

Grant Writing & Planning in the Era of the Patient Protection and Affordable Care Act



GUIDIAN HEALTHCARE CONSULTING

FALL 2010

Presentation Overview



NATIONAL HEALTH REFORM – CHC HIGHLIGHTS

- What is the State of Your House?
- Translate Planning into a Successful Grant
- Wrap-up and Questions

National Health Reform



There will never be a better time for health centers to take advantage of the dollars being made available to expand care to those in need.

We need to capitalize on all of the strategic work we have done to plan for access to care and prove that we are ready....

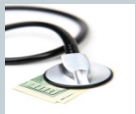
**Joy Tapper, Executive Director
Milwaukee Health Care Partnership**

National Health Reform – CHC Highlights



CHC PROGRAM FUNDING & PROGRAM CHANGES

- **\$8.5 Billion** additional program funding over the next 5 years
- **\$1.5 Billion** capital expansion/renovation funding over the next 5 years



NHSC PROGRAM FUNDING & PROGRAM CHANGES

- **\$1.5 Billion** additional program funding over the next 5 years
- Allows teaching to count as clinical practice for up to 50% of obligated service

National Health Reform – CHC Highlights



MEDICAID ELIGIBILITY & FINANCING CHANGES

- **2011:** States have option to cover childless adults
- **2014:** Medicaid eligibility expands to 133% FPL
 - Guarantee that newly eligible adults receive a benchmark benefit package
- **2014 – 2016:** 100% FMAP for States \$ increased FMAP in 2017 to cover the cost of newly enrolled
- Requires M'Caoid coverage of preventative services & eliminates cost-sharing for these services
- Extends CHIP program & funding through 2015

National Health Reform – CHC Highlights



HEALTH INSURANCE EXCHANGE

- Requires all US citizens & legal residents to purchase health insurance through a variety of options
- Provides premium & cost-sharing credits for individuals and families 100% - 400% FPL
- Creates State based exchanges for small business
- Creates a Community Health Insurance – Public Options
- Authorizes a CO-OP program of \$6 billion to promote the creation of non-profit, member-run health insurance companies in all 50 states

National Health Reform – CHC Highlights



HEALTH INSURANCE EXCHANGE

- Permits the state option to create a Basic Health Plan for the uninsured with income between 133% - 200% FPL



- **Requires all plans operating in the Exchanges to pay FQHCs based on the Medicaid PPS Rates**

- Exchanges must contract with “essential community providers” such as eligible 340B entities
- Exchange plans must provide “essential benefits” and must meet other minimum standards to be certified by a Gateway

- | | | |
|--|-------------------------|---------------------------------|
| ○ Ambulatory care | Emergency Services | Hospitalization |
| ○ Maternity and newborn care | Medical & Surgical Care | Mental Health & Substance Abuse |
| ○ Rehab & Habilitative services | Lab | Prevention & Wellness |
| ○ Pediatrics including oral and vision | | |

National Health Reform – CHC Highlights



HEALTH INSURANCE EXCHANGE

- Creates 4 benefit categories to be offered through individual & small business exchange plans
- Community Health Insurance is considered a qualified insurance plan and must offer coverage and benefits according to the standards of other qualified plans
- CHIP would be maintained at current eligibility & benefit levels with cost-sharing until 2015; after 2014, there are provisions to help children who are not able to enroll due to CHIP caps
- Medicaid eligibility levels maintained until 2019. Beginning in 2014, people with incomes 100% - 400% FPL are eligible for subsidies to purchase insurance

National Health Reform – CHC Highlights



TEACHING HEALTH CENTERS

- \$230 million in funding over 5 year
- Authorization for Teaching Health Centers – Community based ambulatory patient care centers to operate as Primary Care Residency Programs
- New Sec 340H in the PHSA providing per-resident payments to teaching health centers (direct & indirect costs)
- Hospitals are not eligible for 340H reimbursed time

National Health Reform – CHC Highlights



REIMBURSEMENT FOR PRIMARY CARE PHYSICIANS

- Private insurance exchanges would reimburse FQHCs similar to the Prospective Payment System
- FQHC Medicare reimbursement would be updated based on costs. Existing cap would be eliminated
- Expanded list of covered preventative services under Medicare

National Health Reform – CHC Highlights



MEDICAL HOME & COORDINATED CARE DEMONSTRATIONS

- Authorization for new Center for Medicare innovation to carry out projects
- 2011: new Medicaid state plan option where persons with 2 or more chronic conditions qualify for care under a team of professionals
- Medicare & Medicaid demonstration projects for Accountable Care Organizations (ACO)
- New office in CMS for the coordination of care for dual eligibles

National Health Reform – CHC Highlights



PREVENTION AND WELLNESS PROGRAMS

- Provides for the establishment of various activities and task forces related to wellness, prevention, outreach and education



HPSA/MUA SHORTAGE DESIGNATION GUIDELINES

- Establish a process of “negotiated rulemaking” between HHS & stakeholders to determine new criteria & methodology for defining HPSAs and MUAs

National Health Reform – CHC Highlights



340B MANAGED CARE ORGANIZATIONS

- **Extends Medicaid rebates to 340B drugs purchased by a Medicaid Managed Care Organization**

Presentation Overview



- National Health Reform – CHC Highlights
- WHAT IS THE STATE OF YOUR HOUSE?**
- Translate Planning into a Successful Grant
- Wrap-up and Questions

What is the State of Your House?



Are you in Good Hands



Or is your Life in Ruins?



What is the State of Your House?



Strategic Planning

- Understand your market
- How are you positioned in the market
- GAP Analysis
- Opportunities for growth
- New Markets
- Create growth plan & recruitment plan



Financial Planning

- Payor Mix Analysis
- Provider Productivity Analysis
- Budgeting and Financial Projections



Operations Planning

- Work Flow Analysis
- Continuous Quality Improvement Plan

What is the State of Your House?



STRATEGIC PLANNING

- Know where your organization is going and have a plan for how you want to get there
- Strategic planning should be an on going exercise with the Board and Senior Leadership
- Do not wait for grant opportunities to plan, if you are ready when the opportunity presents, you will be in better shape to submit a competitive application

What is the State of Your House?



Financial Planning

- **Understand the actual revenues & costs of doing business**
 - Know your costs per medical visit, per dental visit, pharmacy and lab cost, administrative overhead
 - Know how many visits you have by payor type to determine how much it costs you to treat different types of patients
 - Know your payor mix and the reimbursements per each payor
- **The more you can refine your numbers, the better prepared you will be to know how much grant money you need to treat the uninsured**
 - Drill down to department level data
- **Conduct scenario analysis to see what happens to your bottom line when you different variables change**
 - Number of visits per provider
 - Revenue per visit
 - Payor mix changes
 - What happen if you actually improve health status with a particular group of patients and their annual visits are reduced

What is the State of Your House?



Operations Planning

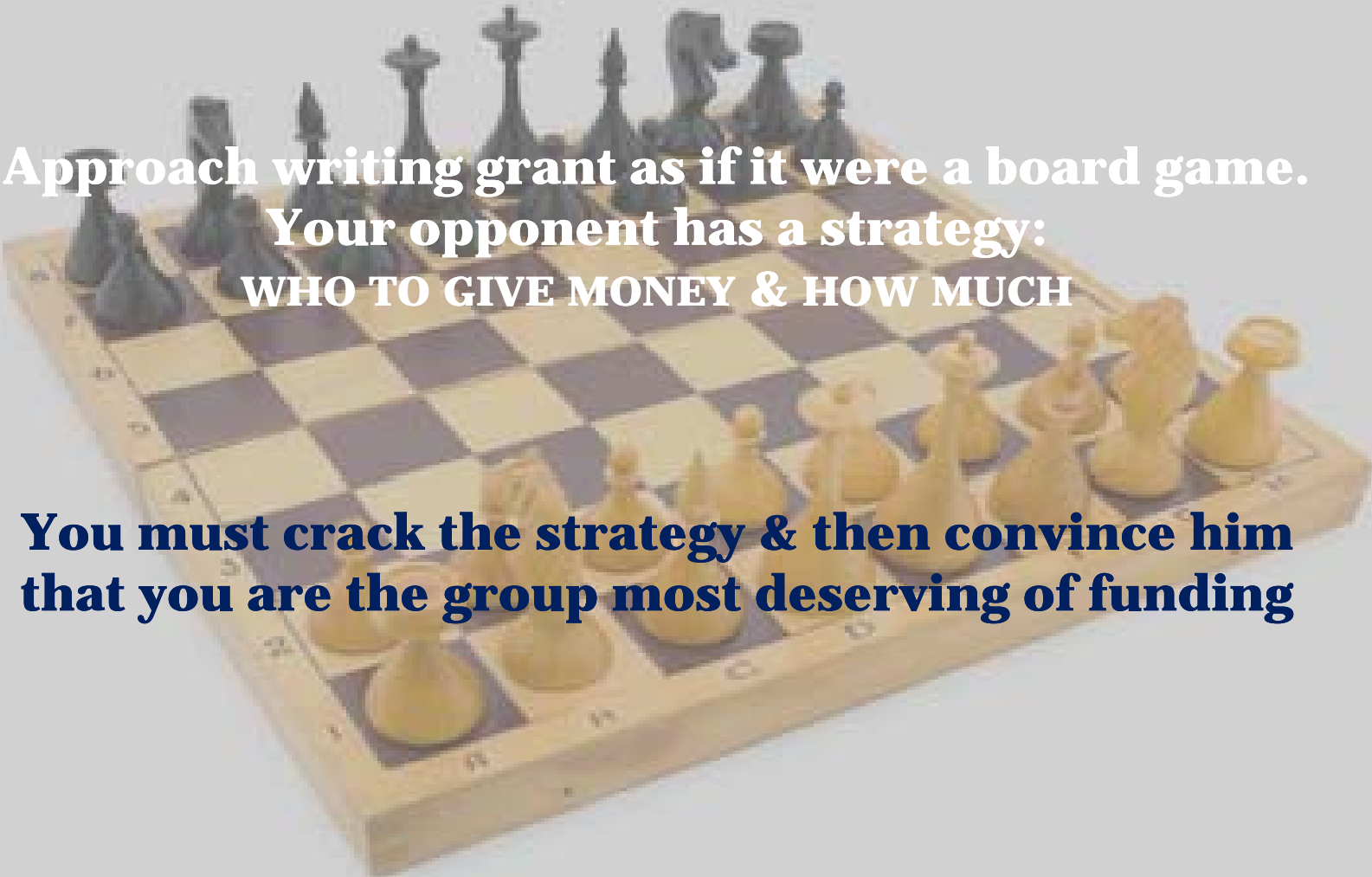
- **How efficient is the CHC**
 - Are there opportunities for improvements which would:
 - ✦ reduce patient wait time,
 - ✦ Increase the number of provider visits
 - ✦ Decrease AR days
 - ✦ Improve clinical outcomes
- **Conduct workflow analysis and identify issues with operations – put plans in place to address issues**

Presentation Overview



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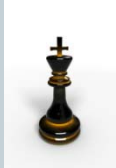
Playing the Game



**Approach writing grant as if it were a board game.
Your opponent has a strategy:
WHO TO GIVE MONEY & HOW MUCH**

**You must crack the strategy & then convince him
that you are the group most deserving of funding**

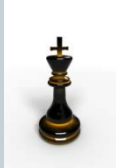
Playing the Game



Know the Rules

- Read the Grant Guidance
- Understand the Grantor's Goals & Hot Button Issues
- Understand submission deadlines, page limits, & other technical requirements
- Participate in TA calls
- Read FAQs and ask Questions if needed

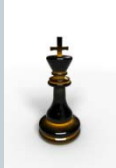
Playing the Game



Define Your Strategy

- What are the long-term goals of your organization
 - Strategic Planning should be complete
 - How is CHC positioned in the Market Place
 - What are your opportunities for growth in basic services?
In new services? In particular programs areas
- How does the grant opportunity fit in with your long-term goals
 - Operational funding for new site or expanded services
 - Development of a new facility
 - Electronic Health Records or other technical funding

Playing the Game

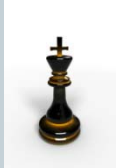


Evaluate Organizational Readiness

Based on grant requirements, can organization **AT THIS POINT** develop a competitive application

- Yes – Organization is ready
 - Move forward with writing grant
- Yes – Organization is ready, but there are some issues
 - Identify **CRITICAL PATHWAYS** (areas of potential weakness) & create strategy to address the issues
- No – Organization is not ready
 - Go back to the planning table

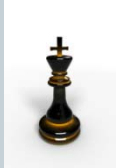
Playing the Game



Understand the Scoring

- How will the grant be evaluated, what is the emphasis from the grantor
- How does your grant stack up & how can you maximize points in each area
- How are you addressing areas of potential weakness to maximize points
- Are there opportunities for Bonus Points and do you qualify

Playing the Game



Establish the Grant Writing Team

IT TAKES A VILLAGE TO WRITE A COMPETITIVE GRANT.....

- Identify interested parties & those that need to provide information
- Clearly define roles and responsibilities of team members –
Make one person the **PROJECT MANAGER**
 - Project Manager keeps everyone accountable
 - Project Manager is not necessarily the person writing the grant
- Establish regular team meetings
- Set deadlines for section completion & review

Example Team Members



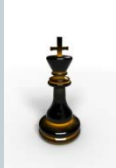
FIP Grant

- **CHC Senior Leadership Team**
 - CEO, CFO, COO, CMO
- **CHC Middle Management**
 - Controller, Department Directors,
- **Local Planning Council**
 - Mayor, County Commissioners, Business Leaders,
- **Local Hospital**
 - CEO, Hospital Planner, VPs as needed,
- **Architects & Engineers**

NAP Grant

- **CHC Senior Leadership Team**
 - CEO, CFO, COO, CMO
- **Local Planning Council**
 - HHS agencies, Mayor
- **Local Hospital**
 - Advisors on as needed basis

Playing the Game



Tell Your Story

- What are the health center's strengths - translate them into themes to be carried throughout the grant
- What is the story you want to tell
- Look at each section of the grant to see what points can be made to support the themes and what elements of the story you want included in each section

MAKE THE GRANT INTERESTING TO READ!!!

New Access Point Grant Case Study



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Primary Health Care
Health Center Program

NEW ACCESS POINTS (NAP)

Announcement Type: NEW COMPETITION
Announcement Number: HRSA-11-017

Catalog of Federal Domestic Assistance (CFDA) No. 93.527

FUNDING OPPORTUNITY ANNOUNCEMENT
Fiscal Year 2011

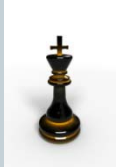
Application Due Date in Grants.gov: NOVEMBER 17, 2010
Supplemental Information Due Date in EHBs: DECEMBER 15, 2010

NAP Grant Case Study



- Existing CHC in Arkansas
- Recently expanded capacity at 2 new sites
- CHC was approached by a Community Coalition in a neighboring county to open a New Access Point
- The Community Coalition had commissioned a Needs Assessment in 2009 to quantify the health needs of the population
- The County is very poor, mostly rural, has significant health disparities, and qualifies as a HPSA & an MUA

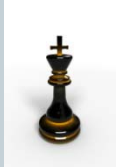
NAP Grant Case Study – Know the Rules



Know the Rules – General Overview

- Competitive funding opportunity for NEW service delivery sites
- HRSA anticipates \$250M to support approximately 350 NAP awards
- Applicants can be New-Start Organizations or Satellites of an existing CHC (must be a new location)
- Funding for Comprehensive primary care services (CPCS)
 - Medical
 - Dental
 - Mental Health & Substance Abuse
 - Enabling Services
- Must address CPCS for the full life-cycle

NAP Grant Case Study – Know the Rules



Know the Rules – Technical

- 200 Page limit when printed by HRSA
- 2 step application process
 - **Granst.gov:** by November 17, 2010
 - **EHB:** by December 15, 2010
- One application per organization
- 2-year project period
- Budget cannot exceed \$650K per year
 - 2 year grant period
 - Can request \$150K in year 1 only for minor capital costs, equipment or renovation
- Defined geographic area must be, in whole or part, an MUA , a HPSA or contain an MUP
- Cannot provide services for a single age group (ie. pediatrics, geriatrics)

NAP Grant Case Study – Assess Readiness



- County Needs Assessment completed by the Community Coalition was evaluated by CHC Board & Senior Leadership
- CHC conducted targeted strategic planning
- Service delivery area refined to include only 5 zip codes
- Targeted analysis of zips completed

Age Group	Population	Rate
Child	6,558	33%
Adult	10,333	53%
Senior	2,749	14%
TOTAL	19,640	100%

Poverty Rates	Population	Rate
> 100% FPL	6,933	35%
100 - 199% FPL	5,283	27%
< 200% FPL	7,424	38%
TOTAL	19,640	100%

PAYOR	Population	Rate
Medicaid	6,220	32%
Medicaid/Medicare	1,697	9%
Medicare	984	5%
Uninsured	4,334	22%
Commercial & Private	6,404	33%
TOTAL	19,640	100%

NAP Grant Case Study – Assess Readiness



- Estimated primary care capacity to determine the number and types of providers that would be needed
- Estimated capacity of OBGYN separately
- Conducted a GAP analysis by payor typed

Name	Specialty	Estimated FTE
Physician 1	Derm	1.00
Physician 2	ER	ER Only
Physician 3	FP	1.00
Physician 4	FP	1.00
Physician 5	FP	0.50
Physician 6	FP	1.00
Physician 7	RHC	1.00
Physician 8	FP	1.00
Physician 9	FP/GP	1.00
Physician 10	GP	0.50
Physician 11	IM	1.00
Physician 12	IM	1.00
Physician 13	IM/Peds	1.00
Physician 14	IM/Peds	1.00
Physician 15	OBGYN	1.00
TOTALS		13.00



Provider Type	Total FTE	MGMA Annual Visits	Estimated Capacity
FP/GP	7.00	4,947	34,627
IM	2.00	4,772	9,544
Peds	2.00	5,513	11,026
OBGYN	1.00	6,005	6,005
TOTALS	12.00		61,201
Total Capacity FP/GP, IM, Peds			55,197

NAP Grant Case Study – Assess Readiness



PROVIDER CAPACITY BY PAYOR TYPE

	Family/General Practice		Internal Medicine		IM/Peds		OBGYN	
	MGMA Payor Mix	Estimated Encounters	MGMA Payor Mix	Estimated Encounters	MGMA Payor Mix	Estimated Encounters	MGMA Payor Mix	Estimated Encounters
Uninsured	5.9%	2,035	2.3%	215	6.3%	695	5.1%	303
Medicaid	5.3%	1,850	1.3%	127	4.3%	478	7.3%	438
Medicare	18.7%	6,476	68.5%	6,535	0.0%	0	3.9%	234
Commercial	70.0%	24,265	27.9%	2,667	89.4%	9,853	83.8%	5,030
Total Capacity		34,627		9,544		11,026		6,005

FP/GP, IM, Peds Capacity = 55,197

PATIENT DEMAND BY PAYOR TYPE

	Family/General Practice		Internal Medicine		Pediatrics	
	Payor Mix	Estimated Encounters	Payor Mix	Estimated Encounters	Payor Mix	Estimated Encounters
Uninsured	14.7%	5,721	1.6%	195	4.6%	585
Medicaid	54.6%	21,235	44.0%	5,295	41.7%	5,253
Medicare	4.3%	1,653	25.5%	3,071	0.0%	0
Commercial	26.4%	10,247	28.9%	3,484	53.7%	6,763
Total Capacity		38,857		12,045		12,601

FP/GP, IM, Peds Demand = 63,502

NAP Grant Case Study – Assess Readiness



	Family/General Practice			Internal Medicine			Pediatrics		
	Capacity	Demand	Variance	Capacity	Demand	Variance	Capacity	Demand	Variance
Uninsured	2,035	5,721	(3,686)	215	195	20	695	585	110
Medicaid	1,850	21,235	(19,385)	127	5,295	(5,168)	478	5,253	(4,775)
Medicare	6,476	1,653	4,822	6,535	3,071	3,464	0	0	0
Commercial	24,265	10,247	14,019	2,667	3,484	(816)	9,853	6,763	3,090
Total Capacity	34,627	38,857	(4,230)	9,544	12,045	(2,501)	11,026	12,601	(1,575)

Provider FTE

Family Practice	1.01
Internal Med	0.60
Pediatrics	0.37

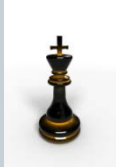
- Demand for 2 additional primary care providers
- Greatest needs are for uninsured and Medicaid
- Uninsured demand may increase with CHC and sliding fee scale
- FP Medicaid is high because not enough pediatricians and most children are seen by FP

NAP Case Study – Assess Readiness



- **The Community Coalition had identified a local provider that would consider selling his practice to an FQHC. The CEO had begun talks with him.**
 - Shows readiness of providers to begin working
 - Shows ability to have service delivery site secured
 - Shows ability to be up-and-running in 120 days
- **The Board of Directors gave the approval to move forward and develop a NAP application**

NAP Grant Case Study – Understand the Scoring



Understand the Scoring

- Grants will be scored in 8 categories for a total of 100 points
 - Need – 30 points
 - Response to Need – 20 points
 - Collaboration – 10 points
 - Evaluating Program Effectiveness – 5 points
 - Impact on Target Population – 5 points
 - Resources & Ability to Succeed – 10 points
 - Reasonableness of Support Request – 10 points
 - Governance – 10 points
- Additional Points through Funding Priorities
 - High Poverty – up to 5 points
 - Sparsely Populated Area – 5 points
 - Special Populations – between 5 – 10 points

NAP Grant Case Study - NEED



Need Scoring – 30 Points

NFA Conversion

- Complete the Needs for Assistance Worksheet (NFA) – 20 Points
 - Three scoring categories
 - ✦ Core Barriers (60 points)
 - ✦ Core Health Indicator (30 points)
 - ✦ Other Health Indicators (10 points)
- Narrative Need Section – 10 Points
 - Write a narrative description of the need that corresponds with the NFA

NFA WORKSHEET TO APPLICATION SCORE CONVERSION TABLE NFA Worksheet Score (Maximum 100 Points)

Application Need: Part A Score (Maximum 20 Points)

100-96	=	20
95-91	=	19
90-86	=	18
85-81	=	17
80-76	=	16
75-71	=	15
70-66	=	14
65-61	=	13
60-56	=	12
55-51	=	11
50-46	=	10
45-41	=	9
40-36	=	8
35-31	=	7
30-26	=	6
25-21	=	5
20-16	=	4
15-11	=	3
10-6	=	2
5-1	=	1

NAP Grant Case Study - NEED



Core Barriers

- A response is required for 3 out of 4 core barriers
 - Population to One FTE Primary Care Physician
 - Percent of Population at or below 200% FPL
 - Percent of Population Uninsured
 - Distance in Miles or travel time to nearest primary care provider
- Each barrier is scored with a maximum of 20pts per barrier.

CHC Potential Score

<u>Core Barrier</u>	<u>Statistic</u>	<u>NFA Score</u>
Population to 1.0 FTE Provider	1,785	12
Percent Population at or below 200% FPL	62%	20
Percent Population Uninsured	22%	17
Distance or Time to Nearest PCP	5 – 10 miles 15 – 25 minutes	0
Potential Total Score		49

NAP Grant Case Study - NEED



Health Indicators

CHC Potential Score

- A response is required for 1 core health indicator from each of 6 categories
 - Diabetes
 - Cardiovascular Disease
 - Cancer
 - Prenatal and Perinatal Health
 - Child Health
 - Behavioral & Oral Health
- 4 points for each category that exceeds the corresponding national benchmark
- 1 point for each category that exceeds the corresponding severe benchmark

	Statistic Used	Benchmarks			Points Scored
		Sx Area	National	Severe	
Diabetes	Age adjusted Prevalence	12.6%	6.5%	7.8%	5
Cardiovascular Disease	Mortality from Diseases of the Heart	354 per 100,000	240.8 per 100,000	271 per 100,000	5
Cancer	% Women 40+Mammo in past 3 years	37.3%	25.3%	27.8%	5
Prenatal & Perinatal Health	Infant Mortality	8.0 per 1,000 births	6.9 per 1,000 births	9.1 per 1,000 births	4
Child Health	Immunizations	23.30%	17.95%	21.40%	5
Behavioral & Oral Health	Heavy Alcohol Use	19.10%	6.80%	7.70%	5

Total Points Scored 29

NAP Grant Case Study - NEED



Other Health Indicators

- A response is required for 2 other health indicator from a list of 12 indicators categories
- 5 points for each category that exceeds the corresponding national benchmark
- Applicant can propose up to 2 additional indicators not on the list

CHC Potential Score

<u>Other Indicator</u>	<u>Statistic</u>	<u>NFA Score</u>
Unintentional Death Rate	65.9 per 100K (35 per 100K)	5
Pneumonia Death Rate	19.15 per 10K (1 per 10K)	5

NAP Grant Case Study - NEED



NFA Scoring – 20 Points

NFA Conversion

Core Barriers 49

Core Health Indicators 29

Other Health Indicators 10

Potential Total Score 88

NFA Worksheet Points 18

NFA WORKSHEET TO APPLICATION SCORE CONVERSION TABLE NFA Worksheet Score (Maximum 100 Points)

Application Need: Part A Score (Maximum 20 Points)

100-96	=	20
95-91	=	19
90-86	=	18
85-81	=	17
80-76	=	16
75-71	=	15
70-66	=	14
65-61	=	13
60-56	=	12
55-51	=	11
50-46	=	10
45-41	=	9
40-36	=	8
35-31	=	7
30-26	=	6
25-21	=	5
20-16	=	4
15-11	=	3
10-6	=	2
5-1	=	1

Data Sources



- Health Professional Shortage Areas: <http://hpsafind.hrsa.gov/>
- Centers for Medicare and Medicaid: <http://www.cms.hhs.gov/MedicareEnrpts/>
- US Census Bureau: <http://www.census.gov>
- US Department of Labor, Bureau of Statistics: <http://www.bls.gov/LAU/>
- Alabama Medicaid: <http://www.medicaid.state.al.us/> or <http://www.alabama.medicaid.gov/>
- Behavioral Risk Factor Surveillance System: <http://www.cdc.gov/brfss>
- Alabama Health Statistics: <http://www.adph.org/healthstats>
- Alabama Primary Health Care Association: <http://www.alphca.org>

NAP Grant Case Study – RESPONSE



Response Scoring – 20 Points

- **How does the service delivery model respond to the communities needs**
 - Site locations
 - Hours of operation
 - After hours coverage
 - Targeted funding for residents of public housing
- **How does the service delivery model respond to the target population needs**
 - How is CHC providing required services either directly or through referral &/or contract arrangements
- **Other service needs**
 - Enabling services
 - Hospital admitting
 - Continuity of care with broader health care community (ie. discharge planning, referrals, etc.)
 - Referral to specialists

AR CHC Planning and Response

- The CHC is working with the Community Coalition on designing space for a planned health & social services facility
- CHC is in discussion with existing provider to purchase practice and will recruit a second provider
- The Main CHC site will provide back-up after hours coverage
- Working with the public housing agency to see how to best serve the needs of its residents
- Working with local dentists and MH agency to create contract relationships for services
- Will provide enabling services through Main CHC
- Having discussions with broader health delivery network on continuity of care issues

NAP Grant Case Study – RESPONSE



Response Scoring – 20 Points

- Services must be available for all life cycles
- Strength of proposed clinical team
 - A stronger application shows that providers in process of being hired or are already available to begin treating patients
- Established charges and sliding fee scale with a method to screen people for sliding fees
- Executable implementation plan
- Executable QI/QA Plan

AR CHC Planning and Response

- Services will be available for all life cycles by acquiring a Family Practice and recruiting a Pediatrician. OB services will be provided through contract and referral to local OBGYN
- Sliding fee scale and charges will be modeled on existing CHC
- QI/QA plan will be modeled on existing CHC

NAP Grant Case Study – COLLABORATION



Collaboration Scoring – 10 Points

- Formal and informal collaborations and coordination of services
- How will NAP integrate into the health delivery network of the service area
 - A stronger application shows true collaborative efforts such as ER diversion programs, referrals with social service agencies and other health care safety net providers, etc....
- Letters of support

AR CHC Planning and Response

- CHC working with the Community Coalition to establish the services delivery site
 - AR PCA
 - AR Department of Health
 - Office of Rural and Primary Health Care
 - Delta Bridge Project
 - Delta Area Health Education Center
 - Faith based organizations
 - Local primary care providers
- CHC is developing a plan to coordinate services with other providers
- CHC is gathering letters of support

NAP Grant Case Study – PROGRAM EFFECTIVENESS



Program Effectiveness– 5 Points

- **Solid Strategic and Business Plan specifically for the NAP**
 - Documentation about how and why the business plan was developed
- **Financial and clinical performance measures**
 - Time-framed, realistic goals with measures
 - Goals must work toward improving quality of care
 - Goals must demonstrate understanding of population to be served
 - Goals must focus on financial strength of the organization
 - On-going measures
- **Address only the NAP service area population**
- **The NAP application has 10 specific Clinical Performance Measures and 5 Specific Financial Performance Measures to be addressed**

AR CHC Planning and Response

- **CHC is working to set baseline data for each clinical performance goal that is applicable to its population.**
- **CHC will use existing methodology for gathering & reporting data to measure progress**
- **Financial Performance Measures will be calculated once the budget for the NAP is developed**

NAP Grant Case Study – IMPACT ON TARGET POPULATION



Impact on Target Population– 5 Points

- **Convince the Feds that you are the right organization for the job**
 - What are your past successes working with this population
 - How will need of the target population be incorporated into long-term strategic planning
 - How did strategic planning lead you to this particular site

AR CHC Planning and Response

- **This section is your chance to pat yourself on the back. Do it concisely and convincingly.**

NAP Grant Case Study – RESOURCES & CAPABILITIES



Resources & Capabilities– 10 Points

- Show that the organization has the management structure to succeed
 - Show how Senior Leadership interacts with the Board
 - Show how the Board Governs the organization
- Show a strong recruitment and retention plan
- Show that NAP can be up-and-running in 120 days
- Explain the financial and clinical management capabilities
- Explain the mechanisms to collect, organize, and track financial and clinical data
 - How will the organization respond to data trends

AR CHC Planning and Response

- CHC has a proven track record and will use its history to explain how it will make this NAP a success
- CHC will show how it is able to recruit providers to its service area and the programs it has in place to keep providers happy and working
- Through arrangements with Community Coalition and acquisition of existing practice, NAP will be operational in 120 days
- CHC used E-Clinical Works for both PM and EMR. This system is already set up to track the clinical and financial measures required by the Bureau

NAP Grant Case Study – SUPPORT REQUEST IS REASONABLE



Support Request is Reasonable – 10 Points

AR CHC Planning and Response

- Show reasonable budget that includes
 - Staffing
 - Income Analysis
 - Construction and Equipment Costs if Applicable
- Show how payor mix is derived based on service area payor mix
- How will NAP maximize reimbursement from 3rd party payors
- Show how the proportion of Federal money is appropriate given other sources of revenue

- CHC completed a service area market assessment to determine payor mix and Gaps in access to care by payor

	Family/General Practice			Internal Medicine			Pediatrics		
	Capacity	Demand	Variance	Capacity	Demand	Variance	Capacity	Demand	Variance
Uninsured	2,035	5,721	(3,686)	215	195	20	695	585	110
Medicaid	1,850	21,235	(19,385)	127	5,295	(5,168)	478	5,253	(4,775)
Medicare	6,476	1,653	4,822	6,535	3,071	3,464	0	0	0
Commercial	24,265	10,247	14,019	2,667	3,484	(816)	9,853	6,763	3,090
Total Capacity	34,627	38,857	(4,230)	9,544	12,045	(2,501)	11,026	12,601	(1,575)

Provider FTE

Family Practice	1.01
Internal Med	0.60
Pediatrics	0.37

- CHC determined how much it would cost annually to treat an uninsured patient
 - Estimated the number of visits per user would increase
 - Estimate the cost for medical, dental, MH, OB care,
- After determining number of uninsured to target, establish targets for other payor types using GAP Analysis

NAP Grant Case Study – SUPPORT REQUEST IS REASONABLE



Cost to Treat the Uninsured

Uninsured Gap in Access: 2,457 people

	Visits	Cost Per Visit	Annual Cost
Medical	2.5	131	328
Dental	2.5	96	244
Hospital	1.0	150	150
TOTAL COST			\$722

Cost to Treat 100% Gap: \$1.77 Million

Uninsured Covered by Grant: 900 people

- Keep in mind that they have not yet calculated the cost of treating MH or OB
- This cost will also be off-set by the sliding fee scale

Projected Payor Mix

Medical Payor Mix

	Visits	Payor Mix	Users	Payor Mix
Uninsured	2,250	25%	900	34%
Medicaid	5,326	60%	1,401	54%
Medicare	857	10%	178	7%
Commercial	444	5%	139	5%
Total	8,876	100%	2,619	100%

- Calculate a payor mix for Dental, MH, OB
- You may want to go after more of the commercial market depending on the prevalence of Insurance Exchanges in your area
- Use payor mix estimates to calculate revenue
- If you want to treat more uninsured:
 - Determine total revenue for treating a Medicaid patient
 - Determine profit on Medicaid
 - Determine how many additional Medicaid you would need to treat one additional Uninsured patient

NAP Grant Case Study – GOVERNANCE



Governance– 20 Points

- Must meet all the standards for governance set out in the 330 funding guidelines
- The Board must be “right sized” for the NAP and must be representative of the community and the users
- 51% Consumers
- The Board must have a plan to monitor and evaluate its activities

AR CHC Planning and Response

- CHC plans to expand the size of its Board to include consumers and business leaders from the NAP community
- The current CHC Board meets all standards set out in the 330 requirements, and will continue to function per these standards

NAP Grant Case Study – FUNDING PRIORITIES



Funding Priorities – up to 20 Extra Points

AR CHC Planning and Response

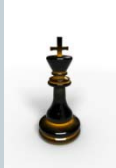
- **Priority 1: High Poverty (1 – 5 points)**
 - % of population at or below 100% FPL > 30%
- **Priority 2: Sparsely Populated Area (5 points)**
 - Population of service area must be 7 or less people per square mile to qualify as sparsely populated
- **Priority 3: Special Populations (5 – 10 points)**
 - At least 25% of total federal 330 funds are dedicated to serving a special population
 - Migrant or Seasonal Farm Worker, Homeless Populations, Residents of Public Housing

- CHC qualifies for 1 extra point based on 35% of population at or below 100% FPL
- Service Area has 35 people per square mile so it does not qualify a “Sparsely Populated”
- CHC is talking with the Public Housing Authority to see how it might be able to target its residents

% Population ≤ 100% FPL	Priority Points
>30% - 42%	1
>42% - 46.6%	2
>46.6% - 50.9%	3
>50.9% - 56%	4
>56%	5

% Funding to Serve Special Population	Priority Points
≥25% - 35%	5
>35% - 45%	6
>45% - 55%	7
>55% - 65%	8
>65% - 75%	9
>75%	10

Playing the Game



Pulling it All Together

- **Tie all sections together with a theme**
 - What are the health center's strengths
 - Talk about those strengths in each section and show how the strengths pull the project together
- **Tell an interesting story**
 - Remember, the reviewers will be reading many grants, and you want yours to stand out
- **Complete all required forms**
 - Don't be disqualified because you didn't complete the forms correctly
- **Watch your page limit**
 - Again, don't be disqualified because you go over the limits
- **File the grant timely**
 - Try to give yourself 2 weeks for review and filing so you are not rushed at the end
- **Call the Bureau if you have questions or go to the FAQ on the website**

Contact Information



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