

**BASIC INFORMATION
COMMUNITY HEALTH CENTERS
COMMUNITY CLINICS & FEDERALLY QUALIFIED HEALTH CENTERS
FQHC BENEFITS AND BOARD OF DIRECTOR RESPONSIBILITIES**

Community Health Centers (Community Clinics/Federally Qualified Health Centers- FQHCs) are organizations that are non-profit, community based and operated under the authority of a Board of Directors, comprised of people who live or work in the community.

Benefits of a Community Clinic”

- Increased access to care for medically underserved individuals
- Access to the Vaccine for Children program
- Eligibility for various other federal grants and programs
- Enhanced Medicaid (Medi-cal) Reimbursement.

Benefits of an FQHC:

- Increased access to care for medically underserved individuals
- Higher level of enhanced Medicare and Medicaid reimbursement
- Medical malpractice coverage through the Federal Tort Claims Act (for 330 Grantees- FQHCs).
- Eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost through the 340B Drug Pricing Program
- Access to National Health Service Corps
- Access to the Vaccine for Children program
- Eligibility for various other federal grants and programs

What does the FQHC Board of Directors do and what are their responsibilities?

The FQHC Board of Directors is responsible for setting organizational policies, ensuring that the organization is community based, and that it is responsive to the needs of the population it serves. To ensure it is community based the Board membership is comprised of at least 51% of members who are active, registered FQHC clients.

The remaining board members may be from the community, but not active registered FQHC clients.

Board of Directors authority and responsibilities:

Maintains appropriate authority to oversee the operations of the FQHC:

- Establishing a strategic plan to meet the community’s needs and for the long-range viability of the organization.
- Develop and approve all general policies.

- Measuring and evaluating the progress in meeting annual and long-term programmatic and financial goals.
- Ongoing review of the organization's mission and by-laws, evaluating patient satisfaction, and monitoring organizational assets and performance.
- Holding monthly meetings.
- Approval of the FQHC grant application and budget.
- Selecting & Evaluating a Chief Executive Officer to whom is delegated the responsibility of the oversight for all the operations of the FQHC.

Mission of Community Health Centers includes:

- The mission to provide primary and preventive health services to underserved populations, while working with constrained resources;
- The imperative to maintain strong leadership, finances and infrastructure in order to adapt and survive the challenges of a transforming health care environment; and
- The delivery of high quality clinical services which have a demonstrated impact on health outcomes.

Summary of Key Health Center Program Requirements & Expectations – See Attached Document

**ORGANIZATIONAL POLICIES REVIEW
COMMUNITY HEALTH CENTER- COMPLIANT POLICIES
REVIEW SCHEDULE**

SEPTEMBER 2011

- 1. Interpreter's P & P**
- 2. Infection Control (General)**
- 3. Nondiscrimination Policy**
- 4. HIV/AIDS patient care protocols (General)**

**ORGANIZATIONAL POLICIES REVIEW
COMMUNITY HEALTH CENTER- COMPLIANT POLICIES
REVIEW SCHEDULE**

OCTOBER 2011

- 1. Governance Policies & Procedures/Recruitment**
- 2. Title 22 P & P**
- 3. Credentialing & Peer Review**
- 4. HIPAA**
- 5. Compliance Program (Standards & Conflict of Interest)**
- 6. Personnel**
- 7. Credentialing Verification Organization Agreement (NCQA-accredited CVO – third-party that provides primary and secondary source verification of licensure, education, malpractice and all other information required from Medi-Cal/Medicare, Office of Inspector General and the National Practitioner Data Bank on Licensed Independent and dependent practitioners.**
- 8. Resolutions**
 - a. Filing Application**
 - b. Selection of CEO & Administrator – Contract Authorization**
 - c. Review & Approval of FQHC-compliant Bylaws & Conflict of Interest Policy**
 - d. Review and Approval of Annual Budget**
 - e. Selection of Services and Hours of Operations**

NOVEMBER 2011

- 1. Financial/billing & collections**
- 2. CLINICAL Policies And Procedures**
 - a. Nursing**
 - b. Immunization**
 - c. Infection Control**
 - d. Patient Care Policies**
- 3. Quality Management**
- 4. Risk Management**
- 5. Medical Office**
- 6. Emergency Management/Disaster Program**

DECEMBER 2011

- 1. Administrative**
- 2. Front Desk**
- 3. Management Information Systems**
- 4. Medical Records**