



Bi-State Primary Care Association

January 18, 2017
Legislative Day





Bi-State Primary Care Association

- Is a nonprofit, 501(c)(3) charitable organization
- Promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont
- Includes federally qualified health centers (FQHCs), rural health clinics (RHCs), area health education centers (AHEC), clinics for the uninsured, and Planned Parenthood of Northern New England among its members

Mission

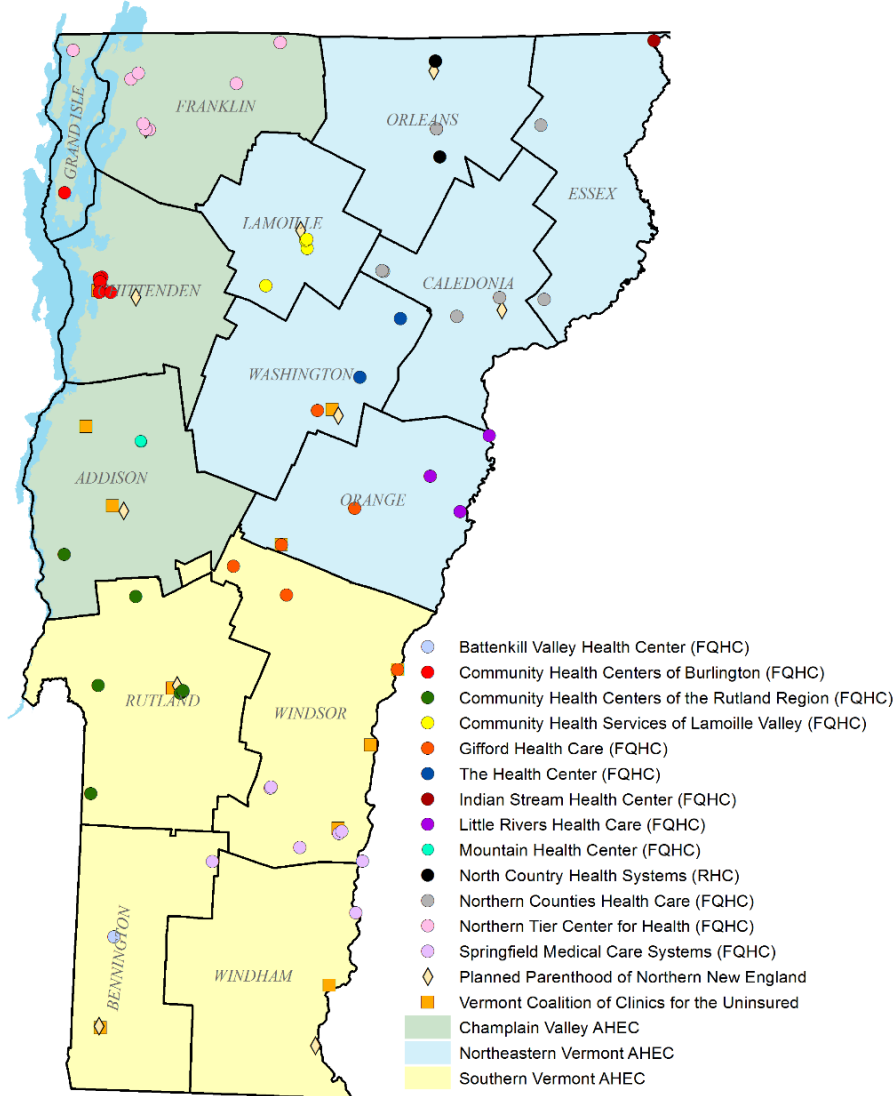
Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

Vision

Healthy individuals and communities with quality health care for all.



Vermont Overview



Bi-State Primary Care Association Member Map

Bi-State Primary Care Association members provide care to Vermonters at 90 sites across every county of the State.

Please note some sites overlap due to similar street addresses. Additionally, one SMCS practice is located in Charlestown, NH, and ISHC's main site is located in Colebrook, NH. 12/2016



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

Bi-State Vermont Members include:

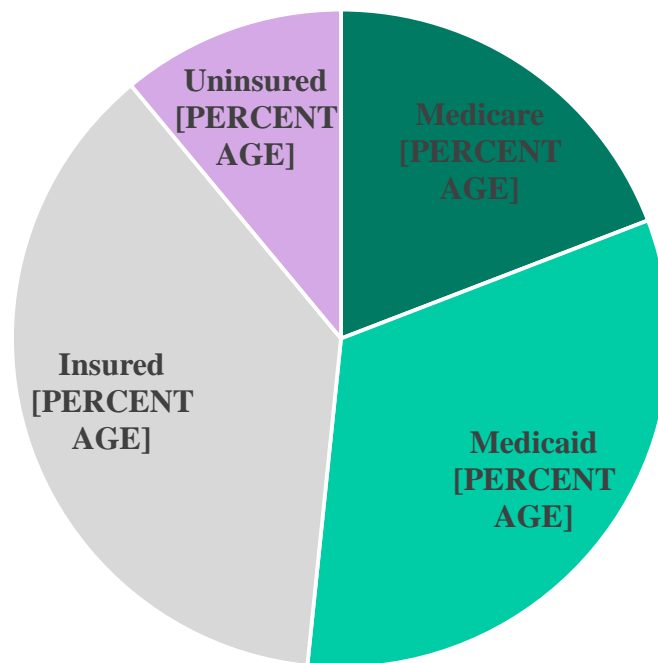
- 12 federally qualified health centers, including 63 sites in **all 14 counties**
- 4 rural health clinics
- 12 Planned Parenthood of Northern New England clinics
- 10 clinics for the uninsured
- Area Health Education Center network

These health centers and clinics served as a medical home for more than 192,000 patients who made more than 760,000 visits in 2015.*

This includes:

- 47% of Vermont Medicaid enrollees**
- 34% of Vermont Medicare enrollees
- 82% of uninsured Vermonters

Bi-State Members' Coverage Mix



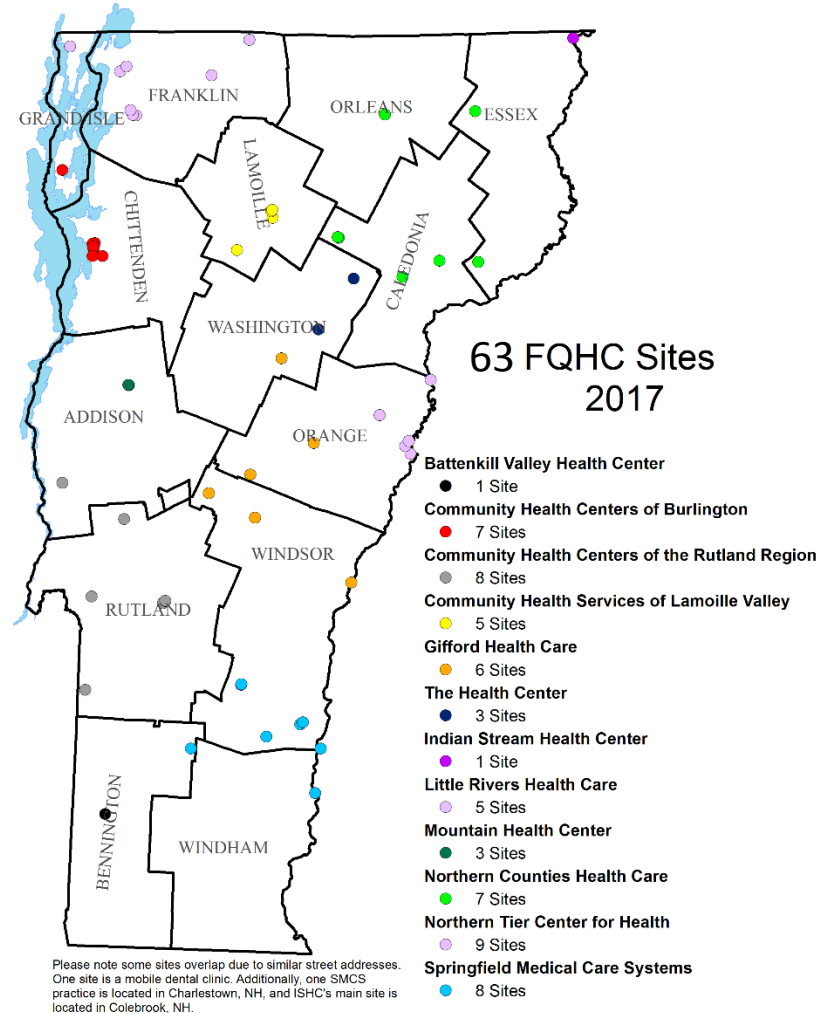
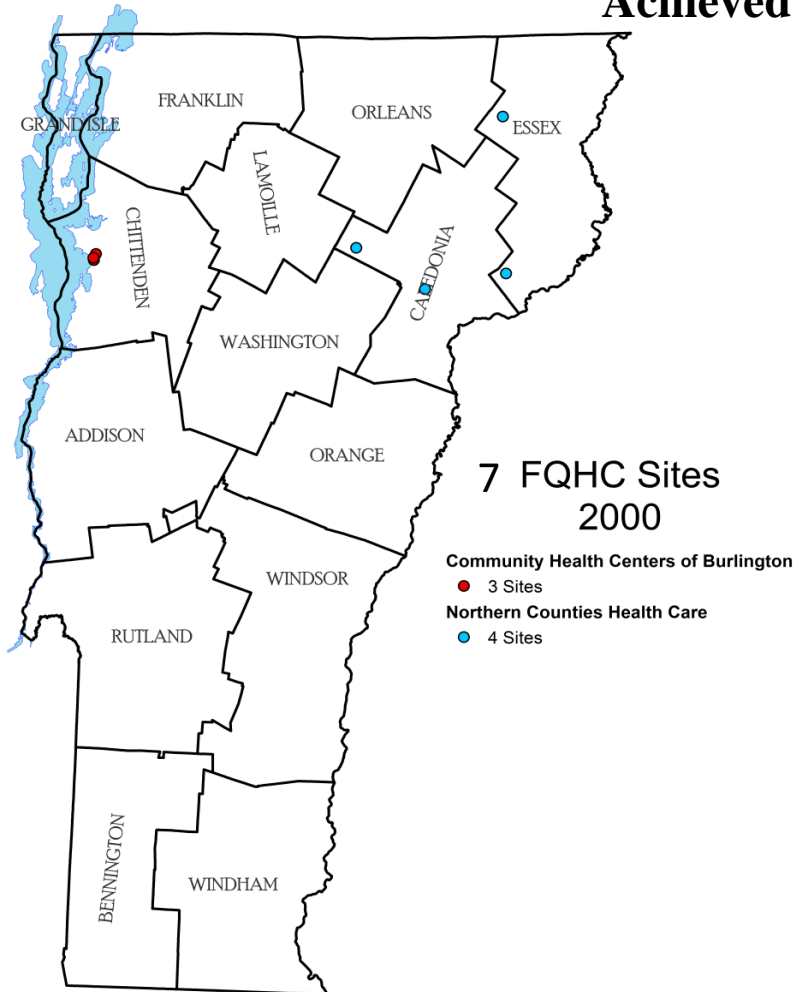
*2015 UDS Roll-Up Report; self-reported data for non-FQHCs

** Data is based on the 2014 DFR Vermont Household Health Insurance Survey

Vermont Federally Qualified Health Centers Growth since 2000

“The goal shall be to ensure there are FQHCs... in each county in Vermont.” ~Act 71 of 2005, Section 277(f).

Achieved 1/1/2017 !!!!





Our members bring value to their communities by...



NoTCH provides community lunch at its summer camp

Castleton Family Health Center

275 Rte 30 North
 Bomoseen, VT 05732

DAY	HOURS
Monday - Friday	7:30am - 5pm
Wednesday	7:30am - 6pm
Saturday	8am - 4pm
Sunday	9am - 3pm

Many health centers offer evening and weekend hours

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

Reducing total cost of care compared to other primary care settings

Offering extended hours, including evenings and weekends

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

Serving federally-designated medically underserved areas and/or populations (FQHCs & RHCs)

Responding to unique service needs of the community

Making their communities safe places to raise healthy families

Creating sustainable job opportunities and offering top-tier training to their employees

Offering sliding fee discounts to patients based on their income level

Vermont Migrant Farmworkers Partners Working in Collaboration to Ensure Access to Health Care

2009-2012

16 farms/447 workers



2012-2015

145 farms/716 workers

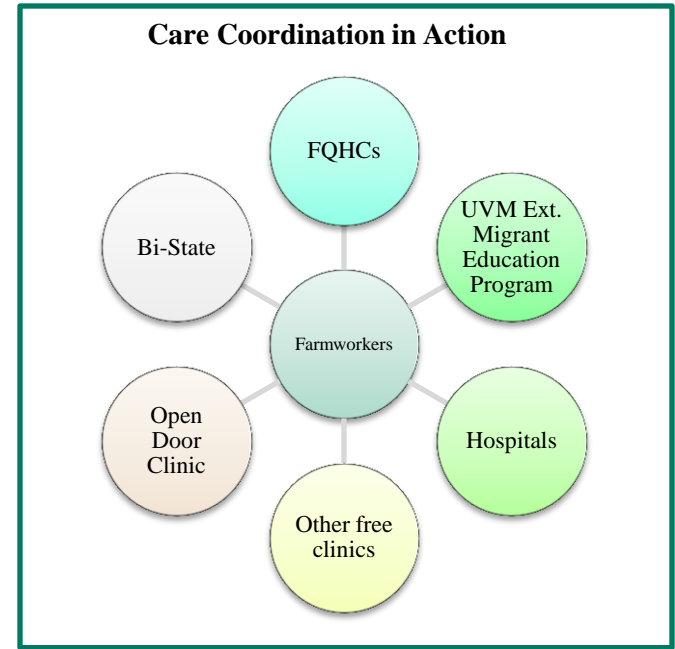


2015-2018

202 farms/1,100 workers



Care Coordination in Action



Unique Barriers to Health Care

- Language
- Cost of care
- Lack of time to devote to personal health
- Lack of insurance
- Transportation
- Fear of leaving the farm

What can the legislature and other partners do to support farmworkers and their families?

- ✓ Sustain medical infrastructure
- ✓ Sustain care coordination model
- ✓ Address barriers to care

Studies Demonstrate Federally Qualified Health Centers Are a Good Investment

FQHCs Produce Medicaid Savings

A study¹ of Medicaid claims 13 states, including Vermont, confirms total cost of care for health center patients was 24% lower.

The study also showed:

- 22% fewer specialty care visits
- 33% lower spending on specialty care
- 25% fewer inpatient admissions
- 27% lower spending on inpatient care
- 24% lower total spending



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).³



FQHCs Reduce Hospital Admissions

A Colorado study² 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.

¹ Nocon, R, Lee, S., Sharma, R., Ngo-Metzger, Q., Mukamel, D., Gao, Y., White, L., Shi, L., Chin, M., Laiteerapong, N., Huang, E. (2016) Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers versus Other Primary Care Settings. *American Journal of Public Health*: 106 (11)

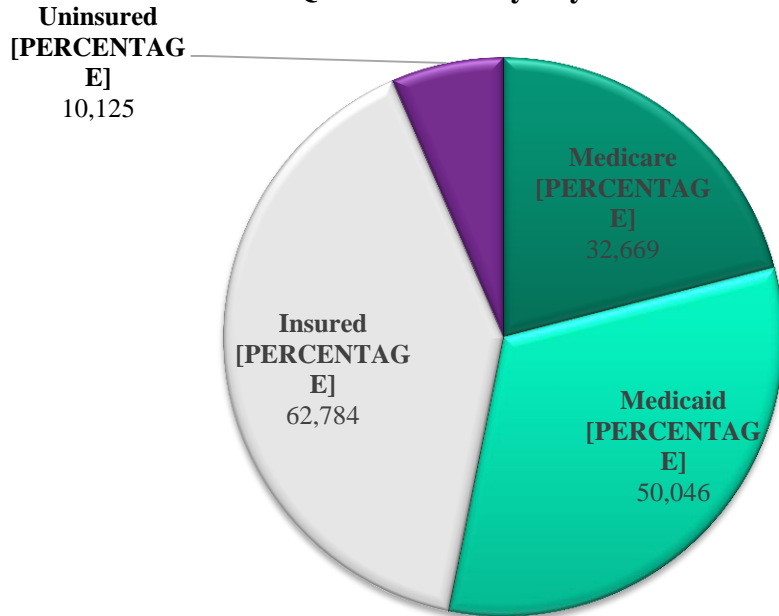
² Rothkopf, J, Brookler K, Wadhwa, S, Sajovetz, M. "Medicaid Patients Seen At Federally Qualified Health Centers Use Hospital Services Less than Those Seen By Private Providers." *Health Affairs* 30, No. 7 (2011): 1335-1342.

³ 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.

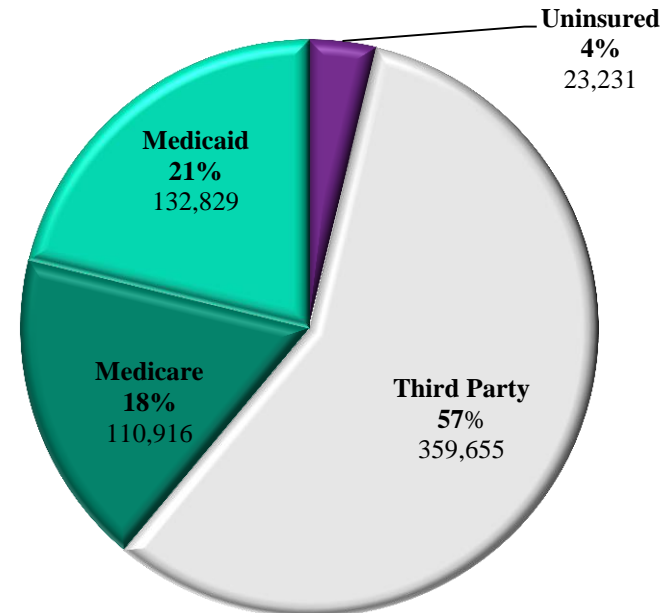
Federally Qualified Health Centers Provided Primary Care to over 155,000 Vermonters in 2015

Vermont’s FQHCs saw **155,624** individual patients in 2015. Collectively, those patients made **644,220** visits to the FQHCs.¹

FQHC Patients by Payer in 2015



Types of Health Insurance in Vermont 2014*



FQHCs rely on a strong Medicaid program and robust reimbursement. Current gap between Medicaid reimbursement and costs is \$~6 million. FQHCs cannot cost shift to commercial payers. Federal grants cover sliding fee and administrative costs of an FQHC, but they are not intended to backfill for Medicaid reimbursement.

¹ Data is self-reported by FQHC.

*Data Source: 2014 Vermont Household Health Insurance Survey

Federally Qualified Health Centers Ensure Access in their Communities

Federally qualified health centers (FQHCs) offer services to all residents of their service areas and determine charges using a sliding fee scale, which is based upon the resident's ability to pay.

In many communities, FQHCs are the only provider open to new patients without restrictions, especially uninsured and Medicaid patients (statewide, 76% of primary care physicians accept new Medicaid patients¹).

Vermont FQHCs provide care to **1 in 4** Vermonters,² including more than:

1 in 3 Vermont Medicaid enrollees

1 in 3 Vermont Medicare enrollees

1 in 5 commercially insured Vermonters

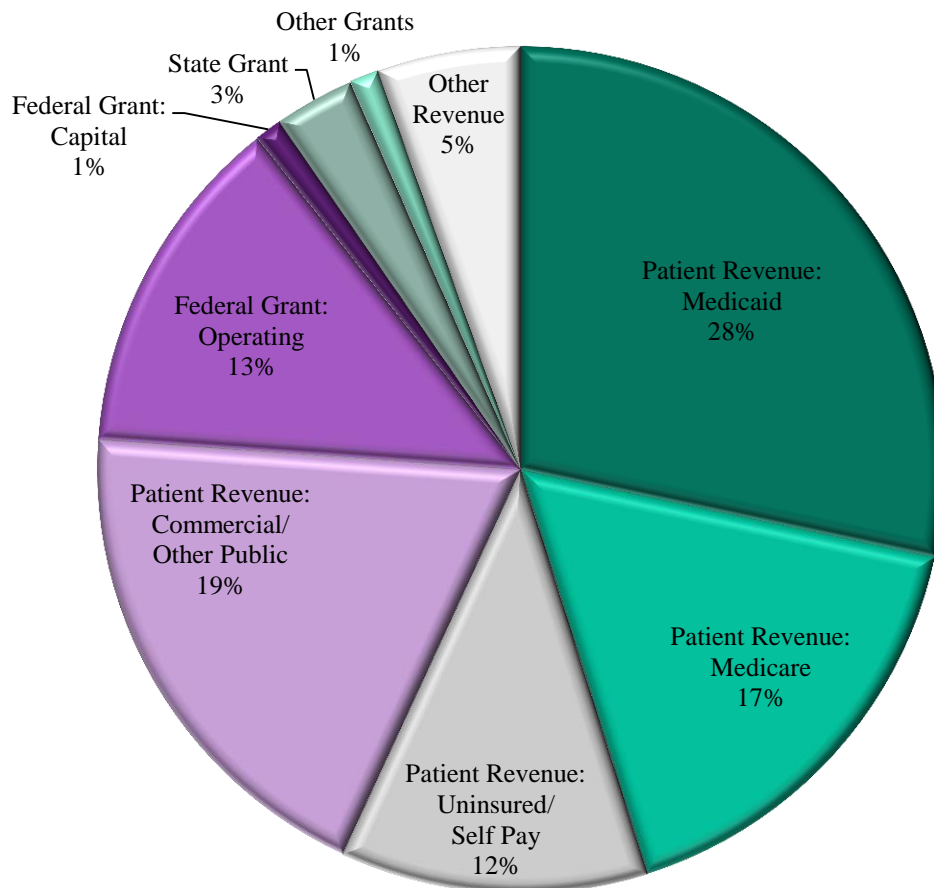
1 in 2 uninsured Vermonters

¹ 2014 Vermont Physician Survey, Summary Report.

² FQHC data from UDS 2015 Vermont Roll-up; Statewide data from 2014 DFR Vermont Household Health Insurance Survey.

FQHC Funding and Reimbursement Structure Minimizes Cost Shifting

2015 Sources of Revenue for Vermont FQHCs



- FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients.
- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards.
- Medicare and Medicaid FQHC reimbursement is a prospective, capped encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for their full costs.



National Landscape and Impact to FQHCs



Congressional Intent on Affordable Care Act

- Repeal Affordable Care Act
 - Medicaid and Marketplace Subsidies
- Modify Medicaid Program
- Privatize Medicare



National Challenges

- **Repeal of the ACA**
 - ✓ 35,000 fewer Vermonters would have health insurance in 2019 Under ACA Repeal (CBPP*/Urban Institute)
 - ✓ Vermont would lose \$2.9 B in federal funding and pay more in uncompensated care costs
- **Modify Medicaid: Modify Medicaid Program**
 - ✓ Block Grant; State Flexibility
 - ✓ CMS and CMMI All Payor Model: Vermont
- **Primary Care Funding Cliff: Vermont's 12 FQHCs face a Health Center Primary Care Funding Cliff**
 - ✓ Just over 70% of federal funding for the FQHCs is at risk to expire on September 30, 2017
 - ✓ In Vermont, federal base = ***loss of over \$11 million***** and ***36% of FQHC patients will lose access to care***
 - ✓ A funding cut of this magnitude would
 - Devastate access for patients seen at Vermont FQHCs
 - Result in a lack of access to primary and preventive medical, mental health, substance abuse/prevention/treatment/Medication Assisted Treatment services and oral health care in many communities
 - Loss of jobs, economic stimulus and health care infrastructure
 - Risk Vermont's intent is to increase capacity and access to primary and prevention and serve Vermont's high prevalence of opioid use
 - Funding cut could also undermine a primary goal of Vermont's All Payer Model: To increase access to primary care across our state

*Source document: [Center for Budget and Policy Priorities](#)

**Figure based on 70% reduction to \$330 base grant as reported on 2015 UDS reports. New CY16 numbers appear closer to \$22M base with \$16M lost but that estimate cannot be validated until March or April 2017.

Assets

- ✓ Vermont Governor, House, Senate support the FQHC model
- ✓ Vermont Congressional Delegation leading the way
 - Supportive, proactive and extremely engaged
- ✓ 12 Vermont FQHCs providers with rich history and strong relationships with patients and community
 - Providing comprehensive health care and addressing social determinates of health
 - Serving 155,000 patients in 14 counties at 63 sites
- ✓ FQHCs reduce total cost of care (TCOC)



QUESTIONS