

FQHC/Hospital Collaboration

Partnering for a Healthier Community

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Agenda

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Community Health Center

- Program Requirements
- Payment

Case Example

- Partners and Principles
- Purpose and Keys to Success
- Results and Next Steps
- Advice to Others

Questions and Discussion



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Health Center Program Requirements



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Health Center Defined

An entity that serves a **population that is medically underserved** by **providing required primary health services** and additional health services as may be appropriate.

Health centers are **community-based and patient-directed organizations** that **serve populations** with limited access to health care. These include:

- Low income populations
- Uninsured
- Limited English proficiency
- Migrant and seasonal farm workers
- Homeless
- Living in public housing



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How to Apply to HRSA

New Access Points Grants provide funding to support new service delivery sites. Applicants can be existing grantees or new organizations that do not currently receive section 330 grant funds.

Expanded Medical Capacity Grants Only existing grantees are eligible to apply.

Service Expansion Grants Only existing grantees are eligible to apply.

Service Area Competition Grants ongoing competing continuation funding for service areas currently served by health center grantees.

FQHC Look-Alike Designation meet the same program requirements as FQHCs that receive section 330 funding and are eligible for many of the same benefits



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Health Center Program: Expectations

- Private non-profit or public agency that must serve a high need community or population, i.e. medically underserved areas (MUA) or medically underserved populations (MUP);
- Governed by a community board of which a majority (at least 51%) are health center patients who represent the population served;
- Provide comprehensive primary care services as well as enabling/supportive services such as education, translation and transportation that promote access to health care;
- Services are available to all with fees adjusted based upon ability to pay;
- **Establish linkages and collaborative arrangements with other community providers to maximize resources and efficiencies in service delivery systems;**
- Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.



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Collaborative Relationships

Requirement:

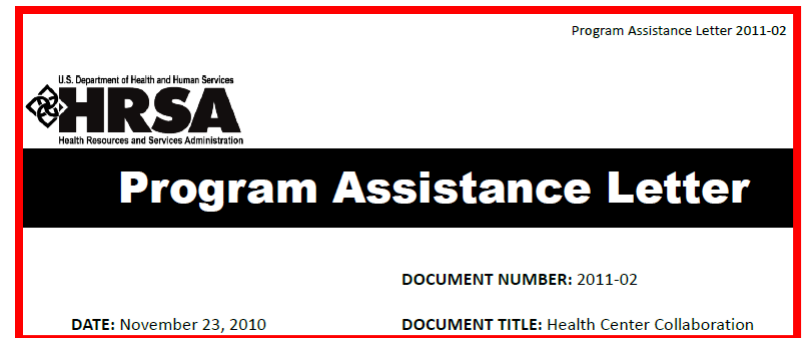
- Health center makes efforts to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center.
- The health center has collaborative relationships with other appropriate providers and organizations including other FQHCs.
- Public Housing Primary Care grantees must show how residents are involved in the administration of the program.
- In the Service Area Competition, health centers must have letter(s) of support from service area FQHCs and are encouraged to have letters from other community and health organizations.
- If no letters or an incomplete set of letters is attached, the health center must have a written explanation of why letters are not available.



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Opportunities for Collaboration

- **Comprehensive community health care needs assessment**
- **Integrated strategic and business planning and shared quality improvement programs**
- **Referrals/coordination of services:**
 - **Primary and preventive**
 - **Laboratory**
 - **Radiology**
 - **Specialty**
 - **Telemedicine**
- **Health information technology (HIT):**
 - **Electronic Health Records**
 - **Telemedicine**
- **Provider credentialing, recruitment/retention services, training programs**
- **Admitting privileges, call coverage**



Health Center Program Payment



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How Medicare Defines FQHCs

To be an FQHC, an entity must fall under at least ***one of the following categories:***

- 1. Receiving initial section 330 grant funding (i.e., a “new start”);**
- 2. Receiving supplemental section 330 grant funding to add a new permanent or seasonal satellite site as a new access point;**
- 3. Receiving a initial designation as a Look-Alike; or**
- 4. Receiving approval to add a new permanent or seasonal site to the existing scope via a Change in Scope request.**

The term “FQHC” is used by CMS to indicate eligibility for reimbursement by Medicare, Medicaid, and CHIP using specific payment methodologies. An entity that meets the above definition of an FQHC is ***eligible to be paid under the Medicare FQHC benefit.***



How Medicare Pays FQHCs

Under FFS Medicare:

FQHCs receive **an all-inclusive amount for each covered visit**, regardless of the specific services that were provided. The FFS Medicare reimbursement amount is currently calculated as **the lower of:**

- the FQHC's **reasonable costs**, as determined through its Medicare cost report, or
- an **upper payment limit** (urban or rural)

Under Medicare Advantage:

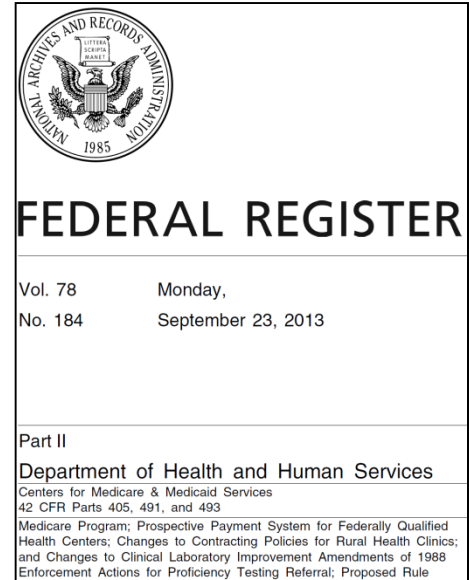
FQHCs receive a wrap-around payment equal to the difference between what the Medicare Advantage plan pays the FQHC, and the all-inclusive per-visit amount the FQHC otherwise would receive under Medicare FFS.

Additional services billed separately

FQHC Upper Payment Limits per Visit		
Year	Urban Payment	Rural Payment
2013	128.00	110.78
2012	126.98	109.90
2011	126.22	109.24

FQHC PPS

- Establishes a single PPS payment rate per visit for all **FQHCs**, geographically adjusted using PFS payment localities
- Limits **FQHCs** to one visit per day per beneficiary
- Eliminates **FQHC** productivity standards



Gov't Resources

- **Bureau of Primary Health Care web site:**
 - <http://www.bphc.hrsa.gov>
- **State/Regional Primary Care Associations:**
 - <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>
- **National Technical Assistance:**
 - <http://bphc.hrsa.gov/technicalassistance/ncadirectory.htm>
- **CMS Federally Qualified Health Centers (FQHC) Center**
 - <http://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

The background features a large, semi-transparent watermark of the American Hospital Association logo. The logo is circular with a blue border containing the text "AMERICAN HOSPITAL ASSOCIATION" at the top and "FOUNDED 1898" at the bottom. Inside the circle is a shield with a white cross on a red background, a white star on a blue background, and a caduceus (a staff with two snakes and wings) in the center. The shield is flanked by two golden laurel branches.

Case Example
**Partnering for a
Healthier Community
Lincoln, Nebraska**

Overview

The Principles

- **Kim Moore, CEO, Saint Elizabeth Regional Medical Center**
- **Kim Russel, CEO, Bryan Health**
- **Judy Halstead, Director, Lincoln-Lancaster County Health Department**



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Overview

The Partners

- Saint Elizabeth Regional Medical Center
- Bryan Health
- Lincoln-Lancaster County Health Department
- People's Health Center



Purpose

Patient Centered Medical Home

- Access to primary care
- ED Connections



Keys to Success



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Keys to Success

Financing

- Hospital seed money
- Community Health Endowment
- HRSA grant funding
- Lincoln-Lancaster County grants
- Collaboration among hospitals, medical society, dentists, social services, and community npos



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The Result

People's Health Center FQHC

- Opened September 2004
- Governed by a community Board
- Services:
 - Medical
 - Dental
 - Pharmacy
 - Radiology
 - Behavioral health
- Special programs



Next Steps

Expansion

- Serving vulnerable populations
- Absorbing new covered lives
- Reconnecting with the community



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Advice to Others

- **A strong Board is key**
- **Leadership must know the community and its needs**
- **Do not work in isolation**
- **Relationships take work**



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