



Primary Care

*Strategies for Success
in a Value-Based Payment Environment*



CPCA Mission

To lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

Clinic Alphabet Soup

HEALTH CENTER

**COMMUNITY
CLINIC**

**COUNTY AND
PUBLIC CLINIC**

RHC

FQHC

LOOK-ALIKE

URBAN INDIAN CLINIC

CHC

IHS

FREE CLINIC

CPCA's Membership

CPCA was founded to create a unified, statewide voice for community clinics and health centers.

Members are comprised of:

- Community Clinics
- Free Clinics
- Federally Qualified Health Centers (FQHCs)
- FQHC Look-Alikes
- Rural Health Clinics
- Migrant Health Centers
- Healthcare for the Homeless
- Indian Health Service Clinics
- Planned Parenthood Affiliates of California

Clinic Profile

The Patients

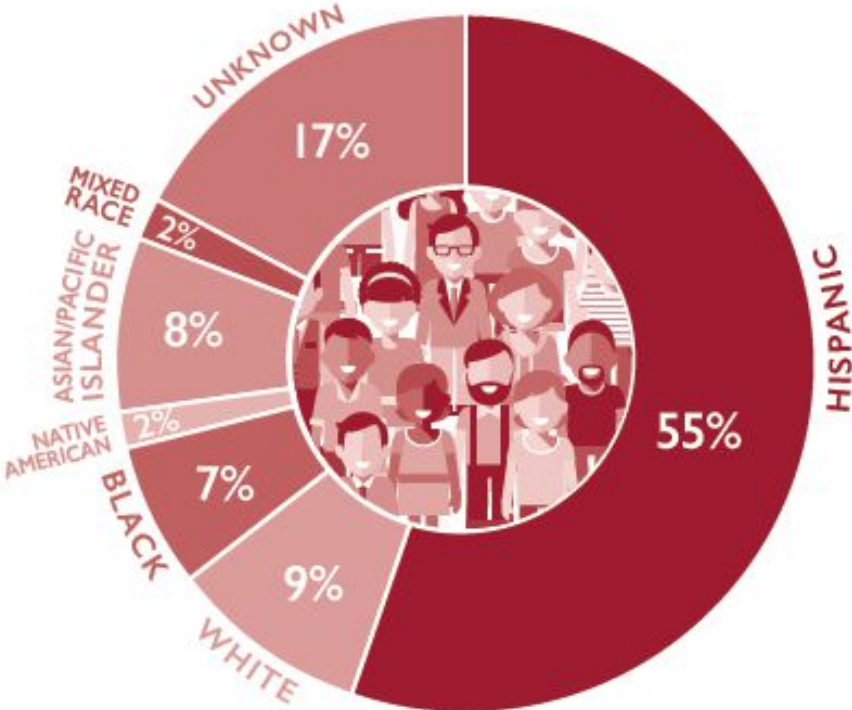


California

1 out of 6 Californians served by community health centers

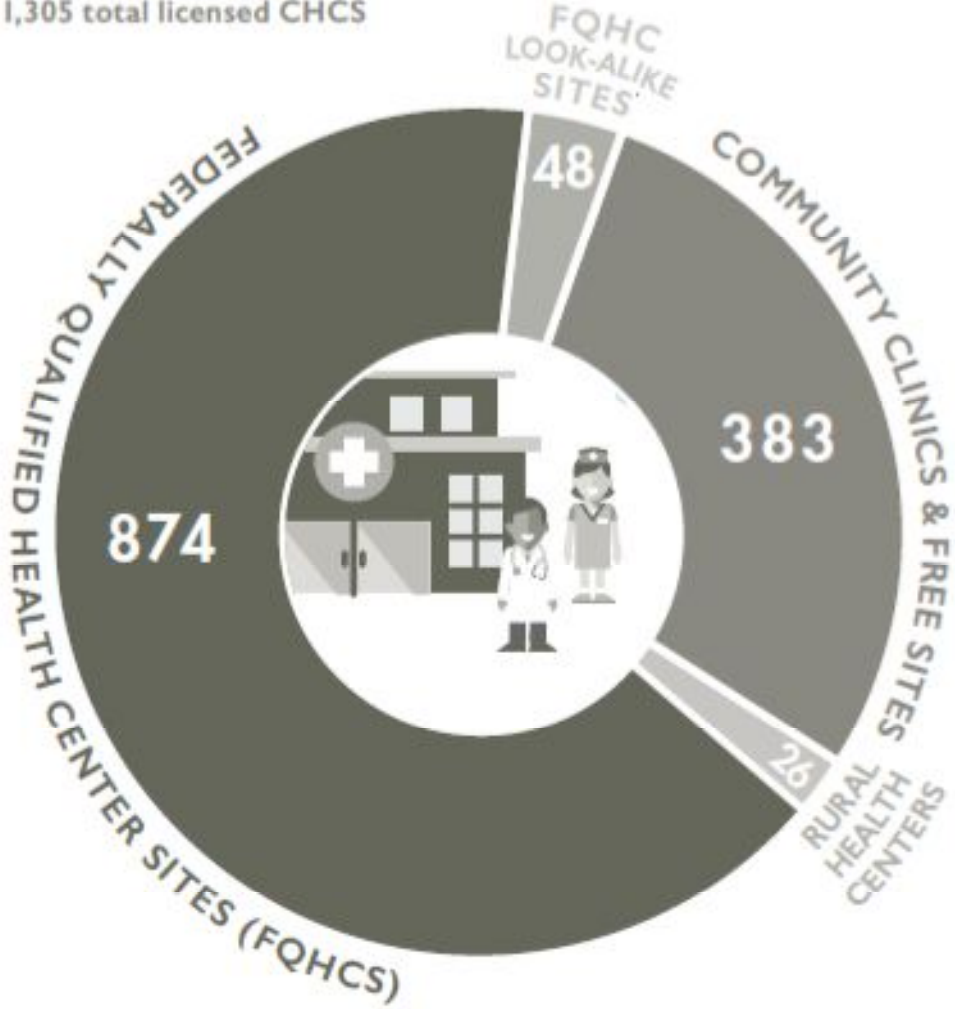


By Race | Ethnicity



Clinic Profile

Clinic Types
1,305 total licensed CHCS



FQHCs: What Are They?

- Origins in the movements for civil rights and social justice in the early 1960s.
- Organizers: Community Action Agencies – with a purpose of increasing the safety net for the poor.
- South Africa model of “community-oriented primary care”
- Vision: to empower communities to take charge and find solutions to their own health needs
- 1965: First “neighborhood health centers” established in Mississippi, Boston and Denver

FQHCs: What are they?

- Provide comprehensive services and have a quality assurance program
- Serve a designated medically underserved area or medically underserved population
- Can turn no one away – offer a sliding fee schedule for uninsured, underinsured patients under 200% FPL
- Governed by a majority-consumer board
- Teaching health centers and residency programs
- Quality Infrastructure, including QI and data staff, 100% EHR adoption

FQHCs: What are they?

Integrated medical home

- Integrated behavioral health – mental health & SUD/MAT
- Dental
- Preventive screenings
- Pediatric vision, hearing, dental
- Diagnostic lab
- Family planning
- Well child services
- OB/GYN
- Prenatal and perinatal
- Preventive dental
- Pharmacy
- Case management
- Follow-up/discharge planning
- Eligibility assistance
- Care coordination
- Health Education
- Outreach
- Transportation
- Translation
- Harm/risk reduction services
- Comprehensive enabling services

FQHC Benefits

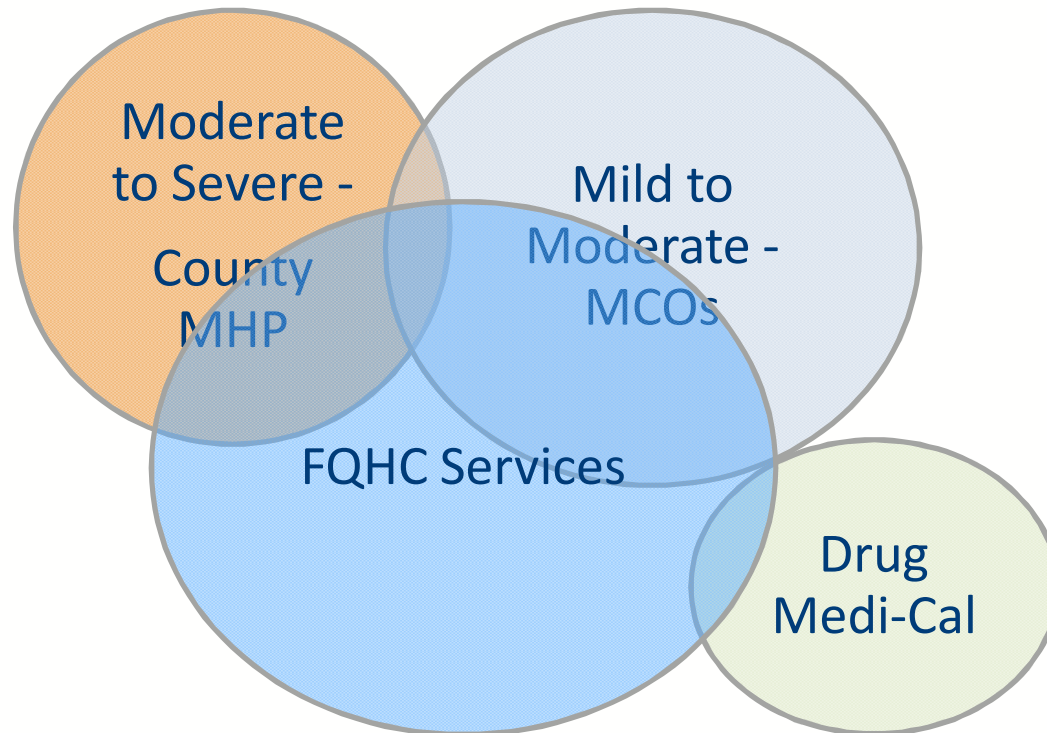
- Enhanced reimbursement from Medicaid based on a prospective payment system (PPS) rate
- Malpractice coverage through the Federal Tort Claims Act (FTCA) coverage program
- Federal loan guarantees through HRSA
- Participation in Section 340(b) federal drug pricing programs
- Automatic Health Professional Shortage Area (HPSA)
- Special “safe harbor” protection under federal and state anti-kickback statutes.

Demystifying: FQHC PPS Payment

- Federal law effective January 1, 2001
- Approximates the FQHC's "reasonable" cost-per-visit
- Medi-Cal pays FQHCs an all-inclusive per visit payment amount based on reasonable costs as reported and audited, minus managed care payment
- Managed Care payment "not less" than what non-FQHC providers would be paid for the same services
- Managed Care Reconciliation Process

Demystifying: Behavioral Health

FQHCs have a unique role in the behavioral health delivery system



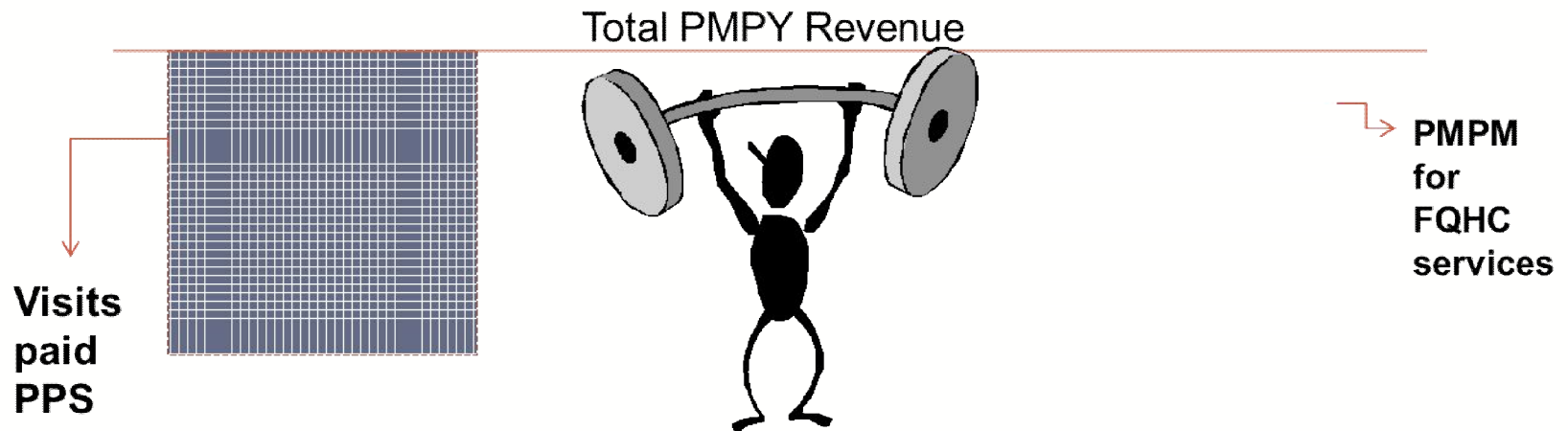
Demystifying: Managed Care

- Quality incentive program participation
- FQHC-level assignment
- Facility-level enrollment and billing
- Turn no one away – including patients not assigned to the clinic
- Medicaid is best payor – PPS rate
- Federal Tort Claims Act (FTCA) malpractice coverage

Everything is just a **little** different

Demystifying: Payment Reform (APM)

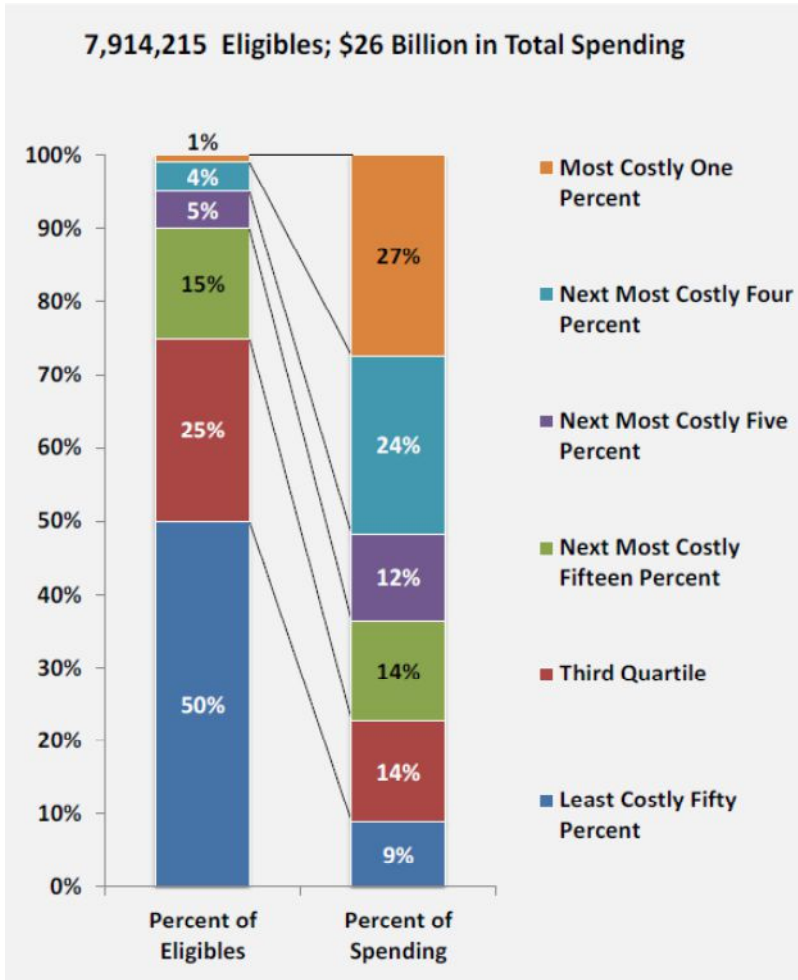
Today: PPS FFS	PPS-Equivalent Capitation
<ul style="list-style-type: none">• Volume-based payment• Face-to-face visits• Qualified providers	<ul style="list-style-type: none">• Monthly payment per member• Some visits converted to new modes of care (phone, email, group)• Care teams



Statewide Delivery and Payment Reforms

- FQHC Payment Reform
- 2703 Health Home Demonstration
- Duals Demonstration
- Drug Medi-Cal Organized Delivery System
- 1115 Waiver: PRIME & GPP programs
- Whole Person Care Pilots
- Regional Centers
- Behavioral Health
- Managed Care Expansion
- California Children's Services Whole-Child Redesign

Delivery System Reform



- 5% of Medi-Cal enrollees are spending 50% of the money
- Reduce inappropriate utilization through access to primary care, preventive care, case management, health education, and services outside of the scope of the health care system
- CCHCs are a natural fit for providing this cost-saving, health-promoting care

Delivery System Reform

