

## Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are nonprofit, consumer-directed facilities or programs that provide care to the underserved and the uninsured. FQHCs qualify for enhanced reimbursement from Medicare and Medicaid, a medical malpractice insurance program and other benefits. FQHCs are receiving increased attention as the result of the President’s Health Center Initiative, a five-year \$2.2 billion plan to build 1,200 new health centers to accommodate 6 million new patients. This document provides an overview of FQHCs and lists a variety of resources for more information.

### Qualifying Facilities

FQHCs include all organizations receiving grants under section 330 of the Public Health Service (PHS) Act (sometimes referred to as “330 clinics.”) This section of the PHS Act defines federal grant funding opportunities for organizations to provide care to underserved populations. They may be:

- Community Health Centers (CHCs)
- Migrant Health Centers (MHCs)
- Health Care for the Homeless Programs
- Public Housing Primary Care programs
- Urban Indian and Tribal Health Centers

An FQHC Look-Alike organization is one which meets the requirements for a Section 330 grant but does not receive grant funding. For Look-Alike certification requirements and application procedures go to <http://bphc.hrsa.gov/chc/lookalikes.htm>.

The text of PHS Section 330 can be found at <http://www4.law.cornell.edu/uscode/42/254b.html>.

The Bureau of Primary Health Care (BPHC)/HRSA is responsible for the recommendation to the Centers for Medicare and Medicaid Services (CMS (formerly HCFA)) for designation as FQHCs. However, **CMS (formerly HCFA) has the final authority to designate applicants as FQHCs**. Organizations are recertified annually to assure compliance with regulations.

Midwives work in a variety of FQHCs, and in increasing numbers, as shown in this table from the National Association of Community Health Centers, Inc.

	FTEs	Encounters
2006	378.85	973,974
2005	365.41	895,281
2004	349.73	808,425
2003	333.16	751,502
2002	330.37	771,514

### **Services Provided**

FQHCs must provide “primary health services,” defined (by Section 330 of the PHS Act) as health services related to family medicine, internal medicine, pediatrics, obstetrics, or gynecology that are furnished by physicians and where appropriate, physician assistants, nurse practitioners, and *nurse midwives*.” Preventive services must include prenatal and perinatal services, screening for breast and cervical cancer, and voluntary family planning services. These services may be provided on site or by arrangement with another provider through contracts or cooperative arrangements.

### **Benefits of Being a FQHC**

In addition to receiving 330 grant funding, FQHC benefits include enhanced Medicare and Medicaid reimbursement, medical malpractice coverage through FTCA, ability to purchase reduced-cost medication, access to National Health Service Corps and other federal grants and programs.

### **Federal Tort Claims Act (FTCA)**

For more information about the medical malpractice insurance program for health centers created under the FTCA, see <http://bphc.hrsa.gov/risk/default.htm>.

### **Center for Medicare & Medicaid Services (CMS)**

The CMS website (<http://www.cms.hhs.gov/center/fqhc.asp>) provides extensive information about FQHCs. You may join their FQHC listserv to get the latest news from CMS.

### **Rural Assistance Center (RAC)**

RAC ([www.raconline.org/index.html](http://www.raconline.org/index.html)) is a national resource for rural health and human services information, providing customized assistance, such as web and database searches on rural topics and funding resources, linking users to organizations, and publications from the RAC resource library.

### **National Association of Community Health Centers (NACHC)**

National Association of Community Health Centers (NACHC) is the national trade association serving and representing the interests of Community, Migrant and Homeless Health Centers that provide health care to America’s poor and medically underserved. For nearly 40 years, they have been responsible for bringing doctors, basic health services and facilities into the nation’s neediest and most isolated communities. Health centers serve the working poor, the uninsured, as well as high-risk and vulnerable populations. Today, their programs in primary and preventive care serve over 15 million people in over 3600 communities - spanning urban and rural communities in all 50 states, the District of Columbia, and all territories. For more information, see [NACHC’s Health Center Fact Sheets](#) for a profile of health centers nationally and in every state at [www.nachc.com](http://www.nachc.com).

### **eMidwife Discussion List**

ACNM hosts eMidwife, group e-mail discussions that allow members to exchange information in a peer-to-peer forum. The lists remove geographical boundaries from member communication and allow colleagues on the various lists to share ideas, get information, and ask questions on important issues. A list has been created for midwives working in or interested in qualifying as a FQHC. See the ACNM home page for information on joining the list.

The ACNM “*QuickInfo*” series was developed by the Department of Professional Services to respond to common inquiries, summarizing ACNM resources regarding a particular topic, as well as listing selected literature and a variety of other resources. Your feedback is welcomed; contact [info@acnm.org](mailto:info@acnm.org) or 240-485-1840. Listing of other services and products does not imply endorsement by the ACNM. 5/17/04

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