

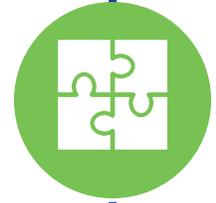


Strategies to Optimize Medicaid Quality & Revenue

March 6, 2024

Agenda

1. Introductions
2. Challenges and FQHC Overview
3. Transitioning Existing Clinics to an FQHC Model
4. Panel Discussion
5. Additional Questions & Answers (Q&A)



Introducing Our Presenters



Stephanie King
Assistant Vice President
COPE Health Solutions



**Steven Carson, MHA
BSN, RN, SVP**
Population Health,
Temple University Health
System
CEO, Temple Center for
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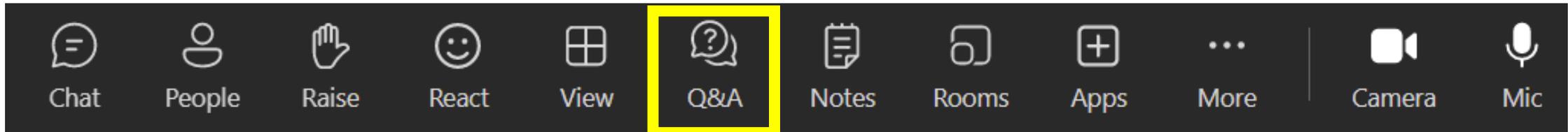
Mitresh Popat, MD
CEO
Venice Family Clinic



Kathy Walker
Executive Consultant,
COPE Health Solutions

Housekeeping

- Please enter questions through the Q&A feature in Teams (screenshot below), and we will answer questions at the end
- You may also email questions directly to info@copehealthsolutions.com.



- Attendees will receive a PDF copy of the presentation, a link to the recording and a written Q&A

Challenges & FQHC Overview

Common Challenges Faced by Health Systems and Providers

- Medicaid expansion and related managed care contracting changes including more rigorous quality performance requirements and transition toward risk
- Increases in Medicaid ED visits, admissions and specialty care needs, often tied to primary care access and care coordination gaps
- Increasing high Medicaid volume clinic staffing and operations costs requiring cross-subsidization from commercial and Medicare lines of business
- Lack of consistent transitions and post-discharge care resulting in unnecessary admissions
- Lack of financial resources to implement the wrap-around care model needed by many Medicaid patients

Federally Qualified Health Center (FQHC)

What is a Federally Qualified Health Center (FQHC)?

- Nonprofit organization that is designated by the Health Resources and Services Administration (HRSA)
- Provides comprehensive primary care (including dental, behavioral health and specialty services) and enabling services (e.g., interpretation, transportation, care management, health education)
- Mission-driven in serving the most vulnerable and underserved patient populations
- Eligible to receive enhanced Medicare and Medicaid reimbursement and purchase medications through 340B Drug Pricing Program

Why Health Systems Need an FQHC Strategy



Providing access for the underserved through aligned missions



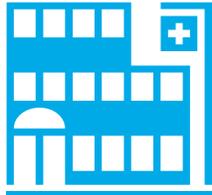
Increasing primary care access to patients



Being a better partner for Medicaid managed care and DSNP payors



Achieving quality outcomes by increasing access to enabling services



Aligning financial incentives and improving sustainability

FQHC Strategy Approach



Strengthen partnerships with existing FQHCs

- Improve quality and care coordination
- Proactive alignment around win-win specialty care strategy
- Better perform in value-based payment agreements



Transition eligible clinics to an FQHC model

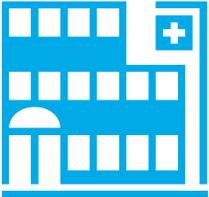
- Establish an organization aligned with quality and risk goals
- Provide better quality to population you are already serving
- Reduce losses with current clinics and management services

Transitioning Clinics to an FQHC Model

Advantages to Transitions of Existing High Medicaid Volume Clinics



Access to enhanced federal reimbursement through the PPS rate



Reduced need for the System to subsidize clinics



Improved quality with additional care coordination services



New revenue stream from dollars flowing back through MSA/PSA

FQHC Models – Key Differences

Key Federal Support Opportunities and Requirements	FQHC Grantee	Expanded Scope	Subrecipient	Look-Alike
Receive Health Center Program (HCP) federal grant funding under the Section 330 Public Health Service Act	Yes	Yes	Yes	No
Eligible for malpractice coverage under the Federal Tort Claims Act	Yes	Yes	Yes	No
Eligible for federal loan guarantees for capital improvements	Yes	Yes	Yes	No
Receive 340B Federal Drug Pricing Program discounts for pharmaceutical medications	Yes	Yes	Yes	Yes
Eligible for enhanced Medicaid/Medicare reimbursement	Yes	Yes	Yes	Yes
Automatic designation as a Health Professional Shortage Area (HPSA) which provides eligibility to apply and receive National Health Service Corps (NHSC) personnel and eligibility to be a site where a J-1 Visa (foreign) physicians can serve	Yes	Yes	Yes	Yes

FQHC Enhanced Revenue Opportunities

- **Medicaid Prospective Payment System (PPS) Base Rate**
 - Cost-based reimbursement that sets a pre-determined per-visit amount for services provided by FQHCs
 - Rather than being paid fee-for-service (FFS), FQHCs receive a single, bundled rate for each qualifying patient visit which pays for all covered services and supplies during the visit
 - Eligible visits are defined as:
 - Occurring within FQHC's 4 walls
 - Face to face visits rendered by an eligible provider
 - Services rendered within the approved scope of FQHC
- **Medicare Upper Payment Limit Rate**
 - Medicare rates are maxed out at an upper payment limit of approximately \$195.99* with a geographic adjustment factor applied
 - Medicare Upper Payment Limit for the Portland area is \$198.43, and for the rest of Oregon is \$184.43
- **Managed Care Organization Value Based Contracting Revenue Optimization**
 - Quality programs
 - Premium risk / savings linked to quality

Panel Discussion

Question & Answer (Q&A)

For more information on how COPE Health Solutions can support you, please contact our team at info@copehealthsolutions.com or 213-259-0245.

www.copehealthsolutions.com