

**HCCN NCC Technical Assistance Call**  
**April 8, 2014**  
**1:00 pm ET**

Coordinator: Standing by. At this time all participants are in a listen only mode. During today's Q&A session, if you'd like to ask a question please press star 1. Today's call is also being recorded. If you have any objections, you may disconnect at this time. Now I'd like to turn the meeting over to Ms. Katherine McDowell. Ma'am you may begin.

Katherine McDowell: Thanks, Cedrick. Welcome to the Technical Assistance call for the Fiscal Year 2014 Health Center Control Networks otherwise know HCCN, Non-Competing Continuation also known as NCC Funding Opportunity. Please take note of these acronyms as I will be referencing them throughout the duration of today's call. I'm Katherine McDowell, a public health analyst in the office of Policy and Program Development within the Bureau of Primary Health Care at HRSA.

Before we begin, I wanted to point out that the slide presentation is available on Adobe Connect at <https://hrsa.connectsolutions.com/hccn>. If you received an email announcement about this call, the link to the Adobe meeting was included in that message. You can also reach the link at the HCCN technical assistance webpage at [www.hrsa.gov/grants/apply/assistance/hccn](http://www.hrsa.gov/grants/apply/assistance/hccn). Please hold your questions until the end of the call.

Before I review the NCC, Ed Lomotan, branch chief of the Health IT Branch in the Office of Quality and Data will present some opening remarks. Ed?

Ed Lomotan: Thanks, Katherine. So hello everyone. This is Ed Lomotan, the Chief of the Health IT Branch and on behalf of the Branch and of behalf of the project officers, thank you for taking the time out to be with us and to take part in this call. As many of you know, we presented some summary data about the HCCN at our recent webinar, and we were unable to include you because you are coming in now with your end of year reports during this application, the NCC applications.

And so we are eagerly awaiting your data. And we know you're doing well. Your project officers are also on the line and listening. And we are here to help you through this process. So thanks very much and looking forward to hearing from you.

Katherine McDowell: Thanks, Ed. We're going to start with an overview of some main points. HCCNs must submit their NCCs through HRSA's electronic handbook or EHB. The HCCN NCC instructions are available at the HCCN technical assistance website. HCCNs are expected to complete NCC progress reports by 5:00 pm Eastern Time on May 7, 2014. The submissions may not exceed 40 pages. Let's touch base our participating health centers.

Please refer to the Notice of Award that you received in August of 2013 which listed the number of participating health centers required for your project. Changes to your participating health centers cannot be made through the NCC process. Please notify your project officer if there are any changes to your participating health center list. Individuals who have the ability to edit and submit NCCs for their HCCNs received a system generated email notification informing them that their progress report is available in the EHB system.

If you did not receive email instructions for how to access the NCC progress report, they are available in the EHB user guide which is posted on the HCCN TA webpage.

On the left side of slide 5, you'll notice all of the NCC components which are required in order for the progress report to be considered complete. There are two standard progress report forms equivalent to SF-424. There is a budget information/budget details form in which you'll be asked to provide Year 2 and Year 3 Federal expenses.

The budget narrative form is the same form that was used during the competitive HCCN progress and will only include Year 2 funding. The project work plan provides an opportunity to document progress. And we will talk more about this form later in this presentation. The progress report table is a new form. It will also be discussed in greater detail later on in this presentation.

Attachment 1 is the only required document which asks for narrative detail on overarching progress and future plans. Attachments 2 through 7 are optional and are to be used as needed depending on project changes. The budget information budget details form will capture the Federal funding requested for Years 2 and 3 of the project period. Please make sure the requested amount does not exceed the maximum amount that pre-populates on this form, the amount specified should correspond with your Notice of Award.

You will be expected to provide a breakdown of budgeted funds by object class categories, such as personal expenses and fringe benefits. As was in the

case of Fiscal Year 13, Federal funds may not be used to pay the salary of an individual at a rate in excess of \$181,500. **[Correction: The HCCN program does not have an individual salary rate limitation.]** For this NCC, you will not be required to list the other sources of funding. The project work plan outlines the broad level activities that have been proposed to meet the established goals of the project. The work plan also assists HCCNs in monitoring their progress towards their goals in the following categories: adoption and implementation, meaningful use and quality improvement, which includes PCMH recognition. You are expected to provide detail regarding the activities completed since August of 2013.

Slide 8 lists the components of the project work plan. For the goals, projected goal percentage and baseline data will pre-populate. You will provide current data. Key factors which were predicted to contribute to and/or to restrict progress towards data goals will pre-populate and will need to be revised as needed.

Focus areas, activities, persons and areas responsible, timeframes and expected outcomes will all prepopulate and can be revised as needed. The progress and comments field provides an opportunity for you to describe progress made to date for each listed activity. You will also need to provide additional progress and comments as well.

Slide 9 shows a section of the work plan which is organized by the quality improvement focus areas. Two activities are required for each focus area. These fields will be pre-populated. Please adjust these fields accordingly if there have been changes to your planned activities.

Slide 10 provides a screen shot of the progress report table. This is a new form in which grantees will be expected to report on their participating health centers including patient numbers and quality measures. You will see a separate progress report table for each participating health center.

For each participating health center, please report all requested data for the Healthy People 2020 measure section. If there are measures that your HCCN project has not been focusing on, you may check these fields as not applicable. Please note you'll be required to report progress on at least one Healthy People 2020 measure for each participating health center. To facilitate completion of the progress report table, slide 12 is a chart that compares the UDS clinical quality measures and Healthy People 2020 goals.

This chart is also available on the HCCN TA webpage. As previously mentioned on slide 5, attachment 1 is the only mandatory attachment which asks you to provide a brief narrative highlighting broad issues, significant progress and challenges that have impacted the HCCN project since August 1, 2013. There are five program narrative update items on the right side of the slide that focus on significant progress, changes and challenges.

Slide 14 lists various resources to assist you with your NCC submission. In particular, the HCCN TA webpage located at [www.hrsa/grant/apply/assistance/hccn](http://www.hrsa/grant/apply/assistance/hccn). On this site, you can access useful documents such as the frequently asked questions document. The contact person for program related questions is myself, Katherine McDowell. The contact person for budget related questions is Bryan Rivera.

For problems incurred when completing the forms in EHB, such as error messages when completing forms, contact the Bureau of Primary Health Care's helpline via phone or email.

Slide 16 highlights some important reminders. The yearly maximum amount that a grantee can request is pre-populated. Applications may not exceed 40 pages. You can find what's included in the page limit on Table 1, Forms and Attachments and on pages 4 and 5 of the HCCN NCC instructions.

This is a document located on the HCCN TA webpage. Failure to follow the instructions and include all required documents may result in your submission being returned for clarification. This could delay your award so please ensure a thorough submission. A digital replay of today's call will be posted on the HCCN TA webpage in approximately one week. And now I would like to open the call up for any questions.

Coordinator: Thank you. At this time, if you'd like to ask a question, please press star 1. Remember to unmute your phone and record your name clearly when prompted. If you'd like to withdraw your question, please press star 2. Once again, if you'd like to ask a question, please press star 1. One moment for our first question.

Katherine McDowell: Thanks.

Coordinator: Our first question comes from Casey. Your line is open.

Casey Ulrich: Hello. Thanks very much. I actually have a couple of questions. Do you want me just to go through them all and then you can respond once I'm through?

Katherine McDowell: Yes.

Casey Ulrich: Okay. The first is for the progress report tables. What constitutes other health information technology systems? Are you talking about electronic dental records as well as population health management tools like i2i Systems?

Ed Lomotan: Casey, hello. It's Ed Lomotan. Yes, so those types of non-EHRs or stuff that you mentioned. It may be dental EHRs, behavioral systems, analytic platforms, any of those types of things that you mentioned.

Casey Ulrich: Okay. So when in doubt, just put it in there.

Ed Lomotan: Yes, sir. Yes. Thank you.

Casey Ulrich: Okay. And then also, for new activities that we're putting into our progress report, what do you want us to put in for the comments and the progress if the activity is beginning in the next fiscal year?

Ed Lomotan: Casey, it's Ed. Can you say that again? I'm having trouble visualizing where that might be?

Casey Ulrich: If I'm going to add a new activity underneath the focus area and it's just going to be being in FY14. So you know it won't start until after August 1, 2014. What would you like me to put into the progress and comments? Would it just say, you know, work to begin for this in the next Fiscal Year?

Olivia Shockey: If you add a new activity, the system may not require you to put anything in that box. But if does require you to add something there, you can put that

note, that it's designed to be an activity for the next Fiscal Year. And I'm sorry I didn't introduce myself. I'm Olivia Shockey. I work with Katherine.

Casey Ulrich: Okay, great. Thank you. I'm just burning right through these. Internal evaluation results. Is there a particular place where you'd like us to include those or do you want us just to include those into the program update?

Ed Lomotan: I think that reasonable place would be the program update. It would be the part of the narrative section. That would be a good place I think.

Casey Ulrich: Okay. For summary of contracts and agreements, do you want us to include contracts that will be expiring during the FY13 period?

Ed Lomotan: Yes.

Casey Ulrich: Okay. So even if they have no applicability to FY14, include them?

Ed Lomotan: I think if you're reporting on your progress which is for 13, you can clarify that happened in 13. Thank you.

Casey Ulrich: Okay, alright. And same thing with key personnel that may be leaving the project. If we're putting it in a staffing plan, do you need any explanation for the exclusion of those key personnel in the new staffing plan?

Ed Lomotan: I think so. Yes, I think you might sort of put that sort of comment around, you know, this person is not there. But then - you know, the position is newly filled or it's a different kind of position that you didn't have.

Casey Ulrich: Yes. Say like we had a lot of startup activity so we may no longer need that position on the grant because we have undertaken those startup activities. So that would be an example.

Olivia Shockey: And you know, one place that you can include some information on that is Item 4 in the Program Narrative Update where you talk about challenges and for recruiting a retaining staff. Even though it doesn't quite fit that question, that might be a good place just to add a few little notes about staffing that may be changing.

Casey Ulrich: Okay. And this is my last question, I promise. For the measures that we're reporting in the progress report tables, can you clarify when we should be commenting on those because I think you mentioned something about only comment or include those that we have actively worked on with the health centers.

Ed Lomotan: Right. So I think the expectation is that - because I think each network is handling the measures a little bit differently in terms of whether they have a set of measures across all the participants or each participant - is sort of working on their own measure according to what that participant needs. So I would say for those measures on a health center level that you worked for this grant, just provide comments on those. Does that make sense?

Casey Ulrich: Okay. So only those that we've actively kind of engaged with the health center around?

Ed Lomotan: Right.

Casey Ulrich: Okay. That's it. Thank you.

Coordinator: I'm showing no further questions in queue at this time.

Katherine McDowell: Are there any other questions? We still have a little bit of time?

Coordinator: Once again as a reminder, if you'd like to ask a question, please press star 1.  
I'm showing no further questions in queue at this time.

Katherine McDowell: Thanks Cedrick. Well just as a reminder, you know I can be reached if folks have any other questions. Also, you know, please feel free to reach out to your project officers as well. So if there are no further questions, I guess that concludes today's call. Thank you so much.

Coordinator: Thank you. And that concludes today's conference. All parties may disconnect at this time.

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