

SB 456: Care Coordination

Talking Points

April 3, 2018



COMMUNITY HEALTH CENTER BACKGROUND

- Today, more than 1,300 community health centers serve the state of California, and provide comprehensive, high quality care to 6.5 million people – or 1 in 6 Californians.
- Community health centers are foundational to a strong health care system and economy in California.
- Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.
- In many rural communities throughout California, community health centers serve as the only source of medical and wellness care for middle- and working-class families in the region.

SENATE BILL 456

- Senate Bill 456 (Pan) allows FQHCs to participate in programs that promote wellness and care coordination, improve patient outcomes and reduce costs in Medi-Cal.
- The State of California and Federal Centers for Medicare and Medicaid Services (CMS) have both been investing heavily in programs that increase care management, such as 2703 health homes, Whole Person Care pilots, the Medicare Chronic Care Management program, the Hub and Spoke System for Medication Assisted Treatment, and county and Managed Care Organization (MCO)-based case management programs, among others.
- Without this bill, FQHCs who participate in these important Medi-Cal improvement programs could face after-the-fact recoupment of reimbursement provided under the program.
- Since FQHCs see XX million Medi-Cal patients, equally 1 out of every 6 Californians, the success of these programs depends on the ability of FQHCs to participate.
- FQHC services are paid as a bundled all-inclusive PPS rate that is designed to reflect all of the services that an FQHC furnishes. The FQHC PPS rate does not reimburse FQHCs for the non-face-to-face activities required to provide comprehensive, coordinated care management for high-needs beneficiaries with complex conditions.
- SB 456 will authorize a FQHC or RHC to participate in – and keep reimbursement for – care improvement programs such as Whole Person Care or the Diabetes Prevention Program that are NOT reimbursed through PPS.
- The bill simply clarifies that compensation paid to a FQHC or RHC in these programs would be supplemental to, and separate from, the FQHC's or RHC's prospective payment rate, and not subject to reconciliation or recoupment.

- **PROVIDE REAL LIFE EXAMPLE FROM YOUR HEALTH CENTER.**