

Federally Qualified Health Center Application

Requested Information	Response
<p>Any changes to the number of sites¹ intending to participate (List additional or deleted addresses, National Provider Identifier [NPIs], residing counties and addresses of all satellite sites under the selected prospective payments systems [PPS] rates):</p>	
<p>Any changes to the number of total Medi-Cal lives included in these sites:</p>	

Data Capabilities

Encounter Data Quality Requirements and Standards

Please check the item below that relays your ability to collect and submit encounter data that is in compliance with department requirements. This will include data for alternative patient contacts

(electronic, case manager, telehealth and face-to-face encounters by non-billable providers (e.g., nurse visits, pharmacy visits))

- Able to transmit encounter data as specified in provider contract with managed care plan(s)

Additional Items for Submission

- Please check here if you have a Health Plan/Federally Qualified Health Centers (FQHC) contract in place that allows for data sharing
- Attestation that all participating sites are in “good standing” with relevant State and federal authorities²
- Most recent audited financial statements

¹ All sites under each selected PPS must be included in the APM.

² Good standing defined as no corrective action plan with any of the following: State Medicaid Program (includes DHCS, A&I); Bureau of Primary Health Care, 330 Grant Program; and Medi-Cal Managed Care Plan(s).

FQHC APM
 Capitated Rates Development Division, MS 4413
 1501 Capitol Ave, Sacramento, CA 95814
 Email: FQHCAPM@dhcs.ca.gov

Internet Address: <https://www.dhcs.ca.gov/services/Pages/Federally-Qualified-Health-Centers-Alternative-Payment-Methodology-.aspx>

APM Strategy

Describe (in 250 words or less) how you envision participation in the Alternative Payment Model (APM) to transform your care delivery model and improve quality and health equity. What specifically will be different five years from now compared to today and how do you envision expanding the APM to all sites (if applicable)? Answers to subsequent questions should focus on specific changes aligned with this vision.

Experience with Strategic Practice Transformation

Describe (in 250 words or less) your top three goals for strategic practice transformation under this APM (e.g., implementing new team based care models, launching a community health worker [CHW] program, advancing value based payment models etc.). How does APM participation help you achieve these goals and what previous experiences/successes will you leverage to achieve them.

Additional Items for Submission

- Any certification (or certification in progress) by a nationally-recognized accrediting organization for patient-centered medical home (National Committee for Quality Assurance or The Joint Commission)
- A list of local and/or federal initiatives you have participated in that supported care transformation (e.g., performance improvement/care re-design efforts facilitated by organizations like the Center for Care Innovations, CMS Innovation Center, private foundations, or via engagement with performance improvement consultants) — indicate which initiatives were local, state-level, or national/international

Staffing Capacity

Describe (in 250 words or less), your current Federally Qualified Health Centers care team model/staffing ratios and how you envision them changing in the next five years to meet the APM/Practice Transformation strategic goals (changes in ratios, changes in types of staff/classifications hired, etc.). Include any challenges you foresee in achieving the necessary staffing, financial, recruitment-related, or otherwise.

Quality Improvement Infrastructure

Describe (in 250 words or less), your clinic's (or system's) current quality improvement infrastructure to improve Healthcare Effectiveness Data and Information Set/Uniform Data System or other quality measures — including who leads quality improvement activities (dedicated staff, clinical staff, etc.), what methods they use, how they integrate data (dashboards, process measures, data warehouse, and analytic capability) and how effective this approach has been. Specifically describe how you envision being able to meet the quality improvement targets described in the APM, in your three specific goals above, and past relevant successes. Include any challenges you see in continuous quality improvement.

Collaboration with Managed Care Organizations

Describe (in 250 words or less) how you currently collaborate with managed care organizations (MCOs) and the type of relationship you envision having to achieve the APM strategy. Specifically how do you envision collaborating to improve patient health (e.g., sharing pharmacy data, sharing enrollment/member data, sharing Emergency Department/hospitalization data, receiving regular performance reports from health plans, regular Joint Operating meetings, or meetings with health plan quality staff, etc.)?

Health Assessment Forms

Attach Health Plan Assessment Forms from all primary State of California Department of Health Care Services (DHCS) health plans you are contracted with, unless previously submitted (with or after submitting the LOI). **Please include one form letter for each Health Plan you are contracted with.** *The Health Plan Assessment Form for an FQHC not directly contracted with the primary DHCS health plan (i.e., they are participating with the health plan through an IPA affiliation) should be obtained from the plan/independent (individual) practice association (IPA) that has the closest relationship/contract with the FQHC.*

Organizational Commitment to Transforming Primary Care Practices

As evidenced by a letter of support signed by clinic leadership committing to the APM Strategy, Learning Community Participation, Quality Improvement Infrastructure, and Care Team Redesign.

Attach letter of support from CEO or CEO designee attesting to these items