2017 Impact Report
Advancing the Integration of Primary Care Services at Community Health Centers

Primary Medical Care
Mental and Behavioral Health
Oral Health Care
Substance Use Treatment and Recovery
Pharmacy and Enabling Services

Bi-State Primary Care Association
Serving Vermont & New Hampshire
Improving Access to Health Care for 32 Years
biostatepca.org
Our Vision
Healthy individuals and communities with quality health care for all

Our 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

Vermont Membership
Battenkill Valley Health Center
Community Health Centers of Burlington
Community Health Centers of the Rutland Region
Community Health Services of Lamoille Valley
Gifford Health Care
Grace Cottage Family Health
Indian Stream Health Center
Little Rivers Health Care
Mountain Health Center
Northern Counties Health Care
Northern Tier Center for Health
Planned Parenthood of Northern New England
Springfield Medical Care Systems
The Health Center
University of Vermont Larner College of Medicine, Office of Primary Care, Area Health Education Center Program
Vermont Coalition of Clinics for the Uninsured

New Hampshire Membership
Ammonoosuc Community Health Services
Charlestown Family Medicine
Community Action Program/Belknap-Merrimack Counties
Community Health Access Network (CHAN)
Coos County Family Health Services
Families First Health and Support Center
Goodwin Community Health
Harbor Care Health and Wellness Center,
A Program of Harbor Homes
Health Care for the Homeless Program of Manchester
HealthFirst Family Care Center
Indian Stream Health Center
Lamprey Health Care
Manchester Community Health Center
Mascoma Community Health Center
Mid-State Health Center
NH Area Health Education Center Program
North Country Health Consortium
Planned Parenthood of Northern New England
Weeks Medical Center
White Mountain Community Health Center

Cover photo credits:
Top photo: Community Health Centers of Burlington, VT*
Left Center photo: Community Health Centers of Burlington, VT*
Right Center photo: Battenkill Valley Health Center, VT
Bottom photo: Lamprey Health Care, NH
*Photography by Sam Simon Imaging

Fiscal Year 2017 Board of Directors

Board Chair:
Kevin Kelley, MS, CMPE
Chief Executive Officer
Community Health Services of Lamoille Valley

Board Vice Chair:
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Chief Executive Officer
Goodwin Community Health

Board Immediate Past Chair:
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Chief Executive Officer
Ammonoosuc Community Health Services

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Pamela Parsons
Executive Director
Northern Tier Center for Health

Board Treasurer:
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Chief Executive Officer
Lamprey Health Care

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Kirsten Platte
Executive Director
Community Health Access Network

Richard Silverberg, MSSW, LICSW
Chief Executive Officer
Health First Family Care Center

Grant Whitmer, MSM, CMPE
Executive Director
Community Health Centers of the Rutland Region

Source: HRSA Health Center Program, UDS 2016
MESSAGE FROM THE CHAIR OF THE BOARD AND THE PRESIDENT/CEO

A SHARED VISION

Bi-State Primary Care Association’s mission to promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire, is accomplished through our collaborative efforts with health, human, and social service organizations across our two states. With a shared vision to support population health through local solutions, we have a complementary purpose with our members that include the Community Health Centers, rural health clinics, critical access hospitals, health center controlled networks, women’s health and family planning, clinics for the uninsured, area health education centers, health consortiums and community action programs. We are extremely fortunate to have strong bipartisan leadership from our Congressional delegations and governors with whom we work in partnership on shared policy priorities.

The Community Health Center model of care has always been on the leading edge of health care delivery. Throughout Vermont and New Hampshire for over thirty years, the health centers have expanded and built greater capacity to provide comprehensive, team-based quality care that supports better health outcomes for all patients by integrating access to medical, mental, behavioral and oral health care for all ages. Stepping up to address the opioid epidemic, health centers have been adding licensed staff to treat substance use disorders and provide medication-assisted treatment for the past several years.

Since the Community Health Center program was established in 1965, they have addressed Social Determinates of Health (SDH) that include food security, stable and safe housing, access to education, employment and a safe living environment by partnering with health, human, and social service organizations and local municipalities. Notably, in 1966 one of the founders of the Community Health Center program, H. Jack Geiger, MD, wrote a prescription for food to be filled at the local grocery store for a malnourished patient as an appropriate treatment for hunger.

Nationally, awareness of SDH continues today. Our Congressional delegation is taking leadership roles and strong positions to ensure favorable regulations and adequate funding for the Community Health Center program, National Health Service Corps, Family Planning, Maternal and Child Health, Area Health Education Centers, Women Infant and Children, and Temporary Assistance for Needy Families. We commend our delegation for their steadfast support in defense of sound and reasonable health care policy that is most beneficial and promising for the people of Vermont and New Hampshire.

Bi-State’s promise is to advance our mission and continue to work toward our vision of healthy individuals and communities, with quality health care for all.

Sincerely,

Tess Stack Kuenning, CNS, MS, RN
President and CEO

Kevin Kelley, MS, CMPE
Chair, Bi-State Board of Directors
CEO, Community Health Services of Lamoille Valley

2012-2016: Increase in Patients Served at NH and VT Federally Qualified Health Centers

<table>
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<tr>
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<th>Children (&lt;18)</th>
<th>Adults (18-64)</th>
<th>Seniors (65 &gt;)</th>
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<td>158,985</td>
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<tr>
<td>New Hampshire</td>
<td>43,459</td>
<td>124,881</td>
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Source: HRSA Health Center Program, UDS 2016
Behavioral Health Specialist consults with Medical Director at Families First Health and Support Center.

Harbor Homes Health & Wellness Clinic’s has a team of behavioral health specialists.

Peter Bordelon, PMHNP, MSW, Community Health Centers of Burlington, works with children, adolescents and families.

Workforce Shortage Nationwide Impacts NH and VT

With the nationwide shortage of primary care providers, New Hampshire is one state among many competing for family doctors, internists, and advanced practice providers. “The State Loan Repayment Program is the best tool we have to recruit and retain qualified practitioners. The Community Health Centers need physicians experienced in treating individuals with complex conditions, especially substance use disorders that may require medication assisted treatment,” said Kristine Stoddard, Director, New Hampshire Public Policy. Bi-State works diligently with the Legislature and Governor to increase funding for the loan repayment program. The program provides payments toward medical school loans to providers that sign a three-year agreement to work in medically underserved and often rural locations where salaries are lower than in large metropolitan areas. The repayment program makes it financially feasible for providers to accept a position in communities of need.

Last year, Bi-State’s Recruitment Center assisted 32 providers in making the decision to practice in Vermont and New Hampshire. Adding these providers to the network helped increase access to primary care and reduce wait times for patient appointments. Mandi Gingras, Recruitment and Retention Coordinator, states, “As a result of national outreach to providers, we promoted opportunities in New Hampshire and Vermont to more than 500 providers.”

Expanding Access to Treatment

Bi-State is working with nine Federally Qualified Health Centers in New Hampshire to expand access to provide Medication Assisted Treatment (MAT) for patients suffering with substance use disorders. MAT is the use of medications combined with counseling and behavioral therapies to treat substance use disorders and prevent opioid overdose. MAT care teams are led by a primary care physician, nurse practitioner or physician assistant who has received special training. Allison Piersall, Project Coordinator, Bi-State Recruitment Center, reports that Health Care for the Homeless and Lamprey Health Care are establishing new MAT programs, while Goodwin Community Health, HealthFirst Family Care Center, and Indian Stream Health Center are adding new staff and updating existing systems to help more patients gain access to services and support.

This work was funded by the NH Bureau of Drug and Alcohol Services at the NH Department of Health and Human Services.

Creating a Workforce Pipeline in New Hampshire

Bi-State authored and is implementing the Workforce Development Plan for New Hampshire. Supported by a grant from NH Department of Health and Human Services, Bureau of Maternal and Child Health, and the NH Bureau of Drug and Alcohol Services, Bi-State reviewed workforce needs of organizations for psychiatrists, psychiatric nurse practitioners, clinical social workers, mental health counselors, marriage and family therapists and alcohol and drug counselors. Michele Petersen, Project Coordinator, Workforce Development and Recruitment, conducted interviews with representatives of Health Centers, Community Mental Health Centers, SUD treatment agencies, statewide workforce groups, and training programs to understand the barriers to and facilitators for recruiting and retaining behavioral health and SUD providers. Bi-State’s Workforce Development Plan includes strategies to support the ongoing needs of these important providers.

Report available at bistatepca.org, reports and publications.
Data and Analysis Return on Investment

In the past year, Bi-State made significant investments to enhance health center data and technology capabilities to improve patient care and manage health care spending. In 2017, the Vermont Rural Health Alliance Data Warehouse was established in a Federal Risk and Authorization Management Program compliant, cloud-based environment. This warehouse has Medicaid claims data in a secure environment with fire suppression, electrical back-up, redundant data line, and privacy protections.

The quality improvement and informatics leaders at all eleven Vermont Federally Qualified Health Centers now have access to Qlik Sense, a dynamic and user-friendly data analytics, visualization, and reporting tool. Populated with claims, clinical, and quality improvement data, and enhanced by Bi-State’s in-house report development team, Qlik enables health centers to identify trends related to cost of care and quality indicators and to “drill down” to patient-level information and identify and bridge gaps in care. As Heather Skeels, Senior Program Manager, Health Data Operations, notes, “Health centers must have data at an actionable level to fuel quality improvement.”

In 2014, 2015, and 2016, the percentage of users who received counseling for tobacco use and those who were compliant for hypertension control.

Visualization of data speeds the process of analysis for Health Centers.

Bi-State rolled out Qlik during the annual “Data Roadshows,” where we met clinical leadership at each Health Center to discuss trends and ideas for future visualization development. “It is incredibly fulfilling to meet with health center Medical Directors and Quality Improvement staff to hear their questions and figure out ways to meet their needs with the data,” adds Lauri Scharf, Program Manager, Health Care Informatics. Bi-State purchased the Qlik software, installation, and initial licenses with funding from the Health Resources and Services Administration Office for the Advancement of Telehealth. Additional licenses were purchased for each health center with funding from the Vermont Health Care Innovation Project. Total dollars leveraged exceed $5,000 per health center.

CHAC Decreases Medicaid Spending, Improves Quality

Community Health Accountable Care LLC (CHAC) has continued to demonstrate successes: between 2014 and 2016, CHAC’s average actual total cost of care for Vermonters enrolled in the Medicaid Program declined each year from $189.83 per member per month (2014) to $180.53 per member per month (2016). This represents a 5% decrease in Medicaid expenditures. Kate Simmons, MBA, MPH, CHAC’s director, reports that “CHAC successfully reduced the Medicaid dollars spent on care and demonstrated significant quality improvement on several quality of care measures, including child and adolescent health, both areas of focus for CHAC's clinicians.” Across the board, all participating organizations adopted one or more of the evidence-based guidelines developed by CHAC’s Clinical Committee. These guidelines are in the areas of Congestive Heart Failure, Diabetes, Chronic Obstructive Pulmonary Disease, Depression Screening and Treatment, Falls Risk Assessment, and Colorectal Cancer Screening.

Key Drivers of Value-Based Costs and Success

Bi-State is preparing New Hampshire’s Community Health Centers for the future value-based health care environment. This is being accomplished in part through targeted training and technical assistance geared towards assisting Health Centers to better understand key drivers of cost and success in a value-based environment. Through Primary Health Care Partners LLC, Bi-State partnered with six Federally Qualified Health Centers and the Community Health Access Network in an 18-month agreement with a New Hampshire health plan that was structured to improve quality of care and reduce costs. Upon completion in December 2016, the health centers realized significant improvement in clinical quality measures associated with the agreement, including a 23% increase in screening for depression, a 15% increase in HBA1c testing for diabetes, and a 7% increase in the number of well-child visits. James Zibailo, Director, Primary Health Care Partners, noted, “These results were driven by coordinated efforts to improve documentation, reporting, and workflow across each of the partnering health centers.”

Improving Farmworker Health In Vermont

Currently in its eighth year, the Bridges to Health program helps to reduce barriers to health care for Vermont’s migrant farmworkers. The program offers transportation, translation, appointment scheduling and education to farmers and farmworkers about services available in their communities. Bi-State Primary Care Association, the University of Vermont Migrant Education Program, and the Open Door Clinic collaborate on this critical outreach program.
Bi-State Training & Technical Assistance

Tess Kuening congratulates graduates of Leadership Development Program.

More than 1,200 attended Training Programs in 2017

- 2017 Leadership Development Program
- 2017 Primary Care Conference: Mental Health Integration with Primary Care
- 340B Drug Discount Program
- Behavioral Health Summit
- FQHC Compliance Training
- Health Center Affiliations Training
- Preparing the 2016 UDS Report
- Using Data to Improve Quality
- VT FQHC Dental Meeting

Standing Peer-to-Peer Committees

- Chief Executive Officers
- Chief Financial Officers
- Clinical Quality Improvement
- Community Health Accountable Care
- Government Relations
- Marketing and Public Relations
- Medical Directors
- Primary Health Care Partners
- Quality Improvement

Bi-State Advances Patient-Centered Care

Bi-State’s Patricia Launer, RN, CPHQ, Community Health Quality Manager, and Kristen Bigelow-Talbert, MSMH, CPHQ, Quality Improvement Facilitator, supported Northern Counties Health Care, Little Rivers Health Care, Battenkill Valley Health Center, Kingdom Internal Medicine, Corner Medical, St. Johnsbury Pediatrics, Upper Valley Pediatrics, and Newbury Health Clinic in Vermont (14 sites in total) achieve the highest level designation as Patient Centered Medical Homes by the National Committee for Quality Assurance. Bi-State facilitated quality improvement projects, the implementation of evidence-based opioid prescribing best practices, same-day LARC insertion, and statewide learning collaboratives to enhance services for patients with chronic conditions. Other than the newest Health Center in Vermont that recently submitted its application, all New Hampshire and Vermont Federally Qualified Health Centers are designated Patient Centered Medical Homes.

“On behalf of the entire Battenkill Valley Health Center team, I would like to thank you ever so much for your amazing work in preparing us for our submission! It has been such an educational experience working with you on this project. Wishing you the same success with your other submissions!”

- Battenkill Valley Health Center, Arlington

Training the Next Generation of Dentists

Twelve senior dental students completed clinical rotations at three health centers last year, including Ammonoosuc Community Health Services in Littleton, Mid-State Health Center in Plymouth, and Goodwin Community Health in Somersworth, New Hampshire. “When the College of Dental Medicine was launched at the University of New England several years ago, Bi-State helped the Community Health Centers establish relationships with the school. The 12 students that completed rotations were in the inaugural graduating class.

The graduating students practiced and learned alongside dentists at the health centers in rural and underserved areas,” said Stephanie Pagliuca, Director, Bi-State Recruitment Center. For many, it was their first introduction to the Community Health Center integrated model of primary care that offers a range of services including medical, oral, and behavioral health care. The dental students reported having positive experiences and several started the licensing process to practice in the state. As observed by one of the dental directors, the clinical rotations of dental students from UNE will create a pipeline for recruiting the next generation of dentists at this critical time when many dentists are reaching retirement age and there are no dental schools or residency programs in New Hampshire.

Navigators Statewide Assist Consumers with Health Plans

Bi-State and six Community Health Centers comprise the NH Safety Net Coverage Collaborative, a consortium of navigators that assist residents with enrollment in the NH Health Insurance Marketplace year round. Navigators educate and provide health care coverage assistance to consumers in seven of ten counties. Marilyn Sullivan, Project Coordinator, reported that during the past year navigators met with more than 2,200 individual consumers and assisted more than 700 select and enroll in a Qualified Health Plan. Working with a navigator is free online, over the phone or in person. Bi-State’s webpage - findahealth-center.org - makes it easy to locate a nearby health center in New Hampshire or Vermont.

The project described was supported by Funding Opportunity Number CA-NAV-15-001; CDFA 93.332 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies. The Navigator program was financed with 100% federal funds and 0% nongovernmental sources. The total dollar amount for this program is $334,512.

Expanding Dental Workforce Capacity in Health Centers

Coos County Family Health Services, Berlin; Ammonoosuc Community Health Services, Littleton; Goodwin Community Health, Somersworth; and Families First Health and Support Center, Portsmouth, will be among the first primary care practices to implement a new workforce model to expand access to dental services in New Hampshire. Stephanie Pagliuca, the Recruitment Center director, worked with the State of New Hampshire’s Oral Health Program to educate health centers about the role of expanded function dental auxiliaries and certified public health dental hygienists.

The health centers partnered with the State to implement a new Oral Health Workforce grant awarded by the U.S. Health Resources and Services Administration. The grant funding will enable health centers to send their staff to the NH Technical Institute for training and certification. The health centers are committed to incorporating dental auxiliaries and certified public health dental hygienists to expand access to both preventive and restorative dental care for their patients.
On behalf of the entire Battenkill Valley Health Center team, I would like to recognize our contributions to statewide efforts to enhance services. We have been involved in the insertion, and statewide learning collaboratives to enhance services. We have facilitated quality improvement projects, the implementation of evidence-based opioid prescribing best practices, and the provision of same-day LARC services. These initiatives have helped us achieve the highest level designation as Patient Centered Medical Home. Our centers include Newbury Health Clinic in Vermont (14 sites in total), Corner Medical, St. Johnsbury Pediatrics, Upper Valley Pediatrics, and several others.

Kristen Bigelow-Talbert, MSHM, CPHQ, Quality Improvement Manager, and Bi-State's Bi-State Advances Patient-Centered Care. She is supported by a team of professionals who are dedicated to improving health outcomes and ensuring access to care.

Cost-Effective Group Purchasing Program Saves $2 Million
Bi-State Primary Care Association members saved $2 million on the cost of equipment, supplies and professional services through the group purchasing program in 2017. The Bi-State Team continues to have an unqualified A-133 audit with no instances of material weakness, significant deficiencies, or material non-compliance, qualifying as a low-risk audit. The audit is conducted in accordance with auditing standards generally accepted in the U.S. and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the U.S. The audit includes a report of internal control over financial reporting and tests of its compliance with certain provision of laws, regulations, contract, grant agreements, and other matters.

The Bi-State Team

Kristen Bigelow-Talbert, MSHM, CPHQ - Quality Improvement Facilitator
Katie Bocchino - Project Coordinator
Colleen Dowling - NH Public Policy Administrative Assistant
Mandi Gingras - Recruitment and Retention Coordinator
Claire Hodgman - Data and Marketing Coordinator
Tess Stack Kuennung, CNS, MS, RN - President and Chief Executive Officer
Patricia Launer, RN, CPHQ - Community Health Quality Manager
Georgia J. Maheras, Esq. - Director, Vermont Public Policy
Kimberly Martin - Senior Accountant
Abigail Mercer, MBA - Chief Financial Officer
Susan J. Noon, MBA, APR - Director, Marketing and Development
Stephanie Pagliuca - Director, Bi-State Recruitment Center
Suzanne G. Palmer - Executive Assistant
Michele Petersen, MBA - Project Coordinator, Workforce Development and Recruitment

Alana Phinney - Administrative Assistant, Vermont
Allison Piersall - Project Coordinator
Lori H. Real, MHA - Executive Vice President and Chief Operating Officer
Kimberly Reeve, Esq. - Deputy Director, Policy and Information
Lauri Scharf, MS - Program Manager, Health Care Informatics
Kate Simmons, MBA, MPH - Director, Vermont Operations; Director, Community Health Accountable Care LLC
Heather E. Skeels - Senior Program Manager, Health Data Operations
Amanda Spreeman - NH Data Coordinator & Administrative Assistant
Allison Piersall - Project Coordinator
Kristine E. Stoddard, Esq. - Director, NH Public Policy
Marilyn Sullivan, M.Ed. - Project Coordinator, Outreach and Enrollment
Adam Woodall - Information Technology and Office Systems Manager
James Zibailo - Director, NH Community Health Systems; Director, Primary Health Care Partners LLC

Consolidated Statement of Activities
FYE June 30, 2017

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<th>Revenue</th>
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| Operating Income                     | $409,437   |
|                                      |            |
| Other Revenue and gains/losses       | ($5,085)   |

| Increase/Decrease in Net Assets      | $51,380    |
| Beginning Net Assets                 | $2,033,460 |
| Ending Net Assets                    | $2,084,840 |

Consolidated Statement of Financial Position
FYE June 30, 2017

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With Appreciation to our Funders and Sponsors

2017 Funders
Centers for Medicare and Medicaid Services
Community Health Access Network (CHAN)
DentaQuest Foundation
Department of Vermont Health Access
Endowment for Health
New Hampshire Department of Health & Human Services
U.S. Health Resources & Services Administration
Vermont Department of Health

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Bank of New Hampshire
BerryDunn
Cardinal Health
Clark Insurance
CommonWealth Purchasing Group
Community Health Ventures
DAI/DiGiorgio Associates Inc.
Dentrix Enterprise
Dowling & O’Neil Insurance Agency
MediQuire
Minuteman Health
National Alliance on Mental Illness, New Hampshire
New Futures
New Hampshire Healthy Families
New Hampshire Medical Society
Nixon Peabody LLP
Northeast Delta Dental
Orr & Reno PA
Sentinel Benefits & Financial Group
Vermont Department of Health, Office of Rural Health and Primary Care
Well Care Health Plan
Well Sense Health Plan

2017 Impact Report sponsored by New Hampshire Healthy Families