

Medicare Access to Community Health Centers (MATCH) Act

America's health centers provide care to more than one million medically underserved Medicare beneficiaries. The Medicare Federally Qualified Health Center (FQHC) program was created in 1990 to ensure that America's medically underserved populations have access to a number of services, including Medicare-covered preventive and primary health care benefits. To ensure that health centers were not forced to subsidize Medicare payments with federal grant dollars Congress required centers to be paid at a rate that guaranteed they would not lose money serving Medicare patients.

In 1992, regulations established a cap on Medicare FQHC payments¹. This cap² has not been reviewed since its implementation 15 years ago, even though new costly services have been added to the Medicare program over the past decade. Based on a 2003 NACHC analysis on the affects of the cap, the payment cap adversely affects nearly 75% of all FQHCs. The average health center loss was \$85,000 and total health center losses exceeded \$51 million. Congress recognized this issue and provided health centers with an increase in the payment cap which provides health centers with much needed relief in the Medicare Improvements for Patients and Providers Act of 2008. Additionally, the law mandates that the Government Accountability Office review the current payment structure. The MATCH Act would be a permanent fix for this ongoing problem.

The MATCH Act (H.R. 1643 / S. 648)

The MATCH Act updates and improves the Medicare FQHC payment structure by doing the following:

- **Establishes a new Medicare payment mechanism** for FQHCs modeled after the successful Medicaid FQHC Prospective Payment System (PPS) and the newly established PPS within the Children's Health Insurance Plan (CHIP). The new payment mechanism would set an initial payment based on a two year average of a health center's reasonable costs for providing care. It also directs CMS to develop an appropriate annual update method for FQHCs which will help ensure that health centers continue to be appropriately reimbursed for their care of Medicare beneficiaries.
- **Updates the FQHC benefit to include all Medicare services.** Over the last 15 years, Medicare has expanded its coverage to include additional preventive services; however, these services are not appropriately reimbursed when administered at an FQHC. Congress took the first step in the Deficit Reduction Act of 2005 by adding Diabetes Self Management Therapy and Medical Nutrition Therapy to the list of FQHC services. The legislation would add remaining preventive services including: mammograms, pap smears, colorectal and prostate cancer screenings, glucose monitoring and bone mass measurement.

To cosponsor this important legislation, or to learn more about the MATCH Act, please contact **Michaeleen Crowell with Rep. Lewis, Andrea Uckele with Rep. Emerson, Frederick Isasi with Sen. Bingaman or Bill Pewen with Sen. Snowe.**

¹42 C.F.R. § 405.2468(e).

²In 2008 the cap is \$100.96 for rural FQHCs and \$117.41 for urban FQHCs