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NHSC New Sites Application Cycle Webinar

Wednesday March 22, 2022 2:00 p.m. • 58:30 total length

SPEAKERS

Clark Conover, Supervisor @HRSA Bureau of Health Workforce

Nathan Baugh 00:44

Hello everyone, I want to welcome you all to today's webinar. My name is Nathan Baugh, the Director of Government Affairs for the National Association of Rural Health Clinics, and I'll also be the moderator for today's call. Today's topic is the National Health Service Corps NHSC new site application cycle. And I just want to make sure everyone knows that this webinar series is sponsored by HHS's Federal Office of Rural Health Policy, which is done in conjunction with the National Association of Rural Health Clinics. We're supported through a cooperative agreement as you can see on your screen, through the Federal Office of Rural Health Policy, and that allows you to bring you these webinars free of charge. The purpose of the series is to provide RFC staff have viable technical assistance and rec specific information. Please help us spread the word about these free webinars by encouraging anyone who may benefit from this information to sign up to receive announcements regarding dates, topics, and speakers at the NAR HC website, that's nar hc.org. When we get to the q&a portion of today's presentation, you'll see a q&a chat box actually that you'll be able to ask questions throughout. And so feel free to submit your question via text there. But then also when we get to the the q&a portion, there'll be an opportunity to unmute and verbally ask a question. As with all webinars, we're at the mercy of good bandwidth for all parties. So and we know that in rural areas, especially connectivity can go up and down. So if you have an audio or visual issue, we suggest refreshing closing out coming back in as that usually fixes the issue. But if you continue to have issues, do not worry because the recording of today's presentation will be posted on our website. Again, that's nar hc.org. So with that I get to introduce our speaker today. Mr. Clark Conover has worked with the Health Resources and Services Administration for 23 years. He's currently serving as a supervisor of the Bureau of Health Workforce BH W. Division of Regional Operations Kansas City office. Prior to working for the federal government. Mr. Conover was employed for four years with the state public policy group and the Moines Iowa working with nonprofit state associations. Mr. Conover completed a degree in agricultural journalism from Iowa State University and obtained they're still in the tournament right? They are. You must be excited about that, and obtained an MH a degree from at still University. He currently resides in Liberty, Missouri, with his wife and two children. Clark, I'm turning it over to you.

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Clark Conover 03:38

Well, thank you very much, Nathan for introduction and welcome. I want to introduce first and foremost the Bureau of Health Workforce staff who will be with us today from our division of regional I'm sorry, Division of External Affairs, Lisa Ang and Misha. And manning the q&a chat box today is our state lead from Missouri in our office Kelly Do. My name is Clark Conover. As Nathan mentioned, I am the supervisor in the Kansas City office. I was actually born in a critical access hospital and I did Grove, Iowa and my folks who are still on the farm, receive their care from provider based RHC. So this outreach is extremely personal and extremely important to me. A real quick we'll be covering these agenda items. Ending with the questions that you'll be able to ask live, we'll unmute you as you raise your hand. We'll also be again as we said in the chat box Kelly will be answering them as we go. Throughout all this, the big message we want to give is today, tomorrow the next day and up until May 10, you can apply to become a National Health Service Corps sites so as soon as as webinars over, go in and apply and we want more sites, especially from rural America. The mission of the BH W is to improve health of underserved populations. While strengthen the workforce connects skilled professionals to communities in need. We do this through education, training, and service. We listed here some of our strategies for success, how BH W achieves our mission. Very clearly, we think it's important, through our programs, work with Red Sea programs and other faculty programs is to get clinicians, nurses, health professionals into rural America, have them experience rural America and the real benefits of providing care in rural America. Not only the health systems but the communities. And then hopefully they'll stay and be retained in rural America. The American rescue and recovery act gave us a tremendous amount of resources this year 100 800 million as you can see, plus the other programs in BH W. What we were able to do in fiscal year 22 was get down into the single digits of hipster scores to fund folks are across all of our programs. I do want to mention this is our 50th anniversary this program has been since 1972, continually funded and supported by administration's and legislative bodies at the Washington level. We're very, very proud of this. We Please look forward to sharing with you a lot of activities this year, that will kick off in May, our 50th anniversary National Health Service Corps today. As you can see, behavioral healthcare is a real crisis in this country and 47% of our providers 20,000 providers in our program, the most ever, our behavioral health care providers 11% are in dental, and then the balance are medical professionals. Physicians, PDAs, nurse midwives, nurse practitioners across all of our country. staple for 50 years has been our loan repayment program. Basics has not changed much. It's still a two year commitment for \$50,000 service. This is on top of the competitive salary that the providers will receive from their employers, benefits bonuses, salary of 50,000 for two years, the providers can then extend an amendment year for year. I think the record is 14 years for provider in western Kansas. To my knowledge, they've had the program. So there's no limitation of how many years you can

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extend. The dollar amount does decrease as the extensions go on. But as long as you're in the program, this money which is tax free, is available to the providers to put towards their student debt. New this year is two programs. The first is a substance use disorder workforce Loan Repayment Program, rural clinics, who have who are offering substance abuse services, whether it's alcohol, substance abuse, opioids, and providers working in those services disorder treatments are eligible for \$75,000 For three years service commitment, this is a one time three year contract. The providers must be trained or licensed as su D treatment at approved facilities and rural clinics who are offering substance abuse disorder treatment are eligible for this program. Along with the rural community loan repayment program, you could choose one of the two assets of this program is \$100,000. For three years, they must be trained in license in su Nutri su D treatment, and they must have a rural designation now. The monkey of the room. A lot of you are rural communities, that according to CMS, you are rural community. Unfortunately or fortunately, the guide, whether rural or not, is tied to the USDA designation system. So you have to be designated as rural by USDA to be eligible for this program, not by CMS. You know, the the joke we tell folks is if you're a community that's that rural go talk to your FCS office. But in all reality we are we are tied to that USDA designation. Student disservice. This has been a very popular program with many rural communities. These are folks that we pay \$120,000 tax free loan repayment in their final year of schooling, whether it's a nurse practitioner, PA or dentist or in your final year of Medical School, they still have the residency, they come out after residency program or after school like for three years service commitment or six years for part time. They have to have the hips a score of 14 or above many rural communities we have successful on personal experiences dealing in the Midwest. on personal experiences of placing these providers. We have heavily promoted the this SOS program to our to our schools and rescue programs that focus on rural America. This has been a boon. We also have our traditional scholarship program where we'll pay for one to four years of a physician or dentist, salary, I'm sorry schooling costs, or one to three years depending on how long the PA nurse practitioners midwife schooling goes in return for service obligation of two to four years post residency or post certification post graduation. This hipster score does vary year to year, and it varies year to year by discipline. This is part of congressional language, which which has been effects since 50 years now with the National Service Corps. They find out their hips a score for 2023 fiscal year, in June of this year. So folks coming up who will be coming out in calendar year 2023. We'll find out their hip score in June of 2022. This score does vary year to year. I want to make sure we know there are other loan repayment programs are exceptionally important to us. The state loan repayment program, its cost sharing grants for the federal government to states to operate their own loan repayment programs for primary care providers. Eligible disciplines may be any of the ones with the checkmarks. You know, intimately familiar with state Nebraska. Tom routers better or longer and I have well adeptly tell you the state Nebraska has two programs. Some states do have that state funded and federally matched. Again, your state primary care office will know who will be the access or state office rural health will be the access point for those questions. You could also talk to our staff and we

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could get you to the right people. If you have questions about the state loan repayment program. This is meant to be as an asset to sites who did not have their providers or clinicians funded by one of the three federal programs that we've mentioned before. Health Professional Shortage Areas we know these are the keys to the kingdom is our dental health, primary care and mental health IT can focus on a number of different areas. They're different than medically underserved areas or population. Those are designations that are separate and are used for CMS programs. ellipses are used for 24 different federal programs across four US departments. However, the only program that the score of the hips matters is the National Health Service Corps program. When I said we've been able to fund it this year due to the American Recovery Act into synchrony digits, that single digit hip says. There are geographic hipsters and there's population hipster scores and it's certified Medicare, rural health clinics are eligible for facility score. These are scores that are specific to your Geograph to a specific to your specific clinic that you own that score. No one else can attain or use that score. It's owned by you. And the primary care offices are the point of contact on how those scores are figured. And, and the process that you go through. Here is the link to the primary care office and your state or territorial government. They are the liaison for all questions, HIPAA. And I'll talk a little bit as we get into the process of loan repayments, about site eligibility and how that pertains to hips, the scores and this cycle as we get into that area. I want you to nothing else leave with this. This is a partnership the National Health Service Corps Bureau of Health Workforce has with rural America. There's certainly the National Service Corps and the nurse school program, which is our areds BSN nurse practitioner loan repayment program. Over 7600 communities served in rural America, we have 50% of the residency is rural sites 40% of the Advanced Nursing Education for nurse practitioner resi programs are rural sites 40% across the country 93% percent of the focus of the teaching health center graduate medical education program trained medically underserved or rural communities. And lastly, behavioral health workforce development programs 52% gain experience in treating substance use disorders. And you see that 47% are funding right now of the 20,000 providers are in mental health is a huge need in rural America. It's as you know, it's a crisis across our country. And you folks see it in the medical clinics to a greater degree that we probably see it from the outside looking here. Now, we covered a National Health Service Corps prove Rural Health Center. Apply now, again apply now. The cycle is open through May 10 11:59pm. Eastern Daylight Time NHSC approved sites provide outpatient primary care health services, and serve people who reside in Health Professional Shortage Areas. To apply for this cycle. You must be in an approved hips or hips. That is currently in proposed for withdrawal status. I know that there's been a lot of questions about proposed for withdrawal. If you're in a proposed withdrawal status, you can apply and be approved for National Health Service Corps, the site just will not go active until that primary care hips is in place and the folks at the vision of shortage designation are working tirelessly with your primary care offices to get those designations through an approved NHSE. Participants provide comprehensive primary care medical care, dental, behavioral health, mental health services, and serve people who live across rural, urban and tribal communities. So again, anyone with

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existing hips or hips and proposed for withdrawal status can apply as soon as this calls open, or actually was this call is going on. Now through May 10. All the eligible site types in rent certified rural health clinics that's both independent and provider based. How do I apply customer service portal connector.hrsa.gov backslash connector, very intuitive to use. Go through the step by step after you create your new your unique login and password, create your account and start the application process. There's links to the primary care offices and our staff. If you have a question in Missouri for example, Miss Kelly Duke is your point of contact. You get hold of our dear row staff we have a slide later this presentation we will get you the answers you need. Alright required documentation that when you go in the hole into the connector, all season non-discrimination Sliding Fee discount program, we'll talk a little bit about what that means in future slides. Proof of access to ancillary inpatient specialty care basically saying that you're not working in stovepipe that you have the ability to refer your patients to a hospital setting, rural health clinics can do you have a critical access hospital, that you have privileges to admit those patients to what we cannot allow we we do not allow the rural health clinics. You don't do this. But we can't allow those private practice folks out there to say if you're on Medicaid, go through an emergency room. If you have a broken leg, drive across the street, no, there has to be a way to get folks to care. galanos HSE site data table, it's a three page document that's EHR compatible. It's information you have that you're readily available to you. If you're interested in our rural community program, or the substance abuse disorder program, there's a checklist that says I provide or we provide at our clinic, behavioral health services. Again, this Sud documentation that goes with that. And then new this year's recruitment retention plan. We'll work with you to print out together our staff of best practices. Basically, we want organizations to begin to evolve that they have a plan in place to recruit and more importantly, retain providers. 95% of you probably already have this writing the few clinics adult will help you give you the tools you need to develop that plan along with our primary care office partners, and the partner some State Office of Rural Health. We are all in this together with a focus on retention because the more retention you have the less recruitment you have to have. Sign Fee Scale the discount program is to ensure patients have access to all practice Every career services regardless of don't need to pay for 50 years this has been the mantra and goal the National Service Corps, the entity shall provide prepare shall prepare a course body scheduled discounts to be applied to the payment of such fees in preparing the schedule, and there's a link there, a hyperlink there to the eligibility requirements. We'll walk through them though through the next few slides. Specifically, the discount program must include a schedule fees, the corresponding scheduled discounts for eligible based on the ability to pay family size and income policy policies and procedures, essentially, that your written policies match what you have, we understand that some of you may, this may be a change for some of you because you cannot account assets or credit card balances when determining eligibility, you cannot request proof of citizenship. And you cannot require Medicaid denial letters as a requirement for sliding fees Sliding Fee Scale discount program, this is for the eligible clinic to be eligible and approved for National Service Corps. Does that mean you have to have two documents, one for the site,

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the scale one for your clinic, your charity care program at the core? No, you just have to note in those documents, that this area of assets is not going to be used to determine site V scale. The information asked for social security number is not going to be used to determine for site V scale, it's just family size and income. Well, the greatest partners of a rural health clinic is the critical access hospital. We want you to come in and pairs since 2012. We've had a pilot program for critical access hospitals, where there's tribally based or non tribally based to be allowed to apply for HSE approved practice sites. We want to recognize this as a system of care. unique requirements for cause it must utilize a site V scale for your ER, which you all have to require to do any way you cannot turn anyone away from er, as I tell folks, if you're Turner, either cause attorney folks in the ER you probably have bigger problems and us any must have an affiliate outpatient clinic. So that that does not mean you have to own the clinic that can be an independent provider clinic, that can be fairly qualified health center, that can be an Indian tribal clinic, that can be a clinic that you do own as a provider based on other hospitals provider based is some of the call offers and many privileges to and has a relationship with the requirements or National Service Corps do not do not extend to the inpatient fee structure. You see most cause of Charity Care program we don't we have no say in that at all. If our requirements necessary to meet Medicare certification requirements, we do not extend to that. As I said you must extend us direct ownership or affiliation agreements with a military outpatient care who can work in a call and and a rural clinic in concert physicians, physician assistants, nurse practitioners, certified nurse midwives, this across all disciplines. We have an example in Iowa, where career classes Hospital has worked with the community mental health center and has a psychiatrist they share a fantastic model. It's not just medical weekend, finding any model of care that you are thinking about that you share services between your hospital, your call and your health clinic. We have an avenue in to apply for and programs. That includes pharmacy. All Time participants must work a minimum of 40 hours per week. So that means they get they have to spend the least two days 16 hours in a patient care affiliate outpatient clinic. The other 24 hours can be spent providing care and NHSC approved comm affiliates skilled nursing program, facility or spring menu, affiliate outpatient clinic teaching or conducting private practice related administrative activities. Now in that no more than eight hours can be spent in a teaching environment. And no more than eight hours can be spent a practice related administrative activities. So 16 hours of the clinic 16 hours working at the critical access hospital, eight hours and administrative duties that makes up a full time practice. Now, if you're only interested in a halftime program, everything divided by two. One caveat for both full and halftime participants time spent quote unquote on call will not be counted towards the service requirements. So we do not allow folks to come in and do a 96 Our weekend at the major the ER and maybe the outpatient clinic a Saturday morning. So the urgent care clinic Saturday afternoons, they're not eligible for National Service Corps program. So, er, er only conditions hospitalists are not eligible. Let me ask let me address the other big question we get. Why are fairly qualified health centers and rural health are eligible for auto designations but rural health clinics are not. There are three organizations three types of organizations that get auto

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designated. That means they do not have to apply every three years. For National Service Corps approval, those are Indian and tribal clinics because their sovereign nations or the Federally run federal bureau prison facilities and fairly qualified health centers, the FQHCs receive direct grant funding the United States government. They have FTCA coverage and they have 340 B coverage. Those three facets are different, and they have a mandatory community based board made up not 51% of patients. Those four requirements are on federal qualified health centers. And because of that, there is a decision years ago to allow them to be auto approved, rural health clinics must apply every three years for their certification to be recertified as a National Service Corps site. We talked earlier about the division Regional Operations, we're caught, we're all across the country through all 10 regions. There's a hyperlink there, when you download the presentation to contact your Regional Office, each state has a state lead. Each region has a supervisor like myself, email call, connect through the BMS portal through your account. We are here to provide you the best customer service you've ever seen, and work with you to hopefully get to yes, on an application approval. That is my contact information. Let me then go to questions. Real quick, before we go to questions. That is how we communicate with you. We go through face snap, chat, twitter, email, or hrsa.gov, which has all of our information for all of our HERSA programs. So Kelly's been answering clearly in the chat. And the slides be set up after the meeting. Nathan, can you answer that question, please.

Nathan Baugh 27:58

So I think our plan was to just post the recording, I understand that that might cause some issues with the links. So if that is all we can do, we'll be able to pull out those links, potentially and put them in, in, in our website. So that's the only thing you're missing. But I don't think we can post the slides.

Clark Conover 28:25

Unfortunately, if you contact your regional office, I'll provide these slide decks to all the state leads, and it'd be a great conduit to meet your state lead and get a copy of the slide deck. So I'll ask Nathan, is it possible to provide a link to our state office? Our regional office, folks on your website?

Nathan Baugh 28:51

Yeah, we can provide all sorts of links. No problem there.

Clark Conover 28:55

Okay. So that so the he I can't go back for whatever reason. But um, we have a slide there, Nathan that says, Dr. O offices, you can just post that slide. I think that would probably be I think that'd probably be good. Kelly's been busy answering questions. So

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Lissa Eng 29:27

I do not sorry. We have a couple of attendees who raise their hand. Please start there.

Nathan Baugh 29:38

Yeah. I can allow them to talk. If you can't see that. I can do that.

Caller 1 29:46

Okay, thank you. Appreciate

Nathan Baugh 29:47

that. So we're gonna go to Casey Smith first. Casey, I'm, I've allowed you to talk. So now if you could unmute and ask your question.

Clark Conover 29:58

Your case you Yeah, where are you from? And Houston, Oklahoma. Wonderful.

Caller 1 30:05

So a couple of things. My first one is, you know, you keep talking about the outpatient clinic has to be hours have to be spent in the outpatient clinic. So we have our ed in our critical access hospital is staffed by PA. Okay, is that not qualify as an outpatient clinic?

Clark Conover 30:23

It does not. Now, if those PDAs work in a rural health clinic or primary care clinic for either eight hours a week for part time, or 16 hours a week for full time, it wouldn't qualify. And we have some models where we just worked with one Kansas where the provider applied for halftime loan repayment. They're working in the outpatient clinic, eight hours a week. And then the other 32 hours a week they're working in the ER, it was a PA, and they were able to a massage their model. So that person qualified.

Caller 9 31:06

Okay, so that so just to clarify, if somebody was wanting full time or part time repayment would be 16 or 18 hours that they would have to spend in our rural health clinic, and then the rest of the 40 hours for full time can be in the ED. Yes, ma'am. Okay.

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Clark Conover 31:24

We'll work with you. We want to help you all get to yes, we want rural providers applying. We want to give them money. Great. Thank you.

Nathan Baugh 31:34

Thank you, Casey. I am going to turn it over. Turn it over to Ronna Huey. Rhonda, you should be able to unmute and ask your question. Ronna,

Clark Conover 31:52

you hear me? I got you.

Caller 2 31:54

Okay. Well, I was having an issue with I think Kelsey, or somebody responded, and said that I had to add someone else as a point of contact when I'm a solo practice. Because I made yesterday, I mean, last year was not able to put my application in because it's keep saying that I am not listed as a point of contact. But she was saying that I needed to add someone else. So I'm confused.

Clark Conover 32:20

Alright, we have a requirement USB two points of contact. The reason for that is we had a fraud case number years ago, where the provider was a sole provider solo contact, the whole thing was fraudulent. So is from our point of checking balance, I assume if you're sole provider that you do have someone at your front desk.

Caller 2 32:40

Yes. But let's say that I'm not listed as a point of contact. Anyone. Let me continue with the application, you

Clark Conover 32:47

have to add two people. So you need to add your front desk person doesn't second point of contact.

Caller 2 32:52

Okay, I try to go back and do that. Well, yeah. before. Yeah. And another issue that I have run into the national certifying board practitioner board. Yeah, my solo practice and, and I have

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tried to get on their site too. But they're keep telling me. Now I've done everything that they wanted me to do. But their response to me when I finally got a response was that I had to have more than one provider in my office, but I can't afford to pay another provider. So is there a way around that?

Clark Conover 33:28

Boy, I don't know much about the national Practitioner Data Bank. Lisa from DEA, is that something you could address or something we can provide information to data after the call?

Lissa Eng 33:43

Sure, if you don't mind putting the chat or the question in the chat box to

Caller 2 33:55

ask it so I'd X here.

Lissa Eng 33:58

Okay. Would you mind me his name and I will find that question in the chat box.

Caller 2 34:08

Okay, I don't see. I'm not sure if it's this in my name, but it just says you were I posted it 1:07pm And Carrie do answer some of the questions that one team. I was trying to see how to put my name but my name is Ronan Huey.

Lissa Eng 34:27

Okay, I can look out for that.

Clark Conover 34:30

Okay. Thanks, Ron. Thanks, Phil.

Nathan Baugh 34:36

All right, Phil, you should be able to unmute.

Caller 3 34:40

Alright, now I see how this works. So I have an application out there and it was denied because I wasn't affiliated with a hospital. Okay.

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Clark Conover 34:49

Um, you have to have the clinics out of the hospitals that I am

Caller 3 34:57

not Yeah, the clinic is not affiliated with 100 hospitals? I don't know how to make that happen.

Clark Conover 35:03

Are you a mental health clinic? Are you? Yes, we are mental health clinic mental health clinic, what the requirements for the Sud says is that resubmit the application this year, because we have, we are changing those behavioral requirements that you have last year in past years. Let me back up, there's the the high end the behavioral health and substance use disorder requirements is we wanted to ensure sites that were working a stovepipe that the number of visits was dependent upon how many visits Medicaid pays for that they didn't have medical records that they were not getting the medical records back if their patients receive care in the emergency room or primary care clinic that there was a relationship there. Some very stringent requirements. While that was a window out the bad actors, to be honest with you, the requirements have changed this year, Phil, go ahead and put it in, and they will walk through the new requirements set, make it a lot easier for you to get approved. State Lead will work with you on that, but we've we've relaxed some of those requirements in this past this coming year. Okay, so what I'd

Caller 3 36:15

be better off to get on with cuz I forget which one I was looking at. But I'd be better off to go with the state loan repayment program, or does it matter at this point? Yeah.

Clark Conover 36:27

It doesn't matter at what at this point, if you've not applied for the National Service Corps Absolutely. Go for the state program.

Caller 3 36:33

Yeah. But I've already tried the application for the other one. Yeah,

Clark Conover 36:37

sure. Yeah, go for the state program, because our next cycle will open January 2023. So that's why the state programs here. Absolutely. Please apply for

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Caller 3 36:47

okay. And where do I go to do that? And again, same place.

Clark Conover 36:52

There's a link of this of this webinar, the state offices to the state office of primary care office, and they'll be able to provide you that information. Awesome. All right. Thank you. You mentioned law Selvan.

Nathan Baugh 37:10

Okay, whoa. Hold on one second. Hello. You should be able to unmute now.

Caller 4 37:16

Okay. I'm unmuted I believe can hear me now. Yeah, we got you all while your front. Okay, great. Well, we're from New York. I don't have a funny accent like the rest of y'all. But we are we just launched and I did ask the question. But then the company is privately owned private sector and been doing allocations on substance use disorder and behavioral health for that population for over 30 years, we just were often issued a grant and finally just launched servicing county up in New York alone in Sullivan County, it's overall. And I have a 32 foot self contained trailer staff with a nurse practitioner, peer counselor, kasap, worker, and really sophisticated telemedicine equipment. And we're just launching where we're bringing services to people that can't get to us. So I'm wondering, the eligibility to this, again, we're licensed by oasis in New York, for substance use disorder with we're going to be providing medication assisted treatment and counseling. We do sit on the drug task force and interface with other providers upset residential treatment providers or hospital providers. So how should we go about applying we don't have a fixed physical location with mobile,

Clark Conover 38:41

that's okay. We allow mobile clinics to apply. Okay. We have examples of Missouri of mental health mobile clinics, primary care mobile clinics and dental mobile clinics, which we have people providers from dental hygenist to PDAs to LCS, W's. And again, it's I work in Missouri, Nebraska, Iowa, Kansas. So I have a lot of I have a lot of experience there. So pardon me, I don't have a New York. But go ahead and apply your state lead, who is Commander Jamie Altman, we'll get back to you now give her little time. She doesn't get back from Samoa where she's doing vaccination clinics for the United States Public Health Service for a couple of weeks. But without application gets in the work with you mobile clinics, leave it leave with this answer. mobile clinics are absolutely eligible for National Health Service Corps approval.

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Caller 4 39:36

Great. Okay. That's the response. I was happy to hear. Thank you very much.

Clark Conover 39:41

Yes, sir. Thank you. Natasha.

Nathan Baugh 39:47

Natasha, you can unmute.

Clark Conover 39:51

Hi, can you hear me? Gotcha. Glog Claire.

Caller 5 39:54

Awesome. Um, so I am located in rural South Carolina. Okay, and We are strictly a mental health clinic. So just kind of a two questions, one piggybacking off of Paul, I just wanted to verify because that affiliation pieces is kind of mind boggling to me in terms of, do I do I need one and then from who it seems like I need inpatient, but then I kind of go back and forth, when I'm reading it, do I need a primary care provider and, and all of those as well, or

Clark Conover 40:30

it can't be, like I said, our requirements for the mental health affiliation agreements are changing have changed this year. So as you as you walk through that, in the site reference guide, the requirements are in there, right? What we cannot allow is you to send your patients to the ER, for advanced scan that does no one any good and the correct glasses, hospital people on this call will be the first ones who raised their hands and says they do not want that model of care. So it's looking at the ability for you to assist your patients get the care that they need, that's beyond your scope, and then gave that information where they got that care back. So it goes into your treatment planning. You know, we feel it's important, for example, that providers know what medication, their patients are on, as much as as much as that can be shared with within the scope of practice. So it's things like that, that we're looking for. And again, those requirements have eased a little bit this year, what that affiliate agreement should look like. So when you put the application in our site Reference Guide, it'll share what those requirements are, and then you can work with your state lead them at your division regional operations in South Carolina, on the Atlanta office, to help you navigate through that process.

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Caller 5 41:53

Okay, so that's who I need to contact that state lead in Atlanta.

Clark Conover 41:56

Once you get your application in, you'll get a call back from them. They walk through the application with you and help you our goal is helping you get to yes.

Caller 5 42:08

Okay, so it's not just a submitted and then we get a yes or no,

Clark Conover 42:12

no, no, there's a process to it. There's a process. As long as you're in a health professional shortage area,

Caller 5 42:18

we have a score of 18. I went through our state person is and then they said we're good. And then I went through somebody are sure, yeah, yes. And so my second question was, I saw that someone else asked us and I don't think Kelly got a chance to get to that yet. But we are a practice of licensed professional counselors, and we have higher trust. LPC LPCs are not able to accept Medicare, Medicaid, however, our practice is 95%. Medicaid. Okay. We have like about 300 active clients and 95% of that's Medicaid. So we were very high on the Medicaid scale. But we're not allowed to accept Medicare, very

Clark Conover 43:03

question and we see it a lot. I have there's there's two rules. One, you cannot turn those Medicare patients away. So you can't say go to the ER can be seen. Right? And two, you have to offer them the site V scale.

Caller 5 43:18

Okay, I can do that. Yep. Easy enough. Thank you.

Clark Conover 43:22

You betcha. Great question. Lola.

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Caller 6 43:31

Thank you, I just I'm trying to determine we have a sliding fee scale in place, and we have the application thing. But if there's changes that we have to make to it in order to meet the requirements, does that have to be in place for the six months? Or can we fix it now and

Clark Conover 43:46

you can fix this problem. We can fix this part of the process. We just can't approve you till it's fixed. Okay. Okay. Great. Thank you. Yep. Natalie.

Caller 7 44:01

Hi, thank you. My question, one of my questions just got asked by the young lady to before me and I'm from South Carolina as well. Great. I'm wondering, I don't know if I'm a hips, hips up site. And so I I guess find out number one, I would assume that I am because I'm, we're very rural. But who would I contact or something I have to apply for.

Clark Conover 44:30

All right, go into Google. Type in hips, a HPs. A second word find. It'll take you to the link, type in your state and drop down to your county. And it will tell you if you have an active primary care, dental care or mental health oops, and this score. Okay. That they don't know.

Caller 7 44:58

All right, I'm doing it right now.

Clark Conover 45:01

Oh overworks

Caller 7 45:04

that those were my only questions that and then Medicaid or Medicare question.

Clark Conover 45:09

Yeah. Yeah.

Caller 7 45:10

Thank you.

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Clark Conover 45:11

You betcha. We have a lot of LPCs here in Missouri. So we deal with this. We deal with that question a lot. Again, it's it's unfortunate, but I'll watch my step on that. Geraldine

Caller 8 45:32

Hi. Hello. Hi. Can you hear me?

Clark Conover 45:34

We got you. I'm Claire. Hi, I'm

Caller 8 45:36

from Elizabeth City, North Carolina. And a couple of years ago, I submitted a application for a facility to be unqualified for one of the on site facilities. Okay, but it was denied. And I went back on the site to see why it was. And then I even you know, reached out a couple of times to pan out, but I never received the reason as to why it was denied.

Clark Conover 46:04

Oh, no. Okay. Um, do me a favor, by email address, it was right there on the slide. Okay, send me your name and contact and I'll bet you're someone who's back in contact.

Caller 8 46:19

Okay, even though it's been almost two years. Yeah. Now we're

Clark Conover 46:23

gonna want you to reapply. But you want to know why, probably before you reapply,

Caller 8 46:28

and that Glen and you know, when I found this email about the webinar, I said, Okay, well, let me get up here and see what

Clark Conover 46:36

it sounds like. You have a very specific question. So we'll get you the the person that answers that question for the state of North Carolina. Okay. Well, I'll make sure that happens. Okay. Okay. Well, thank you. Yes. Ron, question number two.

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Caller 2 46:52

Yes, I was trying to respond to Lisa in the chat, but it's not it's saying chat is disabled, and I just wanted to know that I could see it, but I couldn't respond to her.

Clark Conover 47:02

Okay, Lisa, Are we all good on your end?

Lissa Eng 47:08

Yeah, it looks like Kelly responded via the chat. Does that answer the site thrown up? Or?

Clark Conover 47:17

I think she was asking for NASA practitioner database. Rola. Could you re ask the question in the chat?

Caller 2 47:23

Yes. I'll ask you one more. Let me go into chat. He keeps saying chat is disabled.

Nathan Baugh 47:33

Yes. Yeah. So the chats disabled for participants, you can type in in the q&a, a question, but yeah, we find it gets really distracting if everyone has chat permission. So that's, that's what's going on there. So, Clark, what do you want to do

Clark Conover 47:57

rather track wrote on do me a favor by email addresses are there send me an email and we'll share it with Lisa. Okay. Okay. Lisa, is that fine?

Lissa Eng 48:11

Totally works. Thanks. Like I was gonna suggest that.

Clark Conover 48:15

Okay, great. Wendy Smith.

Caller 9 48:22

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Cindy, can you hear me? Yep. I have a couple of questions regarding the hips. We are a district health department in North Carolina, we serve two counties. Our hips of scores are pretty close on on primary care, dental and mental health. But they're they're a little different on a couple of them, which hips a scores do we go by? The higher that the higher the score,

Clark Conover 48:51

the higher the scores. So well. I say that I'm assuming you have a facility score. And then there's a geographic score, correct?

Caller 9 49:00

Well, that's what I'm kind of confused on because when I look at it for one of our counties for primary care, I see just Granville County, which is low income population hips. And then there's a correction on three two correctional facilities and one FQHC. Our health department is not even on here.

Clark Conover 49:20

Okay, um, a couple things. One, you'll go by the geographic score. Okay. When I spoke earlier about folks on their own score facility score, the prison's of the FQHCs and the rural health clinics all get to own their score. If you're, if your health department has clinics or certified rural health clinics, you can apply for your facility score. If you do not have an Rh certified Medicare RHC as part of your system, then you have to go with a geographic score. Okay, so

Caller 9 49:52

what is that the one that says the low income?

Clark Conover 49:55

Yes,

Caller 9 49:56

okay. Okay. All right. So, um, That's the same for primary care, but one is lower than the other one for dental. And it's also lower for mental health. But you said go with a high score.

Clark Conover 50:11

Well, what we'll do each, each of those three categories are separate and they're figured out separate. Okay, well ratio. So those three scores, you'll use those population B scores, the low

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income scores for each of the different categories. Okay. All right. All right. Thank you. Yes, ma'am. Natalie gray.

Caller 10 50:39

Hi, thanks, I, I went on the hips of site, and I showed that we are not listed and we're substance use disorder, and we're the county agency. Okay. And so does that mean that we need to apply for this?

Clark Conover 50:58

Is there a county score or area score?

Caller 10 51:02

Well, what I did is I filtered by mental health. And so I'm looking at the hips, hips a score.

Clark Conover 51:12

Okay, um,

Caller 10 51:16

let's see. I don't see like a general score. Each site has a score.

Clark Conover 51:25

Oh, do me a favor, send me an email message. And I'll have someone get back to you specifically, because it sounds like there may be a lot of areas, areas scores there. And don't they'll help you determine if you have an eligible score. I don't see if that makes sense. I'm sorry. I don't see what you're seeing. So

Caller 10 51:51

yeah, it just lists several agencies in the state and their discipline for mental health. But I didn't

Clark Conover 52:01

send me an email, and I'll get the answer to that question. Because I don't need to see what you're seeing. Okay.

Caller 10 52:08

Thank you. Yep.

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Clark Conover 52:12

Well, that's all the raised hands. I think Kelly got all the questions. So it's an hour want to be respectful of everyone's time. Is there any further questions that folks have? Seen Nathan, you want to close us out?

Nathan Baugh 52:34

I can, we did just get a few last second hand raises, if you want to. So we'll go back to Natasha, Colleen and Lisa, and then we'll close it out. So these will be the last three. Okay, gotcha.

Caller 5 52:52

Hi, it's me again. Um, I just wanted to find out. So I last minute signed up for this webinar. And there's another one on March 31. And I wasn't sure if it's the same one.

Clark Conover 53:05

I'm not. So I don't know.

Caller 5 53:08

Okay. No problem. I'll just go to that too. And just fine.

Caller 11 53:14

So I'm actually, I think it came from HERSA. This one is specifically for Rh C's to answer questions that were relevant for rural health clinics. But I believe that one on the 31st covers all all groups and all, you know, it's informational. And it's for any for all types of sites.

Caller 5 53:38

Okay, thank you.

Nathan Baugh 53:46

Alright, now we're going to go to Coleen.

Caller 11 53:49

Yes, thank you. Um, this is Colleen from Central Wisconsin. Kelly did respond to my question. I had a question on the data table number one, and she gave me an email to direct my question by thought as long as I have the floor, I'll ask any way in thinking it will benefit others as well.

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And it has to do with the patient count and the number of visit count. So this particular RHC has multiple specialties more than just primary care more than just behavioral health. When you want visit count? Is it all counts within that facility? Or just all counts within the relevant specialty of behavioral health and primary care? That's question number one, I'll stop there.

Clark Conover 54:36

Give us the count for your facility. If it's a rural health clinic, it helps us get a better view of your operation.

Caller 11 54:44

Okay. Thank you and then with number of patients. Is that number of looking at the definition is that number of unique patients within that who have been seen within that reporting period, or is it number of attributed patients attributed to primary care that may or may not have been seen in the last six months of the reporting period.

Clark Conover 55:10

We have found that it's easier to look at a year long reporting period just because you know what your patient balances in the year. If you can roll out over six months, that's fine.

Caller 11 55:22

Okay, yeah, cuz the requirements, say to report over the last six months, but we'll gladly roll it, you know, look at a one year glance. And speaking of that six month period, of course, your instinct is to stick go with the most recent six months. But then when you need to report charges in collections, there's always, of course, a natural lag to that. So would it stand to perhaps have a six month period? That's not as recent?

Clark Conover 55:52

Well, we don't want so four years ago, but Sure,

Caller 11 55:55

sure, but maybe a period of a year ago, you mounts maybe starting 12 months ago, and then being beginning 12 months ago on that six months, and that would be on a six month period. Sure.

Clark Conover 56:09

Most rural health clinics look at a year that we deal with, it's just easier to the HR 2.0. The

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Caller 11 56:15

requirements, the site reference guide says a six month reporting period, but you're suggesting,

Clark Conover 56:20

yeah, that's the minimum. Oh, okay. Give us sorry. Thank you. It's easier. We were trying to be customer friendly. If six months is the middle,

Caller 11 56:31

very much appreciated. Thank you very much.

Nathan Baugh 56:39

All right. That completes our questions. Clark, do you want to say any last closing remarks before I finish this thing off?

Clark Conover 56:48

Well, I am so thankful for everyone allowing us to answer your questions and be part of this, I look forward to answering the emails that you send to us. Please, if you did not get a chance to answer your question, send me an email, we'll make sure you get that answered, or to the relevant people. But again, thank you so much for the National Association rolling products. And we hope you all all apply for national service for

Nathan Baugh 57:14

Well, thank you Clark. Again, of course, we we all want to thank you for your presentation today, as well as the Federal Office of Rural Health Policy for sponsoring this webinar series. Again, we encourage you to spread the word about this webinar series and get them to sign up on nrac.org. Again, it's free. In addition, if you have any thoughts on a future topic that you would like us to explore doing a webinar on, please email me nathan.ba@narhc.org. And be sure to let me know what topics you want to see going forward. We put this in the chat a while ago, but this certified rural health clinics professionals code is five YGNY Five YG and why and when we schedule the next webinar, a notice will be sent by email to those who have registered for our webinar series with with the details. And so with that, that's going to conclude our presentation. And again we thank everyone for joining us today. Take care all