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Bemidji Community Health Center Planning Grant

Planning Team Meeting

March 8, 2012

1:00 p.m. until 2:30 p.m.

PrimeWest Large Conference Room

Meeting Notes

Attendance: Susan Dobbelstein, Becky Secore, Jeanne Edevold Larson, Torry Swedberg, Ruth Sherman, Colleen Falk, Jean Larson, and Jes Conrad.

Project Consultant/Facilitator: Ashli Bowen

- **Craig Baarson, Reimbursement Fiscal Agent, MN Dept. of Health, Office of Rural Health and Primary Care presented to the planning team.**

Here are some key learnings from the presentation:

- Probably only 25 new access points will be available in 2013 budget
- FQHC receives support from both parties
- CHC are the most cost effective health care model in serving low income populations, they reduce ER visits, educate patients, focus on preventions, help make services accessible (evenings, weekends, same-day and walk-ins)
- FQHC challenges: reimbursing care managers who coordinate care, changing patient behavior, and recruiting providers
- Of the 117 million ER visits in 2007, about 8% were non-urgent
- In 2014, the Affordable Care Act will help expand Medicaid to include people with incomes at or below 133 percent of the federal poverty level. 200-230% of poverty will get a stipend to get insurance. Will eliminate 30% of hospital beds. Medicare payments will be changing – looking at caps, Healthcare Common Procedure Coding System, rates compared to costs...
- Working with Health Care Home to figure out FQHC sliding fee scale for those 200% above poverty
- FQHC or look-alikes can't bill for a Community Health Worker
- FQHC doesn't get enhanced reimbursement for MNCARE patients, but commercial insurance and Medicaid (MA) to pay higher reimbursement.
- Grant possibilities – HRSA network grant, Community Benefit Grants from local hospitals, USDA for buildings
- Need a good Electronic Medical Record system – EPIC
- Craig highly recommended us going for an FQHC because it provides the best access to care and there are no other models like it. Developing a FQHC is difficult and complicated, but once you receive the section 330 grant it is pretty easy to progress.



PRESENTATION AVAILABLE ONLINE:

<http://www.health.state.mn.us/divs/orhpc/conf/2011/presentations/4d1.pdf>