





# Referral Partnership Tips

# Practical Tips for Successful Hospital/FQHC/FQHC look-a-like/Free and Charitable Clinic (FCC) Referral Partnership

PA 102-0581 includes a change to the Hospital Uninsured Patient Discount Act (HUPDA) that seeks to improve access to non-emergency hospital-based care for uninsured individuals referred to a hospital by a community-based primary care provider. This includes screening patients for public health insurance programs and providing the opportunity to apply for hospital financial assistance at the same time when hospital services are scheduled for the uninsured patient.

In the Act, community-based primary care includes Federally Qualified Health Centers (FQHCs), FQHC look-alikes, and Free and Charitable Clinics (FCCs).

This provision takes effect January 1, 2022.



### Values of a Partnership/Collaboration

- Improving health outcomes through connected community members by offering the right type of care at the right time, in the right setting.
  - » This includes referrals to hospitals for nonemergency services but also to FQHCs/FCCs for hospital patients who could benefit from community-based primary and follow-up care.
- Providing person-centered care and improving the health care experience through coordination and communication between hospitals, FQHCs, and FCCs.
- Creating efficiencies and cost-savings for hospitals, FQHCs, and FCCs by working collaboratively on financial assistance screenings, applications, and document collection.

#### Establish a Relationship

It should be no surprise that establishing and maintaining a strong partnership is a key component of successful referrals. Hospitals, FQHCs, and FCCs are encouraged to build these relationships, if they do not already exist.

A list of hospital/FQHC/FCC directories and contacts can be found on the next page. In many cases, you may want to connect with more than one site, based on service area and referral volumes.

Once a connection is in place, consider the following:

- Establish a designated contact at your site and at the site(s) you are working with. This can help more effectively streamline questions and communications about the referral and any necessary follow up.
  - » At a hospital, this could be someone from finance/patient accounts, or the particular service line/specialty.
  - » At the FQHC/FCC, this may include patient navigation, population health, community partnerships, or staff who are dedicated to referring patients for health care or other resources, clinic outreach, or patient screening/intake.
- Consider establishing a specific email/fax number/online portal to allow for secure sending and receiving of information between the hospital, FQHCs, and/or FCCs.

#### Hospitals:

https://data.illinois.gov/dataset/410idph\_hospital\_directory

#### Federally Qualified Health Centers:

https://www.findahealthcenter.hrsa.gov

Contact: Amber Kirchhoff, Director of State Public Policy & Governmental Affairs, Illinois Primary Health Care Association

akirchhoff@iphca.org

#### Free and Charitable Clinics:

https://www.illinoisfreeclinics.org/clinic-search/clinic-directory/

Contact: Melissa Maguire, Executive Director, Illinois Association

of Free and Charitable Clinics

executivedirector@illinoisfreeclinics.org

or 312-863-1780



#### **Share Information and Resources**

Most FQHCs and FCCs have robust and thorough processes in place to screen for and enroll eligible uninsured patients into Medicaid, Marketplace, or other available options for health insurance coverage. Hospitals can leverage the effort of FQHCs and FCCs in their own processes to screen uninsured patients for hospital financial assistance programs. Consider the following:

- Share the hospital's financial assistance policy and financial screening process with FQHC and FCC partners.
- Cross-train hospital, FQHC and/or FCC staff on the screening and enrollment processes and use this to discuss opportunities
  for alignment, including but not limited to documentation required for applications and ways to leverage the established
  relationship that patients may have with the FQHC or FCC.
  - » In some cases, an FQHC or FCC may have an eligibility threshold at or below a hospital's free care threshold; in these situations, a hospital may want to consider automatically designating that referral in meeting the hospital's charity care policy or creating "presumptive eligibility" for these patients.
- Partners should determine how and what documents should be shared for record-keeping/auditing purposes. Doing this in a
  way that doesn't require the patient to resubmit the same documents to various parties can improve the process for patients
  and their families.
- Consider having the FQHC or FCC make the initial referral appointment for the patient to ensure that hospital patient registration and financial status is applied accurately from the start.
  - » In addition to notifying and connecting with the referred patient, a hospital may also consider sending notifications regarding application processing or status updates to the FQHC or FCC (in compliance with HIPAA or other related privacy rules and regulations) to help facilitate any follow up or need for additional documentation, etc.

## **Additional Suggestions**

- Hospitals could consider creating a designated code in the billing system to indicate that a patient is a FQHC/FCC referral and use this process to suppress bills.
  - » This could include developing a specific identification card or letter that qualified patients can present to hospital registration.
- Once a patient is determined eligible for hospital financial assistance, hospitals could consider allowing that designation to
  extend for six months to a year, so the patient does not need to be re-evaluated at subsequent
  visits within a set period of time. For patients who have ongoing treatment needs, this can be a significant
  stress reliever and patient satisfier.
- Hold regular meetings between hospitals, FQHCs, and/or FCC staff who will participate in the referral process that focus on reviewing progress, troubleshooting any challenges, and sharing the number and types of referrals.
- Consider having organization leadership participate on boards or advisory groups of the partner institution to further enhance coordination and strengthen relationships.