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Exploring the Integrated Care Benefits and Considerations for Becoming a Federally Qualified Health Center (FQHC)

Thursday, September 2, 2021

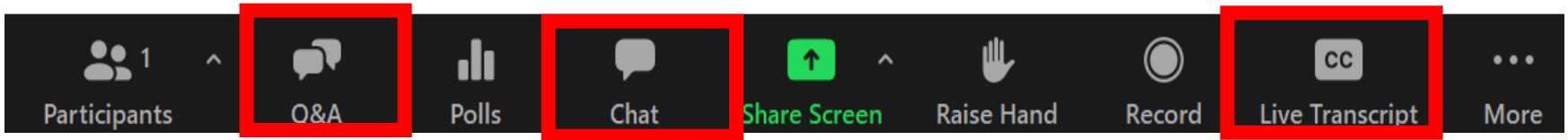
3:00-4:00pm ET

CENTER OF EXCELLENCE for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Introductions

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Integrated Health Consultant &
Principal, NSI Strategies

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Learning Objectives

After this webinar, participants will be able to:

- **Understand** opportunities in which FQHCs may impact care for vulnerable populations
- **Explore** the intersection of federally supported integration models, including FQHCs and CCBHCs.
- **Be familiar with** the requirements and quality indicators for achieving FQHC designation.
- **Identify** specific opportunities for a Certified Community Behavioral Health Center (CCBHC) to **integrate** the FQHC designation into their model.

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Who is interested?

- **Community Mental Health Centers (CMHC)** focused on primary care integration and models for long term sustainability and access
- **Certified Community Behavioral Health Clinics (CCBHC)** focused on expanding integrated care access, enhancing care coordination and securing sustainability
- **Federally Qualified Health Centers (FQHC)** focused on whole person care, on behavioral health integration and long-term models for sustainability and access

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Why this Matters: Challenges Facing CMHC and CCBHC's

- Located in medical shortage areas with limited access to comprehensive primary care
- Supporting high risk individuals with comorbid physical, mental health and substance use conditions who would like to provide comprehensive care
- Coordination of care across organizations varies in model and capabilities, especially challenging for high-risk populations
- Barriers to sustainability due to fragmentation: data, quality measures, reimbursement

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Best Opportunities for Integrating Care: CCBHCs & FQHCs

CCBHC

- **Ensure access to integrated**, evidence-based mental health and substance use treatment services, including 24/7 crisis response and medication-assisted treatment (MAT).
- **Meet stringent criteria** regarding access, quality reporting, staffing and coordination with social services, criminal justice, and education systems.
- **Receive funding to support the real costs** of expanding services to fully meet the need for care in their communities.

FQHC

- **Community-based and patient centered** organizations that deliver comprehensive primary care services
- Integrate with pharmacy, mental health, substance use treatment services, and oral health services
- Provide services regardless of client's ability to pay
- Meet clinical, administrative, and financial requirements

Exploring the Intersection

What are the intersections of CCBHC/CMHC and FQHCs and what issues/challenges might we address?

- Primary care Access for patients who call CCBHC and CMHC their "clinical home"
- Decreased utilization for patients through continuity of care
- Safety net delivery system in health shortage areas
- Decreased cost to system and payers
- Decreasing fragmented care across physical and behavioral health providers

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What is a Federally Qualified Health Center? (FQHC)

Federally Qualified Health Centers were established in 1991.

"Health centers are community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services. Health centers also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Health centers deliver care to the Nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation's veterans."

Source: Health Resources and Services Administration

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Who Are Federally Qualified Health Centers?

- Community Health Centers
- Rural Health Centers
- Migrant Health Centers
- Public Housing Health Centers
- Health Centers for the Homeless
- Health Centers Opened by a Tribe
- “Look Alikes”

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Benefits of Being a FQHC

Increase patient access – faster, dynamic use of resources when patients need it most

Provide more evidence-based practices to communities

More effective wrap around services

Reduces stigma

Client centered

Provider and staff wellness

Patients love it!

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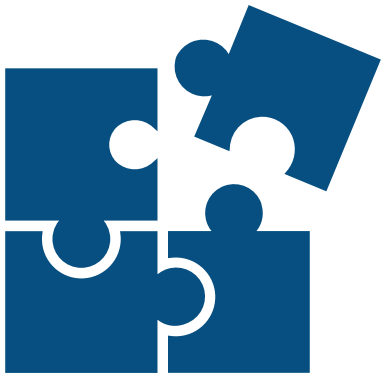
Benefits of Being an FQHC: Integrated Services

Components of Integrated Models:

- Person-centered care
- Population-based care
- Data-driven care
- Evidence-based care



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Benefits of Being an FQHC as a CCBHC or CMHC

- **Population Health Management:** Provide comprehensive integrated care for those most in need
- **Improved whole-person care**: ability to better address social determinants of health through wrap around services
- **Billing & financing:** Increased flexibility and ability to bill for primary care
- **Competitive edge for CCBHCs:** taking advantage of HEDIS (Healthcare Effectiveness Data & Information Set) measures & credit for quality care

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CCBHC Specific Considerations

- Do you serve any special populations?
- What are your organizational goals?
- Common Denominators
  - Care Coordination
  - Care for Marginalized Individuals
  - Prospective Payment System

For more information on CCBHCs:
https://www.thenationalcouncil.org/ccbhc-success-center/

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Federally Qualified Health Centers Must..

- Served a designated underserved community/area
- Offer a sliding fee scale for individuals under 200 % FPL
- Have a board of directors that is comprised of more than 50% patients

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A Federally Qualified Health Center Must be Certified

- Must receive 330 funding
- Designated by Health and Human Services
- Not receiving funding from 330 but designated as a “look alike”
- Is operated by a tribe or related organization

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Federally Qualified Health Centers Must Provide Designated Services

- Primary care
- Services ancillary to primary care (including supplies)
- Visiting nurse services in services to the homebound in areas designated by CMS as a homecare shortage area
- Outpatient diabetes self management care
- Ancillary services such as psychological and dental (hear ancillary)
- Dental and oral health services

Federally Qualified Health Center Visits

- Medically necessary visits to a clinician such as primary care, dental and mental health
- Homebound care
- Transitional care visits
- May take place in the FQHC, Medicare Part A facility, the patient's home, scene of an accident
- They may not take place in a hospital

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Perspective Payment System (PPS)

A Prospective Payment System (**PPS**) is a method of reimbursement in which **Medicare** payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (for example, diagnosis-related groups for inpatient hospital services).
Feb 24, 2021

Source: Prospective Payment Systems - General Information | CMS

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The PPS Rate

- An encounter-based rate with geographic and other considerations- would potentially crosswalk for CCBHC's
- January of 2017 marked changed to annual updating of PPS based on a "market basket", 1.8%.
- Significantly different in geographic regions
- Processed differently in different states
- Same day services are included with exception of medical and mental health visit (and urgent return).
- There are adjustments for new patients, annual wellness visits and initial preventative physical exams.
- Services like labs are separate but need to follow guidelines.
- Hepatitis and flu shots are included and not billable separately.

The Infamous Cost Report

- FQHCs must file a cost report annually
- Payment for medical education, hepatitis and flu vaccines and administration
- Capital improvements
- Many “under” report on cost report –seek advice
- CCBHCs are familiar with this process

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Sliding Fee (1 of 2)

The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.

- The health center must prepare **a schedule of fees or payments** for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation
- The health center must prepare a **corresponding schedule of discounts** [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted based on the patient's ability to pay.
- The health center must **establish systems for [sliding fee] eligibility determination.**

Source: HRSA Health Center Program Compliance Manual: Chapter 9, Sliding Fee Discount Program

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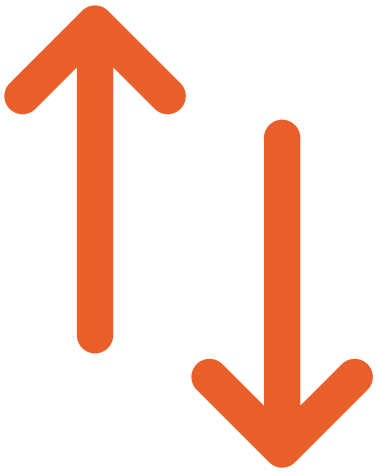
Sliding Fee (2 of 2)

The health center's schedule of discounts must provide for:

- A full discount to individuals and families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG) [100% of the FPG], except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals;
- No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].

Sliding Fee Scale



- Need to define family and income
- Specific policy, process and form
- Sliding fee for all services
- HRSA “PIN”
- Multiple categories
- Read guidance and review online

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Dual and Co-insured Patients

- There is no Part B deductible in FQHC for covered services.
- Patient cost sharing requirements for Medicare covered preventative services are waived with Medicare paying the costs.
- Shared costs waived for annual wellness visits and individual annual preventive visits.
- *U.S. Preventative Services Task Force* puts out guidelines and health centers need to be familiar with changes and list.

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Federal Tort Claims Act (FTCA)

What is the FTCA?

The Federally Supported Health Centers Assistance Act of 1992 and 1995 granted medical malpractice liability protection through the Federal Tort Claims Act (FTCA) to HRSA-supported health centers. Under the Act, health centers are considered Federal employees and are immune from lawsuits, with the Federal government acting as their primary insurer.

- FTCA Deeming Module User Guide (PDF - 2.3 MB)
- Needs initial application and ongoing monitoring, provider addition
- Not all services are covered

Uniform Data Reporting System

- Each year, health center grantees and look-alikes **report on their performance using the measures defined in the Uniform Data System (UDS).** The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes.
- Manual available (be prepared)
- New measures added like depression care outcomes

HRSA Health Center Program

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Chronic Care Management and Collaborative Care

- Explicitly encouraged for patients in federally qualified health centers
- Only federally qualified health centers are prohibited from having patients in both services
- The same codes are used for both services in federally qualified health centers
- These are monthly case rate services
- States vary in how they are managed (AZ, NY, CA, MT)

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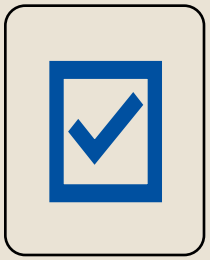
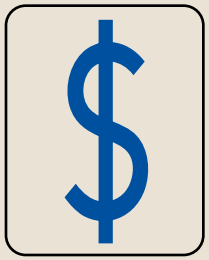
340B Pharmacy Program



Federally Qualified Health Centers and “look alikes” are eligible

Need to have a certified Person or Contracted Partner



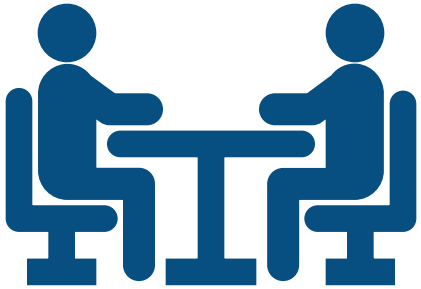
Saves costs on medical supplies and in house medications

Allows for medications for un-insured and underinsured

HRSA Overview and Site Visits

Health Resources and Services Administration (HRSA) site visits support the effective oversight of the Health Center Program. Operational Site Visits (OSVs) provide an objective assessment and verification of the status of each Health Center Program awardees or look-alike's compliance with the statutory and regulatory requirements of the Health Center Program. In addition, HRSA conducts site visits to assess and verify look-alike initial designation applicants for compliance with Health Center Program requirements to inform initial designation determinations.

- **Site visits** conducted by HRSA
- Comprehensive and often last multiple days –review of items like contracts, credentialing, quality, finance



Source: Health Center Program Site Visit Protocol

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Questions?

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Tools & Resources

- Uniform Data System (UDS) Resources
- Prospective Payment Systems - General Information
- HRSA Health Center Program Compliance Manual: Chapter 9, Sliding Fee Discount Program
- Federal Poverty Guideline Information
- U.S. Preventive Services Task Force
- FTCA Deeming Module User Guide
- Health Center Program Site Visit Protocol
- CCBHC Success Center

Upcoming CoE Events:

CoE Office Hour: Benefits and Considerations for Becoming a Federally Qualified Health Center (FQHC)

Register here for the office hour on Tuesday, September 7, 2-3pm ET

CoE Webinar: Screening, Brief Intervention & Referral to Treatment with Youth & Adolescents

Register here for the webinar on Tuesday, September 21, 2-3pm ET

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Thank you!

Questions? Email integration@thenationalcouncil.org

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