



Bureau of Primary Health Care

Health Resources and Services Administration

FY 2013 PCA NCC Technical Assistance Presentation

PCA NCC Progress Report



Event: PCA NCC training

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Start and End Time: 1:00-2:00 PM

Duration: 60 minutes

Transcript

Welcome and thank you for standing by. All participants are in listen-only mode. During the question and answer session please press star one on your touch tone phone. Today's conference is being recorded. If you have any objections you may disconnect at this time. I will turn the meeting over to Ericka.

Hello and welcome to the PCA NCC training call. I would like to point out some housekeeping items. On the left-hand side, you will see a couple of pods. We've been able to upload the presentation to a couple links. The pod is entitled web links pod for internal staff that have logged on. You can click on the internal SharePoint link. For the grantees just click on the external grantees link and open up the website for the PCA TA website where the presentation and FAQs can be downloaded. If you look at the file share, there is a grantee FAQ PDF. And of course we have the dial-in number and the pass code for those that are logging on just now. Without further ado I'd like to turn the call over to Jim Macrae, the associate administrator.

Thank you. Happy holidays, everyone. Thank you for participating on today's call. We are, to be honest; pleasantly surprised we have as many people on the line as we do, given the impending holidays. We really appreciate your time and attention to this important effort. We are very excited to share with you the competing continuation application for primary care associations. We hope given your experience over the last several weeks and months that this will not be a surprise in terms of what we're asking you to do. This is a continuation of the efforts that we have begun since September, so look at your work plan to give us updates and most importantly to talk about your progress or some of your challenges in terms of meeting the goals and objectives that you've set. What we're going to do today is walk you through those different steps you need to take in terms of filling out the program narrative and the progress report itself. I hope it will not be considered too burdensome. It is meant to give us an update on where you are and where you potentially are headed given any changes. I think that's really the last important point I want to stress before I turn it over to our formal presenters here, really the importance again of working with your Project Officer around determining, "What are the most strategic things that we can do to help Health Centers in our state and/or region meet the different program requirements?" What can we do collectively to impact on their clinical performance? Also what can we do to help them improve their financial performance? In addition to just some of the core pieces of work we ask each Primary Care Association to do, what's most important is to have that conversation with your Project Officer around thinking strategically, what can we do as a Primary Care Association on behalf of as many Health Centers in our state to really make an impact? The other piece -- staff will talk to you more about it later in the call -- how do we use data and information to help drive that decision-making? There are a lot of tools we provided to you. In some cases they are very self-evident and explanatory. In other cases it takes a little bit of work to understand what it is we've sent you. We have some experts to help you, using that data and information, to drive where it is that we spend our time and energy and attention. I think that's really is critically important as we all move forward, because with everything on our plates we've got to focus on those things that are the most important and have the biggest impact to help us move forward.

That's in addition to the work that you do just to get information from your own Health Centers in terms of needs assessment and other activities you undertake to really understand what is it that they need -- and as you do the training throughout the project period, to get feedback on what works and what doesn't. For us, that's equally as important in terms of finding out what has been successful, what isn't, what is the best way to make an impact on some of these measures, requirements, some of these program expectations that we have of you? So with that I'm going to turn it over to our formal presenters, but thank you again for our partnership and for working together this year. Look forward to 2013 and happy holidays, everybody. Thank you.

Good afternoon. As Jim said, thank you for joining us. I'm pleased to formally introduce myself to everybody. My name is Beth Levitz, the new program contact within the Office of Policy and Program Development in the Bureau of primary health care for the Primary Care Association cooperative agreements. Turning to slide two, just some admin notes on today's call, if you are unable to access the Adobe Connect, a slide presentation is available for download on the website as well as to reference later. A replay will be available within a week of today's call, to include a transcript. Turning to slide three, just a quick overview, today I will highlight the submission process, the Standard Forms, specifically the SF-PPR, Budget Details Form and the Budget Narrative otherwise known as the Budget Justification, the Program Narrative Update, the Project Work Plan and then some resources and technical assistance contacts. I really want to thank everybody for their hard work, especially the PCA's and Project Officers for the great effort and coordination to submit the Post Award Negotiation Work Plan. The timeliness enabled us to pre-populate the Work Plans with the updated information. So that will be available within EHB in your module to work off of as you work through your continuations. Turning to slide four, you will be applying for the Non-Competing Continuation for FY '13 continuation funding. The NCC's will be submitted through EHB. The budget period will officially be April 1, 2013 through March 31, 2014. And instructions for completing the progress report are available in both EHB as well as the PCA TA webpage. It is very important that all progress reports are submitted in EHB by 5:00 p.m. on January 23 eastern times. We do encourage everybody to start as soon as possible if you haven't already. Early submission is always a good thing.

Turning to slide five, at this point you should have received a system generated EHB notification notifying you that the continuation modules were available in EHB yesterday. These notifications were sent to the Project Directors and other individuals who have the correct privileges within EHB.

Looking at slide five, it just lists the components of the Non-Competing Continuation module. On the left-hand column are the required documents, the Standard Form progress reports, the first page and the second -- the Budget Details Form, the Budget Narrative, the Project Work Plan and attachment one, the Program Narrative Update. Attachments two, three, four, five, and six are the Staffing Plan, Position Description for Key Personnel, Biographical Sketches, Summary of Contracts and Agreements and any relevant documents. They should be uploaded and are applicable when changes have occurred since your last competitive application.

Looking at slide seven, the Budget Details Form is required for the upcoming budget period as well as any subsequent budget periods within the project period. The total federal request column is pre-populated and cannot be edited. So that is static not dynamic. Section B will require a breakdown of each line item. For example the personnel, fringe benefits -- you can refer to the most recent PCA application as a reference point. Slide eight, the Budget Justification a.k.a. narrative, and the Budget Details Form. The Budget Justification should have a line item budget that explains each cost for the upcoming budget period. These line item costs should align with that presented in the Budget Details Form. There is a sample budget narrative at the PCA website. The Budget Details Form is required for each subsequent year, but the Budget Narrative is only required for the upcoming project period. So you will not need to craft a Project Narrative for each budget period, just the upcoming.

Turning to slide nine, the Project Work Plan will be structured within EHB and an abbreviated sample Work Plan is available at the PCA TA site. The Work Plan will appear as you become accustomed to -- with the addition of a progress report field that has been added for each activity including those that are added through this module. Please note that if you update, add or delete the T/TA focus area, activity description, person or area responsible, time frame, or expected outcomes (details of the activity that is pre-populated from the baseline Project Work Plan), you will be required to provide justification in the comments box. Otherwise providing comments for an activity is an optional field.

Turning to slide 10, we are coming up on the performance measure section of the presentation. There are some slides that I will quickly go through, but please don't fret that you are missing any information. Our colleagues from the Office of Quality and Data will give some more in-depth knowledge as it applies to State Profiles and the performance measures and definitions. There are four performance measures. They have not changed for this NCC. The 12-month work plan should address only the activities to be supported under this cooperative agreement, short-term and long-term training, and technical assistance needs of potential and existing Health Centers in the states or region and projected target goals for the end of the project period.

Turning to slide 11, it gives a breakdown of section A, which will address statewide and health Center T/TA activities. And requirement too will address state and regional program assistance, which is section three. With the state profiles, you may have already received your updated state profiles through your project officer, but we have even more updated state profiles that if you have not already received one, you will be receiving an updated state profile either this afternoon or tomorrow, so be on the lookout for those.

Slide 13 covers -- excuse me -- slide 14 covers section B1.a and B1.b. Slide 16 has B2.a and B2.b for referral. And if we proceed to slide 18, this is where I will turn over the presentation to my colleague, Joya, who will be able to provide more information regarding the state profiles and how to use those with your performance measures.

Thanks, Beth. Before we start this section, I'd like you to look at two of the materials we provided. One is your state performance profile and the other is the definitions page, which will give you a

little bit more detail about what are the denominators and numerators that we use? So we hope that once we discuss this, it will clarify each of the metrics including the related data system we use to calculate the percentages and also to talk about how to use your data for planning purposes and our intention behind sharing those with you. If you have specific questions about your specific state, why have this number or that number, we would highly suggest you contact your Project Officer who will then get into contact with us for any specific questions that you have after this call. So the first measure that we would like you to look at is the percent of Health Center Program grantees with no program conditions on their Notice of Awards. This metric provides the percentage of currently funded H80 grantees: the denominator was 1160 -- they do not have any active 30-day program conditions in within the last 12 months. You can go to the website that we list on the definitions page to get more clarification on what the program conditions are. But the national that we have is 96.7% of Health Centers did not have any 30-day active program conditions, which is a great number. And right next to that, you will see your state performance. What you have against that. If you have specific questions about what 30-day conditions, if you have any -- I would suggest you contact your PO for that and they can look that up for you. Next, we'll be discussing the clinical performance improvement goals. There was one clinical performance measure that dropped out this time around which is the childhood immunization. That's because for UDS 2011, we did change the measure and it no longer aligns with our Healthy People 2020 goals. That's why it's not showing up on your performance profile. We did add other performance measures, which are the tobacco measures and they are in your most recent state profile. Also you might want to take a look at the UDS manual and delve into much more detail about the clinical measures when we're done with this call. These are out of your seven clinical measures and each of the measures has a different denominator just because if a grantee did not report on that measure, we did not count them. And that does not count in your overall denominator when accounting for these measures. So the first one, if you look at it, the national number is 98%. And you can look on the side to compare that to your state goal of how many you need. The next measure is within the Healthy People is the percent of diabetic patients. Obviously all of the Health Centers are working hard to meet this. And this is a very rigorous goal and we are working hard to get there. For that if you look at the numerator, is actually the % of diabetic patients who met or exceeded the HP 2020 goal and the denominator is going to be the UDS 2011 -- so that's the most important thing you need to know is the denominator for all of these measures is also 1128, 1128 which is the UDS denominator.

The next goal is the cervical cancer screening goal, which the numerator will be your % of female patients with PAP test who met or exceeded the HP 2020 performance measurement goals of 93% or higher. And for the national, you can see it is pretty low, 1.1%. For our UDS national measure it is about -- I don't have the exact number -- but it's a pretty good number. So our numerator for that is -- what would be your % of HP 2020 and the denominator is your number of 2011 UDS grantees that reported in this clinical measure.

Next is the percent hypertensive patients with BP less than 140/90 which is 61.2% or higher. And nationally we have a pretty good rate, 56.8%. So we are close to the goal. And for the numerator, it is -- sorry -- % of hypertensive patients with BP less than 140 who met or exceeded the HP 2020 performance measure goals of 61% or higher. And your denominator would then be the UDS 2011

grantees, which is again 1128. The next one we cover is a percent low birth weight. And that one - sorry -- the numerator is % low birth rate that met or exceeded the HP 2020 goal of goal of 7.8% or lower. And your denominator again is UDS 2011, which is 1128.

Next one is the percent prenatal patients. Your numerator would be the percent who met or exceeded the HP 2020 performance measure goals of 77.9% or higher. And your denominator would be 1128. And if you look at that number nationally we have about 35.6% -- still working hard to reach that goal of 77.9% or higher for the HP 2020. Our next two are our new measures that we have -- tobacco measures. And -- you won't find comparisons in the last few years because this is a new one for 2011 but we did pretty well on those numbers. The percent of adults, your numerator is the percent of adults assessed for tobacco use, which met or exceeded HP 2020 performance measure goals of 68.6 or above. And your denominator is your number of 2011 UDS grantees. For that measure, we're actually at 74.1%. So we have our -- already exceeded the goal for that. So we're happy about that and hopefully we'll continue about that.

The next one is your % of tobacco users who received cessation advice or medication indication is 21.1% or higher. That is your numerator that met or exceeded the HP 2020 performance measure. Your denominator would be your 2011 UDS, 1128. And nationally, we're at 86.1%. So we have way exceeded that goal. And we hope to continue that. The next one we have is veering away from the clinical measures now and going to PCMH. For PCMH, the definition that we use is the measure that provides the number and percentage of grantees that currently have PCMH recognition for at least one site as of October of this year. Only sites recognized within the past three years will be considered to be PCMH recognized. And your numerator for that is the number of grantees as of October that currently have PCMH recognition for at least one site recognized within the past three years that will be considered and data includes PCMH recognition through NCQA, The Joint Commission, and AAAHC. And your denominator is again the 1128, UDS 2011 grantees. We are sending an updated profile to you. And this was the updated number that we have in -- your national number is in the old profile, 12.5 %. But actually we've updated to 13.3% that are recognized nationally. The difference is that the 12% is actually more reflective of your current active grantees but the number tends to fluctuate and the number of active grantees tends to fluctuate. So we like to use the UDS 2011 and other denominator. 13.3% is the stable number we like to go ahead with instead of using the fluctuating number, which can change month-to-month.

Last but not least, we'll go from our performance measures -- clinical measures to our financial measures. This tends to be a little bit complicated. We wanted to use the CMS national expenditure number because that is the best comparison we have to our UDS data. We wanted a close enough number for you to have something to compare against. For that one, -- sorry -- we'll break it down for you and hopefully you can follow us. If not you can definitely ask questions about that. The first part is that to calculate the numerator we have to take our UDS number and our total cost per patient number. So for that it's actually table 8A, and you will see the information around total accrued cost after allocation of facilities and administrator costs. So we had to take that number, so we took 2010 minus your 2011 and you divide that by the 2010 number. And that gives you the UDS national number that we have. And we actually compare it to

the CMS number, which you can go to the website that we listed on our definition page. At that website, you'll see the number as 4.81. Now, this number tends to change. CMS tends to update it. It might be different from what we pulled when we did -- it might be a different number that we compare to. But that's the number that you would want to compare to and that's where you get your numerator. So that would be 4.81. So if the cost increase was less than 4.81 in our UDS number, you increased -- included in the numerator of the metric number of health centers that had a cost increase less than national average than the CMS national expenditure rate, 4.81. It's a complicated measure but for this information you want to check out the CMS website again. It would be helpful for a national comparison - again we selected this -- the best measure that we have to look at. So then our last measure if you look at that is the percent of Health Center program grantees with going concern issue. This is the second of our two financial measures that we have. And as a going concern issue, typically indicative of serious issues that a health Center -- concern with near-term financial variability and solvency of that program. We really want you to look at this as a proxy to see if a trend starts to move in a bad direction and if we get further away from this %, there are issues we need to look at. The numerator -- the universe was all the grantees who submitted their 2010 report to HRSA and that had an opportunity to review that. So these other ones we got to review as of November 12 of 2012. And 2010 is actually our best number that we have because we have had the chance to review all of them. So as you know the Health Center -- about nine months after the fiscal year to submit their final data. And then we have this time to review all of them. We did focus on 2010 fiscal year because we had the most data and it was the best representation of the Health Center program at large. And each one was happening in your state. So that's why we use that. We encourage you to look at this as a proxy data and combine it with your additional granular information you have through your data that you have from your Health Center and your experience with your health centers over the years. So for those, the percent of Health Center program grantees -- if you look at the national number, it's at 98.5%. So that's a great number for us because it's only 1.5% that actually have a going concern. And again when you look at each state you really have to use as a proxy. You should just go by the number, because your denominator is a lot less than what the national is and you should just use that as a guide for your state. I've covered a lot during this call; so if you have any questions, definitely ask during the Q&A. Also e-mail us and we can definitely get back to you on t hose.

Thanks, Joya. One last note, the updated state profiles will be coming from the e-mail address BPHCPCA@hrsa.gov. They won't be coming through your Project Officers. So if the e-mail pops up in your inbox, it is not spam. Open it and download the attachment. It has some great information. We realize that there may have been some technical difficulties. You may not have been able to be able to view the formulas on slides 23 - 30. We will ensure that these are visible in the presentation that is available for download on the technical assistance website for reference later. Proceeding to slide 30, the project work plan requirements -- this table describes all of the components of the project work plan. It describes the minimum and maximum number of each component that you can have per section. Section A, the section B clinical and financial, and section C as well -- it also gives the character limit of each section. Please note as I mentioned before the progress report field is new. It has a character limit of 1000. That does include spaces and punctuation. The comments field is optional unless you update, delete, or add activities, then

it will be required. The narrative for deletion field is required if you delete pre-populated activities. If you delete activities that you added through this module and then decide to delete them later in the module, you will not have to provide a justification for those divisions.

Turning to slide 33, the program narrative update, this is attachment one. It is required. It will be required by the system for successful submission of the NCC module. Within this you will discuss broad issues and changes that have impacted the target audience is served as well as the PCA itself and overarching progress on the work plans since September 1, 2012. Please keep in mind that when you are crafting your program narrative update, you account for information that is presented within the project work plan field to avoid any redundancy in information.

And then as far as the elements of the program narrative update, there are six items. It provides an opportunity to describe any overarching progress beyond what is captured in the individual activity progress updates in the Work Plan. This will provide you with the opportunity to describe big picture progress and proposed changes. It also provides the opportunity to describe special populations and to summarize plans for upcoming needs assessments. Item 2 is similar to item one but it focuses on big picture outcomes, being the key word, as a result of the technical assistance activities including highlighting how challenges happen and have been overcome beyond what is captured in the individual activity progress and key factors updates within the Work Plan. Item three provides an opportunity to examine progress towards the performance measures goal over time through the provision of baseline and current data. This is the only place within the NCC where all elements data points will be captured and discussed. Item four provides an opportunity to describe changes in linkages and partnerships, so any changes in your collaboration -- this is also the only place in the NCC where this information is requested. Item five provides an opportunity to describe changes and updates to the staffing plan beyond what is captured in attachment 2. The appointment of special point of contact should be discussed in this section as well as challenges experienced in recruiting and retaining key staff. Item six provides the only opportunity within the module to describe plans for budget periods beyond fiscal year 2013. Proceeding to slide 34, attachments 2 through 6 should be provided as applicable. Please provide information through these attachments. There is a sample staffing plan on the technical assistance website that can be referred to for guidance. And attachment six I believe will allow up to a maximum of three attachments within EHB. So please limit it to three uploads. If necessary you can combine any documents into one attachment and upload it that way. Proceeding to slide 35, just important reminders again, progress reports must be submitted by 5:00 p.m. eastern time on January 23. We encourage you to submit early if at all possible. Please don't wait until you need to submit to draft the information provided in the narrative portion. The progress reports cannot exceed 40 pages. And the instructions do contain a table that will provide guidance on which attachments and portions of the module applied towards that 40 page limit. The structured pages do not count towards that page limit. Failure to submit the Non-Competing Continuation by the established deadline or submission of an incomplete or nonresponsive progress report may result in a delay of noticeable word issuance or lapse in funding. We don't foresee this occurring but it is always good to be aware. So everybody should submit by January 23 and forge ahead with your project period. Slide 36 – within, over on the left-hand side of your screen see a pod that does contain frequently asked questions. These FAQs are available at the technical assistance

website, but we are also providing them here for easy download. Feel free to download and print them out for yourself. You have them available for quick reference. Following today's presentation and question and answer period we are expecting some more great questions. So we will update the frequently asked questions in the early new year based on the response received today as well as if you don't think of any questions today but think of them later, please do ask your project officer or you can e-mail the BPHCPCA@hrsa.gov, and we will get you some answers.

Lastly, slide 37 lists technical assistance contacts for any questions as they pertain to your project. We encourage you to contact your Project Officer. They are your first line in answering questions, because they do have an intimate knowledge of your project. We are always happy to answer questions if you e-mail the BPHCPCA@hrsa.gov e-mail or you can call (301) 594-4300 and you will be directed to staff who can help answer your questions or address your concerns. Any budget related questions should be posed to the management specialist listed at the bottom of your notices of awards. Or you can contact Angela Wade. Her e-mail is available as well as her phone number. We encourage you to work with your GMS. And any EHB related questions can be addressed by the BPHC Helpline. The e-mail is BPHCHelpline@hrsa.gov or call (877) 974-2742. They have a great knowledge on the technical side as it applies to the components of each program. So they are a great resource if you are having technical issues within EHB. That takes us to slide 38 to prompt us for any questions. Thanks and we'll turn it back over to Erica.

Operator, you can open up the line for questions please.

Thank you. If you would like to ask a question, press star then one. Please record your name clearly when prompted. To withdraw your request, press star then two. One moment.

Holly Anderson.

Thank you. I'm from Colorado. There is a clear place in EHB for the work plan progress report. However, it's not clear in there to me where we can propose or suggest changes or deletions to goals. It is either/or. I'm not sure how to report progress and make a change for fiscal year '14. Where should we log those changes?

Please bear with me while I flip through my resources here. With the goals -- to suggest changes, you won't be able to change the wording of the goals. They are prescribed within the work plan. You can update the percentage of the performance measures within the work plan.

Beth, I'm sorry. I said goals but I meant activities. Many of our activities will change. Number, frequency, that sort of thing in part because the current year is a seven-month plan and next year is 12 months. But there may be activities that aren't relevant anymore for the next grant period.

Okay. If you referred to the technical assistance webpage, there is a document on their called the quick reference sheet. It's called quick reference sheet but it is 15 pages long. It provides great information in a walk-through of the module in EHB. So it will direct you where to click to update, add and delete any activities and changes you need to make.

Sorry. One more question. From what I can tell, if you update or delete it, you can't report on the current year. Do I have that wrong?

If you delete it, you can report on the current year in that deletion justification box. If you update it, you can still report on the current year as you will still have the progress report field available for you.

Thanks.

Please do give us a call or shoot us an e-mail if you are having additional problems as you work through the system so we can provide assistance to you. If necessary we can connect you with specific helpline staff. You can look at what you are doing on the backend and help you find the right places to click.

Once again, if you would like to ask a question, please press star then one. Jodi Samuels.

I'm with California Primary Care Association. I want to clarify in the program narrative, in terms of the statements in the guidelines about trying to avoid duplication with progress reports in the work plan -- I think that was referenced today -- that you are trying to avoid duplication or not have redundancy between the progress report -- the small parts in the project work plan and then the actual narrative. So can you clarify, do you truly mean that you don't want the same information expanded in the narrative as within the work plan? As a specific example for the special populations point of contact -- so we have something in our work plan -- a comment about who our special population point of contact -- I know it was also mentioned specifically that that should be discussed in the project narrative as well. I'm trying to get clarification on exactly what that means about avoiding duplication and redundancy.

Ultimately, it is at your discretion where to provide information. We would like to avoid duplication because it does prevent external work on both your part as well as staff in reviewing the work plans. But if you feel that we may have provided suggestions on where to get information but in the grand scheme of your information and your project it fits better elsewhere, within reason, it is at your discretion on where to provide it. The important aspect is that we do have all of the information within the module.

And as a follow-up question, to avoid duplication within the project narrative, would you prefer us to say, see progress report in work plan for something that otherwise would be duplicated? Or do you want more than that? I know sometimes it's helpful to have some of it in both places so that you are not flipping back-and-forth between two different pieces of information.

I think your point is very important. You want to make this easy on your Project Officer. If you don't mind a little brief summary in the narrative of information that's included in the work plan -- that will probably make it a lot easier for your Project Officer to follow. You can include in the narrative that details on this update can be found in this section of the work plan.

That's what I was thinking -- a little bit similar to our original application where we had everything in the work plan but also a large narrative section to expand upon those items a little more. I wanted to verify that that would be acceptable.

Thank you for that question. We appreciate your awareness for making this easy for the officer as well.

Thank you.

Andrea Martin.

This is from the region eight PCA out of Denver. I have a few quick questions. To follow-up on Holly Anderson about the work plan -- just to verify, the work plan information we put in EHB should be both a progress report of what has happened since September 1 and serve as a work plan for the April 1, 2013 through March 21, -- 2014-year, correct?

That is correct.

Okay. And so if there is -- I'm worried that I'm going to run into some problems with the character limit and things like that. Should I work with Project Officer if I have problems with the parameters of EHB on trying to do both of those items?

You should edit the activities to reflect your progress report -- edit your activities to reflect new progress report field -- sorry -- we are dealing with a little bit of handwriting issues here -- so if you edit your activities to reflect your new year activities -- what you're going to be focusing on in your new budget period, you can use the progress report field in the work plan to cover what you have already done. The work plan does function in both directions. You edit to reflect the activities you'll be doing in the current year. You will use the progress report column or field to reflect what you've done for the current activity. So it does get a little confusing because you are switching back-and-forth and using it for two functions. Any overflow information -- running into character limits, you can certainly include that in the program narrative. Make sure your entire set of documents that counts against the page limit does not exceed 40 p ages.

Perfect. Things like timeframe and outcome; those should be updated for the upcoming year? And then in the progress report we will address whatever the timeframe and outcomes of things were for the portion that we are reporting on?

Yes. And we do recognize that you are going to have some limitations in terms of what you will report because you've only had this funding since September. So it's perfectly acceptable to make a note that there has not been progress on certain activities and to give an explanation why. We know that we're not going to get a hugely robust narrative on all pieces, because you are just gearing up in some areas.

And then I have two questions that I hope will be much quicker. Number 1 is on those optional attachments that may not be applicable -- if they are not applicable do we need to upload a piece of paper that says not applicable? I just wanted to double check.

No. EHB is a program that will allow you to successfully submit without any documents uploaded for attachments two through six.

Great. And for the calculation of our current progress toward the PCA goals for the Healthy People 2020 measures specifically, since the measures themselves that are being pulled out are different for example for competitive application it included the immunization measure -- now it does not include that but it does include the two additional tobacco -- it's okay that our baseline percentage is based on a different number of items than the current percentage? Does that make sense?

That should be fine. It's reflective of what changes have happened.

Okay. So we'll just use the total number that's provided in the state performance profiles.

Yes.

Thank you so much. That is it. I appreciate it.

At this time I show no questions in the queue.

And as one last note, any questions that you may have regarding the instructions themselves or the process as a whole, please feel free to e-mail BPHCPCA@hrsa.gov. Your Project Officers are working hard within your profiles and we can take care of the questions regarding the instructions and the process if you do e-mail us or feel free to call the (301) 594-4300 number as well.

And with that, thank you. I will turn it back over to Ericka Login.

Thank you. That concludes the training call for today. Thank you and have a great day.
