

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### **VA: Expanded Access to Non-VA Care Through the Veterans Choice Program**

The Department of Veterans Affairs (VA) is accepting comments on the Veterans Access, Choice, and Accountability Act of 2014 interim final rule until March 5, 2015. The rule dictates the creation of the Veterans Choice program which allows veterans who cannot be seen by a VA healthcare provider within the wait-time goals of the VHA, or who qualify based on their place of residence, to be seen by non-VA healthcare providers. Click [here](#) for more information.

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### **Rural Health Network Development Planning Grant Program**

The Office of Rural Health Policy (ORHP) has a Rural Health Network Development Planning Grant Program, which will provide funding for needs related to planning and establishing integrated healthcare networks with the goal of strengthening or expanding access to essential healthcare services. The deadline is January 9, 2015. Click [here](#) for more information.

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### **Community Access to Child Health (CATCH) Implementation Funds Program**

The American Academy of Pediatrics has initiated the Community Access to Child Health (CATCH) program, which provides funding to support pediatricians in the initial and/or pilot stage of implementing a community-based child health projects related to medical home access, health services to uninsured/underinsured, secondhand smoke exposure, immunization programs, and Native American child health. The application is January 30, 2015. Click [here](#) for more information.

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### **Celebrate Rural Health Day Nov. 20!**

Federal and state offices of rural health and many other rural partners encourage you to celebrate National Rural Health Day on Nov. 20 to showcase rural America and highlight efforts in addressing the unique health care needs of rural communities. Join a series of free webinars highlighting the good work being done to improve health care in rural America. Click [here](#) for more information.

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# CPCA Newsletters

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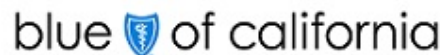
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