

Notes from April 8, 2011 Facilities Designation Call
Next Meeting : Face to Face, Wednesday, April 13th

Participants: Kathleen Clanon (Chair), Dan Hawkins, Alice Rarig, Eric Turner, Dick Lee, Andrea Weddle, Kim Crump

Areas of Consensus:

1. Support MUP designation criteria for FQHCs or “look a likes” who are ineligible for population based MUA/P (Reached March 25th call).
2. Language in the current rule that allows designation of facilities that serve patients from a nearby HPSA is still supported by the group and will be included in future drafts. (Reached March 25th call).
3. “Magnet” clinics can target one or more populations of special concern. (Reached March 25th call).
4. The list of populations of interest for magnet clinics will parallel the Special Pops streamlined list, with some additions. (Reached March 25th call)
5. Rural health clinics will be added as facilities eligible for magnet clinic status under I-B-1. (Reached April 1st call)
6. Facilities will be able to submit income data or insurance status data to meet criterion I-B-2. (Reached April 1st call)
7. Resolved the question of whether for-profit facilities other than RHCs may receive facility HPSA designation status (no, statutorily, it is clear they cannot).
8. Reached consensus on low income and uninsured and public insurance threshold levels, based on testing of impact of both options on FQHCs status, and found the percentages cited in I.C. to be valid. Language for that section adopted (Reached April 8th call).
9. Agreed on a menu of criteria for demonstrating insufficient capacity (thresholds TBD):
 - a. scheduled hours per provider
 - b. P to P ratios defined as patient panel size (based on # of patients seen in last year)
 - c. Long wait (TBD) for 1st appointment or closed to new patients.

DISCUSSION

Method for demonstrating insufficient capacity:

The group discussed options considered to date (listed below) for measuring insufficient capacity, noting that these had been brought to the full committee twice, without resolution:

- a. Encounter numbers
- b. P to P ratios
- c. Waiting times
- d. Level of unmet need in the community served

- e. Level of service provided (e.g. meeting medical home criteria for a vulnerable population)

With regard to encounter numbers, Dan noted that this measure in itself could be worrisome given the experience in the 1980s with “grind them through” Medicaid clinics that went for volume to bring in revenue. The group looked at devising a menu of criteria for measuring insufficient capacity, and came up with the following:

- a. scheduled hours per provider
- b. P to P ratios defined as patient panel size (based on # of patients seen in last year)
- c. Long wait (TBD) for 1st appointment or closed to new patients.

The next step will be to attach thresholds to these metrics, and then have them impact tested.

Legality of for-profit facilities other than RHCs receiving HPSA designation status:

Andy was not on the call to report back on opinion of legal counsel, but Dick confirmed it is very clear from the statute this would not be possible.

Low Income and uninsured/public insurance threshold levels:

Eric reviewed his impact testing data with the group on the distribution of 1) low income and; 2) uninsured plus public insurance patients at a sample set of urban, rural and frontier FQHCS. Based on this analysis, the group agreed that the proposed 40%-30%-20% thresholds (the same as in NRPM2) cited in Section I.C. of the HPSA facilities designation proposal are valid, and the Section I.C. language was confirmed to be adopted.

Outstanding Issues for April 13th workgroup time at face to face meeting:

1. Reach consensus on whether distance or time traveled by patients should be a factor considered for magnet facility designation.
2. Discuss attaching numbers/thresholds for testing to agreed menu of determinants for demonstrating insufficient capacity:
 - a. scheduled hours per provider
 - b. P to P ratios defined as patient panel size (based on # of patients seen in last year)
 - c. Long wait (TBD) for 1st appointment or closed to new patients.
3. Holding off on the corrections discussion until after hearing from corrections experts invited to the April 13-15 in-person meeting. Time has been set aside at that meeting for the corrections discussion. Eric has also been doing some background work on this issue, and will bring data from one state for the group to consider.

FACILITY DESIGNATIONS Proposal (Updated April 8, 2011)

I. For HPSA Designation:*

A. Is ineligible for geographic or population HPSA

B. To qualify facility must be:

1. Public/nonprofit private facility or a rural health clinic,
2. Open to everyone, regardless of coverage or ability to pay,
3. Provision of services must meet the following:
 - 1) More than 50% of primary care services are provided to a special population of individuals with HIV, developmental disabilities, LGBT, LEP, Native Americans, Native Hawaiians, or Alaska Natives,
OR

C. Of the population served, low-income individuals (<200% FPL) OR a combined total of individuals who are uninsured, have Medicaid or state Children's Health Insurance Program coverage or receive services through the Indian Health Services' tribal health programs must constitute at least:

- 40% metropolitan
- 30% rural
- 20% frontier

AND

D. Must demonstrate insufficient capacity:

○ TBD

*Maintain current statutory automatic designation for FQHCs and qualifying RHCs, and **maintain or revise current criteria for correctional facilities and state/county mental hospitals**

II. For MUP designation:

A. Is ineligible for a geographic or population-based MUA/P

B. To qualify facility:

- Must meet one of the following requirements:
 - (1) Have been a federally qualified health center

OR

- (2) Demonstrate compliance with all other FQHC requirements in Medicaid (Section 1905(l)(2)(B))* ,

AND

C. Must demonstrate continued service to underserved populations

1. More than 50% of primary care services are provided to a special population of individuals with HIV, developmental disabilities, LGBT, LEP, Native Americans, Native Hawaiians, or Alaska Natives,

OR

2. Of the population served, low-income individuals (<200% FPL) must constitute at least:

- 40% metropolitan
- 30% rural
- 20% frontier

* Section 1905(I)(2)(B) of The Social Security Act defines an FQHC as an entity which:

- (I) is receiving a grant under section 330 of the PHS Act,
- (II) (a) is receiving funding from such a grant under a contract with the recipient of such a grant, and
(b) meets the requirements to receive a grant under section 330 of such Act,
- (III) based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant including requirements of the Secretary that an entity may not be owned, controlled or operated by another entity, or
- (IV) was treated by the Secretary, for the purposes of part B of title XVIII, as a comprehensive Federally funded health center as of January 1, 1990, and includes an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self-Determination Act (Public Law (P.L.) 93-638) or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act for the provision of primary health services.