

**PIN 2009-06: Federally Qualified Health Center Look-Alike Guidelines and
Application
Frequently Asked Questions
Last Updated 08/23/2010**

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Differences between Policy Information Notice (PIN) 2009-06 and PIN 2003-21

1. What are the major differences between the new guidance in PIN 2009-06 and the old one in PIN 2003-21?

Answer: Below is a listing of the major differences between PIN 2009-06 and PIN 2003-21:

- *The Renewal of Designation application process is new for PIN 2009-06. Federally Qualified Health Center (FQHC) Look-Alikes will be assigned a project period length not to exceed five years. At the end of each project period, FQHC Look-Alikes must submit a Renewal of Designation application to maintain their FQHC Look-Alike designation. The purpose of the Renewal of Designation application is for the Health Resources and Services Administration (HRSA) to periodically obtain complete and comprehensive information about the FQHC Look-Alike to ensure that the organization continues to maintain compliance with all program requirements. This application is similar to the Initial Designation application process.*
- *The Tables and Forms have been updated in PIN 2009-06. While most of the data collected in PIN 2009-06 is similar to the data collected in PIN 2003-21, the FQHC Look-Alike Program is now using many of the Tables and Forms used in applications for section 330 grant funding under the Health Center Program to ease information sharing and national data reporting. In addition, FQHC Look-Alikes are now required to report data based on the calendar year (i.e., January 1 – December 31) versus the 12 months preceding the designation/recertification date.*
- *Instructions and requirements for FQHC Look-Alike designation for organizations exclusively serving a special population authorized under section 330 of the Public Health Service (PHS) Act are included in PIN 2009-06. Organizations may now request designation to exclusively serve a special population authorized under section 330 of the PHS Act (i.e., Migrant/Seasonal Agricultural Workers (section 330(g)), Homeless Populations (section 330(h)), and Residents of Public Housing (section 330(i))). In addition, these organizations are also eligible to apply for a waiver of the 51 percent consumer/patient majority and monthly meeting governance requirements.*
- *Instructions and requirements for completing Health Care and Business Plans are included in PIN 2009-06. Organizations are now required to submit a Health Care Plan and Business Plan with the Initial Designation and Renewal of Designation applications. FQHC Look-Alikes are required to submit an update on their progress in meeting the established goals each year in the Annual Recertification*

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application. In addition, organizations are expected to adopt the clinical and financial performance measures when preparing the Plans.

- *HRSA has eliminated the Letter of Interest (LOI) process for the FQHC Look-Alike Program in PIN 2009-06. In lieu of submitting an LOI, organizations that seek technical assistance in preparing an application for initial FQHC Look-Alike designation may submit questions in writing to HRSA's Bureau of Primary Health Care, Office of Policy and Program Development (OPPD) at OPPDGeneral@hrsa.gov, or call OPPD to speak to an FQHC Look-Alike Project Officer at 301-594-4300. Organizations may also contact their State Primary Care Association (PCA) and Primary Care Office (PCO) for assistance in developing an FQHC Look-Alike application. Contact information for the State PCAs and PCOs are available on HRSA's web site at <http://bphc.hrsa.gov/technicalassistance/>.*
- *HRSA has updated its process for determining the effective date for an approved request for change in scope of project in PIN 2009-06. The effective date of an approved change in scope of project will be no earlier than the date of receipt of a complete request. The approved site/service should be included in the FQHC Look-Alike's subsequent Annual Recertification or Renewal of Designation applications.*

General Questions/Topics Regarding PIN 2009-06

2. Will current FQHC Look-Alikes that have recertification dates prior to September 22, 2010 (the effective date of PIN 2009-06) have to submit a Renewal of Designation application?

Answer: During the week of January 4-8, 2010, HRSA sent a letter to each FQHC Look-Alike detailing how the new process for Renewal of Designation and Annual Recertification applications included in PIN 2009-06 will be applied to its individual situation. If you did not receive the letter or have questions pertaining to the letter, please contact your Project Officer.

3. Are organizations required to use PIN 2009-06 in preparing New Designation and Recertification applications starting April 1, 2010?

Answer: No. Organizations are strongly encouraged to use PIN 2009-06 in preparing their applications starting April 1, 2010; however, recognizing that many organizations may have already begun work on their applications using PIN 2003-21, they may continue to use that guidance until September 22, 2010.

4. Are organizations required to use PIN 2009-06 in preparing New Designation and Recertification applications starting September 22, 2010?

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Answer: Yes. Organizations are required to use PIN 2009-06 in preparing New Designation, Renewal of Designation and Recertification applications starting September 22, 2010. HRSA will not process applications that use previous application guidances after September 22, 2010.

5. What is the time frame for an FQHC Look-Alike New Designation application to be approved?

Answer: On average, it takes about six months for an application to undergo the entire review process, which includes HRSA's review, a comment period from the State Medicaid Agency, and a final determination from the Centers for Medicare and Medicaid Services. The estimated timeframe for HRSA's review is 120 - 180 days for New Designation applications, based on the complexity of the application. If HRSA has identified areas of non-compliance, then HRSA will require a response from the applicant, which can lengthen the process.

6. Considering PIN 2009-06 is similar to the New Access Point (NAP) application guidance used for grants under section 330 of the PHS Act, can I submit one application for both FQHC Look-Alike designation and NAP?

Answer: No. Organizations must submit separate applications to apply for the FQHC Look-Alike Program and NAP since differences exist between the two application requirements.

7. Who will be providing the monitoring and oversight of FQHC Look-Alike organizations and applicants?

Answer: Within HRSA, each region has an assigned FQHC Look-Alike Project Officer who will monitor and oversee the organizations within their respective region. If you are interested in learning the name of the FQHC Look-Alike Project Officer for each region, then please call 301-594-4300.

8. How do you access the power point presentation for the January 20 and 27, 2010 technical assistance conference calls on PIN 2009-06?

Answer: The power point presentations used for the technical assistance calls can be located on HRSA's website at: <http://bphc.hrsa.gov/policy/pin0906/ta.htm>

9. **NEW!** How do you access the power point presentations for the April 21, 2010 Business Plan, and April 28, 2010 Health Care Plan technical assistance conference calls?

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*Answer: The power point presentations used for the Business Plan and Health Care Plan technical assistance calls can be located on HRSA's website at:
<http://bphc.hrsa.gov/policy/pin0906/ta.htm>*

10. Can an FQHC Look-Alike have multiple sites?

Answer: Yes. An FQHC Look-Alike can have multiple sites.

11. Based on PIN 2009-06, should we mail an original paper application and one copy of the application rather than submit this application through HRSA Electronic Handbooks System (EHB)?

Answer: Yes. The organization must submit an application to HRSA by submitting an original paper application and one copy. Currently, FQHC Look-Alike applications can not be submitted via HRSA's EHB.

12. **NEW!** Do FQHC Look Alike organizations receive funding from HRSA?

Answer: No. The FQHC Look Alike program does not provide direct funding to organizations; however, an FQHC Look-Alike can leverage many other benefits including; Medicare/Medicaid FQHC reimbursement rates, the ability to participate in 340B drug discount program, automatic Health Professional Shortage Area designation and access to National Health Service Core medical, dental, and mental health providers, and access to on-site eligibility workers to provide Medicaid and Child Health Insurance Program (CHIP) enrollment.

The Role of HRSA and the Centers for Medicare and Medicaid Services (CMS)

13. In PIN 2009-06, Appendix F, Flow Chart of Initial Designation and Change in Scope Application, Step 4, indicates that if CMS does not accept HRSA's recommendation, then the application is disapproved. Does CMS ever disagree with HRSA's recommendation to designate an FQHC Look-Alike applicant?

Answer: HRSA reviews the application for compliance with requirements under section 330 of the PHS Act. If the application is compliant, then HRSA sends a recommendation for FQHC Look-Alike designation to CMS. CMS consults with the State Medicaid Agency (SMA) to make a final determination on whether to approve HRSA's recommendation. If CMS has any concerns, then it will inform HRSA that it will need additional time to make a determination. In rare cases, CMS will notify HRSA that the recommendation is not approved. HRSA then notifies the applicant of the disapproval and returns the application to the applicant. If CMS disapproves

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an organization, then the applicant should work with its State Medicaid Agency (SMA) to address any concerns.

14. If CMS does not approve a designation for FQHC Look-Alike status and the organization works with its SMA to address the issue(s) identified may it reapply for FQHC Look-Alike designation? Is the organization required to submit documentation to HRSA that it has resolved the issue(s) with its SMA?

Answer: The organization may re-apply for FQHC Look-Alike designation once it has addressed all issue(s) with its SMA. The organization is not required to submit documentation in its new application that it has resolved the issue(s) with its SMA. If HRSA recommends FQHC Look-Alike designation for a second time, then the SMA will review and comment on the recommendation as well as determine if the previous issue(s) has been resolved.

15. How will the Children's Health Insurance Plan (CHIP) reimburse FQHC Look-Alikes?

Answer: Effective October 1, 2009, the CHIP Reauthorization Act (CHIPRA) requires that all separate State Medicaid plans use the Medicaid payment systems (Prospective Payment System or Alternative Payment Method) to reimburse FQHCs and FQHC Look-Alikes. Please check with your SMA to confirm its payment system.

Eligibility

16. If an organization submits an FQHC Look-Alike New Designation application and the application is returned as ineligible or incomplete, can the organization re-submit?

Answer: Yes. If HRSA determines that an organization's FQHC Look-Alike application is ineligible or incomplete, then the applicant may submit a new application once the organization is fully compliant with the applicable requirements under section 330 of the PHS Act and 42 Code of Federal Regulations (CFR) Parts 51c and 56.

17. Is an organization with a parent-subsidary model eligible for FQHC Look-Alike designation?

Answer: No. The Balanced Budget Act (BBA) of 1997 (P.L. 105-33) modified the definition of an FQHC Look-Alike under section 1905 of the Social Security Act by adding the requirement that the "entity may not be owned, controlled or operated by another entity." Therefore, organizations with a parent subsidiary are not eligible for the FQHC Look-Alike Program.

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18. Does the revised FQHC Look-Alike application guidance, PIN 2009-06, include any changes relating to: (a) parent-subsidary relations; (b) Chief Executive Officer (CEO) voting restrictions; (c) waivers of governance requirements; or (d) use of outside Chief Medical Officers (CMOs) or Chief Financial Officers (CFO) (i.e., CMOs or CFO's of parent entity)?

Answer: PIN 2009-06 does not modify or supersede any of the previous requirements regarding affiliations, parent-subsidary relations, CEO voting restrictions, or the use of outside CMOs or CFOs. For clarity, this means that: (a) FQHC Look-Alikes may not have a parent-subsidary model; (b) CEOs can not have voting rights on the Board of Directors; (c) governance waivers are only available for organizations exclusively serving special populations and sparsely populated rural areas (see Question #30); and (d) an FQHC Look-Alike may contract for an CMO and/or CFO. Please refer to PIN 97-27, "Affiliation Agreements of Migrant and Community Health Centers," and PIN 98-24, "Amendment to PIN 97-27," for further information on the affiliation, parent-subsidary model, and the use of outside CMOs and CFOs. These PINs can be located on HRSA's website at: <http://bphc.hrsa.gov/policy/#affiliations>.

Service Area/Medically Underserved Areas (MUA)

19. In developing an FQHC Look-Alike application, should an applicant consider service area overlap?

Answer: Yes. FQHC Look-Alike applicants and FQHC Look-Alikes requesting a change in scope of project to add or relocate a site must demonstrate that there is unmet need within the target service area to support the addition of a new service delivery site. Additionally, FQHC Look-Alike applicants and FQHC Look-Alikes must demonstrate collaboration and coordination of health care services with other area health care providers, including existing section 330 grantees and FQHC Look-Alikes, through letters of support, Memorandums of Agreement/Understanding, and/or other formal documentation. HRSA's policy and process for determining service area overlap is identified in PIN 2007-09, "Service Area Overlap: Policy and Process," which can be found on HRSA's website at: <http://bphc.hrsa.gov/policy/pin0709.htm>.

20. Does the organization's physical clinic site have to be located within a federally-designated MUA and/or Medically Underserved Population (MUP) in order to be eligible to apply?

Answer: No. The physical clinic site does not have to be located in an MUA/MUP; however, the organization must demonstrate that it serves persons that live in an MUA or are part of an MUP.

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21. I read in the FQHC Look-Alike application guidance that a clinic does not need to be located in a MUA/MUP but must demonstrate that it serves people living in a MUA or MUP. Does HRSA have thresholds regarding the percentage of patients that are in a MUA or MUP?

Answer: No. There are no statutory or regulatory thresholds for the percentage of patients, who live in an MUA or are part of an MUP that an FQHC Look-Alike must serve. However, FQHC Look-Alikes are expected to be serving populations with the highest need.

FQHC Look-Alikes and Section 330 Grantees

22. Can a former section 330 grantee apply for FQHC Look-Alike status?

Answer: Yes. A former section 330 grantee can apply for FQHC Look-Alike designation; however, in order for HRSA to recommend designation, the organization must demonstrate that it complies with all applicable requirements under section 330 of the PHS Act and 42 CFR Parts 51c and 56.

23. Can a current grantee under section 330 grantee of the PHS Act apply for FQHC Look-Alike designation for a new site(s)?

Answer: Yes. A current section 330 grantee can apply for FQHC Look-Alike status for a site that is not currently included in its section 330 scope of project. If HRSA recommends designation and it is approved by CMS, then the organization will have "dual status" as both a section 330 grantee and FQHC Look-Alike. Information on dual status can be found in Program Assistance Letter 2006-01, "Dual Status - Health Centers that are both FQHC Look-Alikes and Section 330 Grantees," which can be located on HRSA's website at: <http://bphc.hrsa.gov/policy/pal0601.htm>.

24. Is there a disadvantage in applying for FQHC Look-Alike designation if the organization is planning to apply for section 330 grant funding?

Answer: No. It can be an advantage to obtain FQHC Look-Alike designation prior to applying for section 330 grant funding because as an FQHC Look-Alike the organization is already compliant with section 330 requirements.

25. Considering PIN 2009-06 is similar to the New Access Point (NAP) application guidance used for grants under section 330 of the PHS Act, can I submit one application for both FQHC Look-Alike designation and NAP?

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Answer: No. Organizations must submit separate applications to apply for the FQHC Look-Alike Program and NAP since differences exist between the two application requirements.

Project Periods

26. How is the project period for an organization determined?

Answer: HRSA will determine the length of an FQHC Look-Alike's project period based on the Initial Designation and Renewal of Designation applications. A project period will be established for a minimum of one year and a maximum of five years. In preparing Initial Designation and Renewal of Designation applications, organizations should present a five-year period in the Health Care and Business Plans.

27. If we submitted an FQHC Look-Alike recertification application in October 2009, should we resubmit the application using PIN 2009-06?

Answer: No. During the week of January 4, 2010, HRSA sent letters to all existing FQHC Look-Alikes that explicitly states dates that their applications for renewal of designation and recertification are due to HRSA. The letter encourages FQHC Look-Alikes to contact their assigned FQHC Look-Alike Project Officer if they have any concerns with adhering to these timeframes. If an existing FQHC Look-Alike did not receive the letter, then it should call 301-594-4300 to speak with an FQHC Look-Alike staff member.

Special Populations and Governance Waiver

28. Why were the special populations and governance waivers included in the FQHC Look-Alike program?

Answer: HRSA's goal is to strengthen the FQHC Look-Alike Program and align it with the Health Center Program. The addition of designations for FQHC Look-Alikes exclusively serving special populations mirrors the requirement in section 330 of the PHS Act.

29. Does an FQHC Look-Alike applicant that exclusively serves a special population need to serve a designated MUA?

Answer: No. An FQHC Look-Alike applicant that exclusively serves a special population group named in section 330 of the Public Health Service Act (i.e., homeless individuals, migrant/seasonal farm workers, or public housing residents) is

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not required to serve a MUA since the aforementioned special population groups are considered a special medically underserved population. However, the HRSA strongly encourages FQHC Look-Alike applicants that exclusively serve a special population group to consider seeking an MUA/MUP designation for their target area/population.

30. Is the governance waiver applicable to organizations serving a sparsely populated rural area?

Answer: Yes. An organization that serves a sparsely populated rural area can request a governance waiver to convene monthly meetings and/or to have a patient majority board. In its request, the organization must show good cause for requesting a governance waiver.

31. Are there any differences in the way tribal governments have to apply for FQHC Look-Alike designation compared to other applicants?

Answer: No. There are no differences in how a tribal government must apply for FQHC Look-Alike designation. Tribal governments must follow the instructions in PIN 2009-06, and comply with all section 330 program requirements. If an organization has specific questions about applying for FQHC Look-Alike designation, it should contact the FQHC Look-Alike program at 301-594-4300.

32. If a current FQHC Look-Alike serves a primarily special population (i.e., homeless, migrant or school-based), can it change its scope to serve a special population?

Answer: Yes. If the characteristics of an FQHC Look-Alike's target population has changed since its original designation, then it may apply to change its target population at the end of its project period (i.e., when it submits its renewal of designation application). An organization may not change its population before the end of its project period or during a recertification year. The organization's renewal of designation application must illustrate why it is changing its target population, and how the change will better serve its community.

Change in Scope of Project

33. Can an FQHC Look-Alike add or delete a service or site from its current scope of project in the Annual Recertification or Renewal of Designation application?

Answer: No. FQHC Look-Alikes may not propose any change(s) in their HRSA-approved scope of project through their Annual Recertification or Renewal of Designation application. FQHC Look-Alikes must submit a separate change in scope application to request changes to their approved scope of project. Please

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refer to Section III.6 in PIN 2009-06, *Change in Scope of Application*, for guidance on submitting an application to change the scope of project. In addition, please refer to PIN 2008-01, “Defining Scope of Project and Policy for Requesting Changes,” for HRSA’s policy on change in scope, which is available online at: <http://bphc.hrsa.gov/policy/pin0801/>.

Needs Analysis/Core Health Indicators

34. What are the Core Health Indicators required in the Needs criterion of the application narrative?

Answer: Core Health Indicators (need/focus areas) include six population-based categories: Diabetes/Obesity, Cardiovascular Disease, Cancer, Prenatal and Perinatal Health, Child Health, and Behavioral and Oral Health. The Core Health Indicators: (1) help to develop an organization's Needs Assessment; (2) must be included in the Needs section of the FQHC Look-Alike application narrative; and (3) should be used in developing the Health Care Plan (PIN 2009-06, p. 25-27).

35. What baseline should be used for the “Other” Core Health Indicators noted in the Needs section of the FQHC Look-Alike guidelines and application.

Answer: HRSA does not provide benchmarks for the “Other” core health indicators. Organizations may elect to use an “Other” alternative for that core health indicator category if none of the specified indicators represent the area or target population served by the organization. If providing an “Other” category indicator, specify the indicator’s definition, data source used, proposed benchmark to be used, source of the benchmark, and rationale for using this alternative category indicator.

36. Hospital data as well as county and/or sub-county level data is frequently difficult to access or not reflective of the community/population served. Please clarify HRSA’s expectations regarding the Need criterion and the availability of data.

Answer: Applicants are expected to utilize external, quantitative data (other than their internal clinic data), to present the need for primary and preventive health care services in the communities they serve. In cases where the data is difficult to access, the use of an extrapolation methodology is allowed to describe the need in the service area or target population. Instead of using more aggregate level data, such as the State or county, that may not reflect the health center’s target population, applicants can use the experience of one population (the “standard” population) to project the data for the target population. Extrapolation methodology involves using a proportion of the target population (e.g., race, ethnicity, age, or income level) and the percent, ratio or rate of disease in the “standard” population (e.g., infant mortality rate, percent without dental visit in last year, or HIV infection

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prevalence) to determine what the organization's target population would expect to experience for that disease or outcome if they had the same experience as the standard population.

37. Where can organizations go for technical assistance in responding to the data requested in the Need criterion?

Answer: Organizations may contact their respective State PCA and PCO for assistance in obtaining data to respond to the Need criterion. A listing of State PCAs and PCOs is available on HRSA's web site at <http://bphc.hrsa.gov/technicalassistance/>. In addition, applicants may use the BPHC's Data Resource Guide (<http://bphc.hrsa.gov/needforassistance/dataresourceguide.htm>), as appropriate, to locate and cite evidence-based statistical reports of conditions experienced among standard populations. University studies and Federal government agencies such as, the Agency for Healthcare Research and Quality (<http://www.ahrq.gov/data/>) and Centers for Disease Control and Prevention (<http://www.cdc.gov/DataStatistics/>), report State health status incidence and prevalence data.

38. In the event the organization can not obtain data from other sources, may applicants use its own clinic data in responding to question two of the Need criterion in the Initial Designation and Renewal of Designation program narrative?

Answer: No. An applicant may not use its clinic data to respond to question two of the Need criterion. Clinic data is based on the patients that access care from the organization, which may differ from the organization's target population and/or service area population. Data reported for the disparity indicators should be in the same unit and format as that listed in the application guidance. Applicants may also select "Other" as an indicator; however, the source(s) cited should be recognized reliable data sources (e.g. university, Federal/State/local agency), with scientifically accepted data collection and/or data methods.

39. The disparity indicators in question two of the Need criterion have varying formats. If an applicant selects "Other" as a disparity indicator, in what unit and format should it be reported?

Answer: The applicant may elect to provide an alternate indicator to each of the disparity categories under "Other," rather than respond to one of the identified indicators within the disparity category. If providing an "Other" disparity category indicator, the applicant must specify the disparity category indicator definition to be used, data source used, and rationale for using this alternative disparity category indicator.

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40. An organization has two sites that are located in drug treatment programs and primarily serve a population with long histories of addiction/incarceration so it does not have data to report for health indicators, such as immunization rates, pertaining to children. How would the organization address this issue in its FQHC Look-Alike application?

Answer: Applicants must report on all the required core health indicators, based on the entire target population of the area served by all of the health center sites.

41. An organization currently has dual status as both a section 330 grantee and an FQHC Look-Alike. The organization has several section 330 sites, which are located in one community, and an FQHC Look-Alike site, which is located in another community. Should the data provided for the core health indicators be specific to the community in which the FQHC Look-Alike is located or can the organization use health indicators from the community in which its section 330 sites are located?

Answer: The applicant should provide data based on the population that the FQHC Look-Alike serves. This section seeks to gain information pertaining to the major need or focus areas to be addressed by the applicant for their service area and target population (diabetes, cardiovascular disease, etc.).

Health Care Plan and Business Plans

42. What are the Health Plan Performance Measures?

Answer: The Health Plan Performance Measures include six measures within two categories: Outreach/Quality of Care, Health Outcomes/Disparities. The list of performance measures can be accessed at: <http://bphc.hrsa.gov/about/performanceasures.htm>. Performance measures use patient-based data. The health care performance measures must be included in the Health Care Plan, as appropriate to the services provided by the organization. For example, if the organization does not provide prenatal care, then any performance measures around prenatal care do not have to be included in the health plan.

43. If an FQHC Look-Alike does not have an electronic medical record (EMR) system, can it perform a manual chart review for reporting on the HRSA required performance measures in the Health Care Plan?

Answer: Yes. When collecting data for the Health Care Plan performance measures, manual chart reviews may be necessary. If the number of patients in a specific category (denominator) is under 70, then the organization must review ALL the charts. If the number of patients in a specific category (denominator) is over 70, the organization may use the use a random sample of at least 70 records. For

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example, if an organization must manually review charts for patients between 17 and 65 years of age with diabetes (denominator), and the organization serves 550 patients that fall in this category, it can use a randomly selected sample of 70 charts for the review. The organization must note the method of collection in the Health Care Plan. For more information and training please visit the BPHC training site at <http://www.bphcdata.net/html/bphctraining.html>.

44. In developing the Health Care Plan for an Initial or Renewal of Designation Application, performance measure(s) must be included for each of the six Need/Focus Areas identified by HRSA. Additionally, organizations are required to integrate the HRSA-required 'health center performance measure.' Is it sufficient for an organization to use each of the HRSA-required 'health center performance measures' plus one Behavioral Health performance measure and one Oral Health performance measure to complete the Health Care Plan? Or, are organizations expected to use the HRSA-required performance measures and generate their own separate performance measure for each of those five Need/Focus Areas, plus a Behavioral Health and Oral performance measure?

Answer: The Core Health Indicators (need/focus areas) and Health Performance Measures are different. The Core Health Indicators are used in the Needs Assessment section of the narrative and are population-based data. The Health Performance Measures are used in the Health Care Plan and are patient-based data. For more information on Core Health Indicators and Performance Measures, please see questions #33 and #41, respectively.

The Health Care Plan must include all of the required performance measures plus one behavioral health measure and one oral health measure. HRSA does not require a specific performance measure for the behavioral or oral health measures, therefore, the organization must create performance measures based on the organization's community needs. Core Health Indicators in the behavioral and oral health category may be used for the behavioral and oral health measures; however, the organization must develop its own numerator, denominator, and measure.

45. **NEW!** Which patients are reported in the prenatal care measurement universe?

Answer: Patients that had a perinatal visit beyond the first positive pregnancy test are considered the organization's responsibility; therefore, these patients should be reported as part of the universe. If, during the course of perinatal care, the physician determines the patient needs to be referred to another provider, then the patient is still included in the measurement. If the health center refers the patient out for prenatal care to another provider after the initial positive test, then the patient is not included in the measurement universe. Specifics regarding the health care measures can be found on HRSA's website at: <http://bphc.hrsa.gov/about/performanceasures.htm>.

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46. **NEW!** If an organization refers all prenatal patients, does it have to report on the prenatal performance measures?

Answer: Organizations that do not provide some or all of a patient's prenatal care services are not required to include the prenatal performance measures, including the following required measures: 1) Percentage of pregnant women beginning prenatal care in the first trimester, and 2) Percentage of births less than 2,500 grams to health center patients.

47. **NEW!** If a patient had a hysterectomy, should she be included in the Pap Test measurement universe?

*Answer: No. If a patient has had a hysterectomy, then she is not included in the Pap Test measurement universe. Specifics regarding the health care measures can be found on HRSA's website at:
<http://bphc.hrsa.gov/about/performanceasures.htm>.*

48. **NEW!** If an organization has more than one site is the sample universe of 70 charts for each site or for the whole organization?

Answer: The sample universe is for all the sites in the organization's FQHC Look-Alike scope of project. For example, if an organization is applying for FQHC Look-Alike status for two of its seven total sites, then the organization should collect a total sample of 70 charts from the two sites, not 70 charts from each individual site.

49. For public entities, the Business Plan performance measures that pertain to cost per patient and per visit are easily tracked; however, those related to Net Assets, Working Capital, and Debt to Equity Ratio are not relevant and/or do not apply to public entities. What do we do?

Answer: A public entity should indicate "N/A" on the Net Assets, Working Capital, and Debt to Equity Ratio measures. Public entities are encouraged to substitute and report on additional business measures that are comparable to the audit measures and appropriate to its FQHC Look-Alike scope of project. For example, a substitute measure for a public entity is surplus or loss as a percent of total cost. Please note that public entities are expected to respond to the two financial measures, total cost per patient and medical cost per medical visit.

50. **NEW!** The Business Plan presentation includes Federal grant income in the statement of activity illustration used for the change in net assets measure. Can an FQHC Look-Alike also receive Federal grant funding?

Answer: Yes. Although an FQHC Look-Alike does not receive funding under section 330 of the Public Health Service Act, it may receive Federal funding from

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other sources. Income from all sources including Federal grants must be included in the calculation of the change in net assets.

51. **NEW!** If an organization has sites, services or activities that are outside of its FQHC Look-Alike scope of project, should this out-of-scope activity be included in the Business Plan?

Answer: The total cost per patient, and the medical cost per medical visit measures only use data from the FQHC Look-Alike scope of project. The change in net assets as a percent of expense, the working capital to monthly expense ratio, and the long-term debt to equity ratio audit measures include all the activity of the organization, including activities outside of the FQHC Look-Alike scope of project.

52. **NEW!** It is unclear how long it will take to process a New Designation FQHC Look-Alike application, which prevents the applicant from knowing when the project period will begin and end. What assumption should the new applicant use to identify the date the project period will end so that it can properly project its Business Plan goals?

Answer: Applicants can assume it will take 120 days to process the New Designation FQHC Look-Alike application. Therefore, the estimated end date of the project period for a new applicant will be 120 days plus a five-year project period or 64 months. The applicant may use this period to project Business Plan goals. Applicants must note in its Business Plan the estimated end date it used for its projections, regardless of which strategy it uses to determine the project period end date.

53. **NEW!** In PIN 2009-06, the FQHC Look-Alike guidance states, "...specific goals and objectives related to the emergency preparedness and management plan should also be addressed in the business plan." How would an organization do this?

Answer: The emergency preparedness and management goals and objectives are no longer a required part of the Business Plan and do not need to be addressed in the Business Plan.

54. **NEW!** Should pharmacy, laboratory and other ancillary service costs be included in the Business plan?

Answer: Yes. Pharmacy, laboratory and other ancillary service costs should be included in all the business plan measures, except for the medical cost per medical visit measure.

55. Is there a limit on how many performance measures may be included in the Health Care and Business Plans?

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Answer: No. Organizations may add optional measures if these measures are considered to highlight important aspects of the health care that they provide to patients. There is no upper limit to how many performance measures may be included in the Health Care and Business Plans. Organizations are required to include up to six clinical measures, at least one behavioral health and oral health measure in the Health Care Plan, and five financial measures in the Business Plan.

56. If an organization has a project period of less than five years (e.g., three years), should the subsequent Renewal of Designation application Health Care and Business Plans reflect the previous project period length or should organizations prepare the plans to cover a five-year project period?

Answer: Organizations should submit a five-year Health Care Plan and Business Plan in the Renewal of Designation application regardless of the length of the former project period.

For example, organization “ABC” is approved for FQHC Look-Alike designation on May 1, 2011, with a three-year project period. ABC will begin tracking its performance on the goals identified in its Initial Designation Health Care and Business Plans up until the end of the three-year project period. ABC will prepare a Renewal of Designation application and include five-year Health Care and Business Plans for the goals to be addressed in the subsequent five years.

57. **NEW!** What time period should the qualitative progress report cover?

Answer: The qualitative report should cover the period of time from when the original baseline was created through the date of the organization’s FQHC Look-Alike recertification submission.

58. **NEW!** If an organization has been operational for less than one year, how should the organization create baselines and goals for each Health Care Plan and Business Plan measures?

Answer: Organizations must be operational at least six months in order to meet all the requirements of the FQHC Look-Alike program. If the organization has been operational for less than one year then it can use the data it has for the baselines and clearly state in its application narrative how many months the data covers. Since the baseline can be adjusted during the project period, the organization’s following year recertification will have a more accurate baseline. A second option is for the organization to leave the baseline data blank and clearly state in its application when the baseline data will be available.

To set the measurement goals the organization may use national or state performance measures from UDS to help determine an appropriate goal

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(<http://www.hrsa.gov/data-statistics/health-center-data/index.html>). The organization should adjust the numbers with consideration of any special populations it serves. The other option is to work with other health care providers to determine conservative goals based on past experience. If the application is for a new site in a multi-site organization, then the baseline data and goals should be based on the organization's overall baseline and goals. In any situation, the organization must explain clearly in its Health Care Plan and application narrative from where the data and goals originate.

59. **NEW!** How are total patients defined?

Answer: Total patients are those individuals with one or more reportable encounter during the calendar year. This is the unduplicated patient count that is reported on Tables 3a, 3b and 4 in the FQHC Look-Alike application.

60. **NEW!** Are the Health Care and Business Plan templates available in a Word format?

Answer: Yes, a link to the word version of the New Designation and Recertification Health Care and Business Plan templates is available on HRSA's website at: <http://bphc.hrsa.gov/policy/pin0906/>

Forms, Tables, and Data Reporting

61. Can I access the forms and tables in a Microsoft Word Format?

Answer: All of the forms are available on HRSA's website in a Microsoft Word format; therefore, you can save the document and add the required information. The forms are located on the bottom of Appendix I of PIN 2009-06 (<http://bphc.hrsa.gov/policy/pin0906/appendixi.htm>).

62. Some forms have expiration dates of August 31, 2010. Are these forms to be revised, or is this because the forms are used in other applications?

Answer: Yes. These forms are used in other application guidances. Forms and tables encompassed in HRSA's application guidances must be periodically examined by the Office of Management and Budget (OMB). HRSA is currently working with OMB to handle the approaching expiration date for some forms and tables used in the application guidances for the section 330 and FQHC Look-Alike programs. In the interim, please use the forms and tables encompassed in PIN 2009-06 and its amendment when submitting FQHC Look-Alike applications.

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63. Because it is a requirement that FQHC Look-Alikes are operational at the time of application, why does Form 1A, General Information Worksheet, request the total number of patients at full-capacity?

Answer: A slight error exists in Form 1A. Specifically, the column for “number at full capacity” should be removed as FQHC Look-Alikes are required to be operational and serving patients at the time of application submission. After designation, FQHC Look-Alikes are expected to at least maintain the number of patients that they are serving. Therefore, this section of the form should be revised to include columns for “number after 3rd year,” “number after 4th year,” and “number after 5th year.” Again, the column for “number at full capacity” should be deleted.

64. Form 1A, does not have a place for the Authorizing Representative or Notary signature. How should the applicant proceed?

Answer: HRSA issued PIN 2009-07, which is an amendment to PIN 2009-06 requesting organizations submit a signed, dated, and notarized cover letter to the application addressed to HRSA. The cover letter must attest to the accuracy of the information submitted in the application and state that the Authorized Representative has approved the submission of the application. PIN 2009-07 can be found on HRSA’s website at: <http://bphc.hrsa.gov/policy/pin0907/>

65. Form 1A, General Information Worksheet, does not have a place for the applicant to self-identify if the organization is a private non-profit or public entity. How should the applicant proceed?

Answer: HRSA will determine if the organization is a private non-profit or public entity based on its review of the Internal Revenue Service’s Tax Exempt Certification, Articles of Incorporation, Independent Financial Audit, and other supporting documentation that attest to the organization’s status. If HRSA can not determine if the organization is a private non-profit or public entity, it will request documentation from the applicant organization. Please refer to PIN 2009-06, Eligibility and Program Requirements, for specific guidance on public centers.

66. I have been reviewing PIN 2009-06 and cannot locate the required Form 2: Staffing Profile that is required for an Initial Designation, Renewal of Designation, and Annual Recertification applications. Please advise on where to find this particular form.

Answer: There is an error in PIN 2009-06; Form 2 does not exist. In lieu of Form 2, please complete Table 5: Staffing and Utilization. Instructions for completing Table 5 can be found in Appendix I of PIN 2009-06 (<http://bphc.hrsa.gov/policy/pin0906/appendixi.htm>).

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67. Form 8, Health Center Affiliation Certification/Checklist, identifies parent subsidiary model, merger with another organization, and acquisition by another organization, as types of affiliations an organization may have with another entity. Are these allowable arrangements under the FQHC Look-Alike Program?

Answer: No. FQHC Look-Alikes may not be owned, controlled or operated by another entity. Therefore, organizations with a parent subsidiary are not eligible for FQHC Look-Alike designation. Furthermore, existing FQHC Look-Alikes that merge with or are acquired by another entity are no longer eligible to continue their FQHC Look-Alike designation. These organizations may re-apply for FQHC Look-Alike designation as the new entity.

68. In the Governance section of Form 8, what is the "Reference Document"?

Answer: A Reference Document refers to any documentation that is submitted with the application to support the responses provided in the Health Center Affiliation Checklist. Examples of reference documents include By-laws, affiliation agreements, etc.

69. Form 12 asks for the Dental Director's name and contact information. If we do not have a dental director, or we contract for dental services what should we enter?

Answer: If dental services are not provided on-site, you can leave the Dental Director's contact information blank. If the dental services are contracted, then please indicate the dental director is contracted and enter his/her contact information.

70. Table 3B requires organizations to provide ethnicity/race/language data on all patients that received care at least once in the previous 12 months. If the organization does not have the capability to query its database, or if this data has not been reported, could the organization conduct a sample survey of patients?

Answer: The organization may not use a sample survey for the patients by ethnicity or race sections. Organizations are required to collect data pertaining to race, ethnicity, and language of preference for all patients; however, some patient registration systems are configured to capture data for race or ethnicity, not both. Organizations that are unable to collect detailed information on ethnicity are instructed to report these patients on line 2 as "all others including unreported." If the organization's data system does not separately classify individuals by race, then they can be reported on line 10 as "unreported/refused to report." If the organization does not maintain actual language preference data in its patient registration system, then the number of patients who are best served in a language other than English (or with sign language) may be estimated. It is preferred that the estimate be based on a sample of the health center patients.

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71. In 2003-21, FQHC Look-Alikes would report data based on the month and day that they were initially designated. How should organizations report data using the tables and forms in PIN 2009-06?

Answer: Organizations should report data on a calendar year (i.e., January 1 – December 31).

72. Are the FQHC Look-Alike data requirements similar to UDS reporting requirements?

Answer: Yes. The FQHC Look-Alike data requirements and the UDS reporting requirements track a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. However, UDS data is entered electronically, whereas FQHC Look-Alike data is submitted via the current FQHC Look-Alike paper application.

73. **NEW!** The Business Plan slides, which were presented on April 21st, 2010, referred to the Table 8A cost worksheet. Does this table have to be submitted with the four other FQHC Look-Alike tables in the application?

Answer: No. Table 8A does not need to be submitted with the FQHC Look-Alike application. However, Table 8A can be used to identify the calendar year total cost and medical cost data needed for the first two financial measures in the Business Plan. Table 8A and its instructions can be found on HRSA's website at: <http://bphc.hrsa.gov/policy/pin0906/ta.htm>

Attachments

74. Attachment 5, Governing Board Meeting Minutes, indicates that applicants are required to submit copies of board meeting minutes that document the Board's approval of the FQHC Look-Alike application submission and any additional meeting minutes that demonstrate the Board's participation in the development of the application. Is there a specific duration of time the board meeting minutes should cover?

Answer: HRSA encourages organizations to submit at least six months of board meeting minutes in the Initial Designation and Renewal of Designation applications.

75. Attachment 10, Medicare and Medicaid Provider Documentation, indicates that organizations must submit copies of the notifications from CMS and their respective SMA as documentation that they have obtained Medicare and Medicaid provider numbers. For organizations that have not obtained Medicare and Medicaid numbers and are in the process of applying for them, will HRSA accept copies of applications for provider numbers?

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Answer: No. Organizations must have Medicare and Medicaid provider numbers at the time of application submission in order for HRSA to process the FQHC Look-Alike application.

76. Attachment 15, Most Recent Independent Financial Audit, indicates that organizations must submit their most recent independent financial audit with the application. My organization is new and has yet to receive an independent financial audit. How should we proceed?

Answer: Organizations that do not have an independent financial audit may submit the most recent six months of financial statements. In addition, organizations must identify a time frame for completion of the independent financial audit.

77. FQHC Look-Alikes and applicants are required to provide copies of all contracts and agreements. Can you clarify what should be included in the application; should all programmatic agreements be included in the application? Are cover/signature pages sufficient, if an organization has a large number of working relationships?

Answer: New Designation and Renewal of Designation applicants should submit copies of all agreements for referral and contracted services paid for by the organization, as indicated on page 19 of PIN 2009-06. Recertification applications should only include any new or updated contracts. There is no page limit, so the full document should be included, not just the cover page.