

NATIONAL COUNCIL LIVE

 **Webinars**

Working with Federally Qualified Health Centers: Partnership Ideas

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Agenda for the Webinar

- > What are key issues for folks on the call?
- > Getting to Know You, Getting to Know All About You
 - Key Facts About FQHC's That You Need to Know
 - Framing CMHC's Positively
- > Making the Business Case with Your FQHC



FQHC Partnerships – Key Things For CMHC’s To Know

- What is an FQHC?
- Cost Based Reimbursement
- BH Expansion Grants for FQHC’s
 - Subcontracting with CMHC’s
 - Federal Tort Claims Act Liability Coverage
- Scope of Service



What is an FQHC?

- Provides medical, mental health and dental care to all regardless on their ability to pay –uninsured or underinsured
- Provides enabling services such as pharmacy, transportation, prenatal and family care services, case management and other referrals to other basic needs agency
- Provides services through all the life cycles-prenatal, pediatric, adult and geriatrics.



What is an FQHC?

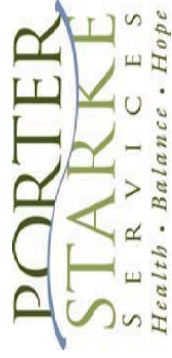
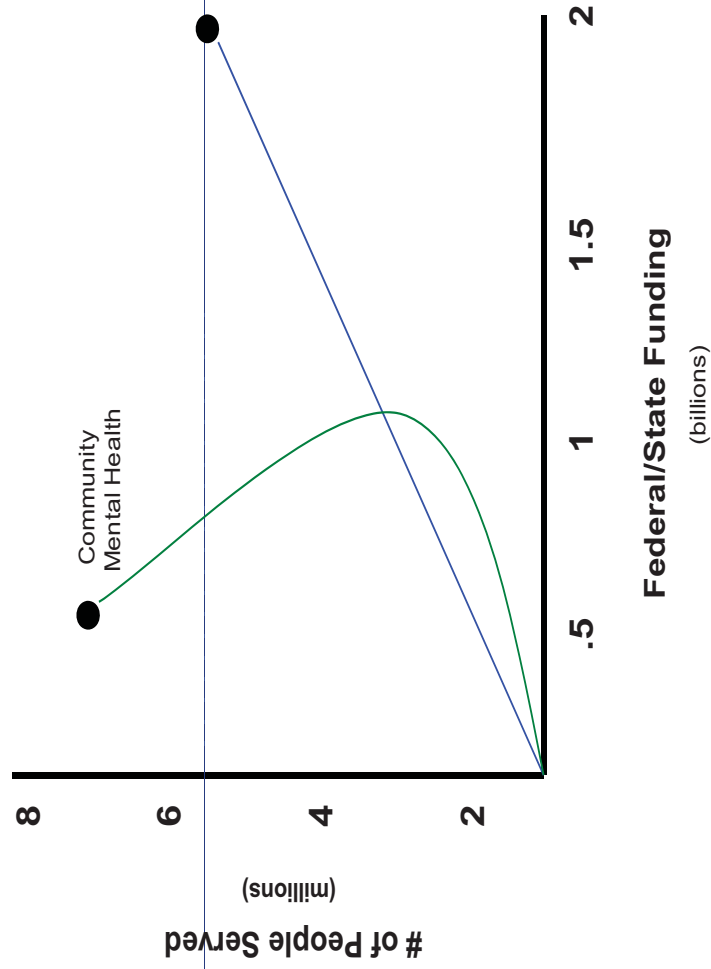
- Serves the community-offers a sliding fee, accepts Medicaid, Medicare and private insurance.
- Allows for enhanced Medicaid and Medicare payment system-paid fairly for services rendered
- 340B Drug Program
- FTCA coverage- no malpractice for individual practitioners-not on contracts
- National Health Service Corp (NHSC) :scholars or loan repayment
- Participation in the HDC- diabetes, asthma, depression, CHF and other chronic diseases NEW: PSPC – integrating the Pharmacist into the visit



Cost Based Reimbursement – Prospective Payment System

- Per provider fee for each encounter regardless of amount of time
- Determined based on costs, prospective payment
- Potential for increased revenue for psychiatric visits
- Federal Tort Claims Act liability coverage
- Increased payment for BH staff under this model too

Current State of Federal Funding and Persons Served (2007 OMB)





BH Expansion Grants

- Funding available, often each year, to expand BH services in FQHC settings
- Most recent application February, 2009
- All New Starts must have behavioral health services
 - Direct Hires
 - Contract with local CMH



Contracting with CMHC's

- > FQHC's can contract with CMHC's – a specialty care approach
- > Has to be in Scope of Service at the location the service will be provided and as a service
- > Issues with group homes currently being included in scope – reverse integration
- > MOU instead of “contract”



Scope of Service

- FQHC only gets reimbursed for things approved within their scope
- Can submit Scope Change document to include providing primary care at CMH/BH sites

What Should FQHC's Know About CMHC's?

- > % Medicaid in your population
- > Why so many persons with mental illness are already in primary care
 - CMHC Focus on Serious, Persistent Mental Illness
 - Commitment of uninsured is there – issue is funding
 - Fee for service/capitated funding – NOT Cost reimbursement
 - 70% of Antidepressants prescribed in primary care
- > Skills of CMHC staff in Case Management
- > Psychiatric Resources
- > Morbidity and Mortality Statistics for our population
- > Health Care Economics



Determining the Business Case for Partnering with an FQHC

- Psychiatric Services in Primary Care
- Masters levels + clinicians in Primary Care
- Physical Health Issues in BH
- Case Management Services



Psychiatric Services in Primary Care

- FQBH billing is based on a prospective system of payment and they receive an encounter rate regardless of time spent vs. CMHC gets different rates per length of visit
- Tort liability insurance is free



Calculating Psychiatric Offsets

Psych Service	# of Units Provided in CMH	CMH Rate	CMH Revenue	FQHC Encounter Rate	FQHC Revenue	Difference
Liability Coverage	N/A		N/A	\$0	N/A	



Master's Level Clinicians +

- Same situation as psychiatry – encounter based reimbursement
- Use same chart as for psychiatrist to evaluate benefit of moving master level clinicians to FQHC either on employment basis or contract



Physical Health Issues

Physical Health Diagnosis	# of Consumers at CMH with this Diagnosis	% of those consumers with Medicaid	Average # or Visits @ FQHC/year	Encounter Rate of FQHC	Increased Revenue Potential
Diabetes					
Cardiac Issues					
Obesity					
COPD					
HIV/AIDS					



Case Management Services

- Not billable in FQHC; Billable at CMHC
- CMH provides case management at FQHC, under contract but bills own revenue source, for all patients



The Core Factors

- > Its about the relationship(s)
- > Meetings (Admin & Clinical)
- > Time commitment
- > Vision commitment



Next Webinar

- > Date: TBD
- > Topic: Contracting between FQHC's and CMHC's (25 site limit to address existing contracting issues)
- > Presenters: TBD