

TACHC



The Heartbeat of Texas Community Health Centers

Weekly Wrap-up - January 6, 2011

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*Patient Exam at Community Health Center of Lubbock
Lubbock, TX*

Upcoming Events

[TACHC January CPI Webcast Training: Using UDS Clinical Measures in Your Program](#)

January 20, 2012, 9:00am to 11:00am

This month's training will be conducted by TACHC staff and Alec McKinney. In this session, participants will review the 2011 clinical measures 6B & 7 and discuss revisions to 2012 clinical measures, rationale for change, and benefits, explore and interpret information based on UDS, exploring the interrelations in the UDS data, clarifying what the data is saying, learn how to use the UDS data to improve clinical performance (PCMH and Meaningful Use) and learn how other centers utilize UDS as a clinical management tool (root cause analysis, etc). To register, click [HERE](#). For more information, contact [Verne LaGrega](#) at the TACHC offices.

[TACHC Billing Manager Boot Camp to Be Held February 2012: ONLY 3 LEFT!](#)

Due to popular demand, TACHC will host an encore Billing Manager Boot Camp in San Antonio on **February 27-29, 2011**. This 3-day Boot Camp will be similar to the one held last October, and will provide training and tools aimed at improving FQHC billing departments. The training will focus on billing department policies and procedures, revenue cycle management, key performance indicators, accreditation preparation, and Medicare enrollment and billing. This training will also be limited to a small number of participants, and spots are available on a first come first serve basis. More information and registration is available [HERE](#). Contact [Shelby Tracy](#) with any questions.

Information regarding all upcoming events hosted by TACHC can be found [HERE](#)

Governance and Finance



1. TACHC Affiliations Webcast: Effective January 1, 2012, all Federally Qualified Health Centers (FQHCs) must identify and attest that contractual affiliation agreements with contracted providers have been submitted to and approved by the Bureau of Primary Health Care (BPHC). This is a mandate from the 2012-2013 General Appropriations Act, House Bill 1, 82nd Legislature, Regular Session, 2011 (Act 100, Health and Human Services Commission, Rider 78). For more information, please review the guidance posted by Texas Medical Center Healthcare Partnership (TMHP) on Tuesday, November 29, 2011 [HERE](#). TACHC hosted a webcast on compliance with the requirements on Tuesday, December 13, 2011. The slides from this presentation and Q&A, including HHSC's response, are attached for your reference. A copy of the webcast's recording can be found [HERE](#). Should you have any questions, please contact Amanda Johnson at ajohnson@tachc.org.

2. TACHC Flu Vaccine Contract: TACHC has available a flu vaccine contract via GlaxoSmithKline for the 2012/13 flu season. An overview of the terms and pricing is attached for your reference. But, the short of the long is that the Fluarix and Flulaval flu vaccines are available at \$96.40 (single dose tip-lok syringes) and \$92.20 (5 ml vials) respectively. Ordering is done via the GSK vaccine website www.gskvaccinesdirect.com. The shipping and delivery details are outlined on the attached memo as well as pre-booking discounts and returns eligibility. If you have any questions, please contact [Lynn Ford](#) at the TACHC office or your local GSK Vaccine Representative.

Clinical Affairs



1. TACHC Clinical Webcast: "Colorectal Screening: Increasing Preventive Screening Rates" The webcast will be held January 27, 2012 from 12:00—1:00pm (Central), providing a brief overview of the goals of the American Cancer Society, TACHC, and the Texas Medical Center's Association's Physician Oncology Education Program (POEP) Colorectal Cancer Screening Project (CRC). The presenters will review the four essential steps of the Colorectal Tool Box, (screening recommendations, reminder system and tracking) and will discuss the implementation of the CRC Project at Lone Star Family Health Center (implementation process, screening, data review, challenges, and lessons learned). TACHC will briefly discuss the development of a CRC screening program that may be utilized at your health center. To register, click [HERE](#).

2. DSHS Webcast: "Chronic Disease Self-Management for the Hypertensive Patient" Friday, January 27, 2012 Noon–1:00 PM (Central). Marcia Ory, PhD, MPH will discuss the evidence for integrating chronic disease self management into your clinical practice, and Dr. Gonzalez will give first hand advice on using the Diabetes and Cardiovascular Disease Self-Management Guide in a clinic setting. This is appropriate for all members of the health care team providing care and education for patients with or at risk for hypertension. CE credit is awarded for physicians, nurses, social workers, and health educators. To register, click [HERE](#). For more information please contact [Osmond, MPH, RRT/512-776-6573](#).

Recruitment and Retention



Congratulations to Legacy Community Health Services & Gulf Coast Health Center! Dr. Diana Upright, a TACHC referral, has accepted an offer from Legacy Community Health Services in Houston for their Dental position, and Dr. Amir Saad, another TACHC referral, has accepted an offer from Gulf Coast Health Center in Port Arthur for their Dental position!

Community Development



NACHC to Host Webinar Series: “Not Funded, Now What?!” The series will begin on January 26th with a discussion of the differences between FQHC Look-Alikes (LAs) and health center grantees and how to apply for FQHC LA status. This series may still provide answers to your organization even with the recent announcement regarding the FY2012 Omnibus Appropriations Act that will allow for an expansion of community health centers. Even with the expansion dollars that will be spent in the coming months, there will be many applicants that still will not receive funding. This series can begin to assist these organizations with next steps. Register for one webinar here: [HERE](#). For more information or to register, click [HERE](#). Hurry—space is limited!

Other News



TACHC Member News: To learn what your fellow health centers are involved in, click [HERE](#) for news coverage. We also encourage you to post your news, questions and comments to each other on the TACHC members listserv (members@tachc.org), where only TACHC executives or their designees are recipients.



If you would like to be removed from this mailing, please send a message to ccarson@tachc.org and we will remove your name from the list as soon as possible.

TEXAS FQHC AFFILIATION AGREEMENT REQUIREMENTS WEBCAST
December 13, 2011 10:00 AM to 11:00 AM CST

QUESTIONS AND ANSWERS

PROCESS QUESTIONS

1. Is anything required to be submitted to Texas Medicaid & Healthcare Partnership (TMHP) by the effective date of January 1, 2012?

No, the two deadlines associated with these affiliation agreements are January 31, 2012 and July 31, 2012. However, you will need to begin reviewing your agreements under this new requirement for submission to the Bureau of Primary Health Care and then TMHP, so start that immediately.

2. Who at the Bureau of Primary Health Care (BPHC) should receive affiliation contracts for review?

Affiliation contracts should initially be sent the FQHC's BPHC Project Officer with a cover letter referencing the Texas Medicaid expectation that these contracts be reviewed by BPHC and with an affiliation checklist included, completed as relevant.

3. What name should be listed on the affidavit submitted to the state?

The initial affidavit submitted must list the name of the FQHC, including each NPI number by site. The affidavit links to a PIF-2 form, which asks for the identification of any group or individual provider the center, signs an independent contractor agreement with. Centers are also expected to fill out information for all individual providers with a group affiliated with the center. Finally, be sure the center's latest Board Chair information is in the PIF-2.

4. Where do FQHCs obtain a copy of the PIF-2 and where should PIF-2 be submitted?

The link to the Principal Information Form (PIF-2) is embedded in TMHPs guidance, issued on November 29, 2011 or found here on TMHPs website:

http://www.tmhp.com/Provider_Forms/Provider%20Enrollment/PIF2%20Principal%20Information%20Form.pdf

Submit to:

The Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
P.O. Box 200795
Austin, Texas 78720-0795

5. Will TACHC provide a recommended template for agreement contracts?

The definition for reasonableness in an affiliation will vary from agreement to agreement, so TACHC cannot provide a template. If you have questions about a particular affiliation, please contact TACHC.

6. Does guidance apply to FQHCs that only have homeless (section 330 h) funding?

Yes, this guidance applies to all FQHCs, including FQHC Look-Alikes.

7. Is there any guidance for "reasonableness" with regard to contracted CMOs?

The guidance specifically excludes employees. However, if the CMO is acting as an independent contractor, TACHC will have to research whether there is any specific guidance regarding what an FQHC should be paying for CMO services.

8. Is Medical Group Management Association (MGMA) an appropriate measure for reasonableness of compensation with regard to specialty services?

MGMA typically reports commercial rates rather than rates that are necessarily reasonable for FQHCs. TACHC recommends using the NACHC Compensation Survey and local comparisons through the Texas Workforce Commission for reasonable measures of pay. Note, if the physician is employed by the FQHC, the employment contract is not reviewable under this process. Note also that Medicaid rates are often a good guide, and they are moving to Medicare rates per Section 1202 of the Affordable Care Act, so Medicare rates should be considered reasonable as well. TACHC will follow up with HHSC regarding this issue.

HHSC Response: No concerns with the response provided by TACHC; however, providers should be aware of Texas Administrative Code (TAC) Rule 355: 8261 in which HHSC follows the "prudent buyer" language. HHSC reserves the right to review costs for reasonable charges.

9. Is it required to submit contracts for referring patients to a provider if the FQHC is not paying for the service? TACHC will follow up with HHSC regarding this issue.

HHSC Response: No, if there is no payment agreement.

10. Is it required to submit separate contracts for a provider who rotates through multiple sites? TACHC will follow up with HHSC regarding this issue.

HHSC Response: Yes, if multiple NPIs are associated with the affiliation agreement.

11. Will the Health Resources Services Administration (HRSA) make this process available through the Electronic Handbook (EHB)?

TACHC is not aware whether this process will be made available through the EHB.

CONTRACT QUESTIONS

1. Is it required to submit an affidavit for an existing agreement?

Yes, the affidavit is for existing agreements and is due on January 31, 2012. The guidance then provides 6 months (July 31, 2012) for existing agreements to get the contracts approved and submitted to TMHP for review.

2. Is it required to submit an affidavit for providers that are employees?

No, employees of the FQHC are specifically excluded in the guidance.

Follow Up Questions:

Is it required to submit an affidavit for providers or CEOs employed by the FQHC, but that have a contract for employment?

No, employees of the FQHC are specifically excluded in the guidance.

Is it required to submit an affidavit for part time physicians, who are paid an hourly rate as employees for 4 - 16 hours per month?

No, if they are employees of the FQHC; Yes, if they are independent contractors.

Is it required to submit an affidavit for contracts with individual community based physicians that take call at the hospital and manage labor and delivery for OB patients?

No, if they are employees of the FQHC. Yes if they are independent contractors paid by the FQHC for their services. If they are not paid, we are following up on whether that needs to be submitted.

Is it required to submit an affidavit for an agreement with a mental health provider group paid with a standard monthly fee?

Yes.

Is it required to submit affiliation agreement for any provider who is not an employee?

Yes, the FQHC must submit an affiliation agreement if the FQHC is paying the provider under any methodology (encounter basis, cost-based reimbursement, etc.). In addition, if the FQHC is referring and paying for the encounter, the FQHC must also submit an affiliation agreement.

3. Would a contract with a surgeon, who is reimbursed from the Department of State Health Services (DSHS) Breast and Cervical Cancer Services (BCCS) program using BCCS rates, meet the affiliation definition?

The contract with BCCS provider would meet the affiliation definition if money is paid by the FQHC to the provider. Reimbursement under the BCCS program determines reasonableness which should be reasonable because you are using the BCCS screening guidelines for reimbursement. TACHC will further clarify with HHSC.

Follow Up Question:

Should the BCCS contract be submitted to our BPHC Project Officer before beginning the process with TMPH?

Existing contracts should be submitted to the FQHCs BPHC Project Officer, including a cover letter indicating the FQHC is currently being reimbursed at the rates per the BCCS fee schedule. This should establish reasonableness of the reimbursement under the contract.

HHSC Response: Agrees with response above if FQHC pays money, then affiliation agreement is needed.

4. It is required to submit contracts with agencies that provide x-ray readings/interpretations electronically who are paid by the FQHC on a flat fee for each x-ray?

FQHCs must submit an affiliation agreement if there is a payment from the FQHC to a provider. However, TACHC will follow up with HHSC as this process does not trigger an encounter.

HHSC Response: Agree because payment is provided from the FQHC to the provider.

Follow Up Questions:

Is it required to submit contracts with Hospitals for x-rays? TACHC will follow up with HHSC regarding this issue.

HHSC Response: Is FQHC reimbursing for the service? If yes, then an affiliation agreement is necessary.

Is it required to submit contracts with a Radiologist to read and interpret x-rays, who are paid on a per x-ray basis? TACHC will follow up with HHSC regarding this issue.

HHSC Response: Is FQHC reimbursing for the radiologist's service? If yes, then an affiliation agreement is necessary.

Is it required to submit contracts with locum tenens companies?

TACHC will follow up with HHSC regarding this issue, but we assume the answer will be yes and you should therefore set up a standing contract with the agency to avoid any delay in approval once you need a locum tenens provider.

HHSC Response: Is provider serving as a substitute physician and being reimbursed during the locum tenens timeframe? If yes, affiliation agreement is required.

6. Do changes need to be made to the contracts with Baylor College of Medicine and UT Houston for provision of care if the contracts are paid by hour, not by visit?

No. The question is going to be whether that is a reasonable payment by hour and the productivity of those providers.

7. Will a letter of engagement serve as a contract for the documentation that is needed?

A letter of engagement could serve as a contract for the documentation if it meets all of the requirements of a personal service contract for the fraud and abuse safe harbors and other requirements for a compliant contract.

8. Do these requirements apply to Health Center Controlled Networks (HCCN)?

If the HCCN is providing billing services to the FQHC, the FQHC would be required to submit the affiliation agreement. If the HCCN is providing CFO or CMO services to the FQHC, the FQHC is required to submit the affiliation agreement. If the HCCN is providing providers for the FQHC, again the FQHC is required to submit the affiliation agreement.

9. What constitutes contracting for billing services?

A contract that outsources billing services to a third party and pays a set amount for claims or a percentage for collections.

10. What happens if, after review of an existing provider agreement in which the term has not yet been completed, the BPHC or TMHP disapproves the contract?

If the BPHC or TMHP determines the reimbursement is not reasonable, the reimbursement cannot be paid under the guidance provided in the Rider and therefore the FQHC cannot continue to be reimbursed for the costs in the contract. However, TACHC will follow up with HHSC to seek guidance regarding what TMHP plans to do in this situation, if they intend to recoup past payments and what the process will be for a center to resubmit a revised agreement.

HHSC Response: HSHC will allow provider to resolve issue with BPHC before any recoupment occurs. If resolution is not reached, then recoupment will occur back to when the contracted services occurred.

11. Would a contract with LabCorp be considered an Affiliation Agreement? TACHC will follow up with HHSC regarding this issue.

HHSC Response: Not if LabCorp is not being paid by FQHC.

12. Would a Pharmacist under contract for a Class D Pharmacy be considered an Affiliation Agreement? TACHC will follow up with HHSC regarding this issue.

HHSC Response: If the Class D pharmacy is considered part of the FQHC and the FQHC pays pharmacist, then the affiliation is needed.

TEXAS FQHC
AFFILIATION AGREEMENT
REQUIREMENTS WEBCAST
DECEMBER 13, 2011
10:00 AM TO 11:00 AM CST

José E. Camacho, Executive Director/General Counsel
Texas Association of Community Health Centers

Q & A

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- During today's webcast, TACHC will mute all participants. There will be time for Q&A at the end of the webcast.
- Please type in your questions in the Q&A box as they arise.

FQHC Affiliate Agreements

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- Rider 78: To the extent allowable by law, no funds appropriated under this Act may be expended to reimburse the costs of a Federally Qualified Health Center (FQHC) for services performed or provided by a provider or group of providers pursuant to an affiliation agreement executed between the FQHC and provider unless the Health and Human Services Commission (HHSC) determines the reimbursement complies with criteria promulgated by the Secretary of Health and Human Services, the Centers for Medicare and Medicaid Services, or administrative rules adopted by the commission.

Affiliation Agreements

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- Effective **January 1, 2012**, all FQHCs must identify and attest that all contractual affiliation agreements with contracted providers have been submitted to and approved by the Health Resources Services Administration (HRSA), Bureau of Primary Health Care (BPHC).
- An affiliation agreement is defined as a contract for the provision of **FQHC services and includes** contracts for the services of a Chief Financial Officer, a Chief Medical Officer or for billing services.
- Affiliations **do not** include contracts for the direct employment of providers or staff.

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Due to TMHP by January 31, 2012

Community and Migrant Health Center
Affiliation **AFFIDAVIT**

FQHCs with Affiliation Agreements

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- FQHCs with an affiliation agreement must submit an initial affidavit for each site.
- Check the box that FQHC has an Affiliate Agreement at the site on the Community and Migrant Health Center Affiliation Affidavit.
- The Initial affidavit should identify all currently existing affiliation agreements.
- The affidavit must be submitted by site and include the associated FQHC site NPI number.
- FQHC providers must identify whether:
 - The affiliation agreement has been submitted and approved by the BPHC.
 - The affiliation agreement has been submitted and is pending approval by BPHC.
 - The affiliation agreement has not been submitted to BPHC.
- FQHC providers must also submit a Principal Information Form (PIF-2) for each affiliated provider to TMHP.
- Have Board Chair sign, date, and submit to TMHP by January 31, 2012.
 - Ensure PIF-2 is updated with current Board Chair.

Community and Migrant Health Center Affiliation Affidavit

Organization: _____

Doing Business As: _____

Federally Qualified Health Center (FQHC) Site / National Provider Identifier (NPI): _____
(where applicable)

Affiliation

The FQHC does not have an Affiliate Agreement at the site.

The FQHC has an Affiliate Agreement at the site.

The Affiliation Agreement has been submitted and approved by the Bureau of Primary Health Care (BPHC).

The Affiliation Agreement has been submitted and is pending approval by BPHC.

The Affiliation Agreement has not been submitted to BPHC.

Name and Type of proposed Affiliate Organization(s) or provider: _____

Affiliate Provider NPI: _____
(where applicable)

Signature of Governing Board Chairperson _____ Date _____

PLEASE LIST ALL ATTACHMENTS:

PRINT, SIGN, AND MAIL TO: The Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

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Due to TMHP by July 31, 2012

Community and Migrant Health Center
Affiliation **CHECKLIST**

FQHCs with Affiliation Agreements

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- FQHCs with an affiliation agreement must submit the following to TMHP by July 31, 2012:
 - ▣ Letter of approval from BPHC.
 - ▣ Community and Migrant Health Center Affiliation Checklist.
 - ▣ PIF-2.
 - ▣ Copies of contracts.
- Please ensure to mark all information submitted to TMHP as “confidential”.

Community and Migrant Health Center Affiliation Checklist

Organization: _____ FQHC Site / NPI: _____
(where applicable)

Type of Arrangement

<input type="checkbox"/> Merger <input type="checkbox"/> Acquisition <input type="checkbox"/> Parent Subsidiary Model <input type="checkbox"/> Establishment of a New Entity (e.g., Network Corporation) <input type="checkbox"/> Jointly Owned or Directed Jointly by a Health Center and an Affiliation Partner	<input type="checkbox"/> Contract for a portion of the project <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> Not applicable Name and Type of proposed Affiliate Organization(s): _____ _____ _____
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Governance

Check "Yes" if in compliance, or "No" if not. Identify reference documents and appropriate page number, and attach copies. Attach explanation for any "No" responses.

The Health Center Board structure is in compliance with requirements:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Reference Document</i>	<i>Page No.</i>
• Board composition	_____	_____
• Executive committee function and composition	_____	_____
• Selection of board chairperson	_____	_____
• Selection of members	_____	_____
The Health Center's Board retains its full authorities, responsibilities, and functions as prescribed in legislation/regulations:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<i>Reference Document</i>	<i>Page No.</i>
• Strategic planning	_____	_____
• Approval of the annual budget of the center	_____	_____
• Directly employs, selects/dismiss and evaluates the CEO	_____	_____
• Adoption of policies and procedures for personnel and financial management	_____	_____
• Establishes center priorities	_____	_____
• Establishes eligibility requirements for partial payment of services	_____	_____
• Provide for an independent audit	_____	_____
• Evaluation of center activities	_____	_____
• Adoption of center's health-care policies including scope and availability of services, location, hours or operation, and quality of care audit procedures	_____	_____
• Establishes and maintains collaborative relationships with other health-care providers in the service area	_____	_____
• Existence of a conflict of interest policy	_____	_____

Submit an Affiliation Agreement if:

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- The contract to provide FQHC services (Physician, Nurse Practitioner, Dentist, Dental Hygienist, Mental Health Provider or provider group), for which the FQHC is reimbursed, is on a cost per encounter basis.
- The contract is for the FQHCs Chief Financial Officer, Chief Medical Officer or billing services.
 - ▣ Assumption is that the Chief Executive Officer is employed by the FQHC.
- The contract involves a payment from the FQHC to a provider or provider group.

Penalties for Not Meeting Deadlines

- If the FQHCs affiliation affidavit has not been received by January 31, 2012, TMHP will place a payment hold on claims until all documentation has been received. Funds will be released after all documentation has been processed.
- When an FQHC has an affiliation agreement, the FQHC will have until July 31, 2012, to submit all necessary paperwork to TMHP to avoid a payment hold on claims.

To Be Determined...

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- The process TMHP will use to approve contracts submitted.
- The approved methodology to determine reasonable reimbursement for contractors.
- What happens if Health and Human Services Commission (HHSC) determines reimbursement is unreasonable.

