Federally Qualified Health Centers (FQHCs)

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Prince George’s County Council
Board of Health Work Session
April 5th, 2011
Role of Community Health Centers in Addressing Needs of the Uninsured

- Maryland has amongst the nation's highest percentage of low income, uninsured adults who are employed.

- Nationally, an average of 25% of low income, uninsured workers are served by CHCs

- In Maryland, only 16% of the low income, uninsured workforce is served by CHCs

Table 1. Low-income Uninsured Adults and Employment Status, 2009-10

<table>
<thead>
<tr>
<th>State</th>
<th>Low-income, uninsured adults</th>
<th>Percent who are employed</th>
<th>State</th>
<th>Low-income, uninsured adults</th>
<th>Percent who are employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>AK</td>
<td>44,000</td>
<td>48%</td>
<td>MT</td>
<td>64,000</td>
<td>56%</td>
</tr>
<tr>
<td>AL</td>
<td>345,000</td>
<td>46%</td>
<td>NC</td>
<td>789,000</td>
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</tr>
<tr>
<td>AR</td>
<td>281,000</td>
<td>56%</td>
<td>ND</td>
<td>31,000</td>
<td>26%</td>
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<tr>
<td>AZ</td>
<td>547,000</td>
<td>50%</td>
<td>NE</td>
<td>91,000</td>
<td>64%</td>
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<tr>
<td>CA</td>
<td>3,167,000</td>
<td>53%</td>
<td>NH</td>
<td>49,000</td>
<td>59%</td>
</tr>
<tr>
<td>CO</td>
<td>309,000</td>
<td>58%</td>
<td>NJ</td>
<td>468,000</td>
<td>56%</td>
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<tr>
<td>CT</td>
<td>138,000</td>
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<td>NM</td>
<td>206,000</td>
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<tr>
<td>DC</td>
<td>29,000</td>
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<td>NV</td>
<td>197,000</td>
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</tr>
<tr>
<td>DE</td>
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<td>NY</td>
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<tr>
<td>FL</td>
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<tr>
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<tr>
<td>HI</td>
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<td>OR</td>
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<tr>
<td>ID</td>
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<td>465,000</td>
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<tr>
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<tr>
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<tr>
<td>KS</td>
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<td>SD</td>
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<tr>
<td>KY</td>
<td>186,000</td>
<td>57%</td>
<td>TN</td>
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<td>LA</td>
<td>346,000</td>
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<tr>
<td>MA</td>
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<td>UT</td>
<td>116,000</td>
<td>50%</td>
</tr>
<tr>
<td>MA</td>
<td>116,000</td>
<td>57%</td>
<td>VA</td>
<td>393,000</td>
<td>53%</td>
</tr>
<tr>
<td>MD</td>
<td>281,000</td>
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<td>VT</td>
<td>21,000</td>
<td>62%</td>
</tr>
<tr>
<td>ME</td>
<td>53,000</td>
<td>55%</td>
<td>WA</td>
<td>366,000</td>
<td>66%</td>
</tr>
<tr>
<td>MI</td>
<td>593,000</td>
<td>45%</td>
<td>WI</td>
<td>228,000</td>
<td>62%</td>
</tr>
<tr>
<td>MN</td>
<td>176,000</td>
<td>68%</td>
<td>WV</td>
<td>125,000</td>
<td>37%</td>
</tr>
<tr>
<td>MO</td>
<td>391,000</td>
<td>53%</td>
<td>WY</td>
<td>30,000</td>
<td>63%</td>
</tr>
<tr>
<td>MS</td>
<td>447,000</td>
<td>47%</td>
<td>Total</td>
<td>21,180,000</td>
<td>52%</td>
</tr>
</tbody>
</table>


Shin P, Rosenbaum S. Policy Research Brief #22
http://www.gwumc.edu/spths/departments/healthpolicy/dhp_publications/pub Uploads/dhpPublication_B5E2CD0C-5056-9D20-3DC9B0C6B7EA7DE3.pdf
Access to Care

- Lower per capita supply of primary care providers; i.e., 83 per 100,000 population

- The County’s only FQHC serves only a small portion (n=5200) of the 80,000 uninsured residents

- Strengthening the ambulatory care safety net is an urgent priority

http://www.rand.org/pubs/technical_reports/TR655.html
Creative Partnerships

Community Services

Department of Health

FQHC

Hospital

Health Board

i.e. County Council

Prince GEORGE'S COUNTY MARYLAND
Agenda

- Provide overview of FQHC
- Goal of an FQHC
- Advantages
  ➢ Data Collection
  ➢ Population Health
  ➢ Financial
- Role of County Government
- Discussion
Goals of the Board of Health

- Active role in reviewing and establishing long term solutions to the disparities in the County

- Support efforts to improve access to quality healthcare

- Create necessary infrastructure that will remove barriers, improve community health, and ultimately reduce disparities
Current Status

- County Health Needs Assessment commissioned in 2009 by County Council
- Council supported the County’s Health Department application for HRSA Healthcare Planning Grant
- Board of Health chartered to improve disparities
- An established FQHC in Prince Georges County
FQHC Background

- Federal support for health centers began in 1965

- Health Center Program includes:
  - Community Health Centers
  - Migrant Health Center
  - Health Care for the Homeless Centers
  - Public Housing Primary Care Centers
Goal of an FQHC

- Community-based and patient-directed organizations with a goal of improving and increasing access to quality healthcare for disadvantaged populations.

- These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farm workers, individuals and families experiencing homelessness, and those living in public housing.
• Federally Qualified Health Centers (FQHCs)
  ➢ Public and/or private non-profit health care organizations that meet certain criteria under Medicare and Medicaid and receive funds under Section 330 of the Public Health Service (PHS) Act.

  ➢ Must serve a medically underserved area (MUA) or medically underserved population (MUP) as designated by DHHS.
Special Populations

- Migrant Health Centers Programs target to service migratory and seasonal workers and families.

- Healthcare for the Homeless Programs target services to homeless individuals or persons who lack primary residence at night.

- Public Housing Primary Care Programs target residents of public housing persons living in areas immediately accessible to such public housing.
FQHC Look-Alikes

- **FQHC Look-Alikes** are health centers that have been identified by HRSA and certified by CMS as meeting the definition of "health center" under PHS Section 330.

- **FQHC Look-Alikes** do receive enhanced reimbursement rates for services but do not receive grant funding nor access to federal loans guarantees.
## FQHC vs FQHC Look-Alike

<table>
<thead>
<tr>
<th></th>
<th>FQHC Grantees</th>
<th>FQHC Look-Alike</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Sec. 330 PHS Grants</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Access to Federal Loan Guarantees</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Enhanced reimbursement under PPS</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access to favorable drug pricing</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>under section 340B of the PHS Act</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Access to providers through the</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>National Service Corps if service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>area designated a Health Professional Shortage Area (HPSA)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access to Federal Vaccine for</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Children program</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Protection from malpractice suits</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>under Federal Torts Claims Act</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FQHC Requirements

Services

- Required Services
  - Full range of primary care services to pediatric and adult populations including case management, education, transportation and outreach.

  - FQHC/Look-Alike must directly employ, rather than contract for, a “core” staff of full-time primary care providers, which is generally a majority of the providers.
FQHC Requirements

Corporate Structure

- FQHC Corporate Structure Requirement

➢ “Generally, FQHCs and Look-Alikes have to operate autonomously. Powers, Pyles, Sutter & Verville, PC (09.02.10)

➢ An entity may not be owned, controlled, or operated by another entity.

➢ Bureau of Primary Health Care’s (BPHC) website states that organizations with a “parent subsidiary” will not be approved for FQHC Look-Alike status.
• FQHC Governance (Board) Requirement

➤ Board must have between 9 and 25 members.

➤ At least 51 percent of the governing board's members must be active users of the FQHC/Look-Alike’s services and must reasonably represent the individuals served by the health center.

➤ No more than one-half of the non-user members may be health professionals, which is defined as deriving more than 10 percent of the income from the health care industry.
FQHC Requirements

Governance

FQHC Board must have the authority to:

➤ Select the services to be provided by the center
➤ Schedule the hours during which such services will be provided
➤ Approve the FQHC’s or Look-Alike’s budget and major resource decisions
➤ Establish general policies for the center
➤ Select, dismiss and evaluate the performance of the Executive Director/CEO for the center
Advantages

- Data Collection –
  - Uniformed Data Systems reporting
  - Integrated reporting system utilized to ensure compliance with federal mandates
    » Updated annually
    » Data analysis (group and population specific)
    » State level and federal reports

- Population Health/Defining Specific Populations
  - Clinical Performance Measures
  - Health Status Indicators/Health Disparities
  - Improving Performance, Quality and Outcomes
Advantages

- Financial
  - Cost based reimbursement for services provided under Medicare
  - Enhanced reimbursement under Prospective Payment System (PPS) or other state approved alternative payment methodology for services provided under Medicaid
Why now?
The Affordable Care Act

- Emphasizes primary care: e.g. health homes, temporary Medicaid reimbursement bump for PCPs, elimination of co-payments for certain preventive services

- Provides $11 billion in funding over next 4 years for operation, expansion, and construction of health centers

- Increased funding will lead to an increased number of patients accessing primary care services in health centers
Findings from Site Visits

- Bronx Community Health Network
  - Hospital affiliated FQHC
  - Hospital Association is Montefiore Hospital System

- Connecticut Children’s Medical Center
  - FQHC-collaborative model

- Chicago Children’s Memorial Hospital
  - History of FQHC collaborations
  - School based health partnerships

- Montefiore Community Pediatrics Division
  - FQHC Public Housing grantee for fixed site(s)
  - FQHC Homeless Population grantee for mobile sites
Role of County Government

- Direct Applicant
- Co-Applicant Arrangements
- Data Repository and Dissemination
- Grants Procurement and Management
Developing a case for a FQHC

Needs Assessment

Strategic Plan

Health Center Program
Creative Partnerships

Community Services e.g. FQHC

Department of Health

Prince George's County

Hospital

Health Board, i.e. County Council
Creative Partnerships

Community Services e.g. HC

Section of Health Board i.e. County Council
Questions??
Recommendation # 1
Feasibility Analysis

- Political Analysis
  - Internal Implications
  - External Implications

- Operations/Infrastructure Analysis
  - Staffing model
  - Ancillary operations
  - Relationship to other healthcare organizations
  - Critical Collaborations
  - Provision of Services

- Financial Analysis
  - Enhanced reimbursement analysis
  - Volume Projections for FQHC
  - Impact on FY12 Budget

- Financial/Resource Analysis
  - Impact on additional grant funding opportunities
  - Philanthropic opportunities
Recommendation # 2
New Access Point

- New Access Point
  - New FQHC - provide funding to support **new** service delivery sites that will provide comprehensive primary health care and access to oral and mental health services. Applicants can be existing grantees or new organizations that do not currently receive section 330 grant funds.

  - Expanded Medical Capacity Grants - provide funding to expand access to primary health services in the health center's current service area (e.g. by adding new medical providers or medical services or expanding hours of operation). Only existing grantees are eligible to apply.
Recommendation # 3
Identify ‘like’ organization

- Find successful ‘like’ organization and interview with a goal of understanding:
  - Operations
  - Critical collaborations
  - Submission process
  - Lessons learned
  - Financial structure
  - Legal concerns
  - Reporting
Recommendation # 4
Develop a Project Timeline

- Needs Assessment
- Describe Service Area/Target Population
- Scope of Project/Delivery Model
- Health Plan
- Business Plan

- Budget
- Letters of Support
- Contracts/MOA
- Attachments
- Editing
- Final production
Resources

- Bureau of Primary Health Care
  ➢ http://bphc.hrsa.gov/

- National Association of Community Health Centers (NACHC)
  ➢ http://www.nachc.com/