
Federally Qualified Health Centers: Surviving Medicaid Managed Care, But Not Thriving

Sheila D. Hoag, M.A., Stephen A. Norton, M.P.P., and Shruti Rajan, M.P.P.

This article reviews the experiences of federally qualified health centers (FQHCs) in Hawaii, Rhode Island, and Tennessee before and after Medicaid managed care demonstrations began. Adapting to managed care proved challenging, but all FQHCs survived. Overall, FQHCs performed better financially than anticipated, partly because demonstrations expanded coverage to previously uninsured individuals, and because FQHCs in two States formed plans that paid FQHCs more than other plans. Service encounters declined; it is unclear if this is negative, since it may indicate more efficient care delivery. In some cases, supportive State policies aided FQHCs' survival. Continued adaptation is critical for FQHCs' longer term prospects.

INTRODUCTION

Using fully capitated managed care designs, 43 States have transformed all or part of their Medicaid programs from fee-for-service (FFS) to managed care systems. This transformation may introduce structural changes to the health care delivery system, such as increasing the number and types of providers who will accept Medicaid patients (thereby, increasing provider choice for Medicaid recipients), and shifting resources toward ambulatory care set-

tings (versus inpatient or emergency room care). For community providers that traditionally served Medicaid and uninsured patients, such as FQHCs—sometimes called safety net providers—these changes may be unwelcome: They introduce new competition for patients, dictate new ways of conducting business, and are feared to lower payments for Medicaid patients, which might compromise FQHCs' fiscal viability and their mission to provide care to the uninsured (Ku, Wade, and Dodds, 1996; Lipson, 1997).¹

How have FQHCs fared under Medicaid managed care programs? In this article, we review the early experiences of FQHCs in Hawaii, Rhode Island, and Tennessee, three States with comprehensive section 1115 Medicaid managed care demonstration programs.² We focused our research on three questions: (1) What were FQHCs' predemonstration roles, and what were their concerns about Medicaid managed care at the outset of the demonstration programs? (2) What were FQHCs' responses to and experiences operating in the demonstrations? (3) What were the effects of the demonstrations on FQHCs' finances and services provided? While some literature exists on the effects of

¹ The FQHC program was developed to increase Medicaid payments to community or migrant health centers or health care for the homeless programs that receive Federal grants as community or migrant health centers, so that they could care for more Medicaid and uninsured patients and offer them better services. The program reimburses these community providers for the actual costs of care, rather than paying from a predetermined fee schedule.

² Section 1115 of the Social Security Act allows States, with HCFA's approval, to modify their State Medicaid programs. Many States use section 1115 demonstrations to ameliorate problems with Medicaid costs and uninsured populations.

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Managed Care A Reprint From Health Care Financing Review

Sebastian Brünink



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outcomes If the type of health care delivery system appears to be related to patient care and outcomes can specific organizational financial or other variables be identified that account for the relationships If not what type of research should be pursued to provide the information needed about the relationship between types of health care systems and the processes and outcomes of care provided to people with serious chronic conditions **Library and Information Science** Michael Bemis,2014-03-03 This unique annotated bibliography is a complete up to date guide to sources of information on library science covering recent books monographs periodicals and websites and selected works of historical importance

Monthly Catalog of United States Government Publications ,2004 **Federalism and Health Policy** Alan Weil,2003-07-20 The balance between state and federal health care financing for low income people has been a matter of considerable debate for the last 40 years Some argue for a greater federal role others for more devolution of responsibility to the states Medicaid the backbone of the system has been plagued by an array of problems that have made it unpopular and difficult to use to extend health care coverage In recent years waivers have given the states the flexibility to change many features of their Medicaid programs moreover the states have considerable flexibility to in establishing State Children s Health Insurance Programs This book examines the record on the changing health safety net How well have states done in providing acute and long term care services to low income populations How have they responded to financial incentives and federal regulatory requirements How innovative have they been Contributing authors include Donald J Boyd Randall R Bovbjerg Teresa A Coughlin Ian Hill Michael Housman Robert E Hurley Marilyn Moon Mary Beth Pohl Jane Tilly and Stephen Zuckerman *The Oxford Handbook of Health Economics* Sherry Glied,Peter C. Smith,2011-04-07 This book provides an engaging comprehensive review of health economics with a focus on policy implications in the developed and developing world Authoritative but non technical it stresses the wide reach of the discipline across nations health systems and areas within health and medical care **Dually Eligible Beneficiaries** Linda F. Wolf,2000 **Community Health Nursing**

Karen Saucier Lundy,Sharyn Janes,2001 The book is designed to be used throughout the undergraduate nursing curriculum as well as in traditional community health nursing theory and clinical courses Ideal courses include Community Health Nursing Nursing Care III Nursing Care of the Community Community Nursing Clinical and Community Nursing Theory

Hearing to Review the Status of Scientific Information on Ergonomics United States. Congress. House. Committee on Education and the Workforce. Subcommittee on Workforce Protections,1997 **Employment and Health Benefits** Institute of Medicine,Committee on Employment-Based Health Benefits,1993-02-01 The United States is unique among economically advanced nations in its reliance on employers to provide health benefits voluntarily for workers and their families Although it is well known that this system fails to reach millions of these individuals as well as others who have no connection to the work place the system has other weaknesses It also has many advantages Because most proposals for health care reform assume some continued role for employers this book makes an important contribution by describing the

strength and limitations of the current system of employment based health benefits It provides the data and analysis needed to understand the historical social and economic dynamics that have shaped present day arrangements and outlines what might be done to overcome some of the access value and equity problems associated with current employer insurer and government policies and practices Health insurance terminology is often perplexing and this volume defines essential concepts clearly and carefully Using an array of primary sources it provides a store of information on who is covered for what services at what costs on how programs vary by employer size and industry and on what governments do and do not do to oversee employment based health programs A case study adapted from real organizations experiences illustrates some of the practical challenges in designing managing and revising benefit programs The sometimes unintended and unwanted consequences of employer practices for workers and health care providers are explored Understanding the concepts of risk biased risk selection and risk segmentation is fundamental to sound health care reform This volume thoroughly examines these key concepts and how they complicate efforts to achieve efficiency and equity in health coverage and health care With health care reform at the forefront of public attention this volume will be important to policymakers and regulators employee benefit managers and other executives trade associations and decisionmakers in the health insurance industry as well as analysts researchers and students of health policy

Policy Tools for Allocative Efficiency of Health Services Xingzhu Liu, 2003 This study is a result of trying to answer for the WHO the question Are there any policy tools that have been shown to improve the allocative efficiency of health care provision It does not simply tell policy makers which tools to take up but rather how to determine which ones are more likely to be feasible and effective given particular circumstances of political and administrative capacity knowledge on the part of both providers and consumers and other factors which affect whether a policy tool can be used and with what outcome

Managed Care and the Future of Long-term Care for the Frail Elderly Larry Polivka, Randa Robinson-Anderson, 1997

Understanding estimates of national health expenditures under health reform. , **Clearinghouse Review** , 1996 *Research Activities* , 2001 **Your Money And Your Health** Jordan Braverman, 2011-11-29 Do you know the difference between an HMO DHMO and a PPO Ever wondered if the extra cost of dental insurance will pay off in the long run How do you decide which physician is best for you The answers to these questions and more may be found in Braverman s encyclopedic guide to balancing health care with your budget written in clear understandable language this is an indispensable tool Real world frequently asked questions address issues with honest accurate advice The comprehensive glossary alone is worth the cover price as it unlocks the secrets of insurance speak MONSTERS and CRITICS COM Braverman s recommendations are well researched and sound They should be useful to all Americans regardless of their previous degree of knowledge about the healthcare system Readers who seek even more information will benefit from the supplementary directory of websites and addresses for various health related organizations In summary I highly recommend this book to anyone who wishes to make sense of America s healthcare system DENTON A

COOLEY MD President and Surgeon in Chief Texas Heart Institute Houston Texas Braverman who has a master's degree in public health aimed to produce a faithful portrait of consumer healthcare in the 21st century its progress its problems its questions and its answers Written for lay readers and organizational human resource department staff the result is invaluable owing to the large amount of ground covered LIBRARY JOURNAL Here is your roadmap to healthcare in the 21st century With over forty years of experience in directing health policy activities for such major organizations as the Blue Cross Association the American Pharmaceutical Association and Georgetown University's Health Policy Center author Jordan Braverman offers a wealth of knowledge on ten major areas of healthcare evaluating physicians and their care finding good dental care traditional private health insurance managed care Medicaid and Medicare surgery hospital stays nursing homes home and hospice care and prescription drugs Encyclopedic in scope yet designed for ease of use this definitive reference work will help you make intelligent decisions about your healthcare in respect to both quality of care and affordability This all in one sourcebook contains the following unique features Each chapter answers three questions How do I find evaluate and pay for health care services within my budget and lower my health expenses Includes a one of a kind index of health related Web sites and health organizations organized by chapter to provide additional information on specific topics Presents the latest cutting edge information on Medicare's new prescription drug program Health Maintenance Organizations HMOs Preferred Provider Organizations PPOs and other health programs new surgical rules you should be aware of before undergoing an operation purchasing prescription drugs from Canada and other foreign countries using the Internet for healthcare purchases and learning to spot scams from fraudulent health organizations Extremely useful for both individuals and organizations looking to purchase quality healthcare at affordable rates Your Money and Your Health is the ideal healthcare reference book for home or office Jordan Braverman MPH MSFS Washington DC after graduating from Harvard College received his Masters of Public Health from Yale University Medical School He has directed health policy activities with the Blue Cross Association Pharmaceutical Manufacturers Association and Georgetown University's Health Policy Center and has held healthcare consulting positions with EBS Management Consultants FMAS Corporation and DynCorp Corporation In addition Mr Braverman was managing editor of Topics in Health Care Financing and is the author of numerous books on healthcare including The Education of the Osteopathic Physician Health Maintenance Organizations Nursing Home

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In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is actually astonishing. Within the pages of "**Managed Care A Reprint From Health Care Financing Review**," an enthralling opus penned by a highly acclaimed wordsmith, readers attempt an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve in to the book is central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

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