



Vermont Primary Care Sourcebook

January 2015

About Bi-State Primary Care Association

Bi-State Primary Care Association
Introduction and Overview
Sharon M. Winn, Esq., MPH
Director, Vermont Public Policy
(802) 229-0002, x 218

About Bi-State Primary Care Association

Mission

Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

Vision

Healthy individuals and communities with quality health care for all.

What we do

Established in 1986, Bi-State Primary Care Association, serving Vermont and New Hampshire, is a nonprofit, 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Bi-State members include Federally Qualified Health Centers, Community Health Centers, Rural Health Clinics, private and hospital-supported primary care practices, Community Action Programs, Health Care for the Homeless, Area Health Education Centers, Clinics for the Uninsured, and social service agencies.

Bi-State's nonprofit Recruitment Center provides workforce assistance and candidate referrals to Federally Qualified Health Centers, Rural Health Clinics, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The Recruitment Center focuses on the recruitment and retention of primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

Bi-State is a resource for employers and candidates regarding the eligibility requirements and availability of recruitment incentive programs such as state educational loan repayment, National Health Service Corps programs and "Conrad State 30." (Conrad State 30 allows the Vermont Department of Health to sponsor a certain number of international medical graduates each year for the waiver of the two-year home residency requirement of the physician's J1 visa.)

With offices in Vermont and New Hampshire, Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

Bi-State Primary Care Association
(802) 229-0002

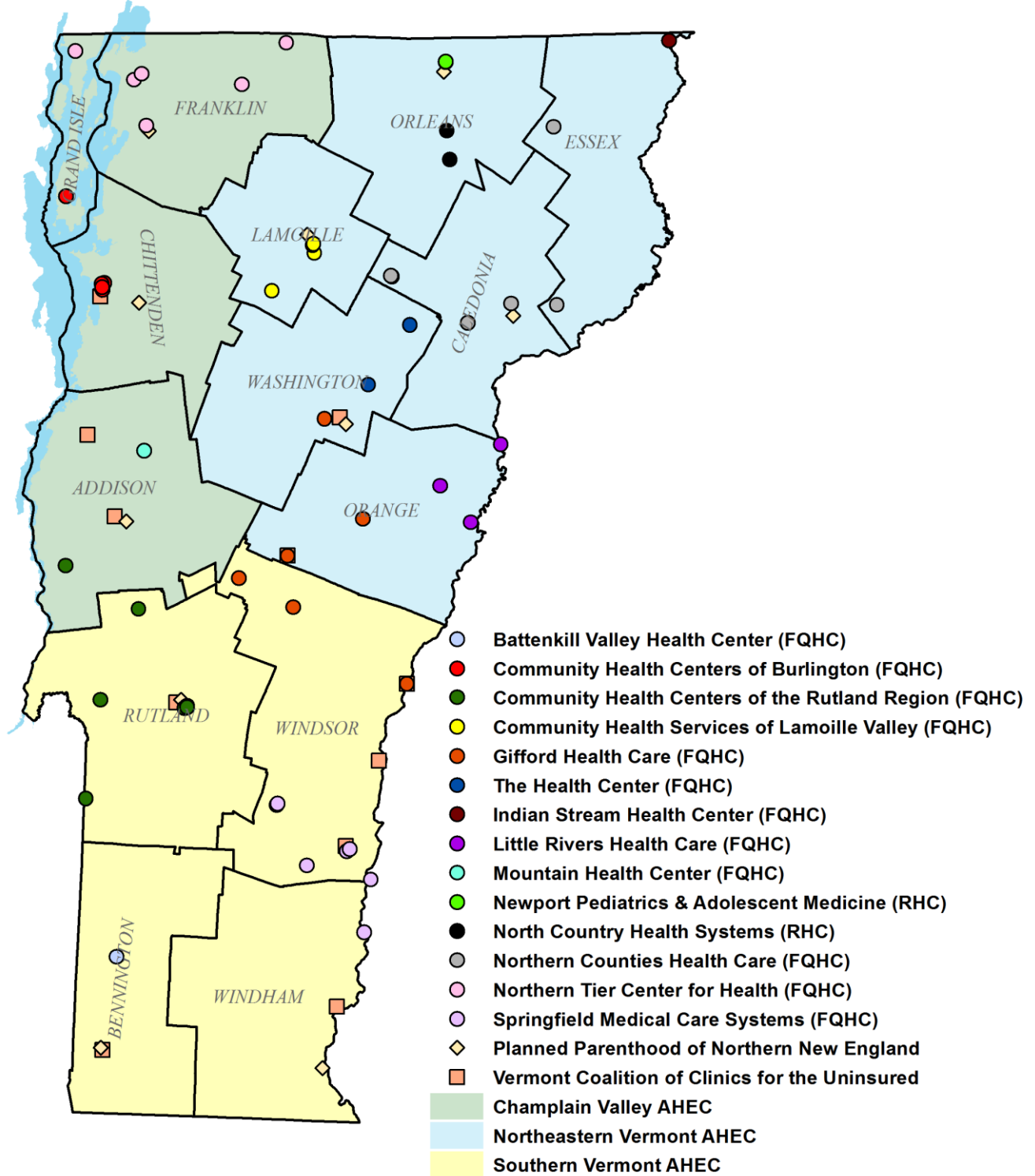
61 Elm Street, Montpelier, VT 05602
www.bistatepca.org

Increase Access

Manage Cost

Improve Quality

Bi-State Primary Care Association Membership Map



Please note some sites overlap due to similar street addresses. Additionally, one SMCS practice is located in Charlestown, NH.

01/2015



January 2015

Bi-State Primary Care Association's 82 Vermont Member Sites

Battenkill Valley Health Center

(FQHC)

1. Battenkill Valley Health Center

Community Health Centers of Burlington

(FQHC)

1. Keeler Bay Health Center
2. Riverside Health Center*
3. H.O. Wheeler School (school-based)*
4. Pearl Street Youth Health Center
5. Safe Harbor Health Center*

Community Health Centers of the Rutland Region

(FQHC)

1. Brandon Medical Center
2. Castleton Family Health Center
3. CHCRR Pediatrics
4. Mettowee Valley Health Center
5. Rutland Community Health Center
6. Shorewell Community Health Center
7. CHCRR Community Dental*

Community Health Services of Lamoille Valley

(FQHC)

1. Behavioral Health & Wellness Center
2. Morrisville Family Health Care
3. Community Dental Clinic*
4. Stowe Family Practice
5. Appleseed Pediatrics

Gifford Health Care

(FQHC)

1. Bethel Health Center
2. Chelsea Health Center
3. Gifford Health Center at Berlin
4. Gifford Primary Care
5. Rochester Health Center
6. Twin River Health Center

The Health Center

(FQHC)

1. The Health Center Main Site*
2. Cabot Health Services (school-based)
3. Ronald McDonald Dental Care Mobile*

Little Rivers Health Care

(FQHC)

1. LRHC at Bradford
2. LRHC at East Corinth
3. LRHC at Wells River
4. Clara Martin Center
5. Valley Vista

Mountain Health Center

(FQHC)

1. Mountain Health Center
2. Mountain Health Center Annex

Newport Pediatrics & Adolescent Medicine

(RHC)

1. Newport Pediatrics

North Country Health Systems

(RHC)

1. The Barton Clinic
2. Community Medical Associates
3. Family Practice of Newport
4. North Country OB/GYN Services
5. Orleans Medical Clinic

Northern Counties Health Care

(FQHC)

1. Concord Health Center
2. Danville Health Center
3. Hardwick Area Health Center
4. Island Pond Health & Dental Center*
5. The St. Johnsbury Community Health Center
6. Northern Counties Dental Center*

Northern Tier Center for Health

(FQHC)

1. Alburg Health Center
2. Enosburg Health Center
3. NCSS Health Center
4. Richford Health Center
5. St. Albans Health Center
6. Swanton Health Center
7. NoTCH Dental Clinic*
8. Richford Dental Clinic*

Planned Parenthood of Northern New England

(Women's Health Services)

1. Barre Health Center
2. Bennington Health Center
3. Brattleboro Health Center
4. Burlington Health Center
5. Hyde Park Health Center
6. Middlebury Health Center
7. Newport Health Center
8. Rutland Health Center
9. St. Albans Health Center
10. St. Johnsbury Health Center
11. Williston Health Center

Springfield Medical Care Systems

(FQHC)

1. Chester Family Medicine
2. The Ludlow Health Center
3. Rockingham Medical Group
4. Springfield Health Center
5. The Women's Health Center of Springfield
6. The Ludlow Dental Center*
7. Charlestown Family Medicine (NH)

Vermont Coalition of Clinics for the Uninsured (Free Clinics)

1. Bennington Free Health Clinic
2. Good Neighbor Health Clinic and Red Logan Dental Clinic*
3. Health Assistance Program at Fletcher Allen Health Care
4. Health Connections at Gifford Medical Center
5. The Open Door Clinic
6. People's Health & Wellness Clinic
7. Putney Walk-In Clinic
8. Rutland Free Clinic*
9. Valley Health Connections
10. Windsor Community Clinic



House Committee on Health Care

Rep. William J. Lippert (D) Chittenden-4-2, Chair

Health Center:

- I. Community Health Centers of Burlington
Jack Donnelly, MBA, CEO
617 Riverside Avenue, Burlington, VT 05401
(802) 264-8149
jdonnelly@chcb.org

Rep. Christopher Pearson (P) Chittenden-6-4, Vice Chair

Health Center:

- I. Community Health Centers of Burlington
Jack Donnelly, MBA, CEO
617 Riverside Avenue, Burlington, VT 05401
(802) 264-8149
jdonnelly@chcb.org

Rep. Anne B. Donahue (R) Washington-1, Ranking Member

Health Center:

- I. The Health Center
John Matthew, M.D., Director
P.O. Box 320, Plainfield, VT 05667
(802) 454-8336

Rep. Robert Bancroft (R) Chittenden-8-3

Health Center:

- I. Community Health Centers of Burlington
Jack Donnelly, MBA, CEO
617 Riverside Avenue, Burlington, VT 05401
(802) 264-8149
jdonnelly@chcb.org

Rep. Timothy Briglin (D) Windsor-Orange-2

Health Center:

- I. Gifford Health Care
Joseph Woodin, President/CEO
44 S. Main St, PO Box 2000, Randolph, VT 05060
(802) 728-2304
jwoodin@giffordmed.org

Rep. Leigh Dakin (D) Windsor-3-1

Health Center:

- I. Springfield Medical Care Systems, Inc.
Timothy Ford, CEO
25 Ridgewood Road, Springfield, VT 05156
(802) 885-2151
TFord@springfieldmed.org

Rep. Doug Gage (R) Rutland-5-4

Health Center:

- I. Community Health Centers of the Rutland Region

Grant Whitmer, Executive Director
215 Stratton Rd, Rutland, VT 05701
(802) 773-3386 ext. 2081
GWhitmer@chcrr.org

Rep. Kiah Morris (D) Bennington 2-2

Health Center:

1. Battenkill Valley Health Center
Grace Gilbert Davis
9 Church St., Arlington, VT 05250
(802) 430-7269
gracegilbertdavis@bvhcvt.com

Rep. Avram Patt (D) Lamoille-Washington

Health Center:

1. Community Health Services of Lamoille Valley
Kevin Kelley, CEO
66 Morrisville Plaza, PO Box 749,
Morrisville, VT 05661
(802) 851-8607
kkelley@chslv.org
2. The Health Center
John Matthew, M.D., Director
P.O. Box 320, Plainfield, VT 05667
(802) 454-8336

Rep. Paul N. Poirier (I) Washington-3

Health Center:

1. Planned Parenthood of Northern New England, Barre Health Center
Meagan Gallagher, President/CEO
183 Talcott Road, Suite 101, Williston, VT 05495
(802) 448-9778
meagan.gallagher@ppnne.org
2. Vermont Coalition of Clinics for the Uninsured, People's Health and Wellness Clinic
Lynn Raymond-Empy, Director
PO Box 655, Bellows Falls, VT 05101
(802) 732-8253
vccu@comcast.net

Rep. Mark Woodward (D) Lamoille-2

Health Centers:

1. Community Health Services of Lamoille Valley
Kevin Kelley, CEO
66 Morrisville Plaza, PO Box 749,
Morrisville, VT 05661
(802) 851-8607
kkelley@chslv.org
2. Northern Counties Health Care
Patrick Flood, CEO
165 Sherman Drive, St. Johnsbury, VT 05819
(802) 748-9405 ext. 1519
patrickf@nchvt.org

Bi-State Member Health Centers and Clinics Provide Care to 1 in 3 Vermonters

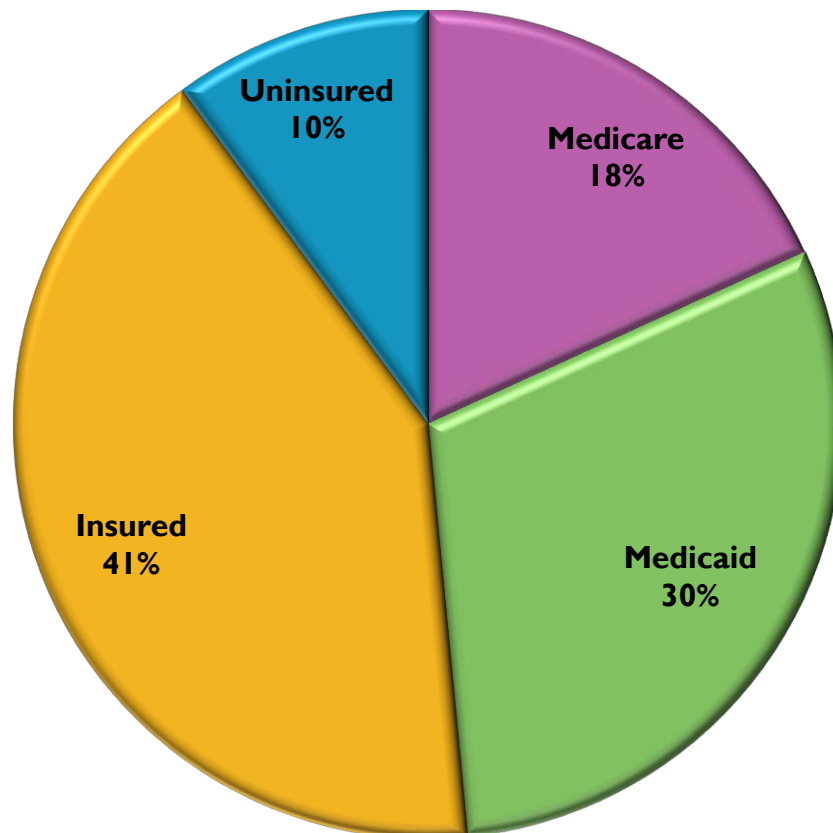
Bi-State Vermont Members Include:

- 11 Federally Qualified Health Centers
- 9 Rural Health Clinics
- 11 Planned Parenthood of Northern New England Clinics
- 10 clinics for the uninsured, and
- The Area Health Education Center Network

These health centers and clinics served as a medical home for more than 193,000 patients who made more than 730,000 visits in 2013.¹ This includes:

- 52% of Vermont Medicaid enrollees²
- 34% of Vermont Medicare enrollees
- 47% of uninsured Vermonters

Bi-State Members' Coverage Status Mix:



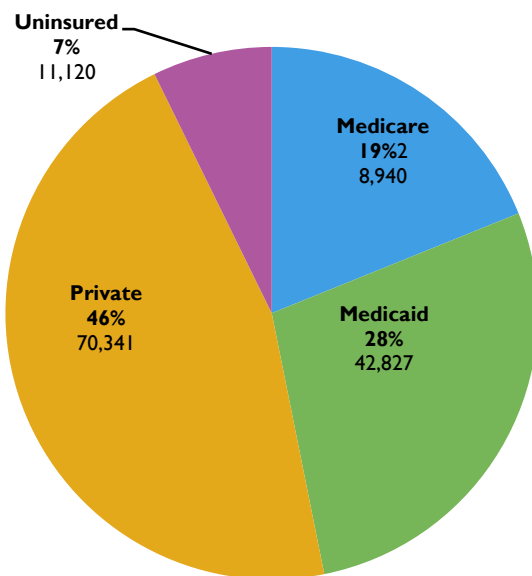
¹ 2013 UDS Roll-Up Report; self-reported data for non-FQHCs

² Data is based on the 2012 DFR VT Household Health Insurance Survey

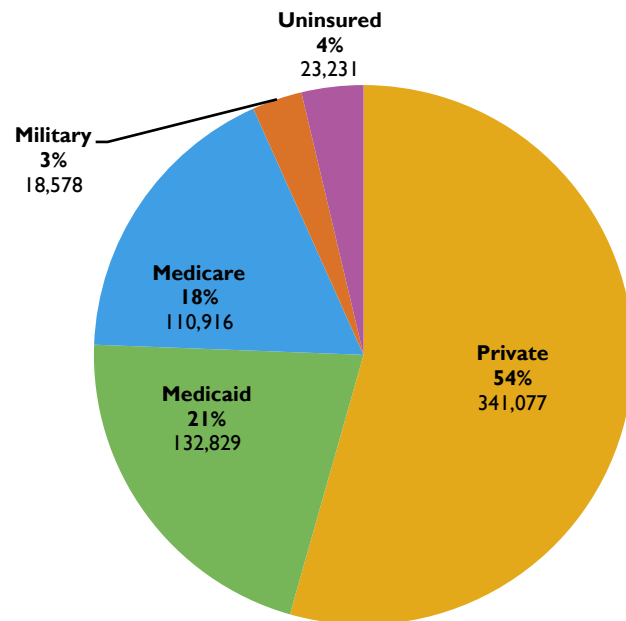
Federally Qualified Health Centers Provided Primary Care to 153,000+ Vermonters in 2013

- Vermont's 11 FQHCs saw **153,280** individual patients in 2013. Collectively, those patients made **618,041** visits to the FQHCs.¹
- From 2011 through 2013, Vermont FQHCs served as a medical home for more than **196,000** Vermonters.²

FQHC Patients by Payer in 2013



Types of Health Insurance in Vermont³



¹ Data is self-reported by FQHC.

² Bi-State extrapolation based on self-reported data.

³ Data Source: 2014 Vermont Household Health Insurance Survey



Health centers increase access by:

Making high quality services available to patients, regardless of ability to pay or payment source

Offering sliding fee discounts based on income

Serving federally-designated Medically Underserved Areas and/or Populations (FQHCs & RHCs)

Providing interpretation, transportation, and other services that enable patients to access care

Offering extended hours, including evenings and weekends

Responding to unique service needs of the community

Supporting outreach and enrollment in Vermont Health Connect

Studies Demonstrate Federally Qualified Health Centers Manage Costs

FQHCs Reduce Hospital Admissions

A Colorado study¹ compared claims data of Medicaid patients with two or more primary care visits in one year at FQHC and non-FQHC settings:

- The odds of a Medicaid FQHC patient being admitted to the hospital were 32% less likely than for a Medicaid non-FQHC patient;
- The odds of an FQHC patient being readmitted 90 days after discharge were 35% less likely;
- The odds of an FQHC patient being admitted for a primary care preventable condition were 36% less likely.



FQHCs Save Money

A comparison of costs for FQHC and non-FQHC patients demonstrates FQHC savings of **\$1,263 per person per year** in hospital emergency department, hospital inpatient, ambulatory, and other services (\$4,043 vs. \$5,306).²



FQHCs Reduce Utilization of Hospital Services

A review of 1.6 million Medicaid beneficiaries in four states³ showed that FQHC Medicaid patients compared to other providers:

- had 1/3 fewer Ambulatory Care Sensitive (ACS) hospitalizations;
- were 19% less likely to use the Emergency Department for an ACS condition, and;
- were 11% less likely to be hospitalized for an ACS condition.



¹ Rothkopf, J, Brookler K, Wadhwa, S, Sajovetz, M. "Medicaid Patients Seen At Federally Qualified Health Centers Use Hospital Services Less than Those Seen By Private Providers." Health Affairs 30, No. 7 (2011): 1335-1342.

² Ku L, et al. Using Primary Care to Bend the Curve: Estimating the Impact of a Health Center Expansion in Senate Reforms. GWU Department of Health Policy. Policy Research Brief No. 14, September 2009.

³ Falik M, Needleman J, Herbert R, et al. "Comparative Effectiveness of Health Centers as Regular Source of Care." January-March 2006 Journal of Ambulatory Care Management 29(1): 24-35.

FQHC Federal Requirements Defined

Federally Qualified Health Centers (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. No patient will be denied services based on an inability 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 subrecipient(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>

What is the FQHC Sliding Fee Scale?

Federally Qualified Health Centers (FQHCs) that receive Health Resources and Services Administration (HRSA) funding **must provide patients access to services without regard for their patient's ability to pay.**

FQHCs must develop a schedule of fees or payments (often called a **sliding fee scale**) for the services they provide to ensure that the cost of services not covered by insurance are discounted on the basis of the patient's ability to pay, for incomes below 200% of the Federal Poverty Level (FPL). Ability to pay is determined by a patient's annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

SAMPLE Vermont FQHC Sliding Fee Scale ¹						
Annual Family Income Range						
Household Size	Below 100% FPL	101 – 125% FPL	126 – 150% FPL	151 – 175% FPL	176 – 200% FPL	Over 200% FPL
Discount Applied	\$20 flat fee	80% discount	60% discount	40% discount	20% discount	0% discount
1	Under \$11,670	\$11,671 – 14,588	\$14,589 – 17,505	\$17,506 – 20,423	\$20,424 – 23,340	Over \$23,341
2	Under \$15,730	\$15,731 – 119,663	\$19,664 – 23,595	\$23,596 – 27,528	\$27,529 – 31,460	Over \$31,461
3	Under \$19,790	\$19,791 – 24,738	\$24,739 – 29,685	\$29,686 – 34,633	\$34,634 – 39,581	Over \$39,581
4	Under \$23,850	\$23,851 – 29,813	\$29,814 – 35,775	\$35,776 – 41,738	\$41,739 – 47,700	Over \$47,700
5	Under \$27,910	\$27,911 – 34,888	\$34,889 – 41,865	\$41,866 – 48,843	\$48,844 – 55,820	Over \$55,820
6	Under \$31,970	\$31,971 – 39,963	\$39,964 – 47,955	\$47,956 – 55,948	\$55,949 – 63,940	Over \$63,940
7	Under \$36,030	\$36,031 – 45,038	\$45,039 – 54,045	\$54,046 – 63,053	\$63,054 – 72,060	Over \$72,060
8	Under \$40,090	\$40,091 – 50,113	\$50,114 – 60,135	\$60,136 – 70,158	\$70,159 – 80,180	Over \$80,180
Additional people	Add \$4,060 per person	Add \$5,075 per person	Add \$6,090 per person	Add \$7,105 per person	Add \$8,120 per person	Add \$9,135 per person

Each FQHC's sliding fee scale is different and the "slide" must be based on prevailing rates in the local community and approved by the FQHC board. Information that this discount is available should be posted in a prominent location.

Vermont FQHC discounts exceeded \$3 million in 2013.²

To ensure that federal funding targets those who most need services, FQHCs are expected to have systems in place to maximize collection and reimbursement for the costs of providing health services.

¹ Sliding Fee Scale. Health Resources and Services Administration, <http://nhsc.hrsa.gov/downloads/discountfeeschedule.pdf>, accessed 12/22/2014.

² Bi-State Primary Care Association FQHC Financial Analysis, July 2014. Data is for 8 of the 11 VT FQHCs.