

**New Access Point Performance Measures  
Technical Assistance Call**

**Moderator: Joanne Galindo  
January 30, 2013**

Coordinator: Thank you for standing by. At this time all participants are in a listen-only mode. At the end of the presentation we will conduct a question-and-answer session. To ask questions please press star 1. Today's conference is being recorded. If you have any objections you may disconnect at this time. Now I would like to turn the meeting over to Ms. Joanne Galindo. Ma'am, you may begin.

Joanne Galindo: Thank you. And welcome to the Technical Assistance Call regarding the clinical and financial performance measures for the fiscal year 2013, New Access Point application or NAP as we refer to it. I'm Joanne Galindo, your point of contact for NAP in the Office of Policy and Program Development, the Bureau of Primary Health Care.

Before we begin I'd like to point out that the slide presentation is available on Adobe Connect at <https://hrsa.connectsolutions.com/fy13nappm>, that's F-Y-1-3-N-A-P-P-M. You can click on this link to Adobe Connect on the NAP Technical Assistance website and that's at <http://www.hrsa.gov/grants/apply/assistance/nap>. If you received an email announcement about this call the link to the Adobe meeting and to the TA webpage were included in that message. And I also want to let you know

that the call is being recorded and that it will be posted on the TA webpage within a week.

So before we dive into the performance measures, Jim Macrae, Associate Administrator of the Bureau, would like to share some introductory remarks with you.

Jim Macrae: All right, thank you, Joanne. And welcome everyone to today's call. Very excited to have some, I think, great guests to describe to you both our clinical and our financial performance measures that we utilize in the Health Center Program. They'll be able to hopefully provide a great overview but most importantly, again, be able to answer a lot of your questions that you may have as you're developing your application.

For us in the Health Center Program, the clinical and financial measures are a key component of what we see health centers doing when they get funded and their ongoing efforts to improve the health of their community while doing it in a cost conscious and affordable manner. We spent a lot of time, I believe, on the last call, Joanne and several folks around the table, helping you all understand what some of the basic requirements were, The Health Center Program, making sure that you fully understood all the different aspects, and went through the various review criteria. That really is the foundation of our program in the sense that we expect all of our new organizations to ultimately become compliant with all of those different program requirements that make the program so unique. Everything from having needs assessments to management and services to governance as well as just the required quality assurance programs that everybody's expected to have.

But another key component of the program and really why we get a lot of attention for what we're able to accomplish through the program is through the activities that health centers are able to do on behalf of their patients in terms of improving their health where provided in a cost effective manner.

Being able to demonstrate that impact is so critically important I think to the ultimate success of the program and to really the impact that you all make in your communities and with your patients.

We look at performance improvement on a clinical and financial perspective as the goal. We ask folks to work with us to establish baselines, set goals, and then, over the course of their funding, to actually work towards accomplishing those goals and benchmarks or outcomes they want to achieve. We really do have a spirit of performance improvement in terms of how we approach it. And that's how we ask you to approach it in this application going forward is to provide to us your best attempt at where you are in terms of both your clinical performance and your financial performance.

And then within the application setting, you know realistic accomplishable goals that you can achieve over the 2-year funding period. We'll go through the specifics of all of those different measures so you fully understand it but we really do encourage you to take this part of the application seriously. In fact, it's why we have this separate call because we do think it's so critically important to the work that ultimately we're privileged to work with and work on behalf of the nation's underserved communities.

So again, like I said before, good luck with the application process.

Thoroughly read the application guidance, please make sure that - this is my

commercial interruption - if you haven't started the Grants.gov process start now, get it done now. We don't want anybody to have any glitches with getting that Grants.gov piece in. But most importantly, really read through the application guidance and make sure that when you develop your response and your plans and your financial performance measures that you're working towards, make sure that you fully address all the different aspects of the criteria because that is how you're going to be assessed. It is how you're doing in terms of your plans, and what your proposals are going forward. And that really is the key piece with all of the aspects of the application.

So again, good luck and, again, a huge thanks to Joanne and all the staff and our special guests who are here to present today. So thank you all and good luck.

Joanne Galindo: Thanks. So for anyone that might have just joined the call you can find the link to the Adobe Connect meeting and the presentation slides on the NAP Technical Assistance website. And that's at <http://www.hrsa.gov/grants/apply/assistance/nap>.

So one quick update about the technical assistance website, you can see that we have posted some additional materials on the website since last week and we may also be updating the data resource guide as well. So do check back on the website periodically to see if anything has been changed or added.

Relevant to today's call you'll see that we have some resources on the TA webpage regarding the performance measures. There are blank copies of the

performance measure forms and two samples as well as links to more information on performance measures and health center reporting.

So throughout today's session you'll hear us to refer to the Uniform Data System, otherwise known as UDS. And from the NAP TA website you can click on the Health Center Data, which is on the right side menu under Application Help. And that will help - there you can access the 2012 UDS Manual and presentations on UDS reporting.

Health Center Program grantees complete UDS reports yearly to provide HRSA with patient, service, and organizational data. The performance measures we'll discuss today align with the measures reported in UDS to make planning and reporting a seamless process as applicants become grantees. UDS may be new to some of you, but understanding it up front will benefit you if you do receive NAP funding.

When we reference the UDS Manual today we're referring to the 2012 UDS Manual, which is right on the reporting and technical assistance page for UDS. And that provides definitions and reporting instructions for the clinical and financial measures.

So now let's go over the agenda for the call. On Slide 2 we have the brief agenda. We have several subject matter experts helping us with this presentation today. First we have Charlie Daly from the Office of Quality and Data who will provide an overview of the performance measures for the Health Center Program. Next, Leo Fishel, Financial Consultant for the Bureau of Primary Health Care, will explain the financial performance measures followed by Candice Kugel, Clinical Consultant for the Bureau, who will go over the clinical performance measures.

And we'll end by identifying some helpful resources and finally a time for questions and answers. So now I'd like to hand it over to Charlie Daly.

Charlie Daly: Thank you, Joanne. The Bureau of Primary Health Care's mission is, as you see there, is to improve the health of the nation's underserved communities and vulnerable populations by sharing access to comprehensive, culturally competent, quality primary health care services.

One of the ways that we accomplish this mission is to work with grantees on approaches to improving their performance. For example, the clinical performance measures are used by grantees to improve their quality. With these measures we encourage applicants and grantees to improve patient outcomes by setting benchmarks for performance that are both feasible and achievable, and then working to accomplish these performance targets.

Next slide. For operational health centers, performance measures serve as a focus for dialog between project officers and grantees and reviewing progress towards goals. The baselines and goals in the NAP application are carried forward in project period reports and we trust are included in the grantee's ongoing quality improvement processes.

The performance measures are also those that grantees report in the uniform data system on an annual basis as has been described already. The UDS link on this slide provides relevant and useful information such as the latest UDS reporting manual. So with that brief introduction then we'll now take a look at the specifics of the financial and the clinical performance measures and I'll turn the presentation to Leo Fishel, our consultant.

Leo Fishel: Thanks, Charlie. Our objectives for the financial section here is to understand first of all how the measures are presented in the application, the baselines, the goals, and the contributing and restricting factors related to each measure. And secondly, understanding the financial measures themselves, what's measured, the data you need, and how the measures are actually calculated.

There are - this slide's showing you the five financial measures and you can see: two use UDS data and three use audit data. One point to be noted here, if any of you are public entities should realize that public entities do not submit the audit measures but you can submit substitute measures.

The financial measures address cost and financial liabilities. Applicants set baselines and 2-year goals in their NAP applications. And then progress is presented in the budget period progress report application.

Baselines are set using data from the calendar year and the audit period which are completed prior to the application submission. Applicants without baseline data must state when baseline data will be available. Again, goals are set to be accomplished by the end of the 2-year project period. Entities or NAPs that do not currently exist will not have baseline data but will have goals.

Again, goals are set for the project period. Goals are set in relation to baselines, not necessarily standards. Goals are set as percent change and absolute values. And goals should be reasonable, achievable, and represent improvement. Goals should also be logically consistent between the measures. By logically consistent it would be questionable to say that working capital for instance will improve significantly without seeing a

corresponding increase in profit or long term debt. Similarly it would be questionable to say net assets will decrease without a corresponding decrease in working capital or increase in long term debt.

This next slide shows the format for presenting the measures and this format is used for each of the measures. We'll look at individual sections of this format. First of all, the focus area and the measure shown in the form along with a gold description, again, shown as an annual rate of increase and absolute target at the end of the 2-year period.

And this example is saying, by the end of the project period maintain a rate of increased not exceeding 5% per year such that the medical cost for medical visit is less than or equal to \$164.83 at the end. And that would be at the end of the project period.

The numerator and denominator are described for each measure. And then the baseline is presented in each measure. Now the baseline data to the extent it - for the two UDS measures, we'll use the UDS defined definitions in the UDS manual and we are showing the link to the manual here.

You should also be aware that the - for these NAP applicants - and I think this is stated in the guide, that the project period should be assumed to begin in September 2013 and end in August 2015.

And keep in mind that if you're projecting forward and you're using - let's say, calendar year 2012 baseline and you're projecting to the end of the project period, it's not a 2-year projection. It would be 2 years and 9 months. So keep that in mind when you're doing your goals and your projections.

Another couple of points about baselines, if you are a brand new entity or what we often refer to as a paper start, you will not have baseline data and you can use a zero. But you would set a goal. If you're an established entity and proposing to start a new site that doesn't exist you can use or estimate your baseline data from your existing experience at other locations.

Each measure asks you to identify key factors, actions, and comments at least one contributing and one restricting factor should be described. Contributing factors are those things that positively affect the measure and restricting factors negatively affect the measure. For each factor at least one action which will affect the factor and measure should be described.

Now this is the - this slide describes the data needed for the financial measures. The two financial measures using UDS data are for the NAP only and exclude data related to the other sites the applicant may operate. So again, we're forecasting the performance for the NAPs site only, not for the whole organization.

The three measures using audit data are intended to measure the organization's financial operations and financial condition and by definition include all activity included in the audit. We're looking to appraise the financial operation and well being of the entire entity that's making applications. So this is may include activity that's outside the existing or proposed scope of federal project.

Calendar year patient data is needed. We need an unduplicated count of patients in the calendar year for the total cost per patient measure. Okay.

Okay, I'm sorry, Slide 17, calendar year cost data. We have two elements here, total cost which is defined by UDS Table 8A. It's total cost before - which includes facility and administrative costs and excludes donated or in kind costs.

And we have medical costs, that's also found in UDS - definitions are found in the UDS Table 8A. It includes medical staff costs, medical other costs, and excludes lab, x-ray, pharmacy, and all other clinical costs.

The patient data slide, we need an unduplicated count of patients in the calendar year for the total cost per patient measure. Patients are defined as individuals with one or more reportable visits during the calendar year. And these patient counts are reported in the UDS on three tables and are defined in the general instructions of the UDS Manual.

Now reportable visits include six types of service visits as shown on the slide. Reportable visit meets the following four criteria shown on the slide. And individuals with one or more reportable visits during the calendar year are included in the total count of patients.

We need a count of reportable medical visits in the calendar year for the medical cost for medical visit measure. Medical visits are defined and reported in the UDS on Table 5. Medical visits exclude nursing visits.

This next slide shows what the measures reveal or indicate, the total cost per patient is showing the total dollar value of services provided per patient, the medical cost per medical encounter is a measure of medical cost efficiency, the change in net assets to expense ratio shows the financial performance during the audit period, the working capital to monthly expense ratio is a

measure of the organization's - the applicant's current financial condition. And the long term debt to equity ratio measures the organization's long term financial condition.

The total cost per patient is the first UDS measure. You can see the formula shown at the bottom of the slide, what we're referencing here is Table 8A in the UDS, Line 17, Column C - that's the total - where the total cost number comes from. And that's divided by visits which are found on Table 4, Line 6, Column A - patients rather - on Table 4, Line 6, Column A.

Now the numerator in the total cost per patient measure is cost - and again, this is showing you a screenshot of where that is found on Table 8A. Those of you who aren't currently reporting - well, who don't have an established site that you're making application for - would need to do a worksheet that is modeled after Table 8A to estimate your baseline.

The total cost per patient denominator, this is the count of unduplicated patients. And as noted, it can be found on three of the UDS tables. This screenshot is showing where it is found on Table 4.

The second UDS measure is the medical cost per medical visit. Again, this is a measure of medical cost efficiency. Medical cost is after the allocation of overhead and a visit exclude nursing and psychiatry visits.

The numerator for this measure is net total medical costs. And you can see it's taken from two lines on Table 8A, medical staff costs and medical other direct costs. And again, it's in Column C, that's after the allocation of overhead.

The denominator for this measure - the visit - medical visits are taken from Table 5, Line 15 are the total medical visits as shown in Column B. And we subtract from that nursing visits that are shown in Line 11, Column B. And you see that the nursing visits - well, in this case this is the national data for 2011 - amount to about 6% of total medical visits nationally.

The change in net assets to expense ratio; this is the first of three audit measures. This measures the financial performance during the audit period where the amount by which the organization increased or decreased in value during the audit period. This is the most significant of the three audit measures. This measure is also known as change in net assets as a percent of expense. This would be where the measure's expressed as a percent rather than a decimal or ratio.

This next slide shows a sample health center; it's real data. And it's showing a statement of activities or what used to be known as a statement of net income for 3 years. As you can see, the statement adds up all of the income earned and all of the expense incurred during the audit period. And the difference is known as the change in net assets. Now just knowing the amount of the change doesn't tell you how significant that change is for any given organization. So we compare that change to the size of the organization by dividing it by total expense. In this example, the income is increasing faster than the expense so the change in net assets as a percent of expense increased.

And looking at Year 3, at 13%, the increase would be regarded as significant. And in accounting, the convention is to regard any change over 5% as something - as being material or significant.

The second audit measure is the working capital to monthly expense ratio. This measures the organization's current financial condition and is regarded as the second most important audit measure. This measure's also known as months in working capital.

This next slide shows where this data for this measure comes from. This is a sample balance sheet. Total assets are the estimated value of everything the organization owns. So looking at Year 3, the total asset number is two point - just over 2.8 million. Liabilities are the value of what the corporation owes to others and in this example in Year 3 the total liabilities are nearly \$900,000.

The difference between the value of everything the corporation owns - assets, and everything it owes to others is called net assets. If you stop doing business, sold all your stuff, paid off all your debts, you would walk away with net assets. Net assets are also known as equity, capital, net worth, fund balance. The current accounting term is net assets.

The balance sheet is divided into current and long-term sections. Current assets in the example are - for Year 3 are about 2.5 million. Current assets are those assets that are - you can expect to realize in cash in a year's time. Current liabilities are those debts which are payable in a year's time. So the next 12 months of payments on a mortgage would be classified as a current liability. The payments due beginning with the 13th month would be classified as a long-term liability.

The difference between the current assets and current liabilities is called working capital. You can think of this as the 1-year cushion your organization has to deal with business disruptions like losing clinicians, reimbursement problems, and unforeseen expenses.

The next slide shows the calculation of the measure from the data we just saw. And you can see that the working capital in Year 3 for - in this example is just about 1.8 million. Now again, knowing - just knowing the value of working capital doesn't tell you whether the current financial condition is good or bad.

Dividing it by the average monthly expense for the organization compares the working capital to the size of the entity. It tells you how many months of working capital you have. So in this case, in Year 3 the organization would have just about 2.4 months of working capital.

And this last line shows that the organization could lose about \$1 million in working capital. And the remainder would be equal to about a month's worth of expense.

The last measure is the long-term debt to equity measure. And this is a measure of the organization's long-term financial condition. Generally speaking, the long term - the less long-term debt the organization has, the better its financial condition.

The next slide shows the sample measure and in this case the long-term debt to equity ratio is declining and is minimal. Long-term debt is only 8% of net assets.

And the last slide reiterates the fact that the audit measures are not relevant for public entities. It is assumed that the financial condition of the public entity is sound and will not jeopardize the federal project.

Public entities do not report the audit measures but must use the two UDS measures. Public entities may use substitute measures for the three audit measures. Selecting measures that are comparable to the audit measures but are limited to the scope of the proposed NAP is recommended. Some suggested measures might be surplus of the loss as a percent of total cost for the NAP, overhead as a percent of total cost, net collection rates, and payer mix.

Now we can move to Candice and the presentation of the clinical measures.

Candice Kugel: Hi everyone. My name's Candice Kugel and we'll be addressing the clinical performance measures. They're going to be part of your application and part of functioning of the 330 grant.

So hopefully you're - if you're on Adobe you're definitely following along. If you're doing the slides yourself you're with us on Slide 37. I'm going to start with the objectives for my part of the presentation and there - I'm actually taking the opposite approach that Leo did. I'm going to start out by presenting to you the specific clinical performance measures that will be part of the new access point application. And then I'll show you some of the forms that you're going to be filling out and what they look like so that you know what specific information you need to provide.

And then we'll also give you some resources that you can use in the process of doing that and learning to understand more about the measures.

So the required clinical performance measures are divided into two groups. Those two groups are health outcomes and disparity measures and outreach

and quality of care indicators. So I'm going to start with the health outcomes and disparity measures, there are three of those.

The first one is the diabetes measure, which is listed here. It's the percentage of diabetic patients, age 18 to 75, who's hemoglobin A1c levels are less than 7%, less than 8%, less than or equal to 9%, or greater than 9%.

Be aware of those less than and less than or equal to distinctions because they can make a difference in your - in the data calculations that you make.

This measure is calculated by looking at the population of your diabetic who's been seen at least twice during the measurement year. And you notice, I mentioned all those different categories, less than seven, less than eight, less than or equal to nine. And I have bolded on the slide here, the less than or equal to 9% because that's the category that's the category that you'll be asked to provide data for on the new access point application.

Once you're actually reporting in the UDS system you'll need to report all those categories.

There are some exclusions on the diabetes measure and there's a list of them. And it includes gestational diabetics, steroid-induced diabetes during the measurement year, patients with polycystic ovaries, and a few other things. These are some of the nuances that you need to be aware of as you're collecting your data on these measures.

And specifics of all the measures are available on the NAP website and in the guidance. And there's a list of the performance measures that really details the numerators and denominators. And once again I'm going to send you to

the UDS Manual that everybody's been talking about because that goes into the most detail about the measures and the methodology for collecting - or for calculating them.

So then back to the measures - the second one is the percentage of adult patients age 18 to 85 with diagnosed hypertension whose most recent blood pressure was less than 140/90. This would be all patients with hypertension diagnoses who were seen at least twice during the measurement year and were diagnosed before June 30 of the measurement year. And notice that it is the most recent blood pressure; you don't get to choose their best blood pressure reading.

The last one in this category is the percentage of births to - percentage of births where the infant weighed less than 2,500 grams. And this - one thing to be aware of on this one is that there are health centers with various models of providing prenatal care. Sometimes they're seeing women up until their third trimester and then they refer them elsewhere. Sometimes they're doing the full scope including attending the birth. And sometimes they're just doing the initial prenatal visit.

So if the delivery does occur elsewhere outside of the health center then the organization is responsible for finding out what the outcome was in terms of the baby's weight. And on this one the mom's report of the baby's weight is acceptable.

So be aware that the numerator and denominator for this measure is actually the number of low birth weight infants over the total number of children born rather than the number of births. And that's just a distinction that was made in order to accommodate twins and other multiple gestational births.

The next slide, we have the outreach and quality of care indicators, actually some of them. There are 11 of them. The first one is the percentage of pregnant women who begin prenatal care in the first trimester. And this is a measure of how well we're doing at outreach and access in our services to pregnant women.

There are a few nuances of this measure that I'd like to mention and one is that the first trimester is defined as 15 weeks after the last menstrual period, which for a lot of clinicians is not the way we typically define that. So it's just something to be aware of and it actually gives you a couple of extra weeks to get that first prenatal visit in.

The other thing to be aware of is the definition of the first prenatal visit, that can't be counted as a visit where the woman comes in for a pregnancy test and it can't be her intake visit where the medical history is recorded. It is the first visit with a clinician who performs a complete physical exam.

That first visit can be initiated elsewhere and - so it's really the percentage of any pregnant patients who are taking care of at your health center who begin care somewhere in the first trimester. If it does take place elsewhere you do need to be able to document that visit.

The next measure is the immunization measure and with this one you're assessing the percentage of children reaching their second birthday during the measurement year who have received appropriate immunizations. So this would be all children who turned two during the measurement year who've been seen for at least one visit who have received a total of 18 vaccines.

And I don't believe they're listed there on this slide but it is - includes four DTP or dTAP immunizations, three polio, one MMR, two HIB, three hepatitis B, one varicella, and four pneumococcal vaccines. So they would have to have all of those to be considered compliant.

The next measure is the percentage of women in the age range of 21 to 64 who have received one or more PAP tests during the measurement year or two years prior to the measurement year. So you're actually given a 3-year span for women to be compliant. And the women included in this measure, those who've been seen at least once during the measurement year.

Again, that PAP test can be done elsewhere but you would need to have documentation of that to be able to count her as compliant. An exclusion on this measure is any woman who's had a hysterectomy.

With this one, be aware that when you're calculating the measure, the population that is sampled is women aged 24 to 64, not 21 to 64, which can be kind of confusing. But what this does is it allows for the PAP to have occurred during a 3-year span. So those 24-year-olds actually may have done the PAP test done when they were 21, 22, or 23. I hope that makes sense.

The next measure is the percentage of patients who are in the age span of 2 to 17 years who have had a visit during the current year and who had their body mass index percentile documentation. They've had counseling for nutrition and counseling for physical activity during the measurement year.

So this includes actually three documented actions: the calculated BMI percentile, counseling for nutrition, and physical activity regardless of

whether their BMI was normal. So being able to accurately report on this measure may require some changes in how care is being documented. This is the type of counseling that's often done but not necessarily specifically charted.

Next is a similar measure related to adult weight screening: the percentage of patients who are 18 years and older who have had their BMI calculated at the last visit or within the last 6 months and if it was abnormal, if they were either overweight or underweight, they had a follow up plan documented. So with this one your follow up plan is for those with abnormal BMIs.

Definitions of high or low BMI are included in the UDS Manual and they are based on age. So it is important to be aware of those.

Next is the - is a tobacco use assessment measure looking at the percentage of patients age 18 years and older who were queried about tobacco use one or more times within 24 months. So this requires only that there is documentation of the patient being asked about tobacco use. So no response is included in this.

The following measure though is related and it assesses tobacco cessation intervention by looking at the percentage of patients, 18 years and older, who are users of tobacco and who received charted advice to quit smoking or tobacco - smoking or tobacco use. Documented counseling or prescription within the previous 2 years is required for inclusion in this - in the numerator. So again, this may require some changes in how counseling is being documented.

The next measure relates to management of asthma. The percentage of patients who are age 5 to 40 with a diagnosis of persistent asthma, that can be either mild, moderate, or severe, who were prescribed either the preferred long term control medication, which would be a steroid, or an acceptable alternative pharmacological therapy during the current year. Notice the specific age range of 5 to 40. Also notice that patients need to have a diagnosis of asthma, at least one visit during the year, and two visits ever.

Specific medications are listed, again, in the UDS Manual if you have any questions about that.

The next three measures or the last three that I'm going to talk about are all new for health centers in 2012. So we've had less experience with these.

The first relates to the use of lipid lowering therapies and is the percentage of patients, age 18 years and older, with a diagnosis of coronary artery disease who were prescribed a lipid lowering therapy based on current ACC or AHA guidelines during the measurement year. Inclusion requires a diagnosis of coronary artery disease, myocardial infarction, or cardiac surgery.

And back in that UDS Manual there is a list of diagnosis codes that would be - that are used to include - to determine the population for this measure. And then you need to have documented prescription for a lipid lowering medication.

The next measure is - relates to aspirin use for ischemic vascular disease: the percentage of patients age 18 years and older who were discharged alive for

acute myocardial infarction, coronary artery bypass graft, or percutaneous transluminal coronary angioplasty or who had a diagnosis of ischemic vascular disease and who had documentation of use of aspirin or another antithrombotic during the measurement year. This may be a relatively small sample but, again, consider the diagnosis codes that are listed in the UDS Manual to be sure that you're including everybody that relates to this measure.

And last but not least, the last measure in this category looks at colorectal cancer screening and it is the percentage of patients age 50 to 75 years who had appropriate screening for colorectal cancer. And what that means is colonoscopy within the past 10 years, flexible sigmoidoscopy within the last 5 years, or annual fecal occult blood tests. Documentation of testing done elsewhere can be included and patients who have or have had colorectal cancer are excluded on this measure.

The next slide talks about some additional required measures. There are two required additional measures that are not specified for you. One is an oral health measure of your choice and another is a behavioral health measure of your choice. And there's flexibility on these because that allows you to really focus on whatever initiatives you have going in those areas and to sort of personalize your clinical measures in these particular areas.

Before we finish here I'm going to provide you with a few sample measures in areas of oral health and behavioral health as suggestions that you can consider if you are not already using specific measures of your own.

You're also expected to include optional measures that reflect special populations if you're applying for funding in the special population categories

of migrant, homeless, and public housing. So you would be expected to include at least one measure that reflects the outcome of care to those patients specifically. And it could be one of the previously described measures that simply separates out the special population you're going to be serving and looks at how you're performing with that particular population. And that can be very useful.

You're also given the option of using some supplemental measures and what that allows you to do is to include measures that you may have been following or that reflect a particular clinical initiative or service that you offer that you don't feel is reflected in the required measures.

On the next slide, there's a point that we felt it was important to include here and that is that in your proposal it's important that you provide data on the clinical measures for the New Access Point target population to the best of your ability. And we realize that that can be challenging. What that means is that if your application is for an additional site and you're already a grantee, the data should relate to the proposed NAP site, not to the population that you're currently serving. If you're proposing a new start application, the data should reflect the entire target population that you propose to serve.

On the next slide, I include this because whenever we talk about clinical measures inevitably there are questions about why certain measures are included or, you know, how we came up with 18 vaccinations or, you know, why do we say women 24 to 64 on that PAP measure, or how we chose certain measures. The point here is that I want to make is that a clinical measure is not the same as a clinical guideline.

Clinical measures are a tool for measuring performance. They're a way of quantifying our outcomes and clinical guidelines are what you use in your practice to guide how you handle patients with a particular condition. So it doesn't mean that if there are additional vaccinations that you feel are important for your patients that you should only be giving the ones that are set aside in the measure.

So moving on, what I want to talk about next is the form. And a lot of what I'm going to be describing here is similar to what Leo talked to you about and so maybe a little repetition will actually be helpful.

This slide that you see now is just a screenshot of that part of the application that shows you the diabetes measure. And it doesn't have anything filled in yet by the applicant. So you can see what is provided for you already. And you can see that there are some things that are prepopulated.

The focus areas, the top left, is filled in, the very top line there as diabetes. And the performance measure itself is filled in, percentage of diabetic patients whose hemoglobin A1C levels are less than 7%, etc. And you can see that the numerator and the denominator description are also filled in. So these are standard prepopulated areas for the required clinical measures.

So I'm going to show you some different sections of this form and point out what needs to be entered. On the next slide you're going to see - well, first we'll talk about it and then I'll show you where it shows up on the form. It's actually the next line down, there's a question that says, is this performance measure applicable to your organization. And there's a yes and a no. And there are some very limited circumstances where you can check no, that a measure is not applicable to you.

Only applicants who do not provide or pay for prenatal care services can mark not applicable on those two perinatal measures that I mentioned earlier, the percentage of pregnant women who begin prenatal care in the first trimester and the measure related to low birth weight.

If you plan to provide or assume primary responsibility for some or all of your patient's prenatal care, regardless of whether you do the delivery, you're required to include the two perinatal performance measures.

So on the next slide you'll see the section that I'm talking about circled in red there where it says - it says does this measure apply to you? And you check yes or no. So there's no other clinical measures other than those two perinatal ones that can be marked as not applicable.

You are not given the option of saying, well, immunizations don't apply to us because we don't see very many children or PAP tests don't apply to us because we're not going to do GYN care. All of the other measures have to be marked yes, they are applicable.

So moving down on this form, you'll see the next line is what is your target or goal. But I'm going to talk first about baselines because you have to start with a baseline if you're going to set a goal.

So the baseline represents the starting point from which you're going to measure your trends and set your goals. We're asking that you state a baseline value for each of these measures and you can see there's a section where you state the baseline here. This could be data that you have from 2011 or 2012 or it could be if you're really brand, brand new that you report

your data for your first months of operation. And it may even be less than a year.

We want people to do everything they can to establish a baseline unless you're really not even providing any type of service at all at this point in which case you can enter zero. If you're in operation but not at the proposed site we recommend that you use your experience to come up with an estimated baseline for the new access point.

So on the next slide, we have that area circled on the form, this is what I'm talking about - where the baseline information goes. So you're going to fill in baseline year, the measure type, and all of the clinical measures that I talked about are considered percentages. I believe ratio will not apply to any of the clinical measures.

And then the numerator in the same baseline section is the number of patients that meet the identified criteria of the measure. And the denominator is the number of patients to which the measure applies. So there's not actually - you'll see, there's not actually calculated percentage but the baseline is provided with those actual numbers.

So let's go back to goals - setting goals is important part of working with these measures and the idea is to demonstrate improvement over time, in this case that time period is the 2-year project period.

So the goal of course is to be moving forward, moving upward hopefully, and/or if you're already performing fabulously to stay at a high level. In setting goals it's important to make them realistic but aggressive. So we encourage you to set challenges but to not be unrealistic.

When you set those goals keep in mind that you're not going to be graded on whether you achieve them or not. We want to see improvement of course but this is part of the culture of health care now that we want everyone to be accountable for the services they're providing and to look at what the outcome and the impact of services that they're providing are - rather than assuming we're doing a good job because we're seeing a lot of patients who seem to like us.

So it may be helpful if you haven't been using any of these measures in the past to use some benchmarks in setting your goals. And what that means is if you really have no idea of what a reasonable goal would be for these measures you can look at other organizations that have been monitoring these goals to see what kinds of results they're getting and see if you think that they are organizations you can compare yourself to. Otherwise it can be kind of a stab in the dark if you're setting goals and really don't have a firm idea of where you're starting from or where you're likely to be going.

So there are some benchmarks out there that can be relevant. There are program averages for the community health centers. And that data is - was already mentioned as something that you can look at on the HRSA website, the UDS website. And they are actually broken down by state, rural, and urban, etc. So you can try to find data that - as closely matches your situation as you can.

Keep in mind with benchmarks as they are really only meant to be used as guidelines. On the next slide, I think - yes, here we go. They can be useful in setting feasible goals and challenging goals. And they're most relevant when

the patient population is similar to yours, for example, comparing urban to urban and rural to rural.

The most important comparisons, however, are internal, which means we want you to be looking at your own data over time from year to year rather than worrying about whether you're meeting the healthy people 2020 goal.

Another point about benchmarks is that the method of reporting has an effect on both the accuracy and comparability of data. So be aware of the data source used in the benchmarks you might be using. For example, I think the Healthy People 2020 measure on cervical cancer screening uses women's reports of when their last PAP - yes, PAP test was. And that is not as accurate as looking in the chart for the documentation.

Okay, so let's look at the next slide that has the goal area circled. There's a lot of confusion about this so I'm going to have you put a little star here because that box is where you will click the percentage that you consider to be your goal for that measure by the end of the 2-year project period. And you would list it as a percentage. So if you think you're going to get to - you know, 65% of your diabetics are compliant then put that 65% there.

Right below the goal and baseline information that we've just been talking about is - there's a line that says data source and methodology and what's meant to go in there is that you identify where you're getting your data and it could be patient charts in which case you would chart - you would check chart audits or it could be your electronic health record. And I think it says EHR there.

For methodology you might say that you're using sampling or you could be using the entire patient population, you can describe that on that line there.

Next we're going to look at the section of the form that's called key factors and major planned actions. And again, Leo did talk about this and I'm going to go over it again and hopefully it will - hearing it a second time will make it make more sense to you.

This - I always tell people that this gives you an opportunity to personalize your application and allows you to talk about special circumstances or conditions that you may be anticipating or already dealing with in your organization that relates to this measure.

You're encouraged to include some description of those factors. The guidance actually wants you to identify at least one contributing factor and one restricting factor along with a description of those factors and what action you plan to take for each measure.

What's meant by contributing factors is conditions that will help you achieve your goals. Restricting factors are challenges that you're experiencing. So you would mark contributing or restricting factor and then include a key factor description.

The restricting factor might be that you had a large number of Eastern European immigrants move into your community and that's provided challenges in your organization, providing culturally appropriate care.

A contributing factor could be that you've been able to hire a National Health Services Corp position and that's going to increase your ability to open a new site. These are just examples.

And then if you have planned actions that relate to those factors you can describe them there.

The last line is labeled comment and it's just a little tiny line there but you have the opportunity in 1,000 characters or less to add anything that you want about that particular measure. And again, I encourage people to take advantage of that. If you have no baseline this would be the place to explain why and when you expect to have that.

So next I have a sample measure that is filled out on these forms. Let's look at the next slide, it uses the diabetic measure, again. And on this slide I've got little circles with arrows between them which is there to mention another point of confusion. I didn't explain earlier that on the form where it says target goal description, which is right under the - is this applicable - that you're expected to state in narrative form what your goal is for that project period for the measure. And that should match the figure that's in that other little box to the right of the baseline. So you should make the statement that we plan to go from X baseline to X goal. And that goal should match what you put in the projected data box.

The other thing I want to point out is that the baseline on this particular one is not listed as a percentage but based on the numbers entered it is 55%. So what they're saying here in this example is that they want to go from 55% on the diabetes measure to 65% of patients under control by the end of the project period.

They've listed on the next slide a contributing factor that they have a multidisciplinary clinical team and they've talked about what planned actions they want to continue with in that area. As a restricting factor, they've listed time management as being problematic, which probably everybody says that. Their major planned action for that is to hire an additional clinical staff person.

So this is what I mean about being able to personalize your application by listing those key factors and planned actions.

The additional required measures that I mentioned earlier; I wanted to follow up with some sample oral health measures. You do have flexibility in developing your own but we just provided a few samples here for you because that's something that's been asked for many times.

And these are some fairly standard oral health measures, percent of dental patients with a Phase 1 treatment plan completed in a 12-month period, percent of pregnant women with comprehensive dental exams completed during their pregnancy, and percent of children, 12 to 60 months, with a dental evaluation completed in the last 12 months.

The next slide also lists a few behavioral health measures which are some tried and true measures if you need some guidelines on these.

So they include the percent of patients with a PHQ9 screening score, that's a test that's done for screening patients for depression, screening score of greater than nine who receive counseling from a behavioral health specialist, percent of diabetic patients who've received depression screening, and

percent of clinically significant depression patients with a 50% or greater reduction in PHQ scores four months or longer after the last new episode.

On the next slide, for those of you who are applying for funding to serve a special population we have some resources that might be helpful for you in developing measures that relate to those populations.

There are some migrant specific clinical measures at the Migrant Clinicians Network website, and the homeless - National Healthcare for the Homeless Council is a good resource for that population, and National Center for Health and Public Housing is another organization that can be helpful.

As far as other supplemental measures these would be relative to special initiatives that you might be involved with such as providing a program for seniors or if there are measures that you've been monitoring over time that are really integral to your quality improvement program, you can include those.

We realize you may have a set of measures that you monitor as part of your QA and QI program and we really don't expect you to include every single one of those measures.

The last slide - I think we have two slides of resources. This one is HRSA resources that - I think we have mentioned all of these. The last slide is some national quality improvement organizations that may be helpful for you in developing your work around the performance measures.

So I think that's it. Good luck with your applications.

Joanne Galindo: Okay, and I think now that we've gone over all the performance measures we'd like to open it up for questions. Operator?

Coordinator: Yes, if you would like to ask a question please press star 1. Please unmute your phone and record your first and last name. Your name is required to introduce your question. To withdraw your question you may press star 2. Once again, at this time if you would like to ask a question please press star 1. One moment please for our first question.

First question is from (Joan Kimralski). Your line is open.

(Joan Kimralski): Yes, I have three quick questions. One is about the preferred baseline year for clinical measures when estimating from an existing experience. Can you use the 2011 outcomes from the UDS report and I - that's because there's comparative data with - to other grantees using the UDS 2011 summary report? Now I'm assuming that comparative data will not be readily available for calendar year 2012.

Charlie Daly: If I may speak to that the - we prefer that you not go back to the 2011. It would be much better to use your 2012 data even if it's preliminary data. The reason for that is as Leo mentioned, the project period that we're talking about here starts in September 2013 and goes to 2015. So if you're using 2011 data your baseline would be too far previous I think.

(Joan Kimralski): Thank you, and can you tell us a little bit about the rolling over the reporting for this NAP into the H80 grant? And if that will happen, when will it happen and what that will look like because I'm thinking it will make the H80 reporting period somewhat overwhelming. For instance, you'll be rolling over

13 measures, now you're reporting on 26 measures. So will that reporting exist separate for two years before it's rolled into the EHB?

Charlie Daly: I'm not sure if I understand the question. I think you're talking about what gets rolled over into the...

(Joan Kimralski): Electronic Handbook and the clinical measures and financial measures section.

Charlie Daly: Well, it - we're pretty consistent in having the most recent UDS data being rolled over and used to populate. So for example, in this case here we're talking about the NAP first year - you know, it's setting a baseline and so on so that when that first year is completed what gets rolled over it would be the most recent UDS reporting year. It's rolled over into the...

(Joan Kimralski): I'm actually speaking about reporting progress once after a NAP is awarded. Will the - and when you're in the Electronic Handbook. Will that progress be reported in a separate section of the EHB under a grant number that is different from your H80 grant number? Or will it be within the H80 grant?

Joanne Galindo: It will be one UDS report per year regardless of the number of sites that you have funded. So if you're funded for some NAP sites through this award you will still just have one UDS report at the end of the year.

(Joan Kimralski): I'm sorry. I'm not making myself clear. I'm speaking about the UDS report. I'm speaking about the non-continuation budget period renewal reports.

Joanne Galindo: Okay, when you do your budget period progress report you will include information about your progress on your NAP sites in that progress report.

(Joan Kimralski): I've had some experience of this and what got rolled into the EHB were all the measures that were placed within the NAP. But there were prompts to say eliminate this one because it looks like it's a duplicate. Now I'm not sure if I was being prompted to do that or if I really should have reported on it because it was from a previous NAP award.

Joanne Galindo: I think we're going to have to provide you with some special technical assistance after the point of award because some of these are issues that we'll have to work out that don't necessarily apply to this application period but apply post award how things happen. And there have been some enhancements in the processes since the last round of NAP awards. So please bear with us and if you're granted an award we'll provide some more guidance at that time.

(Joan Kimralski): And two other quick questions that are relevant to the application, will we be able to remove and replace the abstract for information on the 424A as submitted to Grants.gov? And - because that can be different. The financial information now as we submit to Grants.gov today on the 424 can be different than what's listed in the 424B. And I have had reviewers make negative comments about there being a difference.

Joanne Galindo: The information that you provide including that attachment for your abstract will be able to be viewed and edited within EHB. And there are FAQ items in our FAQ document on the NAP TA page for how to go about that.

(Joan Kimralski): Okay, thank you.

Joanne Galindo: You're welcome.

Coordinator: Our next question is from (unintelligible) and your line is open.

Woman: Yes, my question is - just to clarify, so whether or not you provide dental services you have to report on a dental measure?

Candice Kugel: Yes, that is true. And if you are contracting or referring dental services you - that could be how you measure it, you know, how many of your kids have been referred for dental care.

Woman: Okay, so is this something we are not doing in a systemic way at all. It's something that we need to do so that we can measure because we do not track that at all because dental services are hard to get for our population.

Candice Kugel: Right, well, like I say, it doesn't have to be the actual service itself but it could be the access to the service could be something you'd want to track.

Woman: Okay, thank you.

Coordinator: Our next question is from (Willy White). Your line is open.

(Willy White): Thank you; I have a question about the medical qualification personnel. We're excluding the encounters for nursing and psychiatric. Do we also exclude the cost for those personnel as well?

Leo Fishel: Yes, the psychiatry - if you look at the UDS definitions, the cost of a psychiatrist goes into the medical or the mental health cost center as does in fact the cost for psychiatric nurse practitioners. So it's just the medical personnel and their other direct cost that would be included in that measure.

(Willy White): Okay, all right, thanks.

Coordinator: Our next question is from (Heidi Zipper). Your line is open.

(Heidi Zipper): Hi, yes, thank you for today's presentation. Do current FQHCs seeking a NAP need to report clinical and financial performances only for the new sites? Or do we include the current measures for all our sites?

Candice Kugel: You need to be reporting just for the new site.

(Heidi Zipper): Okay and then how does the 2-year reporting period fit in with current FQHCs?

Joanne Galindo: We'll work on syncing that up on the backend but in terms of creating applications that are able to be reviewed consistently and equitably we need all of our applicants to propose 2-year project period, 2-year goals for the measures so that there's a standard. So if you have a longer project period, a shorter project period for your current award we can sync those things up on the backend but for the application you need to focus on the 2-year period.

(Heidi Zipper): Okay, thank you very much.

Leo Fishel: One caveat is, again, the audit measures are for the entire organization, not just the NAP.

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

Joanne Galindo: Okay, I want to go over some of the questions that came forward through our Adobe Connect in the chat. So one of the questions was can persons living with HIV or LGBT patients be considered a special population?

And for - when we refer to special populations we're referring to the three special populations that are identified in section 330 of the Public Health Service Act, which are homeless individuals and families, public housing residents, and migratory and seasonal agricultural workers. So when we say special populations that's what we're referring to and it's a funding type.

But that being said, you can include measures on unique populations within your target population. So it would be something that you would want to address in your application but it's not what we are terming a special population.

Operator, do we have any more questions on the phone?

Coordinator: Yes, we do have another question. One moment, please. Question is from (Kim Corowski). Your line is open.

(Kim Corowski): Yes, I'd like to know when you expect the UDS 2012 summary rollup report to be available.

Woman: Those reports are available in the summer and that's - they come out every summer of that reporting year. So we will be expecting them in the late summer of 2013.

Joanne Galindo: So it will be after the NAP application period just to clarify.

(Kim Corowski): Right, okay, thank you.

Joanne Galindo: And I do have a question that's on the Adobe Connect from (Diego Shmuel). If we are applying to a satellite where minimal data exists as its underserved should we use statistical analysis from DOH? And I'm not sure if I am understanding your question so if you want to call in with that question we'd appreciate it - to clarify.

And also another question, to confirm the health care and business plan required in previous NAP applications has been eliminated, correct? Yes, we don't ask for a specific health care and business plan, that's been replaced by all the performance measures. So you can consider your performance measures your plans for evaluation and performance measurements.

Another question, we are a new start applicant in the process of merging a private practice into a current non-profit. We have clinical data for the clinical measures and have financial data for each separate organization. How do we handle the baseline for the financial measures?

Leo Fishel: For the UDS measures you would use the performance data that you have available from the private practice. And for the audit measures you'd use the audit data from the applicant organization.

Coordinator: We do have another question on the phone line. We were unable to capture the participant's name. If you did press star 1 to ask a question your line is open. Once again, if you did just press star 1 to ask a question your line is open. Please check your mute button. Would you like me to move on to the next question?

Joanne Galindo: Yes, please.

Coordinator: All right, one moment, please. Our next question is from (Patricia Lewis), your line is open.

(Joe Freeman): Hi, my name's (Joe Freeman). I'm not (Patricia) but I like the definition of migratory because in our state we have a lot of people coming - working different places, going out. Are you talking about people from across the border? What's your definition of migratory workers, seasonal workers?

Joanne Galindo: You can refer to the funding opportunity announcement. I believe we have the definition on Page 3 and that would mean - migratory agricultural workers means individuals principally employed in agriculture on a seasonal basis within the last 24 months who establish temporary housing for the purpose of this work.

And seasonal agricultural workers mean individuals employed in agriculture on a seasonal basis who are not also migratory. But that - the full definition is there on Page 3 and that comes from section 330(g) Part 3 of the Public Health Service Act.

(Joe Freeman): Thank you.

Joanne Galindo: You're welcome.

Coordinator: Our next question is from (Edward). Your line is opened.

(Edward): Good afternoon, one question. When we are talking about UDS information being used as a base data are we talking about UDS 2012?

Charlie Daley: In general, yes, 2012.

(Edward): Okay.

Coordinator: Our next question is from (Emma Mire). Your line is open.

(Emma Mire): Thank you, this is (Emma Mire). If during the 2-year project period we intend to open a school-based program that's less than 20 hours a week how best to reflect that in the application process?

Joanne Galindo: Let me clarify, are you saying you're only going to propose one site that is less than full time?

(Emma Mire): No, multiple sites.

Joanne Galindo: Okay, for multiple sites...

(Emma Mire): We're not doing currently doing but if we had the money as a result of the grant, that's something we would initiate because we know that the superintendent of schools in our area is very interested in working with us to that end.

Joanne Galindo: For multiple sites you would combine all that data into one performance measurement. So you would do your goals for each site but bring them all into one performance measure.

(Emma Mire): All that is school-based programs?

Joanne Galindo: All of the sites that you're proposing for NAP.

(Emma Mire): Okay. All right, thank you.

Joanne Galindo: You're welcome. And while the operator checks for other questions via telephone there was a question submitted through the Adobe Connect meeting asking about a current grantee who's proposing a NAP and they wanted to know if they could use their current performance measures as a jumping off point for developing their new performance measures for this new area.

And the answer to that is yes. There's some FAQs that address this in our FAQ document but we want you to make sure of is that if you're using your current measures to extrapolate to what you think is going to happen at this new area that you consider whether the populations are equivalent, services are equivalent. We want to make sure you kind of thought through whether what you're doing currently makes sense for what you expect to have happen at this new site. So refer to the FAQs for more details on that.

Coordinator: Our next question is from (Kim Comrawlski). Your line is open.

(Kim Comrawlski): Yes, if your performance site does not yet have an address, they're working on it at the moment, how do we handle in Grants.gov the performance site location form? So there's no postal address. There was one but it's being subdivided. It's going to have a new number. This would be, like, a school-based health center that wants - they're parceling out the land so that the post office will give it its new number but we don't have the number yet.

Joanne Galindo: So in Grants.gov a close enough address is okay for that project performance site location form. But please note that when you get into the EHB component of your application you will need the exact address for your new access point site for your Form 5B.

(Kim Comrawlski): Thank you.

Coordinator: Our next question is from (Dawn Casadence), your line is open.

(Dawn Casadence): Hi, good afternoon. My question is related to eligibility. Within the eligibility guidelines on Page 7 it states that the application proposes to establish a new access point which is not currently in the approved scope of project of any health center receiving section 330 grant support.

In our region in the past we have had an FQHC serving a whole region and based on data was able to show that there was such a small percentage of people from one community being served that we received another new access point to serve that community specifically. Is this eligibility a blanket eligibility or is there a case being made for populations perhaps not being served by the 330 that's within its scope?

Joanne Galindo: Yes, I just want to clarify what scope means. That means in this case the exact address of the NAP site. So you could not propose a NAP site at an address that already has a health center located there. You can however have in your service area a zip code that may already be partially serviced by another health center. So it's not the zip codes that are - that we're looking at for the scope. We're looking at the exact site address.

(Dawn Casadence): Okay, thank you very much.

Joanne Galindo: Sure.

Coordinator: And our next question is from (Willy White). Your line is open.

(Willy White): Yes, I had a question about service area data. There - in the UDS Mapper you can look at service areas by zip codes which - and/or I guess you can look at census tract information as well. In terms of the New Access Point service area is UDS Mapper information appropriate or should it always be at the census tract level?

Joanne Galindo: Well, you'll need to define your service area based on the area you actually plan to serve. So that might be a zip code, that might be multiple zip codes, that might be all of one zip code and part of another. So don't let the available data in terms of what's in UDS Mapper determine your service area. Determine your service area based on what's realistic in your community. You know, there may be - like, a river that runs through part of a zip code and that river might be a natural boundary for where you decide to draw your service area.

In terms of data points that HRSA is going to use to calculate different parts of your application, it states in the finding opportunity announcement that we will be looking at zip codes in terms of defining the areas that is within your service area and looking at priority points. So just know that that's something that HRSA will do but we're not asking you to confine yourself to using zip codes when you're defining your service area. It needs to make sense for you. But on your Form 5B we'll need to list the zip codes that are included in your area.

(Willy White): Okay, and also we need to list the census track data within those zip codes?

Joanne Galindo: Census tracks are requested on the Form 5B, yes.

(Willy White): Okay, also in related to designated MUA/P, those are listed by census track. So we would need to list the census track and the designation MUA/P as well as HPSA designation for those areas?

Joanne Galindo: On Form 1A, you're asked to provide information about MUA/MUP and you'll actually provide the number associated with that MUA/MUP ID. So if you have further questions along this line just send them in to our NAP inbox at [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov) and we can clarify it with you.

(Willy White): Okay, could you repeat that again, the...

Joanne Galindo: Sure, it's on our TA website and it's BPHC - so Bureau of Primary Health Care, NAP - New Access Point, at HRSA.gov.

(Willy White): Okay, thank you.

Joanne Galindo: You're welcome. And it looks like we're close to time in terms of the time allotted for Q&A. So we'll take one more question and then any other questions should be referred to that inbox that I just cited.

Coordinator: And our last question is from (Kerry Mitchell). Your line is open.

(Kerry Mitchell): Hi, how are you?

Joanne Galindo: We're well, thank you.

(Kerry Mitchell): This is a follow up question to the one that was just asked before the previous question regarding the eligibility criteria that no proposed NAP site can be in any Health Center Program grantee's scope of project. Does this also apply to FQHC look-alikes that have a scope of project established through Form 5A and 5B in the EHB for a look-alike application purposes?

Joanne Galindo: No, look-alikes are eligible to apply for sites that are in their look-alike scope of project. What we're trying to avoid is a current grantee who's operating multiple sites coming in as a NAP for one of those sites that's currently in operation in their scope. That doesn't make sense in terms of expanding to new areas, new patients, everything that we want to do with NAP. But for look-alikes, you're not receiving grant dollars within the Health Center Program. So your current sites and patients would certainly qualify as new within the Health Center Program in terms of grant dollars.

(Kerry Mitchell): Great, thanks. So with these performance measures that were the focus of today's presentation we could conceivably use the numbers for the UDS report that's coming due on February 15? And obviously reestablish 2-year timelines and target goals related to the proposed project?

Joanne Galindo: Yes.

(Kerry Mitchell): Okay, thank you very much.

Joanne Galindo: You're welcome.

We've had a couple of questions over chat related to objective review committee. Please note that when you change components of your

Grants.gov submission in EHB you can overwrite information that was provided in Grants.gov.

So I'm hearing some angst that the objective review committee might see two different data points and they'll get confused. We will definitely clarify that the EHB materials submitted trumps information that was submitted in Grants.gov if they're in conflict. But please go ahead and overwrite the data submitted in Grants.gov in the areas where you can do that. So in EHB you'll be asked to validate and verify some points of data that were provided in Grants.gov. Please go ahead and adjust them as needed so you have consistent information in your application.

And also please note that you were told previously that you're not going to be graded on your goals in terms of developing your performance measures. But the objective review committee will see your performance measures; they will see your goals. So they will consider what you've laid out in your performance measures as part of their overall evaluation of your applications.

So please don't confuse HRSA grading you with the objective review committee review of your application, which will include all of your application components. So it is important to create realistic and feasible goals as you develop your performance measures.

Candice Kugel: And also make sure that those goals are addressing the needs in your community that you're bringing them.

Joanne Galindo: Okay, so with that we'll go ahead and end today's call. We thank you so much for your time and attention. If you have further questions please send

them in to our inbox at [bphcnap@hrsa.gov](mailto:bphcnap@hrsa.gov) and we'll get back to you within a two to three day turn around. Thank you.

Coordinator: This now concludes today's conference. You may disconnect at this time.

END