

Budget Period Renewal Technical Assistance Call
Moderator: Cheri Daly
June 6, 2012

Coordinator: Welcome and thank you for standing by. All participants will be on listen-only until the question-and-answer session.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

I'd now like to turn the meeting over to Cheri Daly. Thank you. You may begin.

Cheri Daly: Thank you Melinda very much. Hi everybody. Welcome to the Technical Assistance Call for the Budget Period Progress Report, or as I'm going to refer to it throughout the call as the BPR.

Once again I'm Cheri Daly and I'm a public health analyst in the Office of Policy and Program Development within the Bureau of Primary Health Care.

A slide presentation for this call is available at the BPR technical assistance web page. If you received an email announcement about the call the URL was included. And if you didn't get the email, let me give you the BPR TA web page. It's <http://bphc.hrsa.gov/policiesregulations/continuation>.

All right so hopefully you all had some time to access that web page. And, what I'm going to do throughout this call is reference the slide numbers so you can easily follow along.

Slide 2 provides the agenda for this call. The presentation's going to start with a basic overview of the BPR Progress Report including the application due date, time, and the submission process.

Then I'm going to touch on different key sections of the BPR submission including the program narrative update, the performance measures, and the budget presentation. Today's call is going to conclude with a review of the important facts and a list of TA contacts followed by a question and answer session.

All participants are in a listen-only mode. So please make a note of any questions that arise as we go along so you can ask them at the end of the presentation.

Slide 3 provides the purpose of the BPR. If you are not familiar with whether you should be submitting a BPR or a SAC application, please check your recent notice of award for the project period and budget period details. If you're still not clear you can always contact your bureau project officer.

Slide 4 provides a basic overview of the BPR process. And just like last year, the BPR is submitted in EHB only. You do not need to access grants.gov any longer.

Although the BPR instructions are currently available on the BPR TA web page, you will not be able to access your BPR in EHB until approximately 2 to 3 months before the submission deadline.

Before we move on to the submission deadline on the next slide, I want to point out that the EHB user guide for the BPR submission will be available in EHB and on the TA webpage June 21.

Slide 5 presents the application deadlines. As you all know, the deadlines vary based on the budget period start date. So please note that the start date is the calendar date immediately following the budget period end date listed on your NOA.

Slide 6 provides an overview of the submission process. And as I mentioned earlier, notification from EHB was sent to all individuals who have non-competing continuation edit-submit privileges in EHB approximately two to three months before the deadline.

So those of you with a November 1, December 1, and January 1 budget period start date should have already received your email message. All required information must be provided in EHB. So please do not send your project officer documents related to the BPR outside of EHB unless your project officer specifically requests.

It is strongly recommended that you carefully review your BPR to ensure it is both complete and responsive before submission. Incomplete or non-responsive submissions will be returned for revision by the project officers through a request change notification in EHB.

I wanted to touch on this right now. When you're completing your application please be very thorough and responsive.

Slide 7 provides the URL for accessing the EHB along with the submission requirements. This includes the SF-PPR and the SF-PPR-2, budget information details, budget narrative, program specific forms as well as the program specific information, which are the performance measures, and the attachments. The attachments also include the program narrative update.

Slide 8 provides an overview of the required attachments and forms. The BPR instructions Table 3 on Page 7 provides a list of the required program specific forms.

For the most part, these forms have undergone minor revisions since last year. However, I wanted to point out that the Form 1C has been revised to reference the specific health center program requirements and Form 3 has been updated to collect specific income data.

Jim Macrae just walked in. And he'd like to say a few remarks.

Jim Macrae: Thank you Cheri. I apologize for stepping in in the middle of your presentation. But I did just want to take a couple of minutes and just thank everybody for participating in today's call and to stress the importance of completing the budget period renewal progress report.

Jim Macrae: It is really critically important to be able to document all of the different activities that you all have accomplished in the past year and to really provide us with a snapshot of where you are with respect to your goals that you set out in your service area competition grant application that you submitted to us.

It's really your opportunity to tell your story and to provide information behind the numbers, behind your performance, and also to demonstrate to us how you are meeting both the program requirements, as well as working to improve the health of your patients.

So, I just really want to thank everybody for being on today's call, but most importantly strongly encourage you to take the time and the effort to really tell your story. This is a key piece of documentation that we have to be able to see how you're doing. But it's also a resource that others have the opportunity to look at from various points of time to see how you're doing.

So thanks again for all that you do. And I'll turn you back to Cheri to walk you through all the particulars. Thanks everybody.

Cheri Daly: Thank you Jim.

Cheri Daly: Slide 9 provides an overview of the sections of the program narrative update. And these are the same as last year - need, response, collaboration, evaluative measures, impact, resources/capabilities, support requested, and governance.

So please take time when you are addressing your program narrative to address each item. This is critical and will assist your Project Officer in their review. Please do not attach your SAC program narrative that you completed years ago in lieu of completing the new program narrative.

Slide 10 stresses the change in focus for the program narrative update. In the update you should report the current status and you should describe any changes that have impacted your community or target population and

discuss progress made toward the plan outlined in your most recent SAC or NAP.

Most items in the program narrative update now begin with the phrase, "Report the current status and describe any changes." That's a change from last year. Once again, we want you to address each and every item in the program narrative.

Slides 11 and 12 begin a discussion of the clinical performance measures. During this discussion I'm going to highlight the changes since last year.

The items on the next two slides which I've labeled as standard clinical performance measures are the ones that should be familiar to you. And of the measures on this list as you all know prenatal health and prenatal health are the only ones that can be marked not applicable. They can only be marked not applicable if you do not directly provide or pay for these services.

Slide 13 provides a list of the new measures this year. These measures will appear in the clinical performance measures form in the EHB alongside the current performance measures listed on the previous slide. The new measures are coronary artery disease - lipid therapy, ischemic vascular disease - aspirin therapy and colorectal cancer screening.

You can choose to either include these measures in the BPR or you can mark them as not applicable. Either way you're going to be required to report on the new measures in the 2012 UDS Report. They're just listed in EHB for the BPR so those of you who want to start working on them now you can.

Slide 14 provides a list of the financial performance measures. And these have not changed. As in the past, the three audit-related measures noted on the slide with an asterisk can be marked not applicable by only tribal and public center grantees.

Slides 15, 16, and 17 provide general information about the performance measures. There are changes this year. Based on discussions with the Bureau Clinical Advisors and Project Officers, they thought it would be helpful if the baseline data was pre-populated from the last SAC, NAP, or BPR application with no opportunity to edit for all of the clinical performance measures except for the new the lipid therapy, aspirin therapy, colorectal cancer screening, oral health, and behavioral health.

Also, the projected data field will be pre-populated from the last SAC, NAP, or BPR application with no opportunity to edit. But, if it's not reflective of the current project, you certainly can make any comments that you would like in the comment field.

If you're no longer tracking a previously defined Other performance measure, you can mark the measure as not applicable this year to keep it from pre-populating in future BPRs and SAC applications. However, once you do this, the field will require you to add a justification in the comments field.

Also any information that will not fit on the performance measure form should be included in the Evaluative Measures section of the program narrative. Please note that any information included in the program narrative will definitely count against your page limit.

On Slide 16 we've introduced the key factor information (contributing and restricting) in read-only format where it's applicable to assist with descriptions in the Progress Toward goal field. And, we'd like you to use this field to assist with the Qualitative Progress Toward Goal field.

Slide 18 provides information about the budget. The budget information budget details form is the only budget form required for the BPR. This form combines the budget summary and budget categories forms and includes a third section for capturing information about the non-federal resources.

The budget information will display the recommended federal budget from your most recent notice of award to make it easier for you to ensure that you request the appropriate amount of federal funding.

The budget narrative will be uploaded to provide a line item budget for each budget category such as personnel, fringe, or supplies. Please ensure that the budget narrative provides sufficient details to show that costs are reasonable and necessary.

Also I'd like to discuss the salary limitation. This is new this year. The HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$179,700.

Slide 19 highlights important facts. Your BPR submission may not exceed 60 pages. Also, as with all the Health Center Program applications, the narrative portions of these submissions such as the program narrative should be in 12-point font.

Please double check your BPRs before submitting to ensure that you responded to all of the program's narrative items. This is really important.

Submissions with missing or incomplete information will require a request change notification from your project officer which could certainly delay your award.

Slide 20 provides an overview of sources for technical assistance. The URL is provided for the BPR TA Web site where you can access FAQs and other resources.

Once again I am, Cheri Daly, the Program Lead for the BPR. If you have any program-related questions, please do not hesitate to contact me. Please note that all BPR questions should be submitted to the email address bphcbpr@hrsa.gov.

The contact person for budget-related questions is Donna Marx. You may reach her at 301-594-4245 or dmarx@hrsa.gov.

For problems encountered when completing the application in EHB, contact the Bureau of Primary Health Care's Helpline at 1-877-974-2742.

Slide 21 provides a reminder that we will periodically update the FAQs on the BPR TA web page.

Finally, a digital audio recording will be posted on the BPR TA web page approximately one week after this call which should be on or around June 13. The replay will be available through February 20, 2013. This information is going to be posted on the BPR TA web page.

Now I would like to open the call for any Questions. Thank you very much for your time.

Coordinator: To ask a question please press star 1 at this time - please unmute your phone and record your name - star 2 to withdraw your request. Once again star 1 at this time to ask a question.

One moment please for the first question. Once again star 1 if you'd like to ask a question.

Our first question comes from Judith. Your line is open.

Judith: When will the SAC announcement be available?

Cheri Daly: The SAC announcement will be available by June 8.

Coordinator: Our next question comes from Paula Cowen. Your line is open.

Paula Cowen: On Slide 18 you talked about the salary limitation. Is that for a base salary? Or is that for total compensation?

Cheri Daly: I'm going to defer to Donna Marx who is our Grants Management Specialist.

Donna Marx: I believe that is base salary. But I cannot say that 100%. Can you send me an email and let me find out and I'll get back to you.

Paula Cowen: Absolutely.

Coordinator: Our next question's from Jerry Meyer. Your line is open.

Jerry Meyer: I have a question regarding the budget narrative. In past years we were asked to list each and every staff person, their total salary or their total FTE, and then what percent of that salary we would be billing to the 330 grant. Is this correct?

Cheri Daly: Yes, this is correct.

Coordinator: Our next question from Bonnie McFarland. Your line is open.

Bonnie McFarland: Hi. My question is about the clinical data. What timeframe are you looking for that data to come from? Our UDS will be pretty outdated by the time our submission is submitted in November. So can you give us a sense of what that timeframe should be?

Cheri Daly: The performance measures are going to be pre-populated from your 2011 UDS. And, as was mentioned earlier, the baseline is going to be pre-populated as well as the Projected Data field. The Projected Data field can be edited, but you cannot change your baseline data.

(Bonnie McFarland): Okay, so what you're looking for is the projections rather than some sort of an interim measurement.

Cheri Daly: Correct, yes.

Coordinator: Next question from Debbie Perdue - your line is open.

Debbie Perdue: Hi, I am looking at Slide 5, the budget period start dates. I just received an NGA today and my budget period is January 1, 2012. Should I be submitting a BPR this year?

Cheri Daly: Please contact your Bureau Project Officer to assist you with determining if you should submit a BPR or Service Area Announcement application.

Debbie Perdue: Okay.

Coordinator: Next question from Trilla Frasier - your line is open.

Trilla Frasier: On the salary limitation of \$179,700 per provider, does that mean that if a provider is paid more than the actual figure, it should not be mentioned in the budget that we submit for the BPR? Should we cap it at the \$179,700?

Donna Marx: Yes. You need to put the real salary and the FTE on the Form 2 – Staffing Profile. Put only \$179,700 on the federal and anything in excess of that you would put on the non-federal side.

Coordinator: And once again star 1 if you'd like to ask a question. We have a question from Heidi Zipper. Your line is open.

Heidi Zipper: With regards to a clinical question. Where can we find the performance measures for lipid therapy, aspirin therapy and the colorectal cancer screening?

Charlie Daly: The clinical measures were described in the most recent (PAL) that described the UDS changes for 2012.

Heidi Zipper: Thank you.

Donna Marx: Cheri this is Donna. When there's a good time to do so I have an answer about the fringe and the salary limit, okay? Let me know when you want me to speak on it.

Cheri Daly: Now is good.

Donna Marx: Okay, I'm going to quote from the guidance I was given. The \$179,700 amount reflects an individual's base salary, exclusive of fringe in any income that an individual may be permitted to earn outside of the duties to the applicant organization.

So that should clarify it. Fringe should not be included.

Cheri Daly: Thank you Donna.

Cheri Daly: Any other questions Melinda?

Coordinator: Bringing back Rachel Crutcher just to make sure her question was answered.

Coordinator: Rachel, your line is open.

Rachel Crutcher: Hi, so I wanted to check not only with the new measures that were new to the 2011 UDS, but also we chose last year to report on the new measures for immunizations and diabetes.

But like with diabetes the old measure only had a Goal field for one goal on HbA1c level. But the new measure had four different categories. So, will it be

set up this year so we can fill in those four different categories? Because we had to just do it in our Comments field last year during our service area competition.

Charlie Daly: Right. And I do believe that the forms are set up in the same way where they would have only the one field for reporting less than or equal to nine. And then the additional fields would be put in the comments section.

Rachel Crutcher: Okay, so even though the new UDS measure requires the four different categories?

Charlie Daly: Yes.

Rachel Crutcher: Our performance measures still won't be set up that way.

Charlie Daly: That's true. And what you're putting your finger on is something important. The measure that we have emphasize with respect to the BPR has been the less than or equal to nine measure. So in other words we've not had, you know, four different measures even though we do collect those in the UDS.

Rachel Crutcher: Okay. So when we enter in data in that field we should just enter a zero into that data field so that we would then refer down to the Comments section because the language in the service area competition stated that we had a choice between using the new measure or the old measure with less than or equal to nine. Because diabetes is something that we emphasize in our interventions, we really want to track it at that more detailed level.

Cheri Daly: Could you send your questions to the BPHCBPR@hrsa.gov mailbox so we can conduct more research on your questions.

Rachel Crutcher: Sure.

Coordinator: Next question from Mark - your line is open.

Mark: Yes hi. On the salary limitation is there a PIN or PAL or some kind of guidance so I can actually download and make sure I'm up to speed on this?

Donna Marx: Not to my knowledge sir. The only thing I'm aware of is the actual act which is pages and pages long. But again, if you would like to send me an email, let me talk with my grants management officer and see if maybe she has access to something that could be helpful.

(Mark): Okay. Thanks.

Coordinator: Next question from Lorris Morales - your line is open.

Lorris Morales: Yes hi. My question is about the performance measures. Our electronic handbook deadline is October 24.

What would be my cutoff date to update those measures? Because what we've been doing in the past is that if our deadline is in October, we'll get all the information close to what we have in October and we report on that

Cheri Daly: Well the performance measures are going to be pre-populated from your 2011 UDS.

Cheri Daly: Are you talking about Other measures that you added?

Lorris Morales: Yes.

Cheri Daly: Since they are not required, you can make changes to them.

Lorris Morales: Okay.

Coordinator: Next question from Ralph Barboza - your line is open.

Ralph Barboza: My question also pertains to the performance measures. Are we required to just provide an update on those measures or projecting what we're going to be looking toward to the next year?

Cheri Daly: Well like we said earlier they're going to be pre-populated with the 2011 UDS data. Now the Data Source and Methodology field for the clinical performance measures you are required to select the data if it's going to be from an EHR, a chart audit, or other.

But are you saying that you have other measures as well that you would like to make changes to?

Ralph Barboza: No I'm just referring to the measures that are required by HRSA.

Charlie Daly: I mean, the purpose of the BPR reporting on the clinical measures is to see essentially how well you're doing with respect to the target that you have established for yourself.

So the data field will get pre-populated. And I do believe you'll have the opportunity to comment on your performance in the Comments box. And if it's not on target, you would explain why that type of thing.

Ralph Barboza: As to our progress - we're not reporting specific.

Charlie Daly: Well you do have the option if you choose in your comments. You know, you could say, "This year our actual performance is even less than it was last year. And so we're looking at this very closely," you know, that type of thing.

Ralph Barboza: Okay. And then the last thing - there was another. We also were looking for additional information regarding the 2012 new measures. And there is a link. I just wanted to point that out, that there is a link under the health center data reporting and technical assistance, the 2012 Uniform Data System changes presentation.

Charlie Daly: Yes thank you. I always go to that Web site myself when I'm looking for (it). Thank you..

Coordinator: Our next question comes from Maria Clemmons. Your line is open.

Maria Clemmons: Hi I have a question specifically about the immunization clinical measure. And when we did our service area competition the immunization measure was different than it was in 2011. And so our progress look different or very unusual compared to what we projected.

Is the measure in the BPR going to be the one we completed for service area competition or the new measure for 2011?

Charlie Daly: Yes that's a very good question. There was a fundamental change in the immunization measure between 2010 and 2011. So for most grantees they

experienced a substantial decrease in the percent of children that are immunized.

And so what you'll see - it's a matter of timing. If your 2011 performance gets populated into your BPR then as you correctly point out the performance might well be a lot lower than was expected.

And so you can in the Comments field say something like, "The measure changed in 2011 and our performance decreased for the following reasons," or something like that so where you identify why it decreased so much. And that would be helpful.

Maria Clemmons: Okay, thank you.

Coordinator: Our next question comes from Henya. Your line is open.

Henya: Thank you. Again a question to clarify about what we're able to do to report to you on our progress in meeting the clinical performance standards - so I've understood that it'll be pre-populated with our data from our 2011 UDS report.

Cheri Daly: Yes.

Henya: And then if I've understood correctly we can't edit those numbers. But in the Comments section that's where we should describe the status of our ability to either demonstrate improvement in reporting improvement and give you new numbers or say that using the same or whatever. But that's where we should tell you if we're doing better, staying the same or doing worse.

Cheri Daly: Yes that's exactly right.

Henry: Okay that's great. Then when you get our 2012 numbers in our next UDS then those tables will change and reflect literally the documented data of our improvement or whatever. Okay I think I've got it.

Cheri Daly: Okay thank you.

Coordinator: Our next question comes from Dr. Yvette Casey-Hunter. Your line is open.

Dr. Yvette Casey-Hunter: Thank you for taking my call. Two comments, a comment and a question - I wanted to address the immunization issue as well as one of the previous speakers.

When they added influenza to the mix of what we are required to be able to complete, all the performance measures per child, that made it extremely difficult. A lot of parents still refuse the flu vaccine.

So despite getting everything else, it makes us appear as if we're being non-compliant. So what I would urge the folks who are looking at that is to take it off the list.

The second part of that is we do have patients who for religious reason or political reasons refuse immunizations, but they comply with all the other health screenings for their children and well child check-ups. And yet we're told that counts against us. It counts as a non-compliance whereas we should have the option to report those people who have refused it who happen to fall within our random sample survey.

The second question was in trying to look at the patients with ischemic vascular disease. Very few of those patients actually are managed by our health center. Most of these people wind up being maintained by the cardiologist.

So despite having a robust number of patients - less than ten actually show up with that diagnosis in our system. So how do we report on those particular individuals when they're really being managed by a cardiologist and not us?

Charlie Daly: First with respect to the ischemic vascular disease, I think the expectation is that for health center patients that have the disease and they get referred out for treatment would be incumbent upon the health center for their patients to document whatever it is - the cardiologist that they're seeing has advised be done so that there can be follow up care with the health center.

So there is an expectation that those patients would be tracked even though they're referred out. But they are health center patients.

With respect to the immunization, I think the first point was that there's been a fundamental change in the measure with respect to the flu vaccine. Well actually there's been a fundamental change within the measure with respect to rotavirus and hepatitis A as well.

Our clinical leadership group are very aware of the changes and the impact of these changes for our grantees. And so we are considering options as to what we should be doing here with respect to our expectations for grantees with respect to immunizations. So there's more to come on that particular subject.

With respect to the issue of non-compliance, although we understand, you know, that it's a very important issue when the parents refuse to have their children treated, we still do have the expectation that the immunization schedules will be met for the children that are served by our health centers.

And so those instances of refusal would indeed be considered to be non-compliant by our reporting system. That's correct.

Dr. Yvette Casey-Hunter: Well just a further comment on that - some practices have decided to refuse to accept these patients due to this very reason because it will look as a mark against them in terms of compliance.

Charlie Daly: Which patients? I'm sorry.

Dr. Yvette Casey-Hunter: The patients whose parents refuse immunization.

Charlie Daly: Oh I see.

Dr. Yvette Casey-Hunter: Some practices are saying, "Well if you don't do the immunizations, we won't render any health care at all," thereby denying them access to health care. Would you prefer that that be the posture that we take or that we render the health care that the parents are willing to accept, meaning the well child checkups, the med screenings, the anemia screenings, the vision and hearing screenings.

Charlie Daly: Yes that's great you're offering those services. But, you know, we do have the immunization measure and the requirement and the expectation that the children served by health centers would be fully immunized.

And in those cases where parents refuse, I mean, that certainly is not anything we'd endorse or think was a great idea.

Dr. Yvette Casey-Hunter: Well as a pediatrician for over 30 something years I totally agree with that. But I'm just saying that in terms of reporting, a health center should not be dinged because of the parents' choice not to. They're nowhere near the number that do comply with the immunization schedules, but I'm just thinking the organization should not be dinged for rendering and providing access to healthcare.

Charlie Daly: I understand that. And actually in reporting on that measure it would be a good opportunity if you know how many you're talking about here. You know, if it has - this single factor has a meaningful impact on your performance you could identify that in your comment so that that certainly would be taken under consideration. That would be very valuable information actually to report.

Dr. Yvette Casey-hunter: Okay, thank you very much.

Cheri Daly: Thank you very much.

Coordinator: And once again at this time star 1 to ask a question. Our next question comes from Victoria. Your line is open.

Victoria: You know, I was just hoping that there was a little bit more detail about how we really are supposed to present and address the clinical performance measures because this phone call has gotten me very confused about what I'm supposed to write.

I think I have it sorted out in my mind, but I would like to see it written down.

They're going to come off the UDS.

But, you know, in the Comments section generally I believe in the past I have written about where we are right now and why we are there and what other restricting factors or contributing factors are helping us.

Cheri Daly: Have you taken a look at the performance measure instructions on Page 22?

Victoria: No not yet.

Cheri Daly: Take a look at them and if you have any questions please send me an email and I'll be happy to discuss all this with you.

Victoria: Okay.

(Victoria): Thank you.

Coordinator: And once again star 1 to ask a question - one moment please. Thank you for standing by. I'm showing no further questions on the phone lines.

Cheri Daly: Well, thank you all very much for your time. And like I said if you have any questions please don't hesitate to call or send an email. Have a great day. Thanks again.

Coordinator: Thank you. This does conclude the conference. You may disconnect at this time.

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