



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE

NATIONAL COUNCIL LIVE

# Webinars

## Working with Federally Qualified Health Centers: Partnership Ideas

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[www.TheNationalCouncil.org](http://www.TheNationalCouncil.org)



## 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**



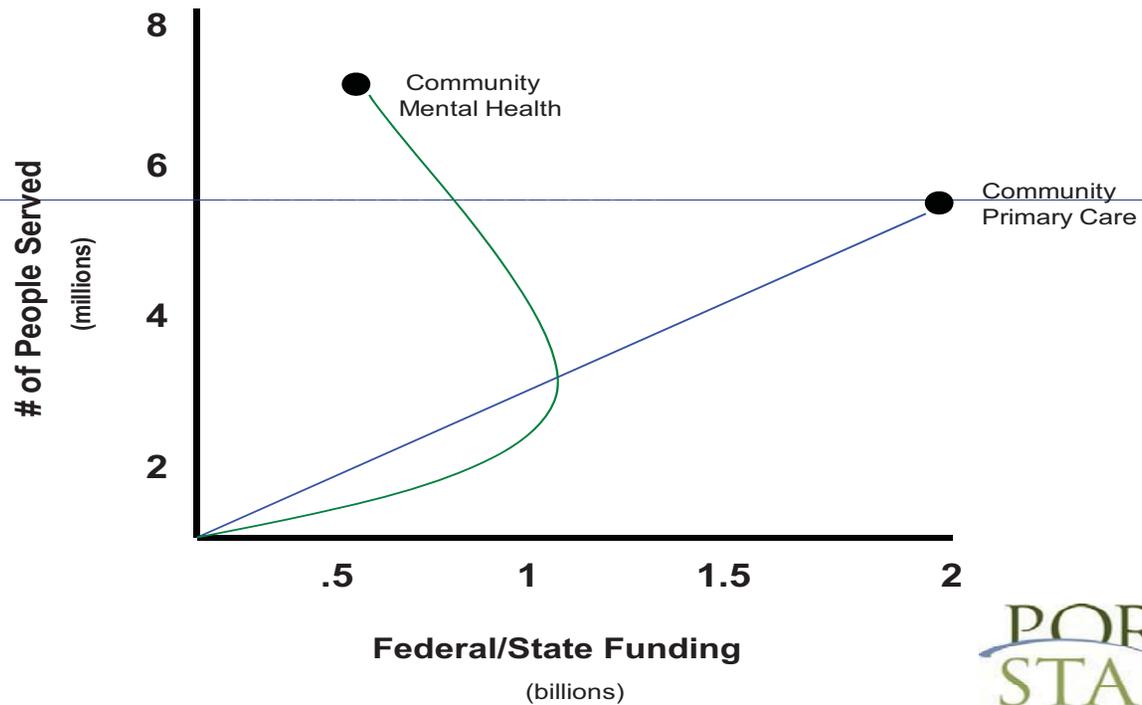
# Cost Based Reimbursement – Prospective Payment System

- 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
<b>Liability Coverage</b>	<b>N/A</b>		<b>N/A</b>	<b>\$0</b>	<b>N/A</b>	



## 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