



Florida Association of Community Health Centers Legislative Priorities 2008

Issue 1:

The Low Income Pool continues to under-fund community health centers in their efforts to address low income populations.

Recommendation:

FACHC is requesting the Legislature to increase the amount of LIP funding for Federally Qualified Health Centers to \$31M so they may continue to expand access to care to thousands more in Florida.

Background:

The LIP Council recommended that FQHCs receive \$15.3M, the same amount of LIP funding as the past fiscal year to expand care to the rising number of uninsured and indigent in Florida. FACHC provided the council with a recommendation to raise that to \$31M based on the success of the first year of funding. FQHCs have proven time and again the efficacy of involving them on a much larger scale. FQHCs do more with so much less than other providers can or will do. By increasing the funding, FQHCs will be able to take in an additional 30,000 to 50,000 people, a great deal of whom are being seen in our hospital ERs across the state. Expanded hours, hiring more providers and opening new locations are necessary as we continue to see a disproportionate share of the underserved. The funding request still is less than 5% of ALL LIP money, which was to address low income, uninsured populations and their lack of access. This will do more than bring these people into a health center; it gives them a primary care medical home.

Issue 2:

Florida pays our Federally Qualified Health Centers (FQHCs) a Medicaid reimbursement rate that is 53% lower than what is paid to other providers of primary care.

Recommendation:

FACHC supports an increase in the Prospective Payment System rate for community health centers.

Background:

In 2001 Florida's Agency for Healthcare Administration moved FQHCs to a prospective payment plan as part of a change required by CMS in the State's Health Plan. The payment does not provide for any growth or adjustments other than a once a year Medicare Economic Impact (MEI) adjustment, established by the federal government. If a health center has a scope of work change, it could possibly be adjusted then as well. The state has the right to adjust this rate at any time. Over the past seven years, the rate has not been adjusted by anything other than that Medicare Economic Impact factor. However, these adjustments have averaged fewer than 3% a year. At the same time, County Health Departments are provided with full cost based reimbursement, which is adjusted each year. Currently, FQHCs are paid a reimbursement that is 53% lower than the County Health Departments. This unfair disparity puts the health centers at risk. As FQHCs continue to see more and more uninsured, the health center must find ways to cover more costs. The state reaps a tremendous benefit.

Community Health Centers provide high quality comprehensive primary health care services to medically underserved populations. We continue to expand to take in more and more uninsured. Florida saves in excess of \$400 million a year in unneeded ER visits because of our FQHCs. It is prudent for Florida's Legislature to invest the funds in the providers that produce a direct and significant return on investment both in terms of cost as well as the delivery of quality primary care.

Issue 3:

There is a serious and growing inequity in how Florida's Legislature funds programs that continue to increase their costs while at the same time refuse to consider what can make a real difference to the primary health care system.

Recommendation:

FACHC supports the establishment of a formal legislative commission to investigate and provide its findings and recommendations to the Governor and Legislature regarding Florida's entire health care infrastructure and delivery system inclusive of primary health care. This legislative commission would make recommendations to improve the efficient and effective delivery of primary health care in Florida.

Background:

Florida's health care system is far too costly and promotes fragmented and episodic care. It clogs the hospital emergency rooms and does nothing in any meaningful way to produce improved health outcomes. This rings true more clearly for the medically underserved and uninsured populations, and it is especially amplified in the minority populations. There is currently no comprehensive strategy that addresses, to any real degree, a way to rein in health care costs, ensure greater access, and move the state towards more positive and lasting outcomes. There is irrefutable data that demonstrates that primary and preventive care improves health outcomes and reduces unnecessary burdens on the health care delivery system. If meaningful change is to occur, and it must, the state must invest in primary and preventive care. A growing body of evidence shows that a robust primary health care system reduces costs, improves health outcomes and reduces the disparities on health care that are based on race, ethnicity, and income. We believe FQHCs are the best model to improve the health status of those populations we serve, through primary care.

Florida FQHCs Facts

- Florida's Federally Qualified Health Centers (FQHC) are community-based health care providers serving as the medical home to 702,188 patients with 2,568,526 visits in 2006. FQHCs have a federal mandate to serve ALL patients, regardless of their ability to pay.
- There are 40 FQHCs operating in Florida and these organizations currently provide quality health care in more than 220 service locations.
- 84.3% of patients are at or below 200% of the Federal Poverty Level
55.0% of patients are uninsured
70,264 patients are migrant/seasonal farm workers
72,844 patients are homeless
- 178,136 patients (25.4% of all patients) receiving medical services at Florida FQHCs are Medicaid recipients.
- FQHCs have been recognized for efficiency and effectiveness by the federal Office of Management and Budget as the #1 HHS program of all time.
- Florida's FQHCs are committed to expanding access to primary health care and establishing a medical home for patients while further developing patient responsibility for personal health care. This effort enhances improved health outcomes which reduce costs and extend public and private health care resources.
- FQHC uninsured patients are charged service fees based on a *local board approved* sliding-fee scale. Through this, FQHC patients are given a level of accountability that promotes self reliance and an interest in personal wellness.

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