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# Federally Qualified Health Centers and Primary Care Association - 101

Presentation to House Health Care

by

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# What is Bi-State Primary Care Association?

- Primary Care Associations are organizations designated by the federal government to support community health centers. There is one in every state.
- Represent 26 member organizations across NH and VT that provide comprehensive primary and preventive care to over 330,000 patients at 169 locations.
  - Members include FQHCs, Vermont Free and Referral Clinics, Planned Parenthood of Northern New England
- What we do:
  - Provide training and technical assistance for improving clinical and financial performance.
  - Recruit nationally for physicians, dentists, nurse practitioners, and physician assistants.
  - Work with federal and state organizations to develop strategies to support community-based primary and preventive health care.
  - Provide data management and analytics
  - Promote food security and access to healthy, nutritional food

# Federally Qualified Health Centers:

## What is their role in Vermont Health Care System?

### Established in Federal Statute to:

- Provide health care to communities with a shortage of providers and services, including rural regions.
- Focus on the most vulnerable individuals and families, including agricultural workers, residents of public housing, veterans, and those experiencing homelessness.

### Safety net providers that:

- Must participate in Medicaid
- Must accept patients regardless of ability to pay
- Must establish sliding fees for patients based on income
- Must have a governing board with >50% of members that are patients

BI-STATE PRIMARY CARE ASSOCIATION



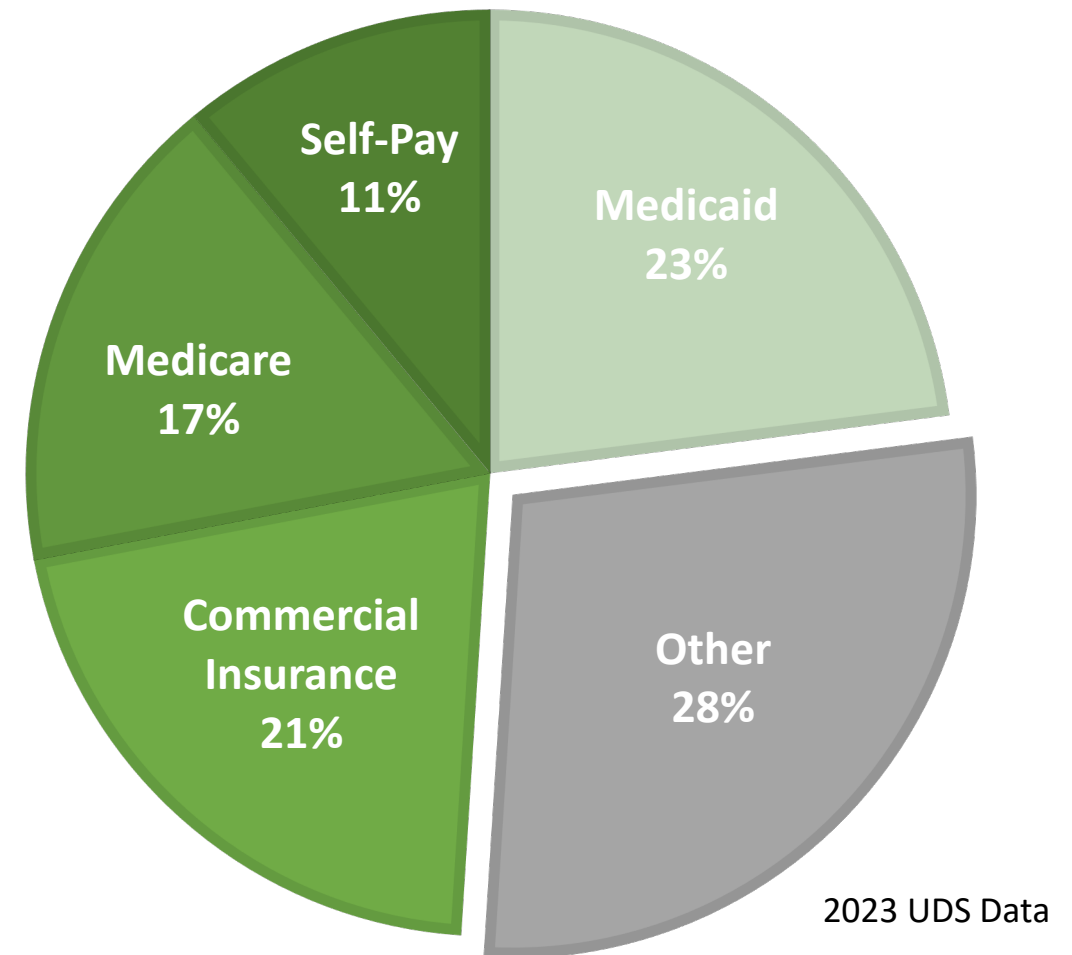
SERVING VERMONT & NEW HAMPSHIRE

*Improving Access to Primary Health Care Since 1986*

# Requirements and Funding

- Federal FQHC grants (330 grant) awarded based on competitive national application process.
  - Health centers cannot legally use grant funding to subsidize the cost of care for Medicaid or Medicare beneficiaries.
- Must meet strict program, performance, and accountability standards.
  - Approximately 100 additional regulations are connected to FQHC status.
- Medicare and Medicaid pay FQHCs a set rate per visit.
- Commercial insurers pay FQHCs the same as hospital-owned and independent primary care practices.
- Funding from the 330 grants and 340B prescription drug program allow FQHCs to offer comprehensive services regardless of patients' ability to pay or insurance status

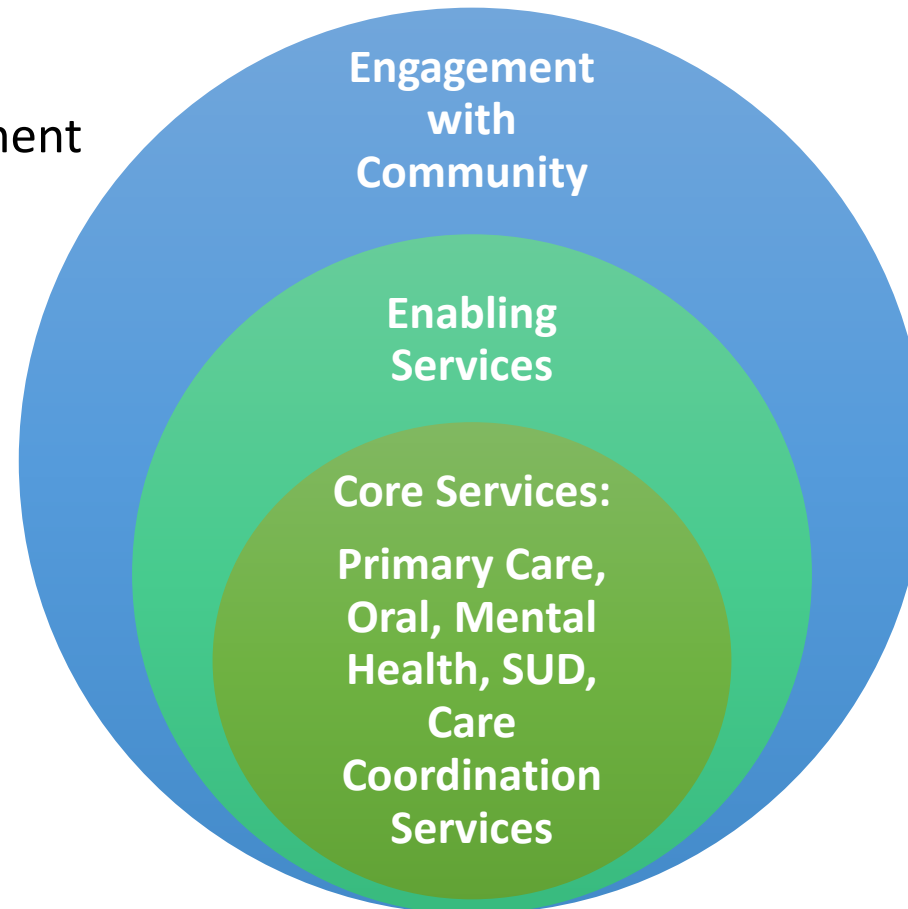
FQHC SOURCES OF REVENUE (2023)



# Primary Care, Whole Person Care

## Core Services

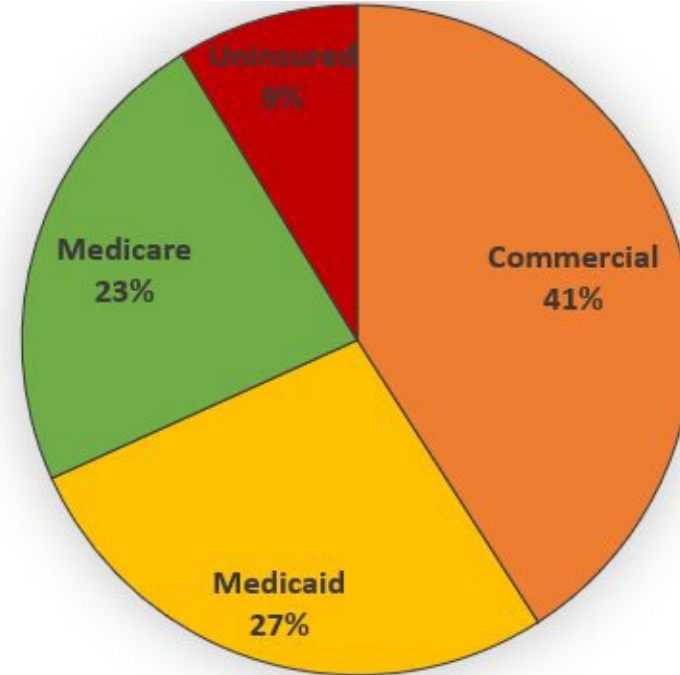
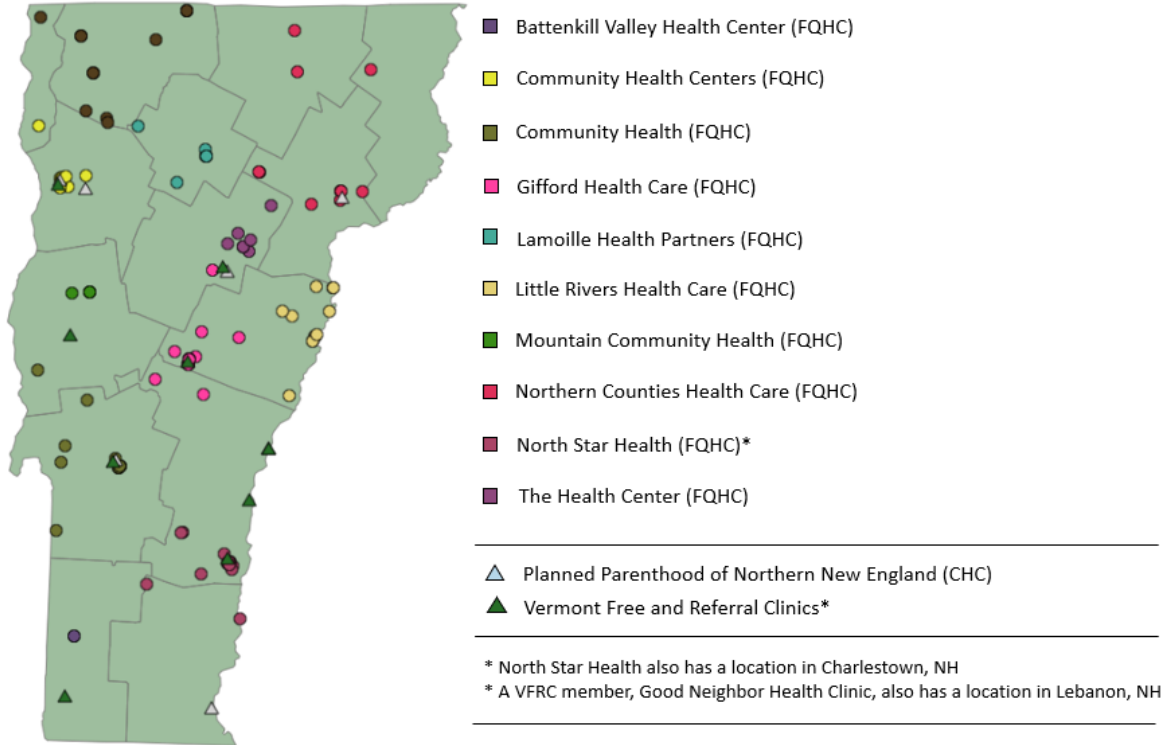
- Mental Health Services
- Substance Use Disorder Treatment
- Medical Services
- Physical Wellness
- Reproductive Services
- Vision Care
- Gender Affirming Care
- Pharmacy Services
- Oral Health Services
- School-Based Services



## Enabling Services

- Nutritional Food Access
- Housing Support
- Economic Empowerment
- Translation
- Transportation
- Health Education
- Coordination with Community Partners

# Who and Where FQHCs Serve



## By Payer in 2023

2023 UDS Data

### In 2023, FQHCs served...

- 1 in 3 Vermonters and conducted over 753,700 patient visits
- 34,500+ children
- 51,000+ older adults (36% of VT Medicare beneficiaries)
- 6,000 Veterans
- 2,500+ persons experiencing homelessness
- 17,000+ uninsured patients (90% of VT's uninsured)
- 54,000+ VT Medicaid enrollees (36% of enrollees)



# Current State

- Vermont FQHCs are very financially fragile right now with multiple funding streams flat or declining.
  - Currently, Vermont FQHCs collectively facing **\$8.5 million** deficit
- Federal law requires that Medicaid pay each health center a minimum rate per visit based on the cost of care for the services it provides and the populations it serves.
  - Bi-State and FQHCs have been working with DVHA to update these minimum rates. While we have seen recent progress, FQHC financial stability has continued to erode in the meantime.

Thank you and happy to answer questions

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