APPENDIX G. SAFETY NET PROVIDER PROFILES

This appendix provides the clinical characteristics and EHR summary (EHR use, clinical utility, barriers) data for the following safety net providers. Definitions for the provider types are found in Appendix C.

A. Federally Qualified Health Center
B. Rural Health Clinic

A. Federally Qualified Health Centers

A Federally Qualified Health Center (FQHC) is a facility receiving a grant under Section 330 of the Public Health Service Act, a look-alike health center organization that meets the requirements of Section 330 but does not receive grant funding, and outpatient health programs/facilities operated by tribal organizations (under the Indian Self Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).[1] They are located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician. FQHCs are located in areas where private health providers lack financial incentives to operate, including sparsely populated rural locations with fewer patients or highly populated urban centers where there are high rates of publicly insured or uninsured patients.[2] An FQHC provides primary health care services in the same scope as would be provided by a physician, dentist or podiatrist in the clinic or office setting. Services and supplies incident to these services are covered as well.

[1] Social Security Act. http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-4.

[2] Health Resources and Services Administration. http://bphc.hrsa.gov/about/.

Federally Qualified Health Centers' Characteristics	
Number of providers	1,124[a] (clinics)
Description	Federally Qualified Health Centers are primary care clinics operating under funding provided by Section 330 of the Public Health Act, and are a required Medicaid benefit through CMS. These facilities provide on-site or contracted services typically provided by hospitals, to provide primary and preventative care for underserved populations.
Other names	Unknown
Number of patients	19,469,467[b]
Description of patients	Patients of FQHCs are of all ages that typically live in medically-underserved and economically depressed locations. 63% of patients were of racial or ethnic minority, and 70% have an income below the poverty line.
Revenue	$11.5 Billion[c]
Owned by eligible provider	0
Medicare profit margin	Unknown

a. The George Washington University Department of Health Policy. Quality Incentives for Federally Qualified Health Centers, Rural Health Clinics and Free Clinics: A Report to Congress. (January 2012)
b. The Henry J. Kaiser Family Foundation. "Patients Served by Federally-Funded Federally Qualified Health Centers, 2010." http://www.statehealthfacts.org//comparebar.jsp?ind=426&yr=138&typ=1&sort=a&rgnhl=15.
c. MedPAC report, June 2011. http://www.medpac.gov/documents/Jun11_EntireReport.pdf.

Federally Qualified Health Centers' Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	68.5%[a]	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management - Clinical notes - Assessments - Care Plan - Condition specific documentation	- Medication and treatment records - Pharmacy information system - Lab information system - Patient Portals - Patient eligibility determinations - Billing - Staffing, Payroll, and HR
Clinical Utility	- Patient Demographic, Health Information and Problem Lists - Clinical Decision Support - Physician Order Entry - Support Clinical Quality Measures	- Exchange health information (send, receive and integrate) - Privacy, Security and Integrity Features
Need for Information Exchange	Coordinate care with a wide range of providers and specialists.	
Barriers to Adoption	- Cost to adopt/lack of capital/lack of incentives	- Workforce limitations to implement and maintain an EHR

a. RCHN Community Health Foundation Research Collaboration. Policy Research Brief #27: Results from the 2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey. (November 2011).

B. Rural Health Clinic

A Rural Health Clinic (RHC) is primarily engaged in furnishing to outpatients services a certified facility located in a rural medically underserved area that provides ambulatory primary medical care. Rural health clinics utilize physician assistants and nurse practitioners by providing reimbursement for services these health professionals

provided to Medicare and Medicaid patients even in the absence of a full-time physician.[3] Rural health clinic services are a mandatory Medicaid benefit.

Rural Health Clinics' Characteristics	
Number of providers	3,950 Medicare-certified[a] (clinics)
Description	Rural Health Clinics may be stand-alone facilities, facilities within hospitals, or mobile units that must be staffed by a physician and have at least one other certified practitioner on staff at least 50% of the time to provide primary care in medically underserved or non-urbanized areas.
Other names	Unknown
Number of patients	An estimate of number of patients seen in 2008 is 5-8 million patients.[b] For purposes of this study we use the average of this range: 6,500,000.[c]
Description of patients	Patients of RHCs reside in medically-underserved, non-urbanized areas, and may rely on Medicare and Medicaid services. About one-third of RHC patients are Medicaid or Medicare beneficiaries.
Revenue	$1.9 Billion[d]
Owned by eligible provider	52% independent; 48% provider-based[e]
Medicare profit margin	Unknown; most operate at a deficit[f]

a. Muskie School of Public Service. Maine Rural Health Research Center. RHCs at the Crossroad (presentation, National Rural Health Association Annual Meeting, Denver, CO, April 18, 2012. http://muskie.usm.maine.edu/Publications/rural/RHCs-at-the-crossroads_Gale-NRHA-2012.pdf.
b. See http://www.healthit.gov/sites/default/files/pdf/quality-incentives-final-report-1-23-12.pdf.
c. Estimate, based on 2008 data. The George Washington University (2012).
d. Based on estimate Medicare and Medicaid provides approximately 60% of RHC funding. (GWU, 2012)
e. The George Washington University, 2012. ("A provider-based RHC is an integral and subordinate part of a Medicare participating hospital, critical access hospital (CAH), skilled nursing facility (SNF), or home health agency (HHA), and is operated with other departments of the provider under common governance, professional supervision, and usually licensure. All other RHCs are considered to be independent." (73 FR 36696; June 27, 2008). Independent clinics are most commonly owned by physicians (49%), other individuals or corporate entities (29%), hospital corporations (15%), nurse practitioners, physician assistants, certified nurse midwives (7%), or RHC administrators (1%). Provider-based clinics are owned by hospitals of less than 50 beds (50%), hospitals of more than 50 beds (40%), and nursing homes and other owners (10%). (Gale and Coburn, 2003)
f. Gale and Coburn, 2003.

[3] Comparison of the Rural Health Clinic and Federally Qualified Health Center Programs. HRSA. June 2006. http://www.ask.hrsa.gov/downloads/fqhc-rhccomparison.pdf.

Rural Health Clinics' Health IT Use, Clinical Utility and Barriers		
EHR Needed	Yes	
Adoption Rate	42%[a]	
Use in Practice	- Admission, discharge and transfer (ADT) - Appointments - Order entry and management - Clinical notes - Assessments - Care Plan - Condition specific documentation	- Medication and treatment records - Pharmacy information system - Lab information system - Therapy information system - Patient Portals - Patient eligibility determinations - Billing - Staffing, Payroll, and HR
Clinical Utility	- Patient Demographic, Health Information and Problem Lists - Clinical Decision Support - Physician Order Entry - Support Clinical Quality Measures	- Exchange health information (send, receive and integrate) - Privacy, Security and Integrity Features
Need for Information Exchange	Coordinate care with multiple providers, professionals and specialists.	
Barriers to Adoption	- Cost to adopt/lack of capital/lack of incentives	- Workforce limitations to implement and maintain an EHR
a. RCHN Community Health Foundation Research Collaboration. Policy Research Brief #27: Results from the 2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey. (November 2011).		

References

Gale, John A., and Andrew F. Coburn. The Characteristics and Roles of Rural Health Clinics in the United States: A Chartbook. Portland, ME: Edmund S. Muskie School of Public Service, January 2003. http://muskie.usm.maine.edu/Publications/rural/RHChartbook03.pdf.

Medicare Learning Network. Centers for Medicare and Medicaid Services. http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf.

Muskie School of Public Service. Maine Rural Health Research Center. RHCs at the Crossroad presentation, National Rural Health Association Annual Meeting, Denver, CO, April 18, 2012 http://muskie.usm.maine.edu/Publications/rural/RHCs-at-the-crossroads_Gale-NRHA-2012.pdf; https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidBudgetExpendSystem/CMS-64-Quarterly-Expense-Report.html.

RCHN Community Health Foundation Research Collaboration. Policy Research Brief #27: Results from the 2010-11 Readiness for Meaningful Use of HIT and Patient Centered Medical Home Recognition Survey. November 2011.

The George Washington University Department of Health Policy. Quality Incentives for Federally Qualified Health Centers, Rural Health Clinics and Free Clinics: A Report to Congress. January 2012. http://healthit.hhs.gov/portal/server.pt/gateway/PTARGS_0_0_4383_1239_15610_43/http%3B/wci-

pubcontent/publish/onc/public_communities/p_t/resources_and_public_affairs/reports/reports_portlet/files/quality_incentives_final_report_1_23_12.pdf.

The Henry J. Kaiser Family Foundation. "Patients Served by Federally-Funded Federally Qualified Health Centers, 2010." http://www.statehealthfacts.org/comparebar.jsp?ind=426&yr=138&typ=1&sort=a&rgnhl=15.

The Medicare Payment Advisory Commission. *Report to Congress: Medicare and the Health Care Delivery System, Chapter 6.* June 2011. http://www.medpac.gov/documents/Jun11_EntireReport.pdf; http://www.thenationalcouncil.org/galleries/policy-file/Healthcare%20Payment%20Reform%20Full%20Report.pdf.

EHR PAYMENT INCENTIVES FOR PROVIDERS INELIGIBLE FOR PAYMENT INCENTIVES AND OTHER FUNDING STUDY

Files Available for This Report

Main Report
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.shtml
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI.pdf

APPENDIX A. Medicare and Medicaid EHR Incentive Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendA
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendA.pdf

APPENDIX B. Definitions and Certification of EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendB
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendB.pdf

APPENDIX C. Public Health Service Act Section 3000(3) as Added by HITECH Section 13101 -- Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendC
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendC.pdf

APPENDIX D. Ineligible Provider Characteristics
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendD
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendD.pdf

APPENDIX E. Long-Term and Post-Acute Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendE
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendE.pdf

APPENDIX F. Behavioral Health Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendF
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendF.pdf

APPENDIX G. Safety Net Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendG
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendG.pdf

APPENDIX H. Other Health Care Provider Profiles
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendH
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendH.pdf

APPENDIX I. Table Summary of Patient Protection and Affordable Care Act Provisions with Relationship to Ineligible Providers and Health IT Use
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendI
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendI.pdf

APPENDIX J. Behavioral Health Provider Analysis
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendJ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendJ.pdf

APPENDIX K. Grant, Demonstrations and Cooperative Agreement Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendK
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendK.pdf

APPENDIX L. Loan Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendL
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendL.pdf

APPENDIX M. Technical Assistance Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendM
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendM.pdf

APPENDIX N. Administrative Infrastructure Building Programs
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendN
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendN.pdf

APPENDIX O. Anti-Kickback Statute EHR Safe Harbor Regulations
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendO
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendO.pdf

APPENDIX P. Private Sector Programs to Advance Certified EHR Technology
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendP
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendP.pdf

APPENDIX Q. Regulations for Medical Records
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendQ
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendQ.pdf

APPENDIX R. Technical Advisory Group Summary
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendR
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendR.pdf

APPENDIX S. Evaluating Benefits and Costs of New Incentives for EHR Adoption by Ineligible Providers
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendS
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendS.pdf

APPENDIX T. CIO Consortium EMR Cost Study Data
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendT
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendT.pdf

APPENDIX U. Abbreviations and Acronyms
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendU
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendU.pdf

APPENDIX V. References
http://aspe.hhs.gov/daltcp/reports/2013/EHRPIap.shtml#appendV
http://aspe.hhs.gov/daltcp/reports/2013/EHRPI-appendV.pdf