

## Federally Qualified Health Center (FQHC) Federal Requirements

FQHCs are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations.

### Per Federal Requirements, FQHCs must:

1. Demonstrate and document the needs of their target populations, updating their service areas, when appropriate.
2. Provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
3. Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
4. Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
5. Provide professional coverage during hours when the health center is closed.
6. Ensure their 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 centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
7. Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.
8. Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and maintains the confidentiality of patient records.
9. Maintain a fully staffed management team as appropriate for the size and needs of the center.
10. Exercise appropriate oversight and authority over all contracted services, including assuring that any sub-recipient(s) meets *Health Center Program Requirements*.
11. Make efforts to establish and maintain collaborative relationships with other health care providers, including other health centers in the service area of the health center.
12. Maintain accounting and internal control systems appropriate to the size and complexity of the organization to safeguard assets and maintain financial stability.
13. Have systems in place to maximize collections and reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures.
14. Develop annual budgets that reflect the cost of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plans.
15. Have systems which accurately collect and organize data for program reporting and which support management decision-making.
16. Maintain their funded scope of project (sites, services, service area, target population, and providers).
17. Ensure governing boards maintain appropriate authority to oversee operations.
18. Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
19. Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Source: Summary of Health Center Program Requirements. (July 2011). Bureau of Primary Health Care, Health Resources and Services Administration. <http://bphc.hrsa.gov/about/requirements/hcpreqs.pdf>