

**Health Center Controlled Networks Funding Opportunity Announcement TA Call
HRSA-13-267**

**Moderator: Joanne Galindo
February 13, 2013**

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference. At that time you may press Star 1 on your touch-tone phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the call over to Ms. Joanne Galindo. Thank you. You may begin.

Joanne Galindo: Thank you. Welcome to the technical assistance call for the Fiscal Year 2013 Health Center Controlled Network or HCCN funding opportunity and that's HRSA-13-267. I'm Joanne Galindo, a Public Health Analyst of the Office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

Before we begin I want to point out that the slide presentation is available on Adobe Connect at <https://hrsa.connectsolutions.com/fy2013hccn>. And you can just log in as a guest. If you received an email announcement about this call the link to the Adobe meeting was included in that message and you can also reach that link at the HCCN technical assistance (TA) Web page at <http://www.hrsa.gov/grants/apply/assistance/hccn>. And a recording of this call will be posted on that technical assistance Web site about one week after this call.

So as we move to Slide 2 you'll see the agenda for the call. Again Slide 2 provides the agenda for the call. To begin we'll briefly explain the Bureau of Primary Health Care's quality strategy and progress on goals focused on Electronic Health Records or EHR, Patient Centered Medical Homes which is PCMH, and clinical outcomes and how that relates to the Health Center Controlled Networks.

And then we'll move into a basic overview of the HCCN funding opportunity announcement including the eligibility requirements, the program requirements, award information, and an explanation of participating health centers. Next I'll go over the submission process and outline application components including the project work plan. Today's call will conclude with a review of resources, who to contact for technical assistance, and important reminders, followed by a question and answer session.

On Slide 3 you'll see an outline of the Bureau of Primary Health Care's quality strategy that's focused on better care, healthy people and communities, and affordable care. Health Center Controlled Networks are part of this overall quality strategy.

The quality strategy focuses on five key areas with respect to quality improvement. The first is to make sure that all health centers have strong quality assurance/quality improvement systems and that they fully implement their plans. The second priority for the Health Center Program is the adoption and meaningful use of Electronic Health Records. It's critically important that health centers have access to EHRs. A third piece of our quality strategy is the effort for all of our health centers be recognized as Patient Centered Medical Homes. The fourth piece is that the quality strategy is actually improving clinical outcomes. We demonstrate this by

improvement on UDS clinical measures to meet or exceed Healthy People 2020 goals. And the fifth priority is the focus around work force and team based care. You can see that Health Center Controlled Networks fit in as a key part of this whole quality strategy.

On Slide 4 you can see that we've made some significant progress in terms of quality strategy goals that are a focus of the HCCN funding opportunity.

In the 2010 UDS (or Uniform Data System), 82.6% of health centers met or exceeded performance on at least one of the UDS clinical performance measures that align with Healthy People 2020 goals. We've made significant progress on this goal as now 98% of Health Center Program grantees have met or exceeded performance on Healthy People 2020 goals. We want to continue to push in terms of getting all health centers to meet or exceed goals on not just one measure but on multiple measures.

In addition, health centers have significant progress in EHR adoption. In 2011, only about 20% of our health centers had no EHR capability and more than 65% of health centers now have EHRs in use at all of their sites and with all of their providers. Another about 15% have EHR in use at some sites but not all sites.

In terms of Patient Center Medical Home recognition, as of May 2012, 8.3% of the health center grantees have PCMH recognition and as of now it is closer to 9.6%.

This information is available on the HCCN technical assistance Web page as you are developing your applications at a national and a state level which shows Health Center Program EHR adoption rates, PCMH recognition, and

quality improvement to meet Healthy People 2020 goals. The material online is slightly older than what's in this - some of the statistics that I've just given you - but it still gives a good idea of our progress to date in these areas.

So now that you know about the quality strategy and goals, let's go to Slide 5 and talk about the HCCN funding opportunity announcement.

The purpose of the HCCN funding opportunity is to support the adoption, implementation, and meaningful use of health information technology and technology-enabled quality improvement strategies in section 330 funded health centers.

For this grant opportunity we have approximately \$2 million available for an estimated three to five grants. And the project start date will be August 1, 2013, for a project period up to 3 years.

Slide 6 provides the basic eligibility requirements. To be eligible, the applicant organization must meet all three of the following requirements.

It needs to be a public or private nonprofit organization, be either a practice management network or a HCCN that is controlled by and acting on behalf of health centers that are funded under section 330 of the Public Health Service Act.

And for purposes of this FOA the term controlled means that the governing board contains a majority of health center representatives and health centers have the collective authority to appoint or elect a minimum of 51% of the HCCN board members.

Or if they are not a network, the applicant must be a health center funded for at least two consecutive preceding years under section 330 of the PHS Act applying on behalf of a HCCN.

All applicants must also provide evidence of at least ten Health Center Program grantees committed to participating with the HCCN to achieve the three goals of the grant program. I'll describe more about the participating health centers after we talk more about the program requirements.

While an applicant does not have to be a current HCCN they should have the expertise and infrastructure in place to be able to carry out the requirements and activities of the grant program.

As a network, an organization is eligible if it is controlled by and acting on behalf of health centers funded under section 330 of the PHS Act and provides the following services: reduce costs associated with the provision of health care services; improve access to and availability of health care services provided to individuals served by the centers; enhance the quality and coordination of health care services; or improve the health status of communities.

For this funding announcement we have some exclusionary criteria listed on Slide 7. Applicants cannot be Health Center Controlled Networks that were funded in December under HRSA-13-237. So if your organization just received an HCCN grant in December, you are not eligible for this new round of grants. Also applicants cannot include as a participating health centers any health centers that are already participating with those funded HCCN grantees under HRSA-13-237. A health center cannot be a participating health center for more than one HCCN grantee. You can see the HCCN TA

Web page for a list of the current HCCN grantees and their participating health centers.

So now that you know the eligibility requirements, let's discuss the program requirements starting on Slide 8. They are detailed more fully in the funding opportunity announcement starting on Page 3.

HCCN grant recipients are required to conduct activities under each of the following three areas.

The first is adoption and implementation - and these would be activities to assist participating health centers to effectively adopt and implement a certified EHR system at all sites. These would be health centers that either do not currently have or have recently begun to implement an Office of the National Coordinator for HIT authorized testing and certification body certified EHR system.

This can include participating health centers at various stages of EHR adoption. For example, health centers that do not currently have certified EHR technology, health centers that have certified EHR in use at some sites but not all sites, and health centers that have just begun to implement certified EHR technology.

The goal of these activities is to effectively adopt and implement a certified EHR system at all sites by the end of the project period.

On Slide 9 the second program requirement is meaningful use. Applicants will propose activities to assist participating health centers to become

meaningful users of the EHR system and have their providers receive EHR incentive payments.

These activities will support participating health centers in making the necessary technical upgrades and workflow changes to meet all stages of meaningful use requirements under the Medicare and Medicaid EHR incentive programs and securing and maintaining incentive payments through all stages of meaningful use.

On Slide 10 the third program requirement is quality improvement. Applicants will propose activities to assist participating health centers that have an EHR to advance their quality improvement initiatives to improve clinical and operational quality, reduce health disparities, and improve population health through HIT by leveraging existing strengths to foster continuous quality improvement.

The goals of these activities are to improve participating health centers' clinical quality measures beyond the Healthy People 2020 goal level and to achieve Patient Centered Medical Home recognition.

Examples of activities that fall into each of the three areas can be found in appendix A of the funding opportunity announcement.

Slide 11 indicates the annual award limits for each grant. The yearly maximum amount that an applicant can request is dependent upon the number of participating health centers committed to working with the applicant throughout the 3-year project period. Applicants are required to include a minimum of ten participating health centers.

On Slide 12 we answer the question what is a participating health center? Participating health centers must be organizations funded under section 330(e), (g), (h), or (i) of the Public Health Service Act. So that would be current Health Center Program grantees. This does not include current look-alike grantees - only health centers that are funded under section 330.

And again I'd like to stress that health centers cannot be participating health centers for more than one HCCN applicant or grantee.

So now that you know the eligibility and program requirements, let's discuss the application submission process starting on Slide 13.

If your organization has already registered in grants.gov you need to ensure that your grants.gov registration and passwords are current. If your organization is not registered in grants.gov you need to register as soon as possible since grants.gov registration could take as long as one month.

There are several steps to register in grants.gov. First you'll have to make sure that you have a DUNS number and register in the System for Award Management or SAM. Pages 8 to 9 of the funding opportunity announcement have more detailed information about SAM. And after you do that you can register in grants.gov.

The entire application is submitted in grants.gov. And once the application is submitted successfully applicants will receive multiple emails from grants.gov that confirm receipt of the application and indicate whether the application has been successfully validated or has been rejected due to errors. Please check your spam folder if you do not see the confirmation and validation emails in your inbox.

Slide 14 lists the components of the application. Applicants must submit the following forms and documentation:

The SF-424, which is the Application for Federal Assistance form and in that form you upload the project abstract on line 15; the project narrative which is the bulk of the application; the SF-424A which is the budget information form; the budget narrative; and I have just two comments about the budget.

These funds may not be used to purchase equipment or supplies for use at the center level (the health center level) or for individual health center staffing so stipends for participating health centers are not allowable. Also, contracts for a substantial portion of the project activities must be thoroughly described and consistent with the work plan and the project narrative. You can see Appendix D for instructions on developing the budget.

Also required for inclusion is the SF-424B which is Assurances for Non-construction Programs; the project performance site location form; the grants.gov lobbying form; and the disclosure of lobbying activities only if applicable - only if your organization engages in lobbying. And finally, you need to submit all the required attachments and I'll go into each of these components.

Slide 15 provides an overview of the sections of the project narrative and the review criteria. There are seven sections.

The needs section is worth 15 points in the review, response is worth 25 points, collaboration for ten points, evaluative measures 15 points, resources

and capabilities 20 points, governance five points, and support requested ten points.

We're often asked about the difference between the project narrative and the review criteria sections of the funding opportunity announcement. The project narrative details information the applicant must include to provide a comprehensive description of the proposed HCCN project. And the review criteria are used by grant reviewers to evaluate how well the applicant presented the information requested. So it's important to consider both sections when you're developing your application.

Slide 16 lists the attachments. More details about the attachments can be found in Table 4 on Pages 12 to 14 of the funding opportunity announcement.

Some attachments are designated as required for completeness or required for review. And failure to include in the application those documents indicated as required for completeness will result in an application being considered nonresponsive and will not be considered for funding. Failure to include documents indicated as required for review may negatively impact an applications objective review score.

So attachment one is the project work plan that is required for completeness. We'll talk more about that in a few minutes.

Attachment two is the participating health center verification sheet and is also required for completeness. It includes contact information including the health center's H80 grant number, the CEO signature, and an indication of commitment to work towards the required goals. This is being collected in

place of all the memoranda of agreement with the participating health centers.

Attachment 3 is the participating health center map required for review. Attachment 4, the project organizational chart is required for completeness. Attachment 5, the position descriptions for key personnel and attachment 6, the biographical sketches for key personnel are required for review.

Attachment 7, staffing plan is required for completeness. Attachment 8, the summary of contracts and agreements as applicable, and attachment 9, the letters of support as applicable.

Attachment 10, Corporate Bylaws, are required for review, and attachments 11 and 12 can be used for other relative documents as desired.

So starting with Slide 17, we'll go into more detail about the project work plan which is a required component of the application. The project work plan will outline the broad level activities proposed to meet the established goals of the project and assist participating health centers in achieving adoption and implementation, meaningful use, and quality improvement including PCMH recognition.

So project work plan is expected to detail the activities to be conducted over the entire 3-year project period. The instructions for the project work plan can be found in Appendix B of the funding opportunity announcement. The template for the work plan can be downloaded from the Technical Assistance Web page. And then you can complete it in Excel and upload it into grants.gov as an Excel file.

There are two goals for each of the three program requirements. Under adoption and implementation, the first goal is the percent of participating health center sites that have implemented a certified EHR system. The second goal is the percent of eligible providers using a certified EHR system.

For meaningful use, the goals are the percent of eligible providers who have registered and have attested or applied for EHR Incentive Program payments. And the second goal is the percent of eligible providers actually receiving EHR Incentive Program payments.

For quality improvement, the goals are the percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure and the percent of health centers that achieve PCMH recognition or maintain or increase their PCMH recognition level if they already have that recognition.

Slide 18 lists the components of the project work plan. On the following slides we'll go into more detail. We have the projected goal percentage, baseline, key factors which contribute to and/or restrict progress towards the stated goals, the focus areas - and applicants must address all of the focus areas for each section, activities - where applicants must identify at least two activities for each focus area.

And for each activity, applicants must identify who will be responsible and accountable for carrying out each specific activity, the expected time frame for carrying out each specific activity, and expected outcomes. The comments field is optional.

So Slide 19 gives you a view of the quality improvement section of the work plan. Here you see the two goals and the numerator and denominator descriptions for each which are provided for you on the template. The template is an Excel file and you'll see that the blocks to be completed are highlighted yellow. You'll enter your goal in the block to the right of the goal description.

For the baselines when you enter the numerator and denominator into the Excel spreadsheet it should automatically calculate the baseline percentage for you. So you see here you have the goals the numerator and denominator which will be calculated for you for the baseline data and you're - the goal for each stated goal that you have to enter yourself as a percentage.

On Slide 20 is the section of the work plan on key factors. Applicants must include at least one key factor predicted to contribute to and one key factor predicted to restrict progress towards achieving the proposed goals.

Slide 21 shows the section of the work plan detailing the project activities. Adoption and implementation has five focus areas, meaningful use has three focus areas, and you can see on this slide quality improvement has five focus areas. Two activities are required for each focus area. They should be based on the needs of the participating health centers but for each activity then you identify at least one person or area responsible, a timeframe, and an expected outcome.

You can see Appendix A in the funding opportunity announcement for a list of potential program activities that can fall under each focus area but you're not limited to that list of activities.

On Slide 22 we have a chart that compares the UDS clinical quality measures and Healthy People 2020 goals. One of the goals for the quality improvement section is the percent of health centers that meet or exceed Healthy People 2020 goals on at least one UDS clinical quality measure.

So the following UDS clinical performance measures align with the Healthy People 2020 goals and may be used for this measure and they are: the hypertension controlled blood pressure performance rate, childhood immunization performance rate, the first trimester entry into prenatal care, the percentage of newborns below normal birth weight, the diabetes controlled HBA1C performance rates, the Pap test performance rate for cervical cancer screening, and tobacco use assessment, and tobacco cessation counseling.

UDS clinical measures also align with core meaningful use clinical quality measures.

On Slide 23 are various resources to assist with developing your HCCN application. First, of course, we have the HCCN Technical Assistance Web site. We have the HRSA Electronic Submission User guide which explains the mission process through grants.gov.

We have the Network Guide which provides information on - HIT services and support as it relates to quality improvement and the overall adoption and implementation of HIT in the safety net and the previous Health Center Controlled Networks.

We have the certified HIT product list, the Medicare and Medicaid EHR Incentive Program, the HRSA Patient Centered Medical Health Home Initiative, and Healthy People 2020.

On Slide 24 we have your technical assistance contacts. For program related questions you can contact Andrea Bainbridge in the Office of Policy and Program Development at bphchccn@hrsa.gov.

For budget related questions our grants management specialist is Bryan Rivera and his email address is brivera@hrsa.gov.

And for grants.gov related questions, if you're having problems when you're submitting in grants.gov you can contact support@grants.gov.

So I have a few final important reminders and that - the first one is that the grants.gov deadline is April 3 by 11:59 PM and that is a strict deadline. If you miss the deadline it's automatic that you will not be considered to - for the funding so please try and get your applications in as early as you can and don't wait until the last minute.

Secondly, the yearly maximum amount that an applicant can request is dependent upon the number of participating health centers and there is a minimum of ten participating health centers. Again, those health centers cannot be health centers that are already participating with current HCCN applicants and a health center can only be a participating health center with one HCCN grantee. Health centers might be involved with more than one HCCN grantee. For example they might be a member of a HCCN but then - but they can only be a participating health center under one HCCN applicant or grantee.

Again very important - applications may not exceed that 100 pages. And it's very important because the page count is screened automatically so the pages are counted automatically and then we don't even see that - those applications that are - that might be over the page limit. So please count your pages and make sure that you don't go over 100 pages.

And failure to follow those instructions and include all the required documents might result in your application being considered nonresponsive. And nonresponsive applications will not be considered for funding.

So now operator I'd like to open it up for questions and answers.

Coordinator: Thank you. At this time we will begin the question and answer session. If you would like to ask a question please press Star 1, un-mute your phone, and record your name clearly. If you need to withdraw your question press Star 2. It will take a few moments for the questions to come through. Please standby.

Again as a reminder please press Star 1 on your phone and record your name if you have a question. One moment please.

Our first question is from (Gwendolyn Young). Go ahead your line is open. Ms. (Young) we're unable to hear you. Please check the mute button on your phone.

(Gwendolyn Young): Yes. Can we count look-alikes?

Joanne Galindo: Hi. No, look-alikes are not - would not be counted as participating health centers only Health Center Program grantees that are funded by section 330.

(Gwendolyn Young): Okay.

Joanne Galindo: Not look-alikes unfortunately. Yes; however, look-alikes could be involved with the HCCN - they just wouldn't be counted as a participating health center under...

(Gwendolyn Young): Okay. Are there restrictions on the type of providers?

Joanne Galindo: No.

(Gwendolyn Young): Okay thank you.

Coordinator: Our next question is from (Alex Blair O'Connell). Go ahead your line is open.

(Alex Blair O'Connell): Yes, hi. Thank you so much. I was wondering if a 330 grantee since the December announcements were made is collaborating with an already funded HCCN but is not - but had not provided a sign on verification or created a memorandum with them at the time of their application - are they considered unaffiliated for the sake of this round?

Joanne Galindo: Yes. And you can look on our Web site with - for the list of those participating health centers but, yes, if they're just talking to the Health Center Controlled Network they would - they wouldn't yet - be in that scope of project for that HCCN so they would be available to see if they want to participate with a new HCCN applicant.

(Alex Blair O'Connell): Okay. So just to verify - if they're not on the list that was on the Web site we can assume that they're at a stage that is not yet precluding them from participating in one of the new applicants?

Joanne Galindo: Yes. Yes and you would, of course, need to confirm with that health center and make sure that they're on board with you since they have to sign the memorandum of...

(Alex Blair O'Connell): Right. Yes I just wanted to make sure they're - that health center is going to ask me if they're endangering themselves by signing on with us.

Joanne Galindo: Right. Right yes so it's up to them to decide who they want to participate with if they're not yet participating with an HCCN.

(Alex Blair O'Connell): Okay.

Joanne Galindo: Thanks.

Coordinator: Our next question is from (Robert Pugh). Go ahead your line is open.

(Robert Pugh): Yes. Can a PCA file an application on behalf of the HCCN even if they had collaborated with an already funded HCCN?

Joanne Galindo: Well a PCA - if a PCA is going to be the applicant they still have to meet the eligibility requirement of being controlled by and acting on behalf of health centers. So they still need to meet that eligibility requirement. So it depends on the structure of the PCA.

They wouldn't necessarily - strike that - the only applicant that could apply on behalf of an HCCN would be a health center. If a PCA applies they have to meet those eligibility requirements being controlled by health centers. Does that answer your question?

(Robert Pugh): Not exactly.

Joanne Galindo: So a PCA would have to be the network itself controlled by and acting on behalf of health centers funded under section 330.

(Robert Pugh): That's better.

Joanne Galindo: So the PCA - if the PCA is the applicant the PCA would need a board that is 51% health centers that they have the authority.

(Robert Pugh): Follow up then - if the PCA has other members participating in another network but the other participating members still would be a majority of the particular applying HCCN could the PCA still be the applicant?

Joanne Galindo: Yes. So what you're saying is your PCA has some health centers that are already participating with another HCCN...

(Robert Pugh): Yes.

Joanne Galindo: ...and you're looking to apply as a HCCN?

Yes, you would just have to make sure that those health centers that are participating in this application were not duplicates of health centers that are already participating with another HCCN...

(Robert Pugh): Thank you.

Joanne Galindo: ...and meet the governance requirements and the eligibility requirements.

(Robert Pugh): Yes.

Joanne Galindo: Thanks.

(Robert Pugh): Thank you.

Coordinator: Again as a reminder please press Star 1 on your phone and record your name if you have a question. One moment please. We are showing no further questions at this time.

Joanne Galindo: Okay great. Well thank you so much. Again if you have additional questions you can always send an email to bphchccn@hrsa.gov. Thank you so much for joining us today.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

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