

# KNOW YOUR FQHC STATUS

We will begin in just a moment, but in the meantime, please:

- Mute your line by pressing \*6. You can un-mute by pressing \*6 again.
- Enter your identity code. On the top of your screen is an Info tab. Click on it, and you will see an Identity Code – 2 numbers enclosed with # signs. For example, # 11 #. Dial #, your two digits and # again into your phone to be synced.
- Get comfortable using the chat feature in case you need support or have Qs!

If you experience any challenges during the webinar, please call (510) 725-5020 or e mail Shallen So'Brien at [shallens@etr.org](mailto:shallens@etr.org) for support on the spot!

November 14, 2012



**TABONO CBA**  
PARTNERING TO BUILD EXCELLENCE IN HIV SERVICES

**ETR**  
Associates

November 14, 2012

# KNOW YOUR FQHC STATUS

The Realities of Becoming a  
Federally Qualified Health Center  
(FQHC)



**ETR**  
Associates

# WHY ARE WE HERE?

## By the end of this webinar, you will be able to:

- Understand what a FQHC is, and its unique role in the shifting HIV care and prevention landscape
- Identify structural components needed to successfully qualify as a FQHC
- Discuss realities of attempting to qualify as a FQHC both independently and as a collaboration of organizations
- Utilize a simple assessment to determine if applying to become a FQHC is feasible
- Identify opportunities for capacity building assistance to support your programs

# Our Agenda:

- Welcome & Purpose
- What is Tabono CBA?
- Why Should I Care about my FQHC status?
- The “FQHC Test”
- What Do I Do with My Results?
- How Tabono CBA Can Support You
- Q&A

# What Is Tabono CBA?

## CBA for CBOs:

### Evidence Based Interventions:

(d-up, WILLOW, FOY, SIHLE)

### Public Health Strategies:

(ARTAS, HTC, CRCS, Linkage to Care)

### Monitoring & Evaluation:

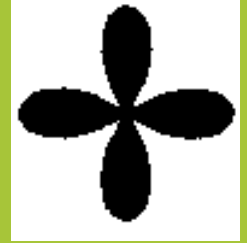
(Data Collection, Logic Models, Evaluation Planning and Execution)

### Cultural Competency:

(working with multiple populations, integrating diversity, team building and evaluating cultural proficiency)

### Tailored Trainings:

(group facilitation skills, effective communication, boundaries and ethics in counseling, and more!)



**Tabono means**

**"oar" or**

**"paddle." It**

**symbolizes**

**unity of**

**purpose and**

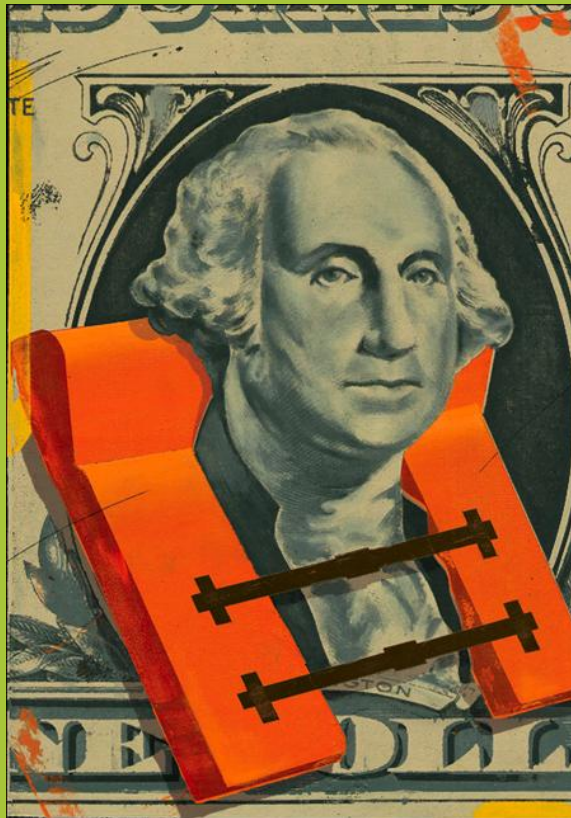
**hard work to**

**reach a**

**destination or**

**goal.**

# Why Should I Care about my FQHC Status?

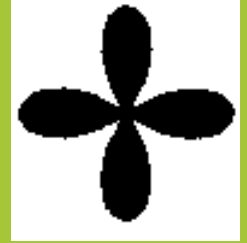


In the era of NHAS, HIP, and CDC we all have new things to think about...but one thing stays the same.

Is *THIS* the answer to our sustainability concerns?



That depends on *YOUR* question.



How do you get paid to deliver critical services to your clients and their partners?

# Terminology

- **HRSA**

Health Resources and Services Administration

- **Section 330**

Law that authorized funding of health centers

- **BPHC**

Bureau of Primary Health Care

- **CMS**

Centers for Medicare and Medicaid Services

**The first step to knowing your status is to know the players.**



# Terminology

- **FQHC**

Federally Qualified Health Center

- **FQHC Look Alike**

Like an FQHC but different funding

- **MUP**

Medically Underserved Population

- **MUA**

Medically Underserved Area

- **HPSA**

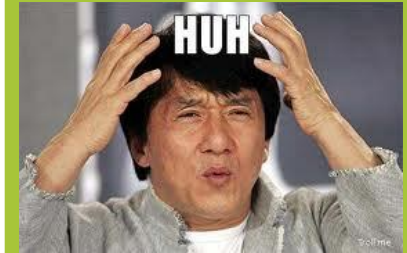
Health Professional Shortage Area



**...then to  
understand  
the  
acronyms.**

# FQHC “Look Alikes”

- ❑ Services to low-income, underserved, and special populations
- ❑ Meets all statutory, regulatory, and policy requirements of section 330-funded health centers
- ❑ Do not receive grant funding under section 330



What does  
that mean?

More TA:

<http://bphc.hrsa.gov/about/lookalike/index.html>

# WHAT IS THE BIG ATTRACTION?

- FQHCs receive an **all-inclusive Medicare reimbursement** amount for each covered visit, regardless of the specific services provided during the visit.
- Preventive services
- Pneumococcal and influenza vaccines
- Treatment by a range of primary care service providers
  - physician
  - physician assistant
  - nurse practitioner
  - clinical social worker
  - clinical psychologist services
- Additional preventive services can be billed (e.g. pap smears and prostate cancer screening)



- For individuals, lower viral loads reduces morbidity and mortality, and reduces chance of spreading HIV
- For the general population, lower viral load leads to fewer new infections

HIGH  
IMPACT  
PREVENTION

CLINICAL  
ACTIVITIES

# FQHC & HIP

## Prevention with HIV(+) Persons

- HIV testing, linkage to care and prevention services
- Antiretroviral therapy
- Retention in care and adherence
- Partner services
- Behavioral risk reduction interventions and condoms
- STD screening and treatment
- Perinatal transmission interventions

## Prevention with HIV (-) Persons

- Condom distribution
- Behavioral risk reduction interventions and condoms
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis
- Syringe services
- Male circumcision
- Microbicides
- STD screening and treatment

# What's The FQHC "Test"

To become an FQHC start with your own internal assessment to see if this makes sense for you.

Fully In Place	Partially In Place	Fully In Place with Partner Organization	Partially In Place with Partner Organization	Not Currently Addressed
✓				

# FQHC Test

- Non-profit private or public entity?
- Designated medically underserved population?
- Designated medically underserved areas?
- Serve migrant and seasonal farmworkers, the homeless or residents of public housing?
- Substance abuse treatment for homeless?

- Fully In Place
- Partially In Place
- Fully In Place with Partner Organization
- Partially In Place with Partner Organization
- Not Currently Addressed

U.S. Department of Health and Human Services  
**HRSA** Health Resources and Services Administration

www.hhs.gov

Home Get Health Care Grants Loans & Scholarships Data & Statistics Public Health About HRSA

**Find Shortage Areas: MUA/P by State and County**

Shortage Designation Home  
**Find Shortage Areas**  
 HPSA & MUA/P by Address  
 HPSA by State & County  
 HPSA Eligible for the Medicare Physician Bonus Payment

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility). [More about shortage areas](#)

**Find a MUA/MUP: Choose a State and County**

State	<input type="text" value="California"/>	First, choose a State.
County	<input type="text" value="ALL COUNTIES"/> Alameda County Alpine County Amador County Butte County Calaveras County	Now, choose ALL COUNTIES, one county or each of the counties you wish to search. To select more than one County, hold down the Ctrl key while making your selection
#	<input type="text"/>	Optional Find a MUA using its five digit ID #

Are you  
in a  
MUA?

Check  
<http://muafind.hrsa.gov/index.aspx>



# FQHC Test

- Comprehensive primary health care services?
- Supportive services?
- Times and locations that assure accessibility?
- Governed by a community board?
- Fees adjusted based on ability to pay?

- Fully In Place
- Partially In Place
- Fully In Place with Partner Organization
- Partially In Place with Partner Organization
- Not Currently Addressed

# FQHC Test

- Needs assessment data of target population?
- Maintain a core staff?
- Staff appropriately licensed, credentialed, and privileged?
- Hospital admitting privileges?
- Arrangements for hospitalization, discharge planning, and patient tracking?

- Fully In Place
- Partially In Place
- Fully In Place with Partner Organization
- Partially In Place with Partner Organization
- Not Currently Addressed

# Now What?

	Fully In Place	Partially In Place	Fully with Partner	Partially with Partner	N A
(1) Are you a non-profit private or public entity?	✓				
(2.1) Do you serve a designated MUP or MUA?	✓				
(2.2) Do you serve farmworkers, the homeless or residents of public housing?			✓		
(2.3) Do you provide substance abuse treatment to homeless individuals and families?				✓	
(3.1) Do you provide comprehensive primary health care services either directly or through established written arrangements and referrals?		✓			
(3.2) Do you provide supportive services that promote access to health care?					✓
(4.1) Do you provides services at times and locations that assure accessibility and meet the needs of the population to be served?				✓	

# Now What?

	Fully In Place	Partially In Place	Fully with Partner	Partially with Partner	N A
(4.2) Are you governed by a community board composed of a majority (51% or more) of patients who represent the population served?	✓				
(5) Do you provide services available to all with fees adjusted based on ability to pay?			✓		
(6) Do you have needs assessment data to documents the needs of your target population?					✓
(7.1) Do you maintain core staff to carry out all required primary, preventive, enabling health services?		✓			
(7.2) Are all staff appropriately licensed, credentialed, and privileged?				✓	
(8.1) Do your physicians have admitting privileges at one or more referral hospitals?				✓	
(8.2) Do you have firmly establish arrangements for hospitalization, discharge planning, and patient tracking?			✓		

# WHAT DO I DO WITH MY RESULTS?

## Before Moving Forward:

- Do we meet enough of the federal requirements to consider an FQHC application?
- Do we do this on our own or with a partner?

## Preparing to Apply:

- Do we have the resources to gather the information and materials needed for the application?
- Do we have time to wait for the application to be processed?



# ENROLLMENT PROCESS

1. **A signed and completed Form CMS-855A, Medicare Enrollment Application**  
(<http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>)
2. **Two copies of the Attestation Statement for FQHCs**  
([http://www.cms.gov/manuals/downloads/som107\\_exhibit\\_177.pdf](http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf))
3. **A copy of the HRSA NGA or Look-Alike Designation Memo**
4. **A copy of HRSA Form 5 - Part B, Service Sites**
5. **Form CMS-588 Electronic Funds Transfer (EFT) Authorization Agreement**
6. **Clinical Laboratory Improvement Amendments of 1988 (CLIA) Certificate (if applicable)**
7. **State License (if applicable)**
8. **Other documents as indicated in the application instructions**

# BUILD A SUPPORT NETWORK

## What Tabono CBA can do for you:

- Provide additional resources to help understand FQHC
- Support implementation of high impact prevention activities into your programs
- **Design monitoring & evaluation tools to enhance your program assessment**
- Capacity Building Assistance to sort through the FQHC quagmire
- For more information – get in touch: [tabono@etr.org](mailto:tabono@etr.org) / 1-866-CBA-2580 / [www.etr.org/tabono](http://www.etr.org/tabono)



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**POSITIVE IS AN ATTITUDE:**  
Supporting Clinicians to Create Positive,  
Engaging and HIP Client Outcomes  
*December 12, 2012, 11-12pm PST*

**FROM “LIKE THIS” TO “LOVE THIS”:**  
Tips for Evaluating the Impact of Facebook and  
other Social Media on your HIV Programming  
*February 13, 2013, 11-12pm PST*

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us for our  
upcoming  
Monitoring  
and  
Evaluation  
(M&E)  
webinars!



# THANK YOU!

If you have any questions about the information presented in this webinar, or other Capacity Building Assistance questions, give us a call!

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[www.etr.org/tabono](http://www.etr.org/tabono)

