



EAST LIBERTY FAMILY HEALTH CARE

C E N T E R

A Christian Ministry of Whole Person Healthcare

A Federally Qualified Health Center

providing quality, whole-person health care to all, especially the poor



Three locations:

East Liberty

6023 Harvard Street
Pittsburgh, PA 15206
(412) 661-2802

Lincoln-Lemington

7171 Churchland Street
Pittsburgh, PA 15206
(412) 361-8284

Hosanna House (dental care only)

807 Wallace Avenue
Pittsburgh, PA 15221
(412) 243-7711

www.elfhcc.org



**EAST LIBERTY
FAMILY HEALTH CARE**
C E N T E R
A Christian Ministry of Whole Person Healthcare

East Liberty Family Health Care Center is a Federally Qualified Health Center

What is a Federally Qualified Health Center (FQHC)?

Federally Qualified Health Center (FQHC) is a reimbursement designation in the United States, referring to several health programs funded under the **Health Center Consolidation Act** (Section 330 of the **Public Health Service Act**). Health programs funded include **Community Health Centers** which serve a variety of federally designated **Medically Underserved Area/Populations** (MUA or MUP).



FQHCs are community-based organizations that provide comprehensive **primary care** and **preventive care**, including **health, oral, and mental health/substance abuse** services to persons of all ages, regardless of their ability to pay.

FQHCs now bring primary health care to underserved, underinsured, and uninsured Americans.

FQHCs operate under a consumer Board of Directors governance structure and function under the supervision of the **Health Resources and Services Administration**, which is part of the **United States Department of Health and Human Services**. FQHCs were originally meant to provide comprehensive health services to the medically underserved to reduce the patient load on hospital **emergency rooms**.

Their mission has changed since their founding. They now bring primary health care to **underserved, underinsured and uninsured Americans**. They provide their services to all persons regardless of ability to pay, and charge for services on a community board approved **sliding-fee scale** that is based on patients' family income and size. FQHCs must comply with Section 330 program requirements.



In return for serving all patients regardless of ability to pay, FQHCs receive consideration from the Federal government in the form of a cash grant, cost-based reimbursement for their Medicaid patients, and free malpractice coverage under the **Federal Tort Claims Act** (FTCA).



**EAST LIBERTY
FAMILY HEALTH CARE
C E N T E R**
A Christian Ministry of Whole Person Healthcare

The History of Federally Qualified Health Centers (FQHCs)

The federal government launched the **Health Centers Initiative** to significantly increase access to primary health care services in 1,200 communities through new or expanded health center sites. Between 2001 and 2006, the number of patients treated at health centers increased by over 4.7 million, representing a nearly 50 percent increase in just five years. In 2006 the number of patients served topped the 15 million mark for the first time. In 2009, we had 39,934 patient encounters with 10,619 unduplicated persons.

Approximately two-thirds of health center patients are minorities, and 9 out of 10 have incomes below 200 percent of the federal poverty line. Four in 10 health center patients have no health insurance.

East Liberty Family Health Care Center became a FQHC in 2000. Our support has included:

YEAR	TOTAL BUDGET	Total Budget from the Health Center Consolidation Act (Section 330 of the Public Health Service Act)	Percentage of TOTAL BUDGET
Fiscal 00/01	\$3,149,487	\$ 540,500	17%
Fiscal 01/02	\$3,459,225	\$ 540,500	15%
Fiscal 02/03	\$4,376,424	\$ 903,500	20%
Fiscal 03/04	\$4,251,328	\$1,007,247	23%
Fiscal 04/05	\$4,587,844	\$1,023,264	22%
Fiscal 05/06	\$4,722,335	\$1,017,792	21%
Fiscal 06/07	\$5,399,434	\$1,026,000	19%
Fiscal 07/08	\$5,728,793	\$1,038,414	18%
Fiscal 08/09	\$6,559,603	\$1,038,414	15%
Fiscal 09/10	\$6,581,494	\$1,274,730	19%



East Liberty Office



Lincoln-Lemington Office



Hosanna House in Wilkinsburg
(dental office only)



Meeting FQHC Standards

We, and all other Federally Qualified Health Centers, meet the following standards:

NEED

1. **Needs Assessment:** Health center demonstrates and documents the needs of their target population, updating their service area, when appropriate.

SERVICES

2. **Required and Additional Services:** Health center provides all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
Note: Health centers requesting funding to serve homeless individuals and their families must provide substance abuse services among their required services.
3. **Staffing Requirement:** Health center maintains a core staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
4. **Accessible Hours of Operation/Locations:** Health center provides services at times and locations that assure accessibility and meet the needs of the population to be served.
5. **After Hours Coverage:** Health center provides professional coverage during hours when the center is closed.
6. **Hospital Admitting Privileges and Continuum of Care:** Health center physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health center must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
7. **Sliding Fee Discounts:** Health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient ability to pay.
 - This system must provide a full discount to individuals and families with annual incomes at or below 100% of the poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.
 - No discounts may be provided to patients with incomes over 200 % of the Federal poverty level.

FQHC Standards (continued)

8. **Quality Improvement/Assurance Plan:** Health center has an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and that maintains the confidentiality of patient records. The QI/QA program must include:
- a clinical director whose focus of responsibility is to support the quality improvement/assurance program and the provision of high quality patient care;
 - periodic assessment of the appropriateness of the utilization of services and the quality of services provided or proposed to be provided to individuals served by the health center; and such assessments shall:
 - be conducted by physicians or by other licensed health professionals under the supervision of physicians;
 - be based on the systematic collection and evaluation of patient records; and
 - identify and document the necessity for change in the provision of services by the health center and result in the institution of such change, where indicated.

MANAGEMENT AND FINANCE

9. **Key Management Staff:** Health center maintains a fully staffed health center management team as appropriate for the size and needs of the center.
10. **Contractual/Affiliation Agreements:** Health center exercises appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center program requirements.
11. **Collaborative Relationships:** Health center makes effort to establish and maintain collaborative relationships with other health care providers, including other health centers, in the service area of the center. The health center secures letter(s) of support from existing Federally Qualified Health Center(s) in the service area or provides an explanation for why such letter(s) of support cannot be obtained.
12. **Financial Management and Control Policies:** Health center maintains accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) and separates functions appropriate to organizational size to safeguard assets and maintain financial stability. Health center assures an annual independent financial audit is performed in accordance with Federal audit requirements, including submission of a corrective action plan addressing all findings, questioned costs, reportable conditions, and material weaknesses cited in the Audit Report.
13. **Billing and Collections:** Health center has systems in place to maximize collections and reimbursement for its costs in providing health services, including written billing, credit and collection policies and procedures.
14. **Budget:** Health center has developed a budget that reflects the costs of operations, expenses, and revenues (including the Federal grant) necessary to accomplish the service delivery plan, including the number of patients to be served.
15. **Program Data Reporting Systems:** Health center has systems which accurately collect and organize data for program reporting and which support management decision making.
16. **Scope of Project:** Health center maintains their funded scope of project (sites, services, service area, target population and providers), including any increases based on recent grant awards.

GOVERNANCE

17. **Board Authority:** Health center governing board maintains appropriate authority to oversee the operations of the center, including:
- holding monthly meetings;
 - approval of the health center grant application and budget;
 - selection/dismissal and performance evaluation of the health center CEO;
 - selection of services to be provided and the health center hours of operations;
 - measuring and evaluating the organization's progress in meeting its annual and long-term programmatic and financial goals and developing plans for the long-range viability of the organization by engaging in strategic planning, ongoing review of the organization's mission and bylaws, evaluating patient satisfaction, and monitoring organizational assets and performance; and
 - establishment of general policies for the health center.
18. **Board Composition:** The health center governing board is composed of individuals, a majority of whom are being served by the center and, who as a group, represent the individuals being served by the center. Specifically:
- Governing board has at least 9 but no more than 25 members, as appropriate for the complexity of the organization.
 - The remaining non-consumer members of the board shall be representative of the community in which the center's service area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
 - No more than one half (50%) of the non-consumer board members may derive more than 10% of their annual income from the health care industry.
19. **Conflict of Interest Policy:** Health center bylaws or written corporate board approved policy include provisions that prohibit conflict of interest by board members, employees, consultants and those who furnish goods or services to the health center.
- No board member shall be an employee of the health center or an immediate family member of an employee. The Chief Executive may serve only as an ex-officio member of the board.



**EAST LIBERTY
FAMILY HEALTH CARE**
C E N T E R
A Christian Ministry of Whole Person Healthcare

Dr. David Hall, *Medical Director*

Dr. Eileen Boyle, *Interim Executive Director*

Rev. Douglas Dunderdale, *Board Chair*