



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 NEEDED 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 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 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 .

****NOTE:** IHS (Indian Health Services Clinics) are exempt and cannot attest using the FQHC option. They may only use Medicaid Encounters in their calculations.