Community Based Health Center Voluntary Certification - Public Comment
December 12, 2012

Baltimore, MD (Dec. 12, 2012)–The Maryland Department of Health and Mental Hygiene is releasing for public comment revised criteria for the voluntary certification of Community Based Health Centers (CBHC), including Federally Qualified Health Centers (FQHC).

Background: The Affordable Care Act will expand coverage to millions of Americans who are currently uninsured. In Maryland, an estimated 200,000 individuals will gain coverage through Medicaid, while 300,000 individuals will obtain private health insurance through the Maryland Health Benefits Exchange.

The goal is that this expanded coverage will lead to improved access to appropriate, high-value health care which will, in turn, have the net effect of improving population health and reducing overall health care spending. Translating coverage into improved population health and sustainable health care spending will require comprehensive and systematic engagement by safety net health care organizations, health care professionals and the Department of Health and Mental Hygiene (DHMH).

Maryland is fortunate to have a safety net system, comprised of 16 FQHCs operating more than 100 sites, 24 local health departments delivering services through multiple sites, and over 30 school-based health clinics and free clinics. Historically, these different safety net providers were established to respond to specific, discrete needs. As a result, it is not uncommon for safety net providers to be working in close proximity of each other and operating within the broader health care delivery system but not working in a systematic, coordinated, or integrated way.

Even after 2014, these providers will continue to play an important role in providing access to care, but the way that care is provided will have to change to ensure that the care is sustainable, high quality, and part of a broader, community-based, and more integrated "system of care." DHMH has recognized that developing this "system-ness" will require building more effective partnerships and the ability to better target available resources to need. DHMH also recognizes that providers are likely to be at different stages of readiness to meet the challenges and opportunities presented by health reform, and that a "one size fits all" approach to supporting these providers is unlikely to be effective.

Therefore, in order to effectively partner with providers and to meet them where they are, DHMH has proposed a voluntary certification program that will help assess provider readiness along a variety of dimensions that will be increasingly important with health reform, such as financial stability, accessibility to the community, the ability to demonstrate the provision of high quality care, and engagement in local public health partnerships.

The goal of this program would be to identify willing participants and to use the assessment results to identify appropriate programmatic, funding, and technical assistance opportunities.

Following this informal comment period ending January 12, 2013, DHMH will review the comments, make appropriate changes, and develop proposed regulations for implementation. Comments may be submitted by mail to Raquel Samson, Director, Office of Primary Care Access, Health Systems and Infrastructure Administration, Department of Health and Mental Hygiene, 201 W. Preston St., Baltimore, MD 21201 or by email to dhmh.opca@maryland.gov.

Comment Summary: On August 6, 2012, DHMH requested public comment on a proposed voluntary certification program. Fourteen letters/emails from 29 organizations were received. Comments clustered

around requests for (1) clarification around certification goals, purposes, and incentives; (2) clarification around respondent universe; (3) reducing reporting burden; (4) alignment around ongoing initiatives to reduce duplication of effort; and (5) resources and/or technical assistance required to obtain certification.   In response, DHMH revised the voluntary certification criteria.

Comment: DHMH received a number of comments requesting clarification on the overall goal, purpose, and incentive for participating in the CBHC Voluntary Certification process and what would be the consequences if an organization was unable or did not choose to participate in the process.

Response: The goal of the program is to help DHMH identify willing CBHC participants and to use the certification criteria results to identify appropriate programmatic, funding, and technical assistance opportunities for participating organizations. The certification process will assess provider readiness along a variety of dimensions that will be increasingly important with health reform, such as financial stability, accessibility to the community, the ability to demonstrate the provision of high quality care, and engagement in local public health partnerships. Those CBHCs that participate may be given priority consideration, including, but not limited to grant funding, technical assistance, and partnership/collaboration opportunities. DHMH may use participation in certification as the basis for evaluating a CBHC request for support.

Comment: DHMH received a number of comments that requested clarification on the definition of "Community-Based Health Clinics (CBHC), including Federally Qualified Health Centers (FQHCs)". Many comments stressed the importance of using the most expansive definition of CBHC that could include free and charitable clinics, school based health centers, and behavior health providers.

Response: DHMH has adapted the Maryland Community Health Resource Commission definition of "community health resource" and defines a CBHC as a nonprofit or for profit health care center or program that offers primary health care services to an individual on a sliding scale fee schedule without regard to an individual's ability to pay.

CBHC includes:
- Federally qualified health centers
- Federally qualified health center "look-alikes"
- Community health centers
- Migrant health centers
- Health care program for the homeless
- Primary care program for a public housing project
- Local nonprofit and community-owned health care program
- School-based health center
- Teaching clinics
- Wellmobiles
- Health center controlled operating network
- Historic Maryland primary care provider
- Outpatient mental health clinic

Comment: DHMH was asked to clarify the process or mechanism to "certify" an organization, to address the burden and resources required to participate in the process, and identify training and TA support before roll out.

Response: DHMH has clarified certification criteria, defined each measure, and developed a mechanism to categorize applications based on panel assessment. In an effort to reduce the reporting and administrative burden, an electronic reporting template will be part of the application process. Moreover, the revised measures align with existing initiatives and their reporting requirements (Meaningful Use, Million Hearts, Patient Centered Medical Home, HEDIS, NCQA, UDS, and SHIP). DHMH will provide opportunities for applicants to ask clarification questions to support completion of the application. Once the application has been submitted and assessed, there may be opportunities for future technical assistance and support depending on the individual needs of the applicant.

Comment: Commenters recommended that applicants currently accredited by Joint Commission or NCQA should be "deemed" certified. Several comments also emphasized the not all CBHCs have the resources to become accredited by these large accrediting bodies and therefore would not be eligible for certification.

Response: DHMH has included accreditation from the Joint Commission or NCQA or comparable assessment as one of the 35 measures in the certification criteria, but will not use accreditation as the sole means to certify an organization. The reason is that there are other factors, unique to Maryland, that are critical for CBHCs to serve their communities well and link with public health and other health care entities in the state.

Comment: Several comments asked about the legal implications of the term certification and recommended that term "certification" be replaced with different terminology such as "recognition" or "citation".

Response: The term "voluntary certification" will be used and DHMH will develop regulations to support the process.

Comment: Many of the comments responded to the need for partnerships between CBHCs, hospitals, and the local health departments to expand coverage and reduce cost. Commenters stated that incentives should align with other state wide initiatives that are underway including: State Health Improvement Process (SHIP), Health Enterprise Zones, Patient Centered Medical Home, and collaboration between CBHC and Essential Community Providers.

Response: DHMH supports collaborations and partnerships to improve the care delivery system for all Maryland residents. DHMH has revised the certification criteria to align with many of the local/state/federal initiatives to reduce reporting and administrative burden and also to underscore the importance of collaboration and linkages.

Comment: DHMH received comments on the importance of the safety net providers to be able to bill for services. It was also suggested that as DHMH is developing incentives for providers to become a part of a value and savings driven delivery system, perhaps CBHCs that have met a certain threshold could be considered for priority status for participating in those models.

Response: Pilots are currently underway to test several different types of innovative payment reform models in Maryland. DHMH agrees that one potential use of the certification and assessment could be to identify CBHCs that are good candidates for priority participation in these pilots.

Comment: A number of comments focused on workforce program expansion to attract more primary care providers regardless of federal health care shortage area status and also support workforce by streamlining licensure, establishing reciprocity agreements, offering incentives to volunteer and other measures related to licensure for primary and specialty care physicians.

Response: DHMH is currently exploring ways to expand the current workforce program beyond physicians to include additional primary care providers. DHMH will also consider other types of incentives to expand the provision of primary care services.

Comment: Many commenters recommended that DHMH support training and technical assistance to CBHCs in a number of areas, including: Statewide clinical collaborative on diabetes and hypertension, clinic leadership and management training, and sharing best practices.

Response: Currently, there are a number of programs supported by DHMH that address these recommendations. DHMH will take these recommendations under consideration and determine how to disseminate this information to CBHCs.

Revised Proposal
DHMH appreciates the feedback received through public comment. In response to public comment, the revised proposal is below. Additional public comment is requested by January 12, 2013. Comments may be submitted by mail to Raquel Samson, Director, Office of Primary Care Access, Health Systems and Infrastructure Administration, Department of Health and Mental Hygiene, 201 W. Preston St., Baltimore, MD 21201 or by email to dhmh.opca@maryland.gov.

Purpose and Goal: Strategic use of performance monitoring aligned with Maryland State Health Improvement Process (SHIP) measures to encourage CBHCs to achieve the triple aim (care, cost, population health). DHMH plans to use the results of the certification to identify appropriate programmatic, funding, and technical assistance opportunities. DHMH may use participation in certification as the basis for evaluating a CBHC request for support.

Respondent Universe: DHMH has adapted the Maryland Community Health Resource Commission definition of "community health resource" and defines a CBHC as a nonprofit or for profit health care center or program that offers primary health care services to an individual on a sliding scale fee schedule without regard to an individual's ability to pay.

Criteria and Metrics: Criteria and metrics were selected to assess CBHCs on the dimensions of interest indicated in August, including: financial stability, health care quality, health care access, and engagement in local public health partnerships—and grouped into triple aim categories. Additional considerations included administrative simplification and alignment with existing reporting and ongoing federal and state initiatives, like SHIP, Million Hearts, and Meaningful Use.

Potential Uses of Voluntary Certification: Assessment results will be used to identify appropriate programmatic, funding, and technical assistance opportunities. For example, a CBHC that can demonstrate superior health outcomes at relatively low cost could receive priority consideration for entry into Maryland's Patient Centered Medical Home program (http://mhcc.maryland.gov/pcmh/). Another CBHC might play a critical role in preventive care for children by providing immunization services but may not have the capacity to report that information to Immunet, the state's immunization registry. Technical assistance could be provided to help the CBHC develop that capacity. Still another CBHC—perhaps a school based health center—might have the workforce capacity to provide comprehensive primary care to its students but has not developed the technical capacity to enter into contracts with health plans that are likely to participate in Medicaid managed care or the Maryland Health Benefits Exchange. Technical assistance could be provided to help the CBHC develop that capacity and bill for their services, thus maximizing their revenue streams and aiding their financial stability. DHMH intends to reach out to a variety of community partners and associations to provide this technical

assistance. A number of such technical assistance initiatives are already underway, and DHMH also envisions using these assessment results to identify other CBHCs who might benefit from being plugged into these existing resources. Finally, DHMH envisions that CBHCs can become important resources to each other, perhaps through a learning collaborative, whereby CBHCs that are strong on certain domains can share best practices and lessons learned to other CBHCs that may be struggling in those areas. DHMH seeks comment on these proposals and how we might best use these assessment results to better target available resources with need.

Reporting Frequency: Annual electronic submission

Application Process/Assessment: Applicants will be required to address each of the 35 certification criteria and will be assessed by a review panel based on their ability to meet the standard for each measure. Applications will be evaluated on each measure and will be grouped into one of three categories below:

> ➤ **Gold:** Application meets or exceeds the minimum standard for each category of the criteria; preponderance of assessment results fall within "tier 1."

> ➤ **Silver:** Application is on track, but does not meet the minimum standard for each category of the criteria; preponderance of assessment results fall within "tier 2."

> ➤ **Bronze:** Application demonstrates interest in improving readiness but does not meet the minimum standard for multiple categories of the criteria; preponderance of assessment results fall within "tier 3."