HEALTH CENTER BASICS

The Essentials for Effective Adaptation to FQHC-based Practice

NNOHA
National Network for Oral Health Access
Learning Objectives

✓ Understand the regulations that govern Health Centers
✓ Understand the structure of Health Centers
✓ Understand common terms used to reference Health Center dental programs
✓ Understand the relationship between Health Centers and Public Health Dentistry
History of Health Centers

- **Economic Opportunity Act** (1964)
  - Established Community Health Centers (CHCs)

- **Health Center Consolidation Act** (1996)
  - Combined authority for various Health Center-based clinics under Section 330 of the Public Health Service Act (PHSA).
  - Established Health Center programs as an extension of public health practice administered by the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). The Bureau of Primary Health Care was called the Bureau of Health Care Delivery and Assistance (BHCDA) until 1996 when the Health Care Consolidation Act took effect.
What is a Health Center?

- Health Centers are public or private not-for-profit organizations that provide primary health services to populations with limited access to health care.
- The Five Program Fundamentals dictate that all Health Centers must be:
  1. Located in or serve a high need community (designated Medically Underserved Area or Population).
  2. Governed by a community board composed of a majority (51% or more) of Health Center patients who represent the population served.
  3. Provide comprehensive primary health care services as well as supportive services (education, translation and transportation, etc.) that promote access to health care.
  4. Provide services available to all with fees adjusted based on ability to pay.
  5. Meet other performance and accountability requirements regarding administrative, clinical, and financial operations.
Other Types of Health Centers

In addition to Grant-Supported Health Centers receiving funding under the Section 330, BPHC identifies two other types of Health Centers:

- **Federally Qualified Health Center Look-Alikes** are Health Centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “Health Center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330.

- **Outpatient health programs/facilities operated by tribal organizations** (under the Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).
Relevant Regulations

- Authorizing Legislation - Section 330 of the Public Health Service Act
- Policy Information Notice 98-23: Health Center Program Expectations
- Migrant Health Program Regulations
- http://bphc.hrsa.gov/about/requirements/index.html
Licensure

Professional staff must maintain necessary, professional certification, licensure and credentialing. Dental providers at Health Centers are no different from private practitioners in that they must abide by the same licensing requirements dictated by each state.

**Administration**

- **Board of Directors**
  - Duties include holding monthly meetings, approval of the Health Center’s grant application and budget, selection of services to be provided and the Health Center’s hours of operations, and establishment of general policies for the Health Center

- **Volunteer Board**
  - Between 9 and 25 members, including patients

- **Executive Director**
  - Manages the daily functions of the clinic, or clinics if there are multiple sites, and oversees the performance of health care given to the patients with medical and dental directors
The Federal Tort Claims Act (FTCA) is the federal legislation that provides coverage for all Health Center employees against parties claiming to have been injured by negligent actions. FTCA considers Health Center employees and contracted providers to be employees of the United States, and subsequently any claims would be brought against the federal government.

http://www.bphc.hrsa.gov/policiesregulations/policies/pal201202.html
http://www.bphc.hrsa.gov/ftca/index.html
For the purpose of FTCA deeming, PAL 2010-06 requires that the health center’s credentialing list include all the independent licensed or certified health care personnel employed (full or part-time) and or contracted directly by the health center.
FTCA Coverage

- PIN 2011-01
  - Even sub contracted health provider agencies proving specified health services for clients of an FQHC that contract with a covered Health Center is eligible for FTCA coverage!
http://www.bphc.hrsa.gov/ftca/healthcenters/ftcahcfaqs.html

• According to PIN 2011-01, a sub-recipient is defined as “an entity (not an individual contractor) that receives a grant or a contract from a deemed health center to provide the full range of health services on behalf of the deemed health center and only for those services under the scope of the project. Sub-recipients can be eligible for FTCA coverage.
FTCA Coverage

• **Scope of Project and FTCA Coverage**
  FTCA coverage is limited to staff and services that are documented as being within the approved scope of project and included in provider employment agreements or contracts.

Credentialing for FTCA

http://www.bphc.hrsa.gov/policiesregulations/policies/pin200222.html

• CREDENTIALING REQUIREMENTS

  Primary Requirements

• Current licensure;
• Relevant education, training, or experience;
• Current competence; and
• Health fitness, or the ability to perform the requested privileges, can be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff/services at a hospital where privileges exist, or a licensed physician designated by the organization.
Credentialing for FTCA

• **Secondary Requirements**
  – Government issued picture identification;
  – Drug Enforcement Administration registration (as applicable);
  – Hospital admitting privileges (as applicable);
  – **Immunization and PPD status**; and
  – Life support training (as applicable).

• *Re-credentialing done every two years!*
Funding

• Traditional reimbursement sources
  ▪ Third-party payer revenues from insurance plans
  ▪ Patient fees

• Section 330 of the Public Health Service Act (*from 22 – 28% of total operational support!*)

• Private grants and donations
340B Drug Program

• Assists with provision of low-cost medications to HC patients.
• Requires drug manufacturers to provide covered outpatient drugs to certain federal grantees, including HCs, at reduced prices.
• 340B price defined in statute as a ceiling-highest price a covered entity pays for a given outpatient drug.
• 340B prices- roughly 50% of average wholesale price.
Community Health Needs Assessment

1. Estimated of number of users.
2. Description of existing providers and resources in the community as well as an assessment of unmet need.
3. Predominant characteristics of service population
4. Oral health status, prevention, and treatment needs of the population.
5. Barriers to access/availability to comprehensive oral health care services.
6. Description of needs and treatment of special populations.
Patient Care: Scope of Service

• REQUIRED
  - Pediatric Dental Screenings
  - Preventive Dental Care & Diagnosis
  - Emergency Services

• EXPECTED
  - Treatment of Dental Disease \ Early Intervention Services
  - Basic Restorations Services
  - Services for Special Needs Patients
  - Additional primary oral health care services identified in a needs assessment of the population & the availability of resources to meet those needs.
  - Comprehensive primary oral health care as an integral component of primary health care services

• RECOMMENDED
  - Rehabilitative Services
Sliding Fee Discounts

- **Sliding Fee Discounts**: Health centers must have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.
SFS Verification Process

• verification will typically include tax returns and current pay stubs. in addition to annualized income verification, eligibility may be based on current participation in certain federal/state public assistance programs, examples of which include the following:
  • Social Security income (Disability);
  • temporary assistance for needy families;
  • free or reduced School lunch program;
  • other public assistance programs.
Sliding Fee Scale

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.

- No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.*

(Section 330(k)(3)(G) of the PHS Act and 42 CFR Part 51c.303(f))
Nominal Fees

• Federal requirements prescribe that a locally determined discounted/sliding fee schedule be used, and that services be provided either at no fee or a nominal fee, as determined by the provider.

• For patients whose household income and family size place them at or below poverty, a typical, nominal fee is *often between $7 and $15.*
Nominal Fees

• The reasonableness of fees, and the percent of a full fee that is assessed, may be subject to review or challenge by federal reviewers during routine reviews by duly authorized federal staff or their state counterparts.
Sliding Fee Scale and Nominal Fees

• http://bphc.hrsa.gov/policiesregulations/policies/draftsforcomment.html
Patient Population

Populations that Health Centers Serve

- Medically underserved and low income people
- Migrant and seasonal agricultural workers and their families
- Homeless adults, families, and children
- Residents of public housing
- Regardless of ability to pay!
Quality Assurance

Goals of the Quality Management System:
- Assure and improve the quality of oral health care delivery
- Improve oral health care status of the community
- Integrate quality into the long term operational planning and management of the center

- Periodic Chart Audit System
- Peer-Review Process
- Patient Satisfaction Survey
- Tomorrow - Treatment completions, recare disease reoccurrence rates, Quality Outcome Indicators?
Nations Health Objectives
Healthy People 2020 And Beyond

• The objectives should assist in the formation of the scope of practice for oral health care delivery in your Health Center and will guide your day to day practice.

• Healthy People 2010 measures: http://www.healthypeople.gov
“Dental public health is the science and art of preventing and controlling dental disease and promoting dental health through organized community effort. It is that form of dental practice which serves the community as a patient rather than the individual: It is concerned with dental education of the public, applied dental research, and administration of group dental care programs, as well as the prevention and control of dental disease in the community.”

--- Definition developed by the American Board of Public Health Dentists, and accepted by the American Dental Association, Dental Health Section of the American Public Health Association, and the American Association of Public Health Dentists
Basic Dental Public Health Concepts

• The Essential Principles:
  1. Public health is “people health”
  2. Public health’s focus is on the collective health status of a group of people

• Concepts a provider must consider in the practice of Health Center dentistry
  ▪ Services based on the disease pattern of the target population
  ▪ The target population’s demand & the resources available to address that demand
  ▪ Continuous surveillance of the target population
  ▪ Graduated patient payment structure & public or private funding
  ▪ Individual patient treatment planning & surveillance of total population needs as part of a Health Center dental program
  ▪ Service and treatment option priorities based on availability of resources, size of the target population, disease pattern and demand of the population, and a reasonable definition of dental health verses ideal restoration
Developing Cultural Competency – An Ongoing Journey

- Cultural competency is developed by acquiring and integrating knowledge, awareness, and skills about cultures and their differences.
  - Participation in community stakeholder coalitions to obtain community survey data.
  - Conducting regular target population surveys.
The Health Center Primary Care Advantage

• Benefits of Collaboration:
  - Educating medical staff provides the dental program an important ally and bridge to patients and the community medical network
  - Medical department resources become more accessible to the dental clinic
  - The dental program gains an effective advocate to support the need for increasing oral health resources

• Oral Health Collaborative Pilot
http://www.nnoha.org/oralhealthcollab.html
Basic Contact Information

- National Association of Community Health Centers
- Health Resources and Services Administration (HRSA)
- Bureau of Primary Health Care (BPHC)
- State Primary Care Offices
- American Dental Association