



Bridging Ryan White Providers & FQHCs

Webinar Series Presented by
FELDESMAN+ TUCKER+LEIFER+FIDELL

May 13th - 1 to 2 pm EST – FQHC 101 (Archived)

May 27th - 1 to 2 pm EST – Pathways to Becoming an FQHC

June 10th - 1 to 2 pm EST – Ryan White and FQHC Collaborative
Agreement Opportunities

Register Online: www.hivclinician.org

*This project is supported with grants from Janssen
Pharmaceuticals and from the MAC AIDS Fund.*

Visit for Archived Webinars and Additional Resources

HIVClinician.org
A resource supported by the HIV Medicine Association

Site Search

- Healthcare Reform**
Fact sheets, issue briefs and webinars
- Coverage Issues**
Resources to address and report patient's coverage issues
- Billing & Coding**
Coding guides for outpatient HIV services
- Partnerships**
Ryan White and Community Health Center partnership resources
- Resources**
Links for more information including clinical guidelines

Tools for HIV Providers

Resources to help HIV medical providers and clinics adapt to health care financing and system reforms.

HIV HEALTH REFORM

HIV HEALTH REFORM

Affordable Care Act

state advocacy health insurance exchange Ryan White Program essential health benefits health care reformHealth disparities National HIV/AIDS Strategy

www.hivhealthreform.org

DISCLAIMER

- Presentation is intended as general information only, not as legal advice
- Consult qualified legal counsel for specific guidance

FQHC 101 FOLLOW-UP Q&A

- “Are there specific numbers of clients required, esp. above and beyond current clientele?”
- “Under what circumstances can an FQHC be a subsidiary of another organization?”

Pathways to Becoming a Federally Qualified Health Center

Kathryn R. Watson, JD, MPH

AGENDA

I. Refresher: FQHCs 101

II. Pathways

- a) FQHC Grantee Model
- b) FQHC Sub-recipient Model
- c) FQHC Look-Alike Model



III. First Steps

I. Refresher: FQHCs 101

WHAT IS AN FQHC?

- **FQHC Grantee:** Nonprofit, tax-exempt organization that receives grant funding under one or more programs of Section 330 of the Public Health Service Act, 42 U.S.C. Sec. 254b (referred to as a prime grantee in the context of a sub-recipient relationship - see below)
 - **FQHC Sub-recipient:** An entity eligible to be a stand-alone FQHC that receives a portion of a prime grantee's Section 330 grant and must satisfy the Section 330 requirements
- **FQHC “Look-Alike”:** Nonprofit, tax-exempt organization that is determined by the Department of Health and Human Services (DHHS) to meet requirements to receive funding without actually receiving a grant

*Limited number of “public health centers” comprised of public entities and non-profit governing Board of Directors

WHAT IS AN FQHC?

- Serves a Medically-Underserved Area or Medically-Underserved Population
- Has a Community-Based Board of Directors
- Provides comprehensive primary and preventive care services
- Serves all patients regardless of ability to pay

POLL

What is the greatest attraction for your organization to becoming an FQHC?

- A.) FTCA Coverage
- B.) Prospective Payment System
- C.) Integrated Care Model
- D.) Other: _____

II. Pathways



GRANTEE MODEL

Compete for New Access Point (NAP) Grant

- Maximum annual grant request = \$650,000
- Must propose to establish a new service delivery site:
 - New Starts: Organization that does not currently receive any funding under section 330 may expand existing sites or establish new sites
 - Satellites: Organization that currently receives funding under any of the section 330 programs proposing to establish a new delivery site(s)
- Must propose to provide the required scope of services (directly or by formal arrangement) (HRSA Form 5A)
- Must propose to serve a federally designated MUA/MUP unless requesting **only** special population funding (migrant, homeless, and/or public housing)
- Must be operational within 120 days of grant award

GRANT APPLICATION PROCESS

- Funding opportunities are announced on:
 - HRSA web site:
<http://www.hrsa.gov/grants/index.html>
 - Grants.gov: <http://grants.gov/>



GRANT APPLICATION PROCESS

1. Register & Get Ready

- You must register in three places:
1) DUNS, 2) SAM & 3) Grants.gov

2. Find & Submit

3. Write a Strong Application

SUB-RECIPIENT MODEL

- Prime grantee awards a portion of its grant to another entity (sub-recipient) and the sub-recipient provides certain services on behalf of the prime grantee
- Relationship is governed by written contract (Sub-recipient Agreement) and the two entities remain independent
- Prime grantee maintains direct reporting relationship with HRSA and has oversight authorities over the sub-recipient, which is operated as a separate and autonomous corporate entity

SUB-RECIPIENT MODEL

- **Autonomy of Sub-recipient:**
 - retains its autonomous corporate identity;
 - continues to be the licensed operator of its clinics;
 - provides services in accordance with Sub-recipient's policies, which must be reasonably consistent with the Prime Grantee's relevant policies;
 - bills all applicable third party payors (including Medicare and Medicaid) under its own name (as opposed to the Prime Grantee's name); and
 - retains all revenues collected.

SUB-RECIPIENT MODEL

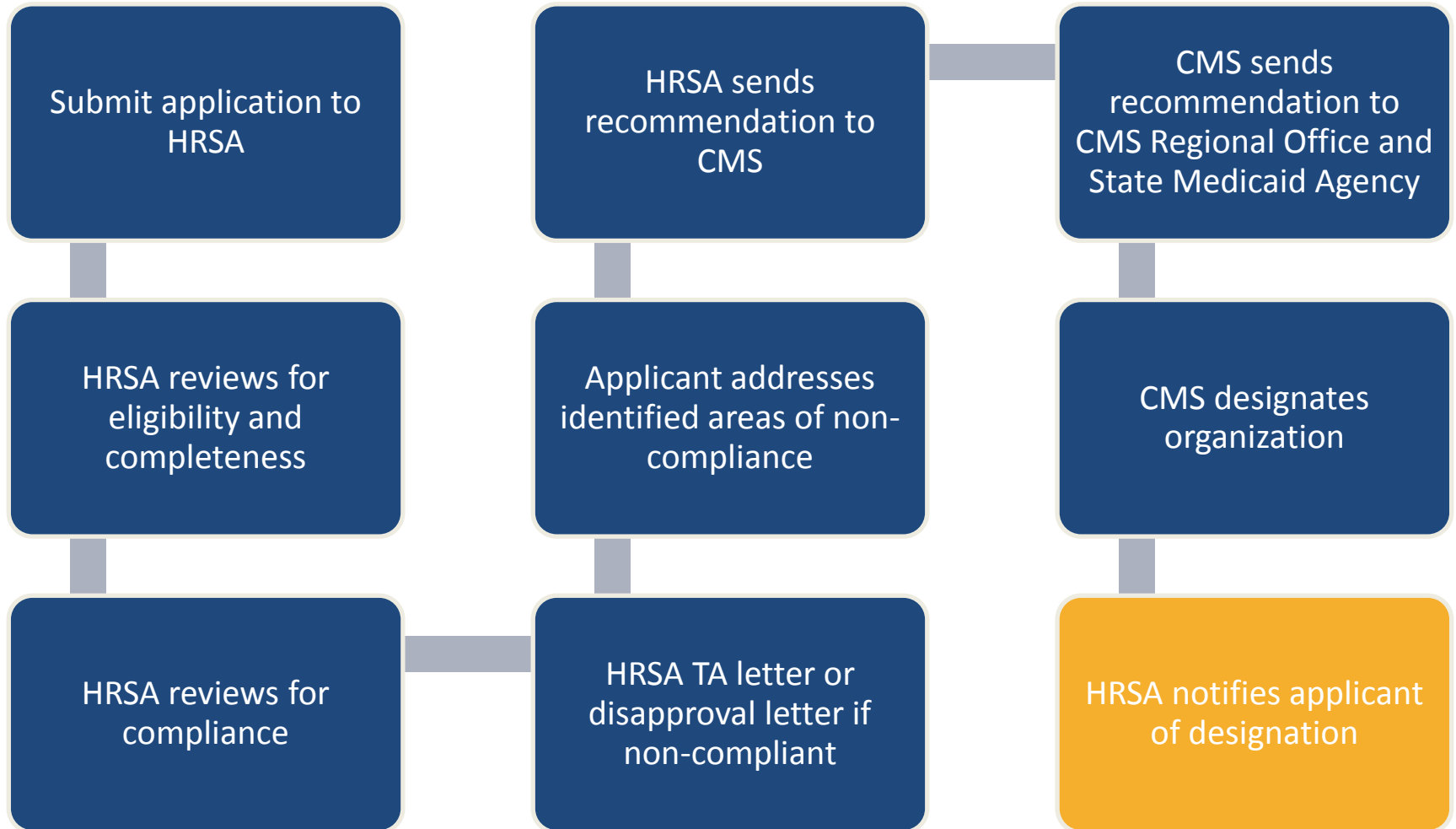
- **Oversight by Prime Grantee:**
 - Prime Grantee must maintain an appropriate level of oversight and monitoring over Sub-recipient to ensure the Sub-recipient's compliance with Section 330 requirements (*e.g.*, site visits; limited scope audits; quality assurance reports; receipt of programmatic and financial reports from the sub-recipient; as applicable, the sub-recipient's financial audits, *etc.*); and
 - Prime Grantee has authority to take corrective action if instances of Sub-Recipient's non-compliance, material weakness, or mismanagement are detected.

LOOK-ALIKE MODEL

- Noncompetitive rolling application
- Must be operational for six months when you apply
- FQHC Look-Alike Program is operated under an intra-agency agreement between HRSA and Centers for Medicare and Medicaid Services (CMS)
- HRSA is responsible for: (a) Assuring compliance with requirements under Section 330; and (b) Making a recommendation to CMS for designation as an FQHC Look-Alike
- CMS has final authority to designate applicants as an FQHC Look-Alike



FQHC LOOK-ALIKE DESIGNATION PROCESS



FQHC MODELS

	Section 330 Grant	FTCA Eligibility	Health Center Safe Harbor	Prospective Payment System	340B Drug Discount Eligibility	National Health Service Corps Eligibility
Grantee Model	X	X	X	X	X	X
Sub-recipient Model	X	X	X	X	X	X
Look-Alike Model				X	X	X

MULTI-SITE STRATEGY



III. First Steps

NEEDS ASSESSMENT

- Service Area:
 - MUA? MUP? (<http://muafind.hrsa.gov/>)
 - Check UDS Mapper
 - PIN 2007-09
- Community Partners
 - Letters of support are key
- Communication Strategy
- Resources:
 - NACHC, PCA, PO, etc.
 - Planning Grants

POLL

What is the greatest perceived obstacle for your organization to become an FQHC?

- A.) Community-Based Board
- B.) Service Area Overlap (neighboring FQHCs will not support application)
- C.) Fee Schedule for Patients
- D.) Expansive Scope of Services
- E.) Other: _____

COMMUNITY-BASED BOARD

- Health centers are required to have community-based governance: at least 51% of board members must be consumers of health center services
- Cultivate new board members through staff recommendations, patient advisory board members, etc.
- A patient is defined as a current registered patient of the health center who has accessed the health center in the past 24 months to receive at least one or more in-scope service(s) that generated a health center visit
- Community-based and community-directed sets FQHCs apart
- PIN 2014-01

FQHC CHARGES AND DISCOUNTS

- FQHCs must have a schedule of charges designed to cover reasonable costs of operation and consistent with locally prevailing (community) rates
- Schedule of discounts corresponds to patient income and family size

- No patient can be denied services due to an individual's inability to pay

At/Below 100%
FPL

- Full discounts or “nominal” charges

101-200% FPL

- Discount adjusted based on ability to pay

At/Above 201%
FPL +

- No discounts

- **PIN 2014-02**

SCOPE OF SERVICES

- Must provide, or arrange for the provision of, all required services including:
 - Basic primary care services, diagnostic lab and x-ray, prenatal and post-natal care, well-child care, immunizations, screenings, voluntary family planning, preventive dental services, pharmacy as appropriate
 - Enabling services, including outreach, transportation, and translation
 - Education regarding the availability and proper use of health services
 - Case management services (counseling referral, and follow-up) and other services designed to assist patients in establishing eligibility for financial assistance programs
- Services can be provided directly or by established written arrangement (i.e., contract or referral)

REMINDER

- **June 10th 1 to 2 pm EST – *Ryan White and FQHC Collaborative Agreement Opportunities***
Register Online
- More Information: go to www.hivclinician.org

QUESTIONS?

Kathryn R. Watson

Feldesman Tucker Leifer Fidell LLP

1129 20th Street N.W. – Suite 400

Washington, D.C. 20036

(202) 466-8960

kwatson@ftlf.com

www.ftlf.com