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525 Clinton Street, Bow, NH 03304

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Federally Qualified Health Center and Primary Care Association - 101












Presentation to the House Committee on Health Care


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Bi-State Primary Care Association
January 25, 2023

Where We Serve

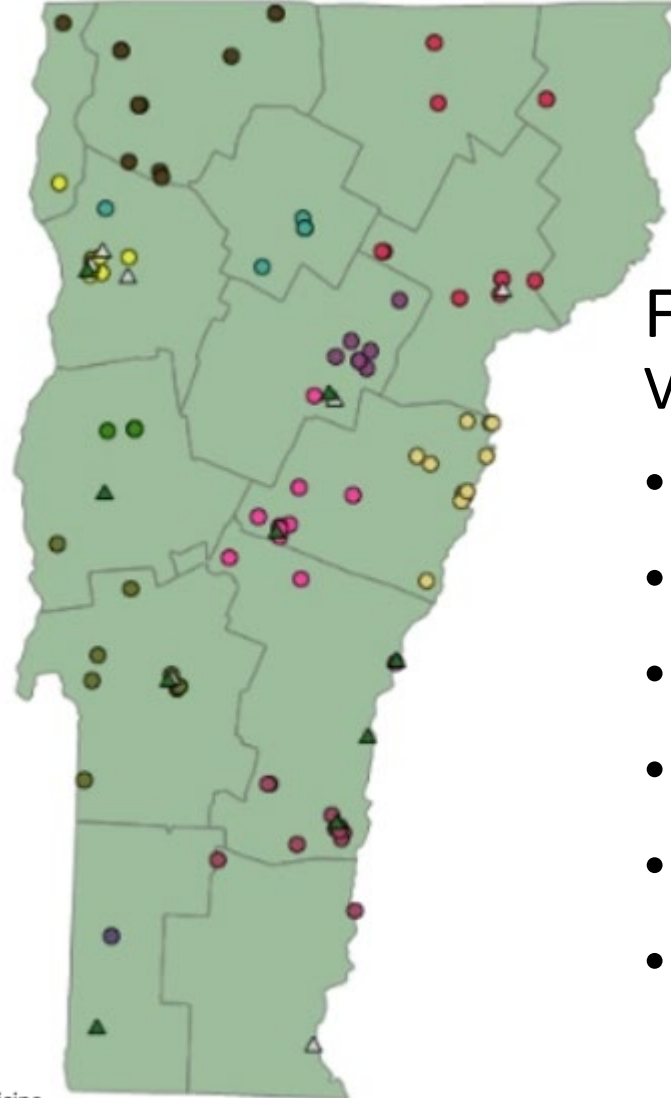
VERMONT

Organization (Circles)

-  Battenkill Valley Health Center (FQHC)
-  Community Health Centers of Burlington (FQHC)
-  Community Health (FQHC)
-  Gifford Health Care (FQHC)
-  Lamoille Health Partners (FQHC)
-  Little Rivers Health Care (FQHC)
-  Mountain Health Center (FQHC)
-  Northern Counties Health Care (FQHC)
-  Northern Tier Center for Health (FQHC)
-  North Star Health (FQHC)*
-  The Health Center (FQHC)

 Planned Parenthood of Northern New England

 Vermont Free & Referral Clinics



FQHCs offer services in every Vermont county, **across 73 sites**

- Primary care
- Mental health
- Substance use disorder treatment
- Oral Health
- School-based services
- Reproductive health

*North Star Health has a location in New Hampshire: Charlestown Family Medicine.

*Vermont Free & Referral Clinics has a location in New Hampshire: Good Neighbor Health Clinic.

Federally Qualified Health Centers

- Safety net providers to communities with scarcity of providers and services, including rural regions
 - Must participate in Medicaid and serve all individuals regardless of ability to pay or insurance status
 - Provide a sliding fee scale for uninsured and underinsured individuals up to 200% FPL
- Integrated Care with access to:
 - Primary care
 - Mental health
 - Substance use disorder treatment
 - Oral health
 - Reproductive health
- Community-based and patient-directed organizations
 - Deliver comprehensive, culturally competent, high-quality primary health care services
 - Provide non-clinical **enabling services** to increase access to care, such as transportation, translation, and case management.
 - Provide mobile and school-based programs
 - Focus on most vulnerable individuals and families, including agricultural workers, residents of public housing, veterans, and those experiencing homelessness.
- Participate in Blueprint for Health, Hub and Spoke, and OneCare Vermont

Medicaid Funding – Set in Federal Statute

Excerpt from CMS State Medicaid Manual:

6303. FEDERALLY QUALIFIED HEALTH CENTER AND OTHER AMBULATORY SERVICES PAYMENT

Pay 100 percent of the costs which are reasonable and related to the cost of furnishing Federally Qualified Health Center (FQHC) services and other ambulatory services defined in §1905(a)(2)(C) of the Social Security Act. The State payment system may utilize prospectively determined payment rates or may pay interim rates subject to reconciliation at the end of a cost reporting period. Irrespective of the type of payment method utilized, the State must determine and assure that the payments are based upon, and cover, the reasonable costs of providing services to Medicaid beneficiaries. Such costs cannot exceed the reasonable costs as determined by the applicable Medicare cost reimbursement principles set forth in 42 CFR Part 413. Other standards of reasonableness will be developed through regulation. Additional information will be provided when regulations are published in the Federal Register.

This is in accordance with §6404 of the Omnibus Budget Reconciliation Act of 1989, P.L. 101-239, which amends §1902(a)(13)(E) of the Social Security Act.

Vermont Medicaid Funding

- Cost-based encounter rate for FQHC Medicaid-covered services
 - Vermont Medicaid FQHC rates include primary care, ambulatory care, and mental health services
 - Dental is covered separately through an annual cost-based reconciliation
- Federal statute requires that, at a minimum, the encounter rate be increased annually by the Medicare Economic Index (MEI) inflation factor

Current Status

- *Current Medicaid encounter rates do not come close to the cost of providing Medicaid-covered services.*
 - *2021 reimbursement gap calculated to be over \$14 million dollars for Vermont's FQHCs*

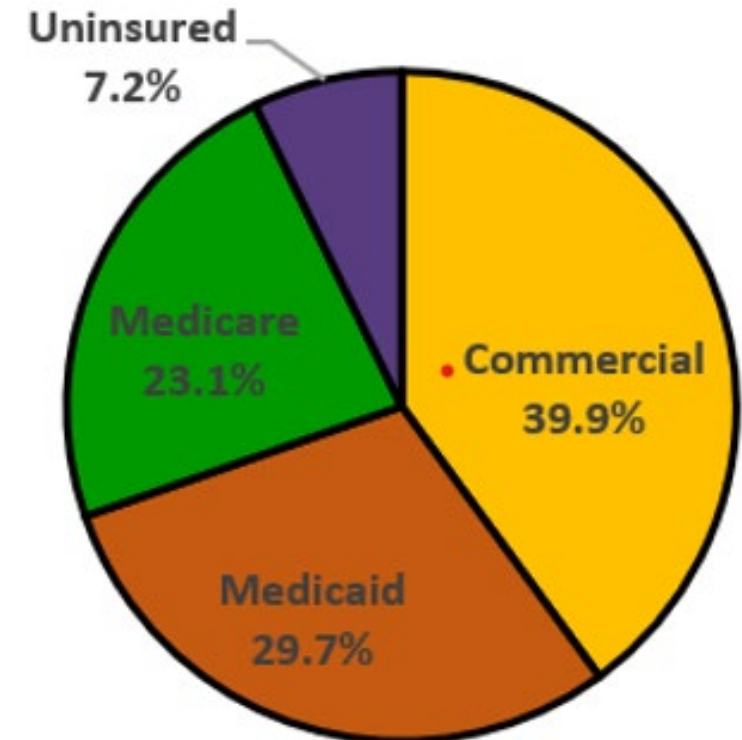
Medicaid Budget Adjustment Act Request

- FY2023 Budget Adjustment Act Increase (Item 11 in DVHA's Budget Presentation) **currently** uses the **CY2022 2.1% MEI**.
- Bi-State **requests** the Legislature use **CY2023 3.8% MEI** for the annual FQHC rate increase.
 - Would increase the BAA request from \$324,000 to \$586,287
 - An increase of \$262,287

Who We Serve in Vermont

- FQHCs...
 - Served over **184,000 patients** in Vermont.
 - Conducted over **711,000 patient visits**.
- PPNNE serves over 16,000 Vermonters annually
- Free and Referral Clinics serve over 10,000 Vermonters annually

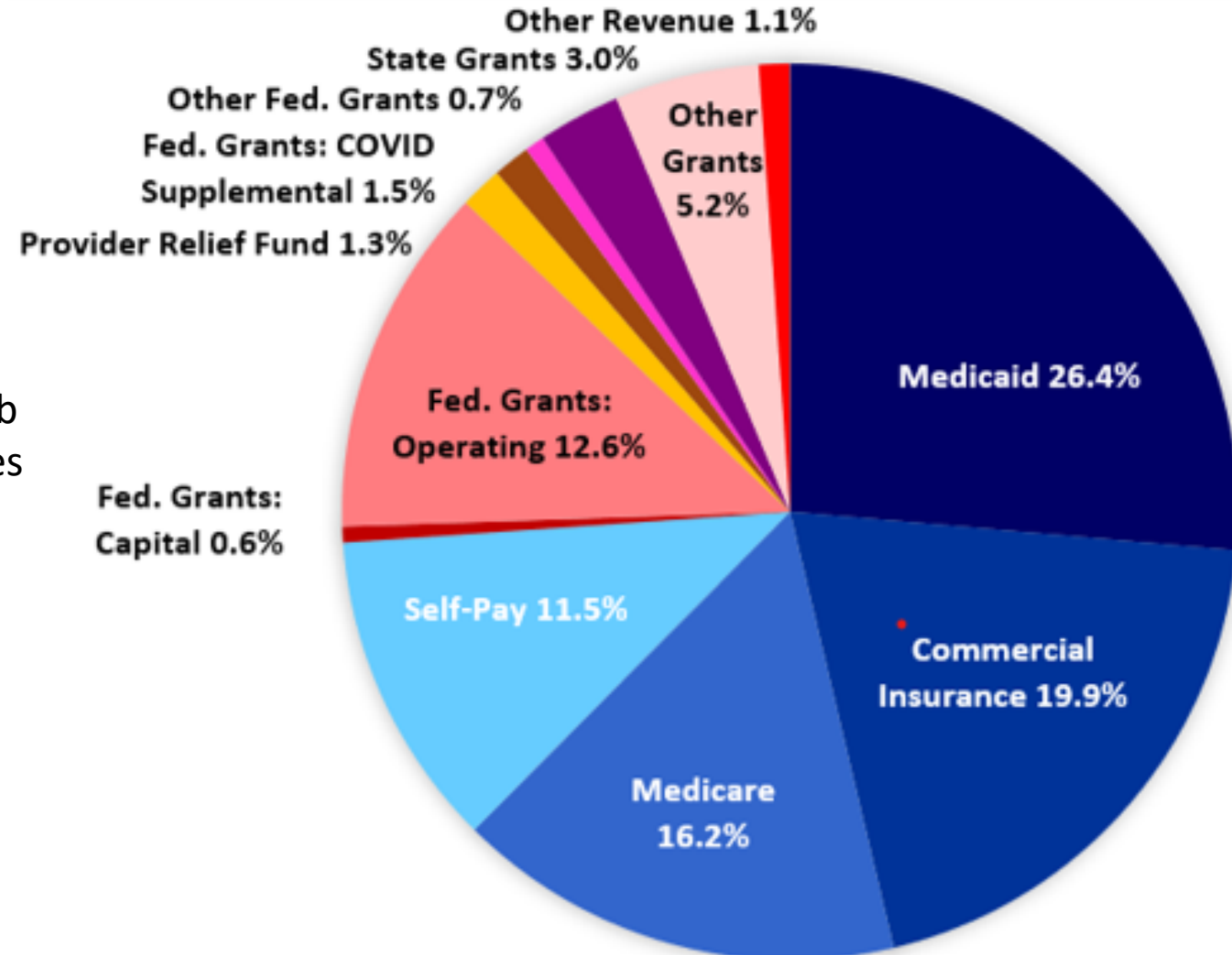
FQHC Patients by Payer in 2021



2021 UDS Data

Funding Sources

- Federal FQHC grants (330 grant) awarded based on competitive national application process.
- Medicare and Medicaid FQHC reimbursement is a prospective encounter rate.
- FQHCs bill commercial insurers similar to other primary care practices.
- Funding from the 330 grants and saving through 340b program allow FQHCs to offer comprehensive services regardless of ability to pay or insurance status



Accountability

- FQHCs must meet strict program, performance, and accountability standards. Over 90 additional regulations are connected to FQHC status.
- HRSA conducts site visits every three years for in-depth review of compliance.

What is a Primary Care Association?

- State or regional nonprofit organizations that provide training and technical assistance to improve programmatic, clinical, and financial performance.
- Bi-State PCA, formed in 1986, represents 27 member organizations across NH and VT
 - Members include FQHCs, Free and Referral Clinics, Planned Parenthood of Northern New England
- What we do:
 - Training and technical assistance to support Vermont FQHCs to comply with federal regulations and provide high quality care
 - Workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants through the **Bi-State Recruitment Center**
 - Work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.
 - Support for data management and analytics
 - Identify ways to strengthen ties between health care and access to nutritional food.

Questions?

References:

Bi-State Source Book: <https://bistatepca.org/wp-content/uploads/2023/01/2023-Vermont-Primary-Care-Sourcebook.pdf>

Bi-State Public Policy Priorities: <https://bistatepca.org/wp-content/uploads/2023/01/2023-VT-Public-Policy-Principles-and-Priorities-1.pdf>

Contact Information:

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Reference slides: Districts Served by Bi-State Members

Legislators by Alphabetical Order

Bi-State's Vermont Member Legislative Representatives List

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Representative Joseph Andriano (D) Addison-Rutland
Community Health
Mountain Health Center

Representative Julia Andrews (D) Chittenden-25
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Representative Peter Anthony (D) Washington-3
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Representative John Arrison (D) Windsor-2
North Star Health

Representative Angela Arsenault (D) Chittenden-2
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Representative Sarah "Sarita" Austin (D) Chittenden-19
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Northern Tier Center for Health

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Representative Daisy Berbeco (D) Chittenden-21
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