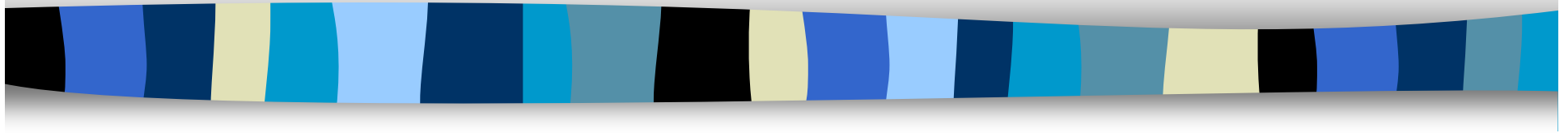


Maryland's Non-Federally Qualified Health Centers



Non-FQHC Clinics:
Services Provided in a
Challenging Environment



The Frederick Community Action Agency serves as an example of a Non-FQHC Clinic in Maryland

- Started in 1968 as a private non-profit
- Sponsored by the City of Frederick and Friends for Neighborhood Progress, Inc. with support from the Frederick County Government and the United Way of Frederick County
- Opened a Primary Care Clinic for People Who Are Homeless in 1989
- Became the federally designated Community Action Agency for Frederick City and County in 1993

FCAA Programs and Services



- Outreach and Transportation Services
- Case Management and Housing Counseling
- Homeless Services and Transitional Housing
- Food and Nutrition Programs
- Youth and Prevention Programs
- Weatherization, Housing Rehabilitation and Rental Housing
- Medical Programs and Primary Care Clinic



FCAA Medical Programs

- Primary Care
- Health Care for the Homeless Program
- Maryland Primary Care Program
- Unrestricted Medical Assistance Provider
- Priority Partners MCO Provider/Member
- Other Health Care Services
- MedBank Program for Frederick County
- MPAP Outreach Project
- Colorectal Cancer Outreach Project
- Outreach and Case Management
- Addiction Treatment



FCAA Funding for Primary Care

- Health Care for the Homeless – Receiving a \$123,134 Section 330h federal grant as a sub-grantee of Health Care for the Homeless, Inc.
- Maryland Primary Care – Receiving a capitated rate of \$74 per patient per month with a current enrollment ceiling of 130 patients
- Medical Assistance – Receiving the normal MA rates (not an enhanced rate like FQHCs) with a current enrollment of 75 adult patients, which generates approximately \$20,000 in revenue annually (including revenue generated by patients with Unrestricted MA)



FQHCs Are Eligible For A Variety of Federal Resources:

- Enhanced Medicaid Rates
- Automatic HPSA Designations
- National Health Service Corps Placements
- Federal Loan Re-Payment Programs
- Federal 340-B Reduced-Price Drug Program
- Federal Tort Claims Act Protections



Non-FQHCs Are Dependent On:

- Volunteers including retired physicians, nurses and dentists
- Support from local governments or institutions like hospitals and medical schools
- Donations and funding from United Way and Combined Health Charities
- Donated specialty care, which equates to a waiting list to see a specialist
- Sample medications from pharmaceutical companies and local doctors
- Community generosity, even the basics like labs, X-rays, and prescription medications



The CHALLENGE for Non-FQHCs

- Many communities in Maryland do not have an FQHC and are not eligible to establish an FQHC
- Non-FQHCs, without the benefit of federal resources and enhanced MA rates, are struggling to provide a large portion of the “safety net” health care in communities across Maryland
- Safety net populations are changing to include “working poor” families and immigrant families
- Communities experiencing needs are now more widespread than in the past – communities that are not eligible for FQHC status!



Understanding the Medical Home Model

- “A medical home is not a building, house, or hospital, but an approach to providing health care services in a high-quality and cost-effective manner. Care received by families and children within a medical home is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective, and is provided by a physician that a family knows and trusts.”

Source: American Academy of Pediatrics



Meeting the Definition of a Medical Home

- Non-FQHCs may or may not meet the definition of a Medical Home
- Depending upon resources and the model used, care may be comprehensive or episodic
- Episodic care lacks overall coordination
- State funding to non-FQHCs should serve as a catalyst to expand capacity and further the Medical Home model of care



Summary

- Funding = Resources
- Non-FQHCs do not have the same access to resources as FQHCs
- Non-FQHCs need State funds to provide health care in diverse communities across Maryland and to serve as an integral part of the solution to the unmet health care needs of Marylanders
- State funding to non-FQHCs can serve as a catalyst to build capacity while promoting and expanding the Medical Home model for all Marylanders