

DISCLAIMER: These answers are provided for general informational and educational purposes only and do not constitute legal advice or opinions. For legal advice, you should consult a qualified attorney about your specific circumstances.

FQHC 101 Webinar Questions:

1. Are there specific numbers of clients required, esp. above and beyond current clientele?

To be answered at the beginning of the second webinar on May 27th from 1 to 2 PM titled *Pathways to Becoming an FQHC*.

2. Do both FQHC grantees and look-alikes have FTCA coverage?

No – only FQHC grantees have access to Federal Tort Claims Act (FTCA) coverage. *Please see slides 12 and 13 for a summary of the benefits available to FQHC grantees and to FQHC “look-alikes.”*

3. Under what circumstances can an FQHC be a subsidiary of another organization?

In general, HRSA is particularly skeptical of collaboration models where an FQHC is a subsidiary of another corporation because the parent company generally reserves certain powers and authorities that could supersede those of the FQHC’s board of directors. Please see [PINs 97-27](#) and [2014-01](#) for more information. We will address this issue briefly in the second webinar on May 27th from 1 to 2 PM titled *Pathways to Becoming an FQHC* and in even more depth in the third webinar on June 10th from 1 to 2 pm EST titled [Ryan White and FQHC Collaborative Agreement Opportunities](#). You can register [online](#).

4. Does warning regarding waiving of copays you just mentioned also apply to a FQHC pharmacy as well as services?

As we discussed during the webinar, there is some flexibility regarding discounts for uninsured patients and reducing the amount owed for uninsured patients does not raise any concerns under the Anti-Kickback Statute. However, copays and deductibles for insured patients are much more complex. If a health center is discounting copays or deductibles for patients covered by private insurance, it’s important to make sure the health center’s practice is consistent with the insurer’s policies (*e.g.*, some insurers may prohibit waiving a co-pay). The same considerations apply with prescription drugs. If we’re talking about waiving or reducing copays for patients covered by Medicare and Medicaid, there are potential Anti-Kickback Statute concerns (we won’t go into it today, but it’s something to keep in mind).

5. Are FQHCs required to offer preventive services rated A or B by USPSTF without copays?

Nearly all [private insurers](#) are now required to cover preventive services recommended by the [USPSTF](#) with an A or B grade without copays. Coverage for USPSTF recommended screenings without copays also is required under the Medicaid expansion. [Information](#) on Medicare covered screenings is available from CMS. FQHCs are required to offer certain [preventive screenings](#). The obligation to offer certain preventive services without copays relates to the payor so it becomes a payor-specific analysis. For uninsured patients, FQHCs offer preventive services in accordance with its sliding fee discount program, which has (1) a set of charges that are consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation; (2) a sliding fee discount schedule (SFDS), so that the amounts owed for health center services by eligible patients are adjusted based on the patient's ability to pay. Under the SFDS, FQHCs must provide a full discount for individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines (FPG), and a schedule of discounts for patients above 100% of the FPG and at and below 200% of the FPG.

6. Can a health center refuse to see a client who is HIV+ and meets FQHC guidelines for care, i.e. a client referred for primary care, and refused to be seen because they do not treat HIV+ patients?

FQHCs may not discriminate against an individual because of their HIV status. If FQHCs do not have the expertise to provide HIV care on site, they may refer an HIV+ patient to another provider. Ryan White providers can play an important role by partnering with local FQHCs who do not have onsite HIV expertise. The third webinar taking place on June 10th from 1 to 2 pm EST titled [Ryan White and FQHC Collaborative Agreement Opportunities](#) will offer guidance for Ryan White grantees interested in partnering with FQHCs. You can register [online](#).

7. Ryan White patients with ACA and Premium is covered by ADAP. Some have high deductibles is there any way to help this kind of scenario?

In addition to the AIDS Drug Assistance Programs – Ryan White and FQHC funds may be able to offer cost sharing assistance. Co-pay assistance for medications may be available from the drug manufacturers. Details on the company-sponsored programs for HIV medications are available in this [resource](#) from the National Alliance of State and Territorial AIDS Directors.

- 8. I am a family medicine resident physician with a NHSC scholarship. I will be looking for a job at an FQHC with a HPSA score 16 or higher that also provides Ryan White services. How can I get connected with potential sites?**

A directory of NHSC sites is available [online](#) from HRSA. You can search the directory by the following categories: primary care, mental health and dental. Each site includes a brief description of the services that they offer. We will follow up with the HIV/AIDS Bureau at HRSA to see if a listing of sites receiving Ryan White funding is available.