

Washington State EHR Incentive Program

WHITE PAPER #7: Special Issues for EPs at FQHCs (Including Tribal Clinics) & RHCs

Updated February 2012-Updated January 2016

INTRODUCTION

EPs that practice at a Federally Qualified Health Centers (FQHCs), Tribal Clinics, and Rural Health Clinics (RHCs) have special rules regarding qualification and patient volume.

If your clinic does not meet 30% patient volume with Medicaid (only) Encounters, there is another option using “medically needy encounters”.

MEDICALLY NEEDEY ENCOUNTERS

There are three ways to reach the required patient volume threshold for RHCs, Tribal Clinics and FQHCs:

- Have a minimum 30% (or 20% for pediatricians) patient volume Meeting the patient volume (PV) using **Medicaid only encounters** (Including Managed Medicaid Plans). Note that Pediatricians between 20-29% will receive 2/3's of the normal payment.
- Meeting the PV by using the **Medically Needy Method**.

Medically Needy encounters include:

- Medicaid encounters (Including Managed Medicaid Plans)
- CHIP encounters (Children’s Health Insurance Program- Title XXI)
- Charity Care encounters
- Sliding Fee Schedule encounters

NOTE: No-cost, reduced cost, and sliding scale should be the result of a policy, and signed agreement prior to the encounter, to provide no cost or reduced cost services for needy individuals; this does not include bad-debt write-offs or discounts when patients pay at the time of service.

If the **Medically Needy Method** is used, the EP must have **practiced predominantly** (over 50% of their time) in a FQHC/RHC in 6 continuous months of the previous calendar year or previous 12 months. You may be asked to produce a signed letter of verification if we are unable to verify the % with our resources.

- **Managed Care Panel Method** (see White Paper #1 for details)

PHYSICIAN ASSISTANTS

Unlike other eligible license types, PAs can apply for an EHR incentive only if they are practicing at a FQHC, Tribal Clinic or RHC. In addition, the FQHC, Tribal Clinic or RHC where they practice must be led by a PA. The definition of PA leadership is then the key to PA eligibility.

A PA would be considered part of a PA-LEAD FQHC/RHC if:

- (1) The PA is the primary provider in a clinic (for example, when there is a part-time physician and full-time PA, we would consider the PA as the primary provider);
- (2) When a PA is a clinical or medical director **at a clinical site** of practice. The Lead PA must practice at the clinic location.
- (3) When a PA is an owner of an RHC.
- (4) If the PA works under a PA in a PA-LEAD clinic (see above).

Further Information:

Any further questions regarding EPs at FQHC/TRIBAL CLINICS or RHCs, or other issues concerning the EHR Incentive Program in Washington State, please contact HealthIT@hca.wa.gov .

Name Change Disclaimer: CMS is renaming the EHR Incentive Programs to the Promoting Interoperability (PI) Programs. Washington does not plan on following the name change however, you will see reference to it in most of our documents. For more information please visit the CMS website.