



BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Health Care

# 2020

Bi-State Primary Care Association  
525 Clinton Street Bow, NH 03304  
(603) 228-2830  
[www.bistatepca.org](http://www.bistatepca.org)

# New Hampshire

Primary Care Sourcebook

<b>TABLE OF CONTENTS</b>			
Introduction to Bi-State	Page 3	Charlestown Health Center	Page 22
Bi-State PCA NH Members	Page 4	Coos County Family Health Services	Page 23
Bi-State PCA NH Members	Page 5	Greater Seacoast Community Health	Page 24
2020 NH Public Policy Principles	Page 6	Harbor Homes, Inc.	Page 25
Snapshot of Bi-State's NH Members	Page 7	Health Care for the Homeless Program	Page 26
CHCs, FQHCs, FQHC LALs, and RHCs	Page 8	HealthFirst Family Care Center	Page 27
FQHC Data	Page 9	Indian Stream Health Center	Page 28
A Growing Demand for Services	Page 10	Lamprey Health Care	Page 29
FQHCs Expanded Access to SUD Treatment	Page 11	Mid-State Health Center	Page 30
FQHC Clinical Quality Measures in 2018	Page 12	NH AHEC	Page 31
CHC Data	Page 13	North Country Health Consortium	Page 32
Investing in Primary Care	Page 14	Planned Parenthood of Northern New England	Page 33
Bi-State PCA NH Member Map	Page 15	Weeks Medical Center	Page 34
Bi-State's Workforce Recruitment Center	Page 16	White Mountain Community Health Center	Page 35
Addressing NH's Health Care Workforce Shortage	Page 17	Resources	Page 36
NH Member Profiles	Page 18	FQHC Federal Requirements	Page 37
Ammonoosuc Community Health Services	Page 19	FQHC Funding	Page 38
Amoskeag Health	Page 20	FQHC Sliding Fee Scale	Page 39
CHAN	Page 21	Acknowledgements	Page 40

## What is a Primary Care Association?

Each of the 50 states (or in Bi-State's case, a pair of states) has one nonprofit Primary Care Association (PCA) to serve as the voice for Community Health Centers. These health centers were born out of the civil rights and social justice movements of the 1960s with a clear mission that prevails today: to provide health care to communities with a scarcity of providers and services. That includes bringing comprehensive services to rural regions of the country.

### Bi-State's 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.

### Bi-State's Vision

Healthy individuals and communities with quality health care for all.

## Who We Are

Bi-State Primary Care Association is a 501(c)3 nonprofit organization that was formed by two health and social service leaders in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 31 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 142 locations. Our members include federally qualified health centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center (AHEC) programs, and Planned Parenthood of Northern New England. We provide training and technical assistance for improving programmatic, clinical, and financial performance and operations. We provide workforce assistance and candidate referrals for providers including physicians, dentists, nurse practitioners, and physician assistants. We also work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

### NH Public Policy

Bi-State is committed to improving the health status of Granite Staters and ensuring that all individuals have access to affordable and high-quality primary medical, mental health, substance use, and oral health care, regardless of insurance status or ability to pay.

### Continuous Quality Improvement

Bi-State manages 7 active peer learning networks for members. In FY2019 our VRHA training webinar series engaged 215 participants from 18 organizations, and our newly-launched clinical quality symposium welcomed 130 attendees.

### Workforce & Recruitment

Bi-State's Recruitment Center has worked with over 1,500 health care providers interested in practicing in VT and NH over the last year. We helped recruit 47 new providers to New Hampshire and Vermont between July 2018 – June 2019.

### Annual Conference

In 2019, our annual Primary Care Conference drew 222 participants from VT and NH. The conference provides an important learning and networking opportunity for colleagues from both states.

## Bi-State Primary Care Association's New Hampshire Members

### **Ammonoosuc Community Health Services, Inc. (FQHC)**

*Franconia, Littleton, Warren, Whitefield, Woodsville – Coos and Grafton Counties*  
Edward Shanshala II, Executive Director & Chief Executive Officer  
25 Mt. Eustis Road, Littleton, NH 03561  
Phone: (603) 444-8223  
[ed.shanshala@achs-inc.org](mailto:ed.shanshala@achs-inc.org)

### **Amoskeag Health (FQHC)**

*Manchester - Hillsborough County*  
Kris McCracken, President & Chief Executive Officer  
145 Hollis Street, Manchester, NH 03101  
Phone: (603) 935-5210; (603) 935-5229  
[kmccracken@mchc-nh.org](mailto:kmccracken@mchc-nh.org)

### **Community Health Access Network (CHAN)**

*Newmarket - Rockingham County*  
Joan Tulk, Executive Director  
207A South Main Street, Newmarket, NH 03857  
Phone: (603) 292-7205  
[jtulk@chan-nh.org](mailto:jtulk@chan-nh.org)

### **Charlestown Health Center (FQHC)**

• **Springfield Medical Care Systems' New Hampshire Site**  
*Charlestown - Sullivan County*  
Anila Hood, Director, Charlestown Health Center;  
Josh R. Dufresne, Acting Chief Executive Officer  
Springfield Medical Care Systems  
250 Ceda Road, Charlestown, NH 03603  
Phone: (603) 826-5711; Fax: (802) 885-3014  
[ahood@springfieldmed.org](mailto:ahood@springfieldmed.org);  
[jdufresne@springfieldmed.org](mailto:jdufresne@springfieldmed.org)

### **Coos County Family Health Services (FQHC)**

*Berlin, Gorham - Coos County*  
Ken Gordon, Chief Executive Officer  
54 Willow Street, Berlin, NH 03570  
Phone: (603) 752-3669 Ext. 4018  
[kgordon@ccfhs.org](mailto:kgordon@ccfhs.org)

### **Greater Seacoast Community Health:**

• **Families First Health and Support Center (FQHC)**  
*Dover, Exeter, Hampton, Portsmouth, Rochester - Rockingham and Stafford Counties*  
Janet Laatsch, Chief Executive Officer  
100 Campus Drive, Suite 12,  
Portsmouth, NH 03801  
Phone: (603) 516-2550; Fax: (603) 953-0066  
[jlaatsch@goodwinch.org](mailto:jlaatsch@goodwinch.org)

### • **Goodwin Community Health (FQHC)**

*Somersworth - Strafford County*  
Janet Laatsch, Chief Executive Officer  
311 Route 108, Somersworth, NH 03878  
Phone: (603) 516-2550; Fax: (603) 953-0066  
[jlaatsch@goodwinch.org](mailto:jlaatsch@goodwinch.org)

### **Harbor Care Health and Wellness Center, A Program of Harbor Homes (FQHC)**

*Nashua - Hillsborough County*  
Peter Kelleher, Executive Director  
45 High Street, Nashua, NH 03060  
Phone: (603) 821-7788; (603) 882-3616 Ext. 1171  
[pkelleher@nhpartnership.org](mailto:pkelleher@nhpartnership.org)

### **Health Care for the Homeless Program (FQHC)**

*Manchester - Hillsborough County*  
Amy Pratte, Director, External Affairs & Fiscal Manager HCH  
199 Manchester Street  
Manchester, NH 03103  
Phone: (603) 663-8716; Fax: (603) 663-8766  
[amy.pratte@cmc-nh.org](mailto:amy.pratte@cmc-nh.org)

## Bi-State Primary Care Association's New Hampshire Members

### HealthFirst Family Care Center (FQHC)

Franklin, Laconia – Belknap and Merrimack Counties

Russell G. Keene, Executive Director  
841 Central St, Ste 101, Franklin, NH 03235  
Phone: (603) 934-0177 Ext. 107  
[rkeene@healthfirstfamily.org](mailto:rkeene@healthfirstfamily.org)

### Indian Stream Health Center (FQHC)

Colebrook - Coos County

Dr. Gregory A. Culley, Interim Chief Executive Officer  
141 Corliss Lane, Colebrook, NH 03576  
Phone: (603) 388-2473  
[gculley@indianstream.org](mailto:gculley@indianstream.org)

### Lamprey Health Care (FQHC)

Nashua, Newmarket, Raymond - Hillsborough and Rockingham Counties

Greg White, Chief Executive Officer  
207 South Main Street, Newmarket, NH 03857  
Phone: (603) 292-7214; 603-659-2494 Ext. 7214  
[gwhite@lampreyhealth.org](mailto:gwhite@lampreyhealth.org)

### Mid-State Health Center (FQHC)

Bristol, Plymouth - Grafton County

Robert MacLeod, Chief Executive Officer  
101 Boulder Point Drive, Plymouth, NH 03264  
Phone: (603) 536-4000 Ext. 1001  
[rmacleod@midstatehealth.org](mailto:rmacleod@midstatehealth.org)

### NH Area Health Education Center Program (AHEC)

Lebanon - Grafton County

Kristina Fjeld-Sparks, Director  
One Medical Center Drive, WTRB Level 5  
Lebanon, NH 03756  
Phone: (603) 653-3278  
[Kristina.E.Fjeld-Sparks@Dartmouth.edu](mailto:Kristina.E.Fjeld-Sparks@Dartmouth.edu)

### North Country Health Consortium

Littleton - Grafton County

Becky McEnany, Interim CEO  
262 Cottage St, Ste 230, #8226  
Littleton, NH 03561  
Phone: (603) 259-3700; Fax: (603) 444-0945  
[bmcenany@nchcnh.org](mailto:bmcenany@nchcnh.org)

### Planned Parenthood of Northern New England (CHC)

Claremont, Derry, Exeter, Keene, Manchester - Cheshire, Hillsborough, Rockingham, and Sullivan Counties

Meagan Gallagher, Chief Executive Officer  
784 Hercules Drive, Colchester, VT 05446  
Phone: (802) 448-9778; (802) 448-9700 Ext. 9778  
[meagan.gallagher@ppnne.org](mailto:meagan.gallagher@ppnne.org)

### Weeks Medical Center (RHC)

Groveton, Lancaster, North Stratford, Whitefield - Coos County

Michael Lee, President  
173 Middle Street, Lancaster, NH 03584  
Phone: (603) 788-5026  
[Michael.Lee@weeksmedical.org](mailto:Michael.Lee@weeksmedical.org)

### White Mountain Community Health Center (FQHC LOOK-ALIKE)

Conway - Carroll County

JR Porter, Executive Director  
298 Route 16, Conway, NH 03818  
PO Box 2800, Conway, NH 03818  
Phone: (603) 447-8900 Ext. 321  
[jrporter@whitemountainhealth.org](mailto:jrporter@whitemountainhealth.org)

## 2020 New Hampshire Public Policy Principles

Bi-State is committed to improving the health of New Hampshire residents. We work to ensure that all individuals have access to appropriate, high-quality, integrated primary and preventive health care regardless of insurance status or ability to pay. Integrated primary and preventive care includes behavioral health, substance use disorder treatment, and oral health services (including the dentition and surrounding oral cavity in a broader sense). Access to care is dependent on many factors, including an adequate health care workforce, discount prescription drug programs, and care coordination.

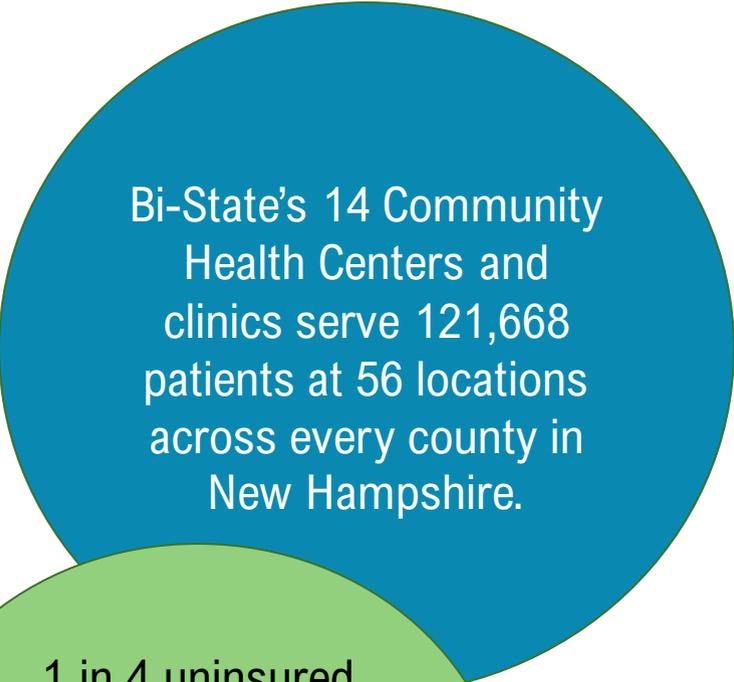
Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value community health centers provide to the Granite State. We accomplish our goals by partnering with the state, health care providers, non-profit advocacy organizations, and business leaders. Bi-State supports investments that promote public health through comprehensive primary and preventive care, lower prescription drug prices, and efficiencies in New Hampshire's health care system.

### Public Policy Priorities

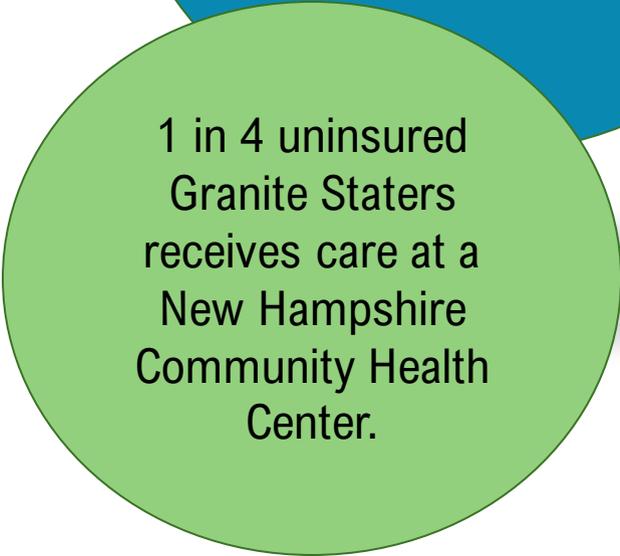
- Increasing investments in health care workforce development and recruitment in underserved areas;
- Expanding the adult Medicaid dental health benefit to include educational, preventive, and restorative services;
- Ensuring the success of the Granite Advantage Health Care Program as a reliable source of health insurance for low-income Granite Staters; and
- Increasing state support for integrated primary care, preventive, and reproductive health care services for our underserved populations.

## Snapshot of Our New Hampshire Members

- Community Health Centers (CHC)s include:
  - Federally Qualified Health Centers (FQHCs):  
11 New Hampshire FQHCs encompassing 46 sites in 8 counties
  - Planned Parenthood of Northern New England:  
5 locations
  - Weeks Medical Center (RHC): 4 Rural Health Clinics
  - White Mountain Community Health Center:  
A Federally Qualified Health Center Look-Alike (FQHC LAL)
- Community Health Access Network (CHAN)
- NH Area Health Education Center Program (AHEC)
- North Country Health Consortium (NCHC)



Bi-State's 14 Community Health Centers and clinics serve 121,668 patients at 56 locations across every county in New Hampshire.



1 in 4 uninsured Granite Staters receives care at a New Hampshire Community Health Center.

# Community-based primary and preventive health care

Comprehensive means primary and preventive medical, dental, oral, mental health, and enabling services.

Enabling means services that are not clinical in nature but which reduce barriers to care. Examples include: translation and interpretation, help accessing transportation, and assistance navigating financial issues.

## Community Health Centers (CHCs)

CHCs provide comprehensive and enabling services in medically underserved regions. CHCs offer services to all residents in their service areas, determining charges based upon the resident's ability to pay. Every CHC is unique, tailoring programs and services to the needs of their communities. Collaborations with community partners allow CHCs to go above and beyond in delivering high quality of primary care. In many communities, CHCs are the *only* comprehensive, patient-centered medical home open to all patients without restrictions, especially underinsured and Medicaid patients.

### In 2018, 14 CHCs:

- Served 121,668 patients in NH.
- Conducted 490,310 patient visits.
- Offered services in every NH county, across 56 sites.

Bi-State's Community Health Centers in New Hampshire include:

- 11 New Hampshire FQHCs
- Planned Parenthood of Northern New England
- Weeks Medical Center
- White Mountain Community Health Center



## Rural Health Clinics (RHCs)

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners and physician assistants in rural areas. RHCs can be public, nonprofit, or for-profit health care facilities. They must be located in rural, underserved areas. They are required to use a team approach of physicians working with non-physician practitioners such as nurse practitioners, physician assistants, and certified nurse mid-wives to provide services. RHCs are required to provide outpatient primary care services and basic laboratory services.

### In 2018, 4 RHCs:

- Served 10,228 patients in NH.
- Conducted 57,490 patient visits.
- Offered services in Coos county across 4 sites.

Bi-State's member, Weeks Medical Center, is an RHC with 4 sites in Coos county.

## Federally Qualified Health Centers (FQHCs)

FQHCs are a subset of NH's CHCs. The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs are governed by a board of directors, of whom a majority of the members receive care at the FQHCs. FQHCs provide comprehensive and enabling services in medically underserved regions. FQHCs accept patients regardless of ability to pay, offer a sliding fee scale to persons with incomes below 200% of the federal poverty level, and work with their communities to address a range of barriers to health.

### In 2018, 11 FQHCs:

- Served 94,891 patients in NH.
- Conducted 403,262 patient visits.
- Offered services in 8 NH counties, across 46 sites.



## Federally Qualified Health Center Look-Alikes (FQHC LALs)

FQHC LALs are Community Health Centers that meet the requirements to be FQHCs (including having a patient-majority board), but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale, and operate under a governing board that includes patients.

Bi-State's member, White Mountain Community Health Center, is an FQHC LAL with a site in Carroll county.

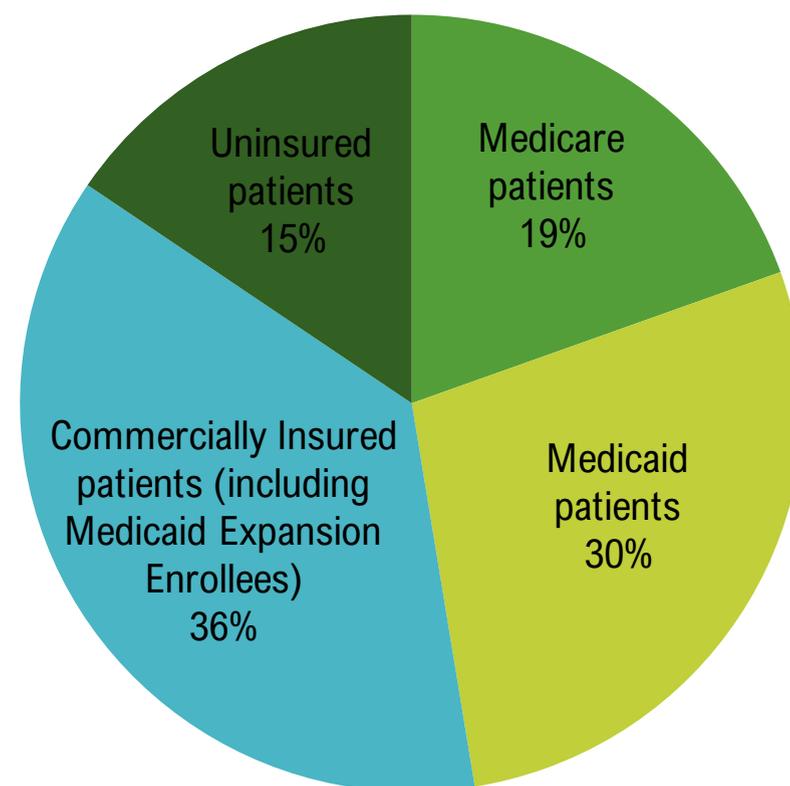
### In 2018, 1 FQHC LAL:

- Served over 2,600 patients in NH.
- Conducted over 9,400 patient visits.
- Offered services in Carroll county.

## New Hampshire's Federally Qualified Health Centers Serve 94,891 Granite Staters

- 11 New Hampshire Federally Qualified Health Centers (FQHCs) serve as the medical home for approximately 95,000 Granite Staters who made over 403,000 visits in 2018.
- In the past 5 years, New Hampshire's FQHCs have experienced a growing demand for services:
  - 13% increase in patients served
  - 17% in Medicare patients served
  - 21% increase in patient visits
- 1 in 14 Granite Staters receives care at a New Hampshire FQHC.
- 1 in 7 Granite Staters enrolled in Medicaid receives care at a New Hampshire FQHC.
- 1 in 5 uninsured Granite Staters receives care at a New Hampshire FQHC.

Federally Qualified Health Center Patient Mix

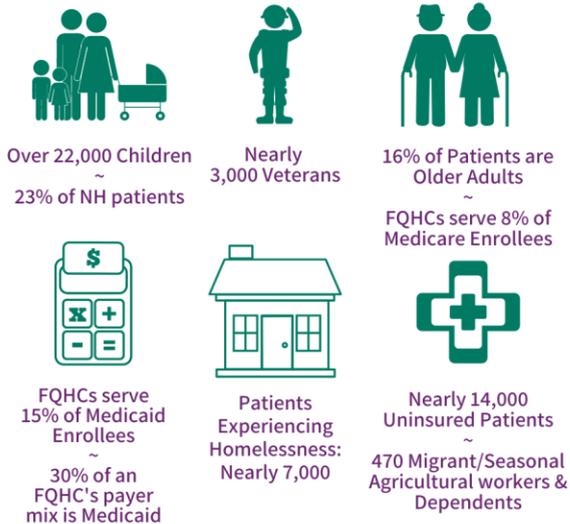


[2018 NH UDS Data](#) and Self-Reported data in BSPCA member surveys  
[NH Statewide Data from Kaiser Family Foundation](#)

This FQHC data does not include Springfield Medical Care Systems' NH Site: Charlestown Health Center.

# FQHCs Improve Access to Integrated Primary Care Services

## NH's FQHCs Serve:



In the past 5 years, demand for New Hampshire FQHC services has grown, with an increase of over 11,000 patients served (13%) and an increase of about 69,000 (21%) patient visits.



Based on UDS numbers from 2014-2018

## NH FQHCs are a Dental Safety Net

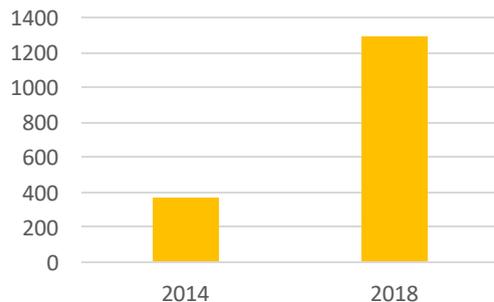


100% of NH's FQHCs integrate oral health into their primary care services.

2018 UDS

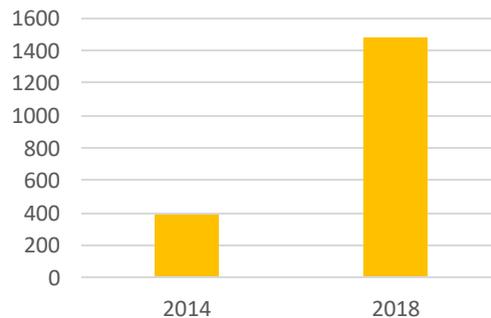
## A Growing Demand for FQHC Services in New Hampshire

### Vision Patients



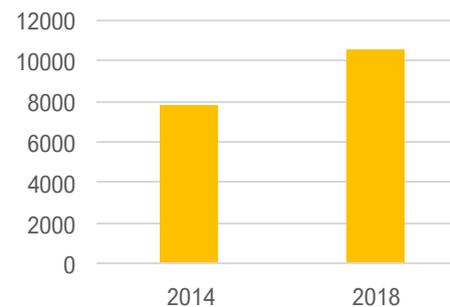
251% increase in NH patients receiving vision services

### Vision Office Visits



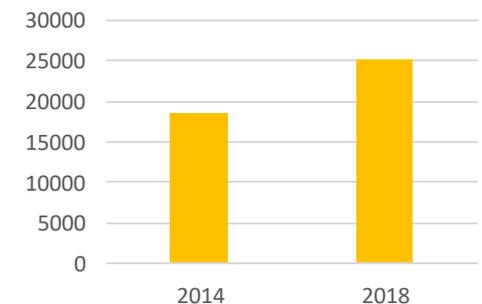
287% increase in office visits provided for vision services

### Dental Patients



36% increase in NH patients receiving oral health services

### Dental Office Visits

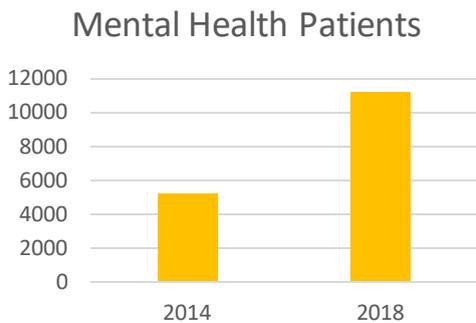


35% increase in office visits provided for dental services

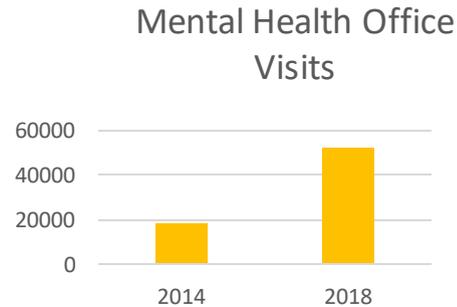
# REDUCING THE STIGMA OF SUBSTANCE USE DISORDER IMPROVES PUBLIC HEALTH



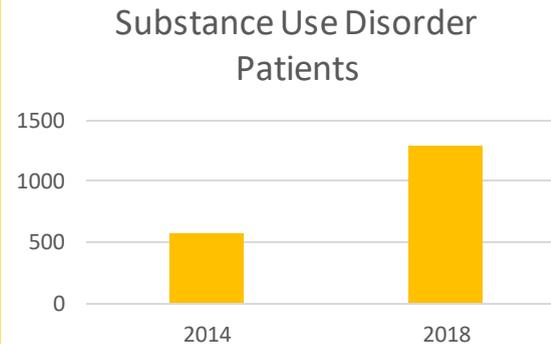
NH's FQHCs responded to the demand for substance misuse treatment by reducing the stigma associated with substance use disorder and expanding their capacity to see more patients. As a result, NH FQHCs expanded Granite Staters' access to substance use disorder treatment.



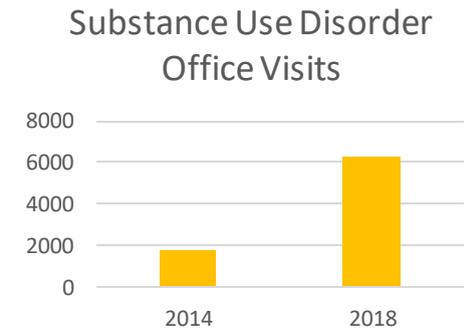
115% increase in NH patients receiving treatment for mental health



187% increase in office visits provided for mental health treatment



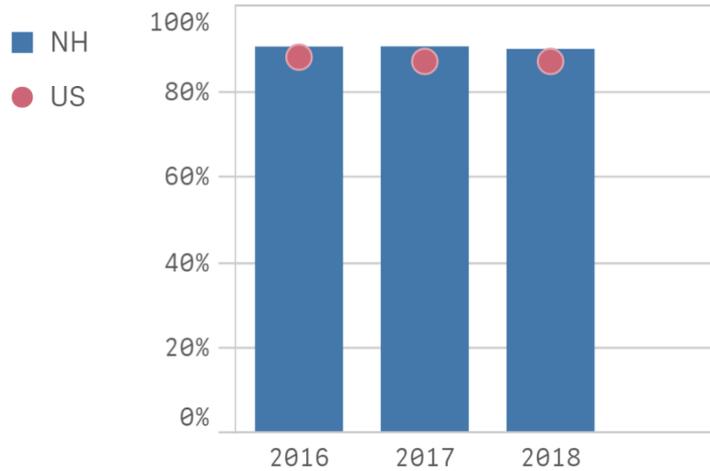
128% increase in NH patients treated for substance use disorder



257% increase in office visits provided for substance use disorder treatment

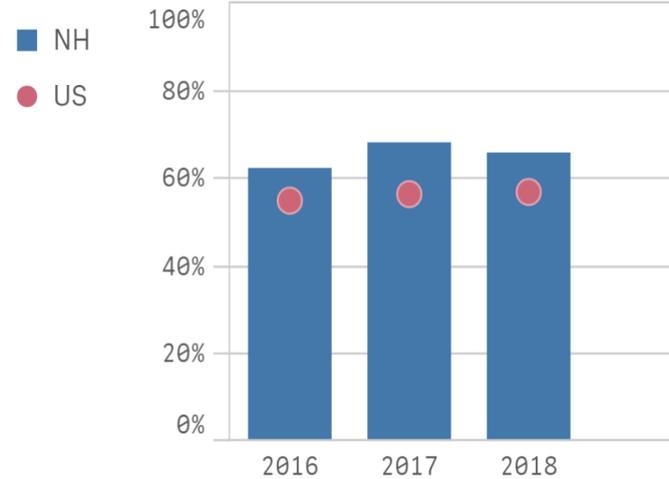
# New Hampshire's FQHCs Exceeded National FQHC Average for Many Clinical Quality Measures in 2018

### Asthma Medication Rate



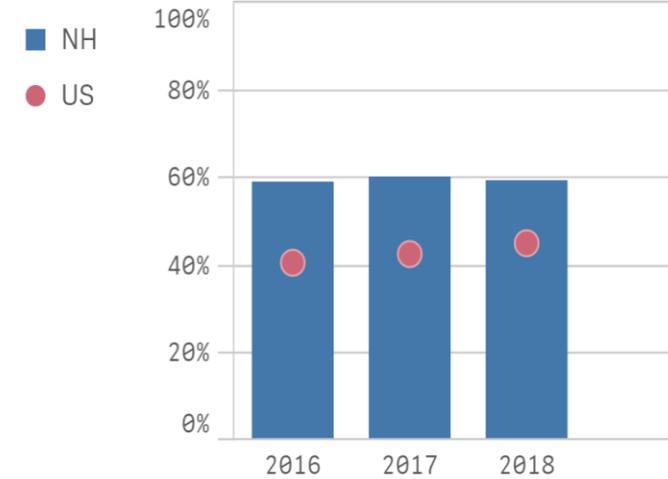
NH 90% > US 87%

### Cervical Cancer Screening Rate



NH 66% > US 56%

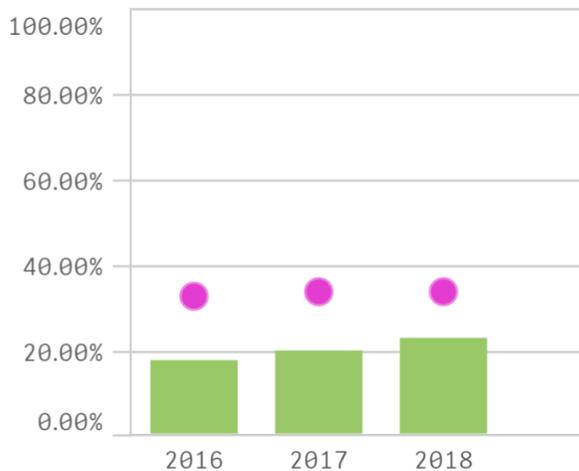
### Colorectal Cancer Screening Rate



NH 59% > US 44%

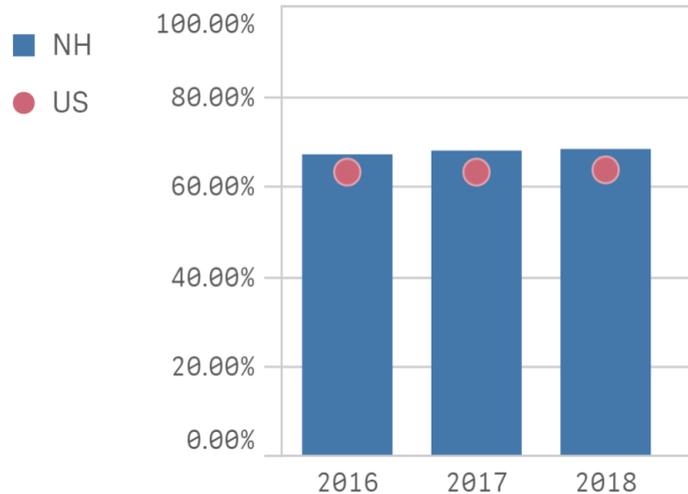
### Diabetes Poor Control Rate

LOWER = BETTER



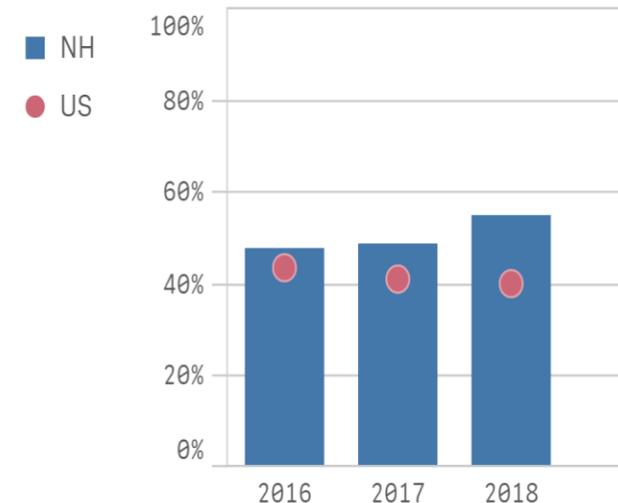
NH 23% < US 33%

### Hypertension Control Rate



NH 68% > US 63%

### Kids Immunization Rate

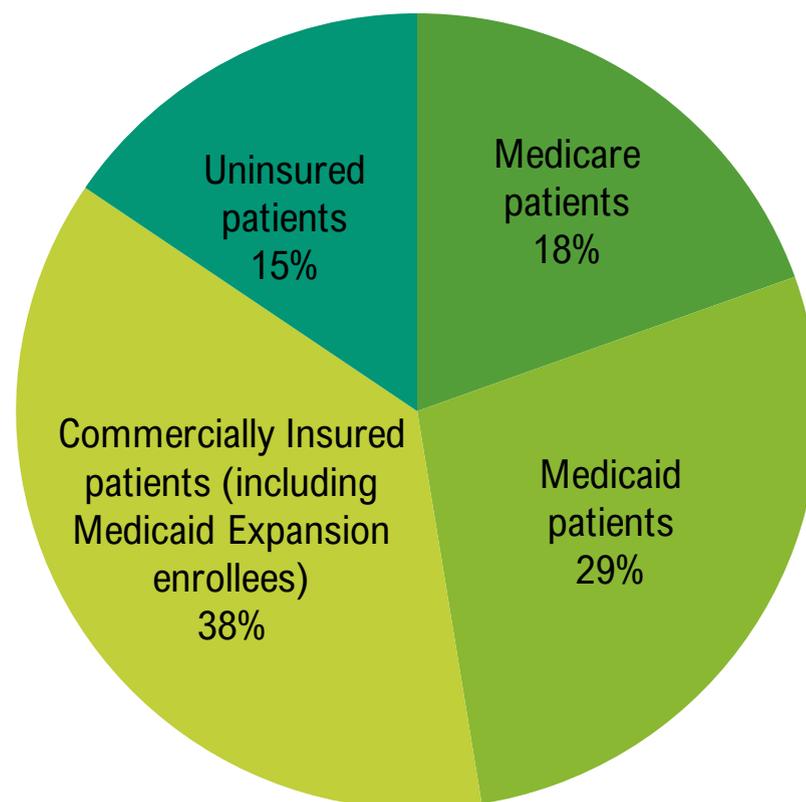


NH 55% > US 39%

## New Hampshire's Community Health Centers Serve 121,668 Granite Staters

- 14 New Hampshire Community Health Centers – including 11 FQHCs, Planned Parenthood of Northern New England, Weeks Medical Center, and White Mountain Community Health Center - serve as the medical home for over 121,000 Granite Staters who made over 490,000 visits in 2018.
- In the past 5 years, New Hampshire's CHCs have experienced a growing demand for services:
  - 10% increase in patients served
  - 14% increase in patient visits
  - 17% in Medicare patients served
- 1 in 11 Granite Staters receives care at a New Hampshire CHC.
- 1 in 4 uninsured Granite Staters receives care at a New Hampshire CHC.
- 1 in 5 Granite Staters enrolled in Medicaid receives care at a New Hampshire CHC.
- 1 in 10 Granite Staters enrolled in Medicare receives care at a New Hampshire CHC.

Community Health Center Patient Mix



[2018 NH UDS Data](#) and Self-Reported data in BSPCA member surveys  
[NH Statewide Data from Kaiser Family Foundation](#)

This CHC data does not include Springfield Medical Care Systems' NH Site: Charlestown Health Center.

## Investing in primary and preventive care is an investment in containing the growth of the total cost of care in New Hampshire.

Investing in primary and preventive care is the most effective way to reduce the growing costs of care in our state – keeping people well instead of paying to fix problems after they occur.

Nationally, CHCs generate on average \$24 billion a year in savings to the national health system.

Each patient receiving care at an CHC saves the health system approximately 25% annually compared to other providers.

(NACHC, 50<sup>th</sup> anniversary report, 2015)

CHCs serve about 20% of (1 in 5) NH Medicaid enrollees.

CHCs ensure that Medicaid enrollees receive cost-effective, comprehensive primary care.

(2018 NH UDS data, self-reported data in BSPCA member surveys, and statewide data from Kaiser Family Foundation)

CHCs are economic engines in their communities, often serving as the largest local employer. CHCs employ over 1,295 employees in the Granite State, while creating jobs in other industries, and boost the local economy through the purchase of goods and services from local businesses.

(2018 NH UDS data and self-reported data in BSPCA member surveys)

Our members offer sliding fee scales, including free care, to ensure that everyone can afford their services.

Health centers are ready to respond to the changing needs of their communities. Whether helping fight outbreaks of flu and Zika, dispensing care in disaster-stricken areas, providing substance misuse treatment, or serving our veterans – health centers proudly answer the call. And stand ready to do even more.

(NACHC, “Building Upon a Successful Model,” 2018)

## Our members serve Granite Staters in every corner of the state.

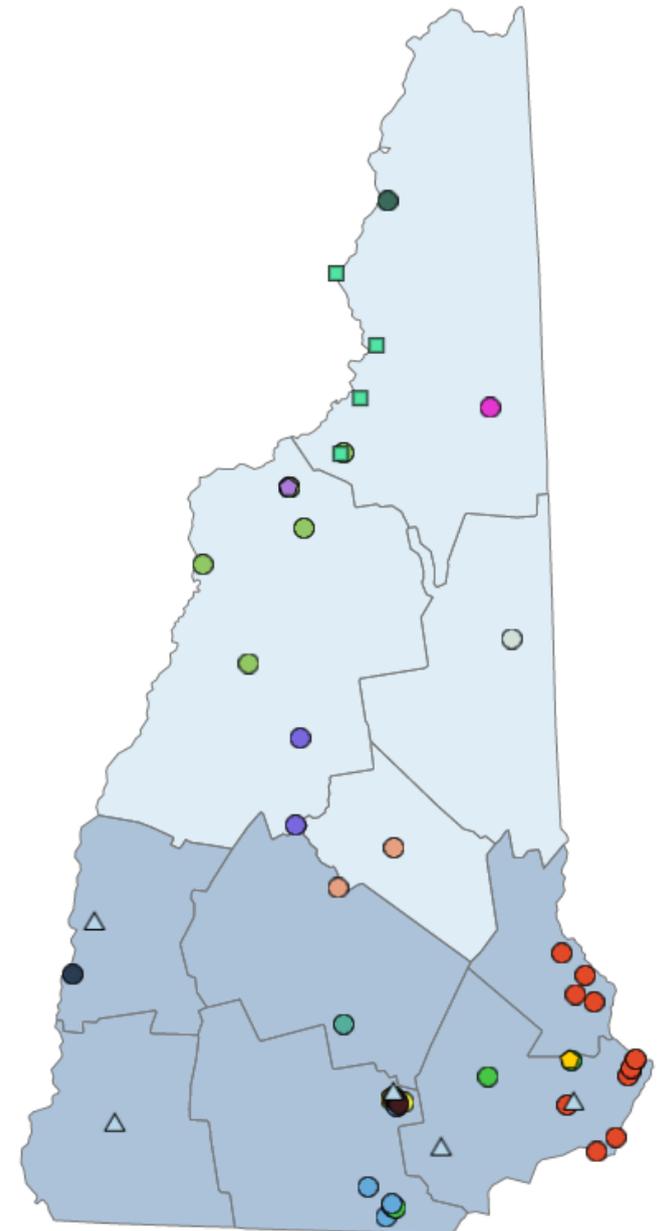
Our goal is for geography to never be a barrier to accessing comprehensive, quality services in New Hampshire. Our members operate in 56 sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanding use of telehealth connections.

**Our members had more than 490,000 visits in 2018.**

- Ammonoosuc Community Health Services, Inc. (FQHC)
  - Amoskeag Health (FQHC)
  - Coos County Family Health Services (FQHC)
  - Greater Seacoast Community Health (FQHC)
  - Harbor Homes, Harbor Care Health and Wellness Center (FQHC)
  - Health Care for the Homeless Program of Manchester (FQHC)
  - HealthFirst Family Care Center (FQHC)
  - Indian Stream Health Center (FQHC)\*
  - Lamprey Health Care (FQHC)
  - Mid-State Health Center (FQHC)
  - Springfield Medical Care Systems (FQHC)
  - Weeks Medical Center (RHC)
  - White Mountain Community Health Center (FQHC Look-Alike)
- 
- △ Planned Parenthood of Northern New England (CHC)
- 
- ◆ Community Health Access Network
  - ◆ North Country Health Consortium

Area Health Education Center (AHEC) Regions Shaded by County

- Northern New Hampshire
- Southern New Hampshire



\*Indian Stream Health Center has a location in Canaan, Vermont.

## Bi-State's Recruitment Center & Workforce Development

Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. This workforce program was established in 1994. Since then, we have worked with more than 100 sites and our work has helped recruit **560 providers** to practice in Vermont and New Hampshire communities.



[BiStateRecruitmentCenter.org](http://BiStateRecruitmentCenter.org)

### 25 Years of Recruitment Experience

Our recruitment advisors identify physicians, nurse practitioners, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. In FY19, we identified 1,566 providers with interest in NH and VT.

We monitor national and regional recruitment and retention trends in order to advise practices on ways to be innovative and competitive in hiring.

We are a resource for information on State and Federal Loan Repayment programs and the J1 Visa Waiver program, and we connect eligible providers with qualifying health care facilities.

### Workforce Development

Bi-State led a workforce coalition in New Hampshire from 2018-2019 that brought together over 50 organizations to successfully advance a range of reforms, including reducing administrative burdens, advanced training opportunities, and increasing reimbursement rates, in an effort to address primary care workforce shortages. In 2019, with our knowledge of local and national trends, Bi-State provided input and data for the Vermont Rural Health Services Task Force on its workforce findings and recommendations.

### Retention is the Key to Successful Recruitment

A first step in retention is matching candidates with communities where they will thrive. Bi-State has a strong reputation for successful recruitment to rural New England. Bi-State offers programs that support health care employees as they develop networks and skills that root them in serving our communities.

For example, our Leadership Development Program held biannually has graduated 212 students; our peer-to-peer groups offer support in areas such as clinical quality improvement, billing and coding, and care coordination; we host an annual primary care conference and in 2019 launched a Clinical Quality Symposium which had 130 attendees in its inaugural year.

The Recruitment Center makes trainings available to community health centers in both states to help them develop strategies for integrating retention best practices from the beginning of the recruitment process and beyond.

**In a pilot survey on retention of candidates Bi-State placed in NH over a 20-year period, 26% had stayed at their original location (40% had been practicing between 14-20 years), and 66% of the recruited providers have remained in the same region.**

Bi-State's Recruitment Center serves all interested New Hampshire and Vermont health care organizations, placing special emphasis on rural and underserved areas. In 2019, we were actively recruiting for an average of 53 vacancies in New Hampshire and 62 vacancies in Vermont. For more information, contact Stephanie Pagliuca, Director of Workforce Development and Recruitment, at (603) 228-2830 x111 or [spagliuca@bistatepca.org](mailto:spagliuca@bistatepca.org).

## Identifying Key Solutions to Address the Health Care Workforce Shortage and Improve Access to Care

With over 2,000 health care worker vacancies statewide, including 109 Community Health Center vacancies, New Hampshire does not have the workforce to meet the health care needs of our residents. In response, Bi-State Primary Care Association led the effort to form the bipartisan NH Health Care Workforce Coalition, which grew to include 53 Granite State health care organizations that worked with legislative leaders to develop a package of solutions to the health care workforce shortage:



Invested \$6.5 million in the State Loan Repayment Program, the #1 tool for recruiting and retaining providers in rural and underserved areas.



Supported Medicaid Providers by implementing 3.1% across-the-board Medicaid rate increases.



Utilized telehealth as a resource to expand access to care and help clinicians work more efficiently.



### 2019 NH Legislative and Business Breakfast

Pictured (back row, l-r): Tess Stack Kuenning, Kristine Stoddard; (front row, l-r): Sen. Jeb Bradley, Rep. Erin Hennessey, Sen. Cindy Rosenwald, and Sen. Dan Feltes



Required health care professionals to complete the State Office of Rural Health survey that enables DHHS and HRSA to track health care vacancies statewide.



Implemented online background checks to make it easier for NH businesses including Community Health Centers to hire qualified, interested employees.

# NH Member Profiles



Ammonoosuc Community Health Services, Inc.  
 Edward D Shanshala II, MSHSA, MEd,  
 Executive Director/Chief Executive Officer  
 603-444-2464 • [www.ammonoosuc.org](http://www.ammonoosuc.org)  
 25 Mt. Eustis Road, Littleton, NH  
 202 Cottage Street, Littleton, NH  
 333 Route 25, Main Street, Warren, NH  
 79 Swiftwater Road, Woodsville, NH  
 14 King's Square, Whitefield, NH  
 1095 Profile Rd, Suite B., Franconia, NH



### ABOUT OUR CLIENTS

Where They Live: ACHS patients come from 40 communities in Grafton and Coos Counties, as well as neighboring towns in Vermont - a service area of approximately 68,000.

Socioeconomic status: 12% of residents in the county of Grafton, and 13% of residents in Coos County have household incomes at or below 200% of the federal poverty level.

Insurance Status (2018):

- 10% were uninsured
- 15% were covered by Medicaid
- 29% were covered by Medicare
- 46% were covered by private insurance, including Medicaid Expansion products.

### NUMBERS OF PATIENTS SERVED

- Total Medical Patients: 9,923
- Total Visits (includes all services): 42,127
- Total Dental Patients: 1,260
- Total Dental Visits: 4,024
- Total Mental Health Visits: 4,433

### HIGHLIGHTS IN ACHS HISTORY

- 1975: Established to provide family planning, WIC, prenatal, and child health care in northern NH
- 1995: Designated as a Federally Qualified Health Center providing comprehensive primary care services
- 1998: Received initial JCAHO accreditation (recertified in 2001)
- 2002: Added fifth health center site in Franconia, NH
- 2007: Woodsville Expanded Medical Capacity grant and implementation
- 2015: Added Dental and Oral Health Center in Littleton, NH
- 2016: In partnership with area optometrists, offers an affordable Vision Program

### FINANCIAL INFORMATION

- Agency Revenue (2018): \$11,890,014
- Employees (2018): 107 FTEs

### VALUE OF DISCOUNTED SERVICES PROVIDED TO PATIENTS

- Total: \$729,978
- Medical: \$220,736
- Dental: \$410,489
- Behavioral Health: \$16,399
- Pharmacy: \$82,354

### ACHS SERVICES

- Integrated Primary Medical Care
- Prenatal Care
- Women's Health: Birth Control, STD Checks, Pap/Pelvic Exams, Long-Term Contraceptives
- Behavioral Health: Counseling, Drug and Alcohol Treatment, Medication-Assisted Treatment for Substance Use
- Dental and Oral Care: Diagnostic, Preventive, Restorative, Prosthetics, Simple Extractions
- Health and Nutritional Education, Promotion, and Counseling
- Chronic Disease Management
- Prescription Drug Program
- Cancer Screening
- Hospice and Palliative Care
- Medical Legal Partnership
- Patient Navigation
- Vision and Clinical Pharmacy Services
- Support Programs
- Breast and Cervical Cancer Screenings
- Text 4 baby: Free Educational Program of the National Healthy Mothers, Healthy Babies Coalition
- HIV/STD Counseling and Testing



# AMOSKEAG HEALTH

## Kris McCracken, President/Chief Executive Officer

145 Hollis Street Manchester, NH  
184 Tarrytown Road Manchester, NH  
1245 Elm Street Manchester, NH  
1555 Elm Street Manchester, NH ProHealth  
88 McGregor Street Manchester, NH

[www.amoskeaghealth.org](http://www.amoskeaghealth.org) • 603-626-9500

## About Our Patients

Where They Live: 86% in Manchester and neighboring towns; 14% are from various other counties.

Socioeconomic Status: Approximately 80% of Amoskeag Health patients are known to be at 200% of the Federal poverty level or below (\$40,840 or less annually for a family of 3).

## Outpatient Insurance Status

24% were uninsured; 6% were covered by Medicare; 50% were covered by Medicaid. 20% were covered by private insurance, including Medicaid Expansion products.

## Languages Spoken

43% (over 7,500 Amoskeag Health patients) do not use English as their primary language. The predominant non-English languages are Spanish, Arabic, Nepali, French, Portuguese and Kiswahili.

## Number of Adult and Children Served Last Year

Total Patients: 14,672  
Total Visits: 67,491

## Highlights in Amoskeag Health History

- 1981:** Dr. Selma Deitch establishes Child Health Services (CHS) to provide family-oriented primary health care to the uninsured, underinsured or to those lacking access to quality health care.
- 1993:** Manchester Community Health Center (MCHC) opens as a joint endeavor of Elliot Hospital and Catholic Medical Center (CMC) with the support of many local non-profit leaders, including Dr. Deitch.
- 1999:** CHS achieves Joint Commission on the Accreditation of Healthcare Organizations and Primary Care Effectiveness Review accreditation, the first facility of its kind in the nation to achieve this joint recognition.
- 2004:** Citizens Bank and WMUR name MCHC the 'Community Champion in Healthcare'.
- 2008:** MCHC moves from its original Elm St. location to the current Hollis St. location. CMC and Dartmouth Hitchcock create West Side Neighborhood Health located in the CMC Medical Building on McGregor St.
- 2013:** MCHC adds a second location at Tarrytown Rd.
- 2014:** MCHC and CHS combine operations.
- 2015:** MCHC assumes management of the West Side Neighborhood Health Center on McGregor Street.
- 2018:** MCHC opens first FQHC-based Optometry Clinic in NH for eye health and vision services.
- 2019:** MCHC, CHS, West Side Neighborhood Health Center, and Tarrytown are brought together under one name: Amoskeag Health.
- 2019:** ProHealth, co-located physical and mental health services with the Mental Health Center of Greater Manchester, opens its doors.

## Financial Information

Agency Budget: \$21,550,987; Employees: 220 FTEs



## AMOSKEAG HEALTH SERVICES

- **Primary Medical Care**  
Healthcare for adults and children of all ages, regardless of insurance status
- **Prenatal Care**  
Care through pregnancy and childbirth in collaboration with Bedford Commons OB/GYN for high-risk patients
- **Specialty Care**  
Podiatry services, dental referral services, and other special medical programs such as care coordination, developmental screenings and nutritional care
- **Chronic Disease Care**  
Services such as diabetic eye care, chronic disease self-management courses and high blood pressure program
- **Behavioral Health Services**  
Services such as mental health therapy, substance misuse counseling, medication assisted therapy and perinatal substance use disorder (SUD) care
- **Optometry Care**  
Vision care for patients ages five and older, including routine eye care for diabetic patients, and free glasses for children who qualify
- **Preventive Care**  
Lifestyle changes programs, nutritional counseling, breast feeding education, screening for breast, cervical and colorectal cancer
- **Social Services and Support**  
Case management, transportation, language interpretation, food pantries, teen clinic, medical/legal partnership, ACERT & Family Justice Center collaborations



Community Health Access Network (CHAN)  
 Joan Tulk, Executive Director  
 207A South Main Street  
 Newmarket, NH 03857-1843  
 603-292-7274 • [www.chan-nh.org](http://www.chan-nh.org)

**ABOUT US**

CHAN is the only Health Center Controlled Network (HCCN) in NH. CHAN has developed and supports an integrated clinical and administrative system infrastructure that affords innovative opportunities for its Federally Qualified Health Center (FQHC) members, which include 2 Healthcare for the Homeless programs. CHAN’s endeavors, particularly in the Health Information Technology arena, enable the provision of enriched patient experiences and quality care.

**OUR MEMBERS**

- Greater Seacoast Community Health
- Health First Family Care Center
- Lamprey Health Care, Inc.
- Amoskeag Health
- Health Care for the Homeless Program, Catholic Medical Center
- Shackelford County Community Resource Center, dba Resource Care (TX)
- Affiliate members include Ammonoosuc Community Health Services, Coos County Family Health Services, and The Health Center (VT)

**HIGHLIGHTS IN CHAN HISTORY**

1995: Five community health care centers with a collective history of over 75 years of experience in providing primary care services to the uninsured, underinsured, and Medicaid populations formed an Integrated Services Network (ISN), called CHAN.

1996: A NH Health Care Transition Fund Grant helped to expand the HCCN and develop shared services.

1997: Two additional community healthcare centers joined the network, and CHAN was awarded our first Bureau of Primary Health Care grant.

2008: CHAN was awarded the HIMSS Nicholas E. Davies award for improving healthcare through the use of HIT.

2010: CHAN expanded across state lines and welcomed a health center from Texas into the network

2016: CHAN began hosting the IT infrastructure for a VT health center

**CHAN SERVICES**

**Electronic Health Record**

Electronic health record system that enables clinicians and staff to document patient visits, streamline clinical workflow and securely exchange data

**Practice Management**

Practice management billing system provides all the tools needed to manage the specific needs of practices and boost efficiency

**Data Warehouse**

Updated daily with clinical, operational and financial data. Supporting standard quality and operational reports, analysis and member-generated ad hoc reports

**Clinical Standards**

Supporting clinical operations and providing support for chronic disease management and prevention.

**IT Services**

Services such as systems maintenance, upgrades, disaster recovery, electronic reports and custom data entry screens/forms development

**Performance Improvement**

Monitoring and improvement activities for clinical operations; Quality Improvement technical assistance, training and audits



## ABOUT OUR CLIENTS

Where they live: Patients served reside in Charlestown, NH and surrounding communities in Sullivan County, portions of Cheshire County, NH, as well as some residents of adjacent Vermont communities.

Socio-economic Status: Sullivan County, population 43,742, is rural with the second least populous county in the state. The unemployment rate is 2.0.

2014-2018 median household income is \$60,780.

Per capita income in past 12 months, 2014-2018 is \$31,668.

Percent in poverty is 11.2%

Persons without health insurance, under age 65 years, 7.2%.

Persons with disability, under age 65, 2015-2018, 9.4%

## INSURANCE STATUS

7% Uninsured  
23% Medicaid  
25% Medicare  
45% Commercial Insurance/  
Medicaid Expansion Products

## NUMBER OF PATIENTS SERVED

Total Patients (2018): 4,043  
Total Visits (2018): 12,226

## GENERAL INFORMATION

Employees: 22  
New facility opened in July, 2017

## A GROWING DEMAND FOR SERVICES

- Patient count grew 35.7% from 12/31/17 to 12/31/18.
- Patient visits grew by 18.5% from 12/31/17 to 12/31/18.



## CHARLESTOWN HEALTH CENTER SERVICES

- Integrated Primary Medical Care
- Walk-in Access 7 days a week
- Preventive Health Screenings
- Chronic Disease Management and Diabetes Education
- Support programs for Breast and Cervical Cancer screenings
  - Nutrition Counseling
  - Smoking Cessation Counseling
  - Discount Pharmaceuticals
- Behavioral Health and Substance Use Disorder Counseling
  - On-site Lab and X-ray services
  - SMCS In-Network Dental and Vision Care Access



Coos County Family Health Services  
Ken Gordon, Chief Executive Officer

[www.coosfamilyhealth.org](http://www.coosfamilyhealth.org)

133 Pleasant Street Berlin, NH 03570 • 603-752-2040  
2 Broadway Avenue Gorham, NH 03581 • 603-466-2741  
73 Main Street Berlin, NH 03570 • 603-752-2424  
59 Page Hill Road Berlin, NH 03570 • 603-752-2900  
54 Willow Street Berlin, NH 03570 • 603-752-3669



## WHO WE PROVIDE CARE FOR

Where They Live: Patients come from over 13 communities of Coos County and neighboring towns in Maine, which are federally-designated Medically Underserved Population (MUP) areas, and both Medical and Dental Health Professional Shortage Areas (HPSAs).

Socioeconomic Status: Approximately 65% of CCFHS patients have household incomes below 200% of the federal poverty level (\$40,840 or less annually for a family of 3).

## Insurance Status (2018)

7% were uninsured.  
21% were covered by Medicaid.  
30% were covered by Medicare.  
42% were covered by private insurance, including Medicaid Expansion products.

## NUMBERS OF CHILDREN AND ADULTS SERVED (2018)

Total Patients: 12,366  
Total Visits: 52,407

## HIGHLIGHTS IN CCFHS HISTORY

1974: Started as a Title X Family Planning Agency.  
1980: Merged with Family Health Programs to provide prenatal and infant care and added WIC and RESPONSE.  
1993: Designated as a Federally Qualified Health Center (FQHC), providing comprehensive primary care services.  
2004: Expanded to an additional site in Berlin and one in Gorham, adding an additional 10,000 patients.  
2016: Coos County Family Dental Clinic established.  
2018: Medication Assisted Treatment program began operations.

## FINANCIAL INFORMATION

Agency Revenue (2018): \$13,410,184  
Employees: 112 FTEs  
Annual Savings to health care system (2014-2018): \$15.2 million dollars (\$1,263 saved per person)

## A GROWING DEMAND FOR SERVICES (2014-2018)

12% increase in patient visits  
413% increase in mental health patients  
2,475% increase in dental patients

## CCFHS SERVICES

- Primary Medical Care/Family Medicine
- Prenatal Care & Obstetrics: In Partnership with Androscoggin Valley Hospital
- Family Planning: Reproductive Health Services
- Breast & Cervical Cancer Screenings
- HIV Testing & Counseling
- Chronic Disease Management
- Behavioral Health Services
- Substance Use Treatment
- Reduced-Cost Prescription Drugs
- Women, Infant and Children (WIC) Nutrition/Health Services
- Dental/Oral Health Services
- Health Promotion and Education
- Nutrition Counseling Services
- On-site Laboratory Services
- Medical Social Work
- Podiatry
- Telehealth: in Partnership with the Dartmouth Hitchcock Medical Center
- Medical Appointment Offered 7 Days per Week
- RESPONSE: Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing

# GREATER SEACOAST COMMUNITY HEALTH

**Goodwin**  
Community Health

**Families  
First**

**Lilac City  
Pediatrics**



Greater Seacoast Community Health  
Janet Laatsch, CEO · [www.GetCommunityHealth.org](http://www.GetCommunityHealth.org)

**Mission:** To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay.

## Health Center Locations

- **Families First Health & Support Center:** 100 Campus Dr., Portsmouth
- **Goodwin Community Health:** 311 Route 108, Somersworth
- **Lilac City Pediatrics:** 180 Farmington Rd, Rochester
- **Mobile Health Clinics:** Rochester, Dover, Portsmouth, Hampton and Exeter (9 sites total)

## Program Partner Locations

- **SOS Recovery Community Organization:** Recovery centers in Dover, Rochester and Hampton; office in Somersworth.
- **Strafford County Public Health Network:** 311 Route 108, Somersworth
- **Women, Infants, and Children Nutrition Program:** 311 Route 108, Somersworth

## 2018 Data

- Total Patients: 16,250
- Medical Services: 13,316 patients in 45,123 visits
- Dental Services: 5,078 patients in 10,667 visits
- Mental Health Services: 1,265 patients in 6,879 visits
- Substance Use Services: 248 patients in 1,664 visits
- Family Programs (incl. home visits): 1,872 served
- 86% of Health Center patients had household incomes below 200% of the federal poverty level.
- 37% were covered by Medicaid; 17% were uninsured

## 2019 Accomplishments

- Expanded access to pediatric behavioral health care
- Opened a third SUD recovery center (in Hampton)
- Ranked among the top 30% of all health centers nationwide in overall performance on clinical quality measures
- Increased access for our patients
- Expanded parenting programs to Somersworth
- Renewed Level 3 Patient-Centered Medical Home recognition (Somersworth location)
- Received \$217k federal grant to expand oral health services
- Began offering acupuncture services to SUD and other patients

## 2019 Budget and Staffing

- Agency Operating Budget: \$19.7 million
- Employees: 305

## GREATER SEACOAST SERVICES

### PRIMARY & PRENATAL CARE

- Primary care for adults
- Pediatric care
- Prenatal care
- Mobile health care for people experiencing homelessness and others with low incomes
- Child-development screenings
- Breast and cervical cancer screenings
- Nutrition education and counseling
- Education and support for management of chronic diseases

### DENTAL CARE

- On-site dental hygiene, treatment and urgent care
- School-based education, screening, cleanings and sealants
- Mobile dental clinics

### BEHAVIORAL HEALTH SERVICES

- Behavioral health counseling
- Psychiatric care
- Substance Use Disorder counseling
- Medication-Assisted Recovery
- Intensive Outpatient Program

### PARENT & FAMILY PROGRAMS

- Parenting classes and groups, with free child care; Playgroups and family programs; Individual, in-home support for families under stress, including families with a chronically ill child

### ... AND MORE

- Social work services and care coordination
- Insurance and benefits enrollment
- Prescription assistance
- In-house pharmacy and 340B drug discount program
- Transportation, translation and child care for appointments
- On-site lab services



Peter Kelleher, President and CEO  
 45 High Street Nashua, NH 03060  
 615 Amherst Street Nashua, NH 03063  
 12 Amherst Street Nashua, NH 03064  
 Mobile Health Van, Hillsborough County  
 603-882-3616  
[www.harborhomes.org](http://www.harborhomes.org)



**ABOUT US**

Harbor Care Health and Wellness Center (HCHWC) is the Federally Qualified Health Center (FQHC) of Harbor Homes and Partnership for Successful Living Affiliates. As one of only three Health Centers in NH designated as a Health Care for the Homeless Health Center, HCHWC serves approximately 3,200 unique patients through nearly 25,000 visits annually with primary care, MAT, mental health, and SUD services. Our primary Service Area is Greater Nashua, NH.

**Socioeconomic Status**

More than 40% of NH's homeless live in our Service Area. 76% of the patients we serve are homeless. 90% of the patients we serve are below 200% of the Federal Poverty Level (\$40,840 or less annually for a family of 3). Over 65% of our total visits were substance misuse or mental health related.

**Insurance Status (2018):**

- 14% uninsured
- 20% covered by Medicare
- 17% covered by private insurance
- About half of our patients are covered by Medicaid.

**Highlights in 2018:** Harbor Care Health and Wellness Center is the health care provider of Nashua's Safe Station Program, which has served over 2,500 clients through December 2018. Safe Stations is a program of the City of Nashua, Nashua Fire Rescue, American Medical Response, and Harbor Homes. Any person can present at one of seven Nashua Fire Stations seeking assistance with substance use disorder. Clients are medically screened and evaluated for outpatient and residential services.

**NUMBERS OF PATIENTS SERVED (2018)**

Unique Patients: 3,063; Medical Visits including MAT: 6,561  
 Dental Visits: 2,882; Behavioral Health & Substance Misuse Visits: 10,172

**FINANCIAL INFORMATION (2018)**

Full-Time Equivalents: 73; Total Uncompensated Care: \$2,618,196

**A GROWING DEMAND FOR SERVICES (2015-2018)**

- 236% increase in Medicaid patients
- 37% reduction in Uninsured patients
- 215% increase in Behavioral Health and Substance Use Disorder patients
- 382% increase in Homeless patients
- 197% increase in Total Visits provided
- 156% increase in Total Patients served

**HARBOR HOMES SERVICES**

Access to a comprehensive set of services designed to address social determinants of health and end or prevent homeless

- Housing (Permanent, Temporary, Veteran)
- Employment Supportive Services
- Case Management
- Safe Stations: A gateway to recovery services
- Primary and Acute Medical Care, including Same Day Visits
- Women's Health and Pediatrics
- Early Invention Services including PrEP and PEP
- Medication Assisted Treatment (MAT) including Substance Use Disorder Treatment and Withdrawal Management Services
- Behavioral Health Care, including Mental Health Medication Management, Mental Health Counseling
- Mobile Crisis Response Team
- Pharmacy: 340B Low-Cost Prescription Program
- Patient Navigation and Insurance Enrollment
- Sliding Fee Scale, Payment Plans and Discounted Services

24x7x365 After-Hours Coverage

# Health Care for the Homeless

A Program of the Manchester Health Department based at Catholic Medical Center



New Horizons for NH  
199 Manchester Street  
Manchester, NH  
603-663-8718

Health Care for the Homeless Program  
Amy Pratte, Director, External Affairs/Fiscal Manager HCH  
195 McGregor Street  
Manchester, NH  
603-663-8716

Wilson Street Integrated Health  
293 Wilson Street, Suite 102  
Manchester, NH  
603-665-7450

Families in Transition  
177 Lake Avenue  
Manchester, NH  
603-782-7414



## ABOUT OUR CLIENTS

**Who They Are:** Men, women, children, teens, veterans, families and working poor residents of the greater Manchester, New Hampshire area

**Where They Live:** Our clients are individuals and entire families who do not have a regular (nor adequate) place to sleep or call home. Many who are homeless, such as battered women and runaway/throwaway youth, are in precarious situations fleeing domestic violence unable to return to their homes. Others live in transitional housing, temporary shelters, or “couch surf,” doubled up for the night with other families, friends /acquaintances. Some sleep in places not intended or designed for human habitation, such as cars, abandoned buildings, and tent camps along the river or in the woods.

**Socioeconomic Status:** 98% of HCH patients earn below 200% of poverty level (\$40,840 or less for a family of 3).

### Insurance Status

25% were uninsured. 57% were covered by Medicaid. 9% were covered by Medicare. 9% had private insurance, including Medicaid Expansion products.

### NUMBERS SERVED

Health care users:  
1,471  
Health care visits:  
6,249



## HIGHLIGHTS IN HCH HISTORY

In 1987, the Manchester Health Department (MHD) was awarded a federal (330h) health center grant from HRSA as part of the national Health Care for the Homeless Program to establish a *clinic without walls*, providing primary health care and addiction services to people and families who are homeless in the greater Manchester area. MHD contracts with Catholic Medical Center (CMC) to implement program operations. Clinic sessions are offered at three locations, including New Horizons Shelter, Families in Transition emergency shelter, and Wilson Street Integrated Health (WSIH). Co-located with community partners within the Manchester Recovery & Treatment Center, WSIH was opened in 2019 in response to the growing need for substance use disorder services. Outreach is also conducted, touring streets, parks, woods and other smaller shelters in the area.

The HCH team works closely with CMC, Poisson Dental Facility, Elliot Hospital, Amoskeag Health, The Mental Health Center of Greater Manchester, Dartmouth Hitchcock Medical Center, Waypoint, Granite Pathways, Farnum Center, Southern NH Services and most local health and human service providers.

**GROWING DEMAND:** Homelessness is growing in part due to the high cost of housing. In 2019, NH Housing Wage required to rent a 2-bedroom home was \$23.23 per hour. The average 2-bedroom rental cost is \$1,347 per month. Demand for services has increased due to the Opioid Epidemic and Safe Station program partnership. All are welcome. No one is turned away.

## HEALTH CARE FOR THE HOMELESS SERVICES

- Primary Medical Care, Medical Case Management, Chronic Disease Management for Diabetes, Asthma, and Hypertension
- Integrated Behavioral Health Services, Counseling and Medication Assisted Therapy for Substance Use Disorders
- Easily Accessible Clinics, Street Outreach, and Safe Station Partners
- Health Education and Mindfulness-Based Stress Reduction
- Testing and Treatment for STD/HIV
- Tuberculosis Screening and Cancer Screening
- Medication Assistance
- Transportation
- Referrals to Specialty Care
- Social Work/Case Management



HealthFirst Family Care Center  
 Russell G. Keene, Executive Director  
 841 Central Street, Franklin, NH • 603-934-1464  
 22 Strafford Street #1 Laconia, NH • 603-366-1070  
[www.healthfirstfamily.org](http://www.healthfirstfamily.org)



## ABOUT OUR CLIENTS

Where They Live: Our clients come from 23 rural townships within the Twin Rivers and Lakes Region of New Hampshire (i.e., Belknap, Carroll, Merrimack and Grafton counties), a population of approximately 81,000 people.

Socio-Economic Status: 83% of HealthFirst clients are at 200% of the federal poverty level or below (\$40,840 or less for a family of 3).

## Insurance Status:

9% were uninsured.

18% were covered by Medicare.

30% were covered by private insurance, including Medicaid Expansion products.

43% were covered by Medicaid.

## NUMBERS OF CHILDREN AND ADULTS SERVED

Total Patients: 4,981

Total Visits: 21,790



## HIGHLIGHTS IN HEALTHFIRST HISTORY

1995: Established with funding from the NH DHHS

1997: Received designation as a Federally Qualified Look-Alike

2002: Designated as a Federally Qualified Health Center

2006: Opened second primary care site in Laconia

2012: Expanded behavioral health integrated into primary care

2019: MAT program offered

## FINANCIAL INFORMATION

Agency Budget: \$6,860,000

Employees: 60 (Full-Time Employees: 55)

Total Uncompensated Care: \$250,000

Uninsured Clients Served: Over 500

## A GROWING DEMAND FOR SERVICES (2016-2019)

50% increase in mental health patients served

37% increase in dental patients served

23% increase in total patients served

## HEALTHFIRST SERVICES

Primary Healthcare for Men, Women and Children of All Ages, Regardless of Ability to Pay or Insurance Status

- Women's Health Care Including but Not Limited to: Free Breast and Cervical Cancer Screenings for Eligible Women
- Disease Management and Education on Managing Chronic Diseases Such as Diabetes, Asthma, Hypertension
- HealthFirst Participates in the Federal Health Disparities Collaborative for Diabetes.
- Onsite Certified Application Counselor to Assist Clients with Accessing Health Insurance and Medicaid
- Health and Wellness Promotion and Education
- Screenings and Treatments for Chronic Illnesses
- Minor Procedures
- Nutrition Counseling
- Behavioral Health Services Integrated in Primary Care  
 Substance Use Counseling  
 Addiction Treatment
- Same Day Appointments for Existing Patients



Dr. Gregory A. Culley, Interim CEO

Locations:

141 Corliss Lane, Colebrook, NH 03576 • 603-237-8336

253 Gale Street, Canaan, VT 05903 • 802-266-3340

[www.indianstream.org](http://www.indianstream.org)

## ABOUT OUR CLIENTS

Where They Live: Patients come from 850 square miles encompassing the northern most regions of New Hampshire, Vermont and Maine.

Socioeconomic Status: Over 60% of Indian Stream patients have household incomes at or below 200% of the federal poverty level (\$40,840 or less for a family of 3).

## Insurance Status

10% were uninsured.

20% were covered by Medicaid.

34% were covered by Medicare.

36% were covered by private insurance, including Medicaid Expansion products.

## NUMBERS OF CHILDREN AND ADULTS SERVED

Total Patients: 3,786

Total Visits: 16,124

## HIGHLIGHTS IN INDIAN STREAM HISTORY

1979: Practice established as Indian Stream Professional Association

by the husband and wife team, Dr. Gifford & Dr. Parsons

1993: Received Rural Health Clinic designation

2001: Clinic purchased by Dartmouth-Hitchcock Clinic

2003: Established as Indian Stream Health Center, Inc., a 501(c)(3) not-for-profit corporation

2006: Designated as a Federally Qualified Health Center (FQHC)

## FINANCIAL INFORMATION

Agency Revenue (2018): \$5,939,623

Employees: 58 FTEs

Annual Savings to health care system (2016):

24% lower costs for ISHC Medicaid Patients;

\$2 million in savings to Medicaid

## A GROWING DEMAND FOR SERVICES (2014-2018)

48% increase in mental health patients

6% increase in total patient visits

## INDIAN STREAM SERVICES

### Primary Medical Care

For men, women and children of all ages regardless of insurance status

### Pediatric primary care

Developmental screenings, preventive care and treatment of acute illnesses

### Chronic Disease Management

Education and counseling for chronic diseases

### Behavioral Health Services

Family therapy, substance misuse treatment and counseling, behavioral health counseling for issues such as depression and anxiety

### Case Management Services

Help with transportation to medical appointments, and access to services such as Meals on Wheels

### In House Pharmacy

Providing reduced cost medications; available to patients and the community

### School Nurse Program

On-site nursing care and services at schools across the North County

# LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Greg White, Chief Executive Officer  
Newmarket Center: 603-659-3106  
207 South Main Street Newmarket, NH  
Raymond Center: 603-895-3351  
128 State Route 27 Raymond, NH  
Nashua Center: 603-883-1626  
22 Prospect Street Nashua, NH  
InteGreat Health: 603-402-1501  
7 Prospect Street, Nashua, NH  
[www.lampreyhealth.org](http://www.lampreyhealth.org)

## ABOUT OUR PATIENTS

**Where They Live:** Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

**Socioeconomic Status:** Approximately 76% of Lamprey Health Care patients are at or below 200% of the Federal poverty level (\$40,840 or less for a family of 3).

**Insurance Status:** In 2018, aggregating figures from all three centers showed 19% were uninsured; 27% were covered by Medicaid; 15% were covered by Medicare; and 39% had private insurance, including Medicaid Expansion products. However, in the Nashua Center, 33% of patients are uninsured.

## NUMBERS SERVED (2018)

Total Patients: 16,262  
Patient Visits: 68,940



## HIGHLIGHTS IN LAMPREY HEALTH CARE HISTORY

2018: Launched InteGreat Health Program  
2017: Launched Nurse Practitioner Fellowship Program  
2015: Integrated Behavioral Health Services  
2015: Added Seacoast Public Health Network  
2013: Recognized as NCQA Level III Patient Centered Medical Home  
2011: Expansion of the Nashua Center  
2005: Expansion of the Newmarket Center  
2000: Implemented an Electronic Medical Records (EMR) system; Third Center established in Nashua  
1996: Expansion of the Raymond Center  
1995: Developed School-Based Dental Program  
1981: Second Center established in Raymond  
1973: First Center established in Newmarket  
1972: Created Transportation Program to improve access to health & community services for Seniors & Individuals with disabilities.  
1971: Founded by a group of citizens to bring medical, health and supportive services to communities in Rockingham & Strafford Counties.

## FINANCIAL INFORMATION

Agency Budget: \$16.5 million; Employees: 178  
FTEs: 148.3

## LAMPREY HEALTH CARE SERVICES

- Primary Medical Care: For adults and children of all ages, regardless of ability to pay
- Behavioral Health: Provided services to **1,154** patients
- Prenatal Care: Includes care management and nutritional counseling for **478** patients
- Diabetes Care Management: Diabetes education and treatment for **1,535** patients
- Asthma Care Management: Asthma education and treatment for approximately **1,723** patients
- Breast & Cervical Cancer Program: Enrolled and screened **191** women age 50+
- Nutrition Education: Education provided in **453** patient visits
- Case Management & Community Education **1,591** patient visits
- Interpretation: Interpretation services provided for **3,619** patients non-English speaking (mostly Spanish and Portuguese)
- Preventive Dental Health: School-based dental program in **10** schools provided education to **3,388** students, screened **2,405** children & referred 663 for follow up care
- Senior Transportation Program: Providing over **5,617** rides to elderly or disabled residents in **29** towns
- Reach Out & Read: Provided **over 2,000** books to pediatric patients ages 6 months – 5 years to promote early literacy & a lifetime love of books
- Health Care for the Homeless: Provided health & care management services to **953** homeless patients
- Health Care for Veterans: Provided health & care management services to **418** Veterans



*Where your care comes together.*

Robert MacLeod, Chief Executive Officer  
101 Boulder Point Drive  
Plymouth, NH 03264 • 603-536-4000  
100 Robie Road  
Bristol, NH 03222 • 603-744-6200  
[www.midstatehealth.org](http://www.midstatehealth.org)

**ABOUT OUR CLIENTS**

Where They Live: Patients come from 19 geographically isolated, rural communities within Grafton, Belknap and Merrimack Counties. All of the towns are designated as Medically-Underserved Populations. Socioeconomic Status: 28% of our service area residents are 200% of the Federal Poverty Level or below.

**Insurance Status:**

7% were uninsured.  
15% were covered by Medicaid.  
28% were covered by Medicare.  
50% had private insurance, including Marketplace options and Medicaid Expansion products.

**NUMBERS OF CHILDREN AND ADULTS SERVED (2018)**

Total Patients: 11,529  
Total Visits: 43,626 (includes medical, mental health, oral health, substance use disorder treatment & enabling service visits)

**HIGHLIGHTS IN MID-STATE HISTORY**

- 1998: Established as a separate, nonprofit corporation
- 2005: Changed name to Mid-State Health Center
- 2005: Designated a Federally Qualified Health Center Look-Alike
- 2013: Designated as a funded Federally-Qualified Health Center
- 2014: Built a new health center facility in Bristol, NH
- 2015: Added oral health preventive and restorative services
- 2016: Expanded services to include Medication Assisted Treatment
- 2018: On-site Pharmacy partnership with Genoa Health
- 2019: Behavioral Health Workforce Education & Training Program collaboration with Plymouth State University
- 2020: Onsite visiting specialist program (January 2020);
- 2020: Launch Intensive Outpatient Treatment Program for Substance Use Disorder (February 2020)
- 2020: Onsite diagnostic Imaging (March 2020)

**FINANCIAL INFORMATION (2018)**

Agency Budget: \$9.4 million  
Employees: 105 individuals; Full-Time Employees: 90

**A GROWING DEMAND FOR SERVICES (2014-2018)**

- 16% increase in total patients
- 7,800% in dental patients
- 34% increase in Mental Health and Substance Use Disorder patients
- 19% increase in total patient visits

**MID-STATE SERVICES**

- Primary Medical Care
- Chronic Disease Education, Care Management and Supports for Illnesses Such as Asthma, Diabetes, and Hypertension
- Same-Day Program – Open to Walk-ins
- 24-Hour Clinical On-Call Service for Registered Patients
- Behavioral/Mental Health Counseling
- Substance Use Disorder Recovery Supports including Outpatient Medication Assisted Treatment
- Dental Services including Exams, Cleanings, Fillings, Crowns, Bridges, Extractions, Periodontal Evaluations, Dental Appliances, and Standby Hours for Emergencies
- On-site Laboratories
- Prescription Services
- Infusion Services
- Marketplace Education and Outreach
- Language Interpretation Services
- Nutrition Consults and Education
- School-Based Oral Health Outreach Program
- Transportation Services

**COMING TO MID-STATE IN 2020:**

- On-site Diagnostic Imaging (i.e., x-ray, ultrasound)
- Extended Specialty Services including Orthopaedics; ENT/Otolaryngology; Dermatology



Kristina Fjeld-Sparks, MPH, Director  
One Medical Center Drive; WTRB Level 5  
Lebanon, NH 03756  
Email: Kristina.E.Fjeld-Sparks@Dartmouth.edu

## ABOUT US

The New Hampshire Area Health Education Center (NH AHEC) focuses on the health care pipeline/workforce in New Hampshire. NH AHEC is one of a national network of programs that provide educational support to current and future members of the health care workforce and collaborate with community organizations to improve population health. The NH AHEC operates as a partnership between Geisel School of Medicine at Dartmouth and Regional centers in Littleton and Raymond to serve the entire state.

The structure of AHEC in NH is one program office and two center offices:

**Program office:** Dartmouth Institute for Health Policy & Clinical Practice (Lebanon, NH)

**Center office:** Northern NH AHEC at North Country Health Consortium (Littleton, NH)

**Center office:** Southern NH AHEC at Lamprey Health Care (Raymond, NH)

In addition to the statewide AHEC network, AHECs are part of an active National AHEC Organization, representing over 85% of the counties in the the United States.

## MISSION

NH AHEC strives to improve care and access to care, particularly in rural and underserved areas by enhancing the health and public health workforce in New Hampshire.

## HIGHLIGHTS IN NH AHEC HISTORY

The national AHEC program began in 1972 to help prepare primary care physicians for community practice at a time when cost training occurred in the hospital setting. Its establishment coincided with the establishment of community health centers and the National Health Service Corps - supporting education, clinical care and workforce. NH AHEC began in 1997.

## NH AHEC SERVICES

- Connecting students to health careers
- Promoting health career awareness and recruitment for young people, including activities such as health career day and residential camps
- Improving care and access to care
- Team training for health professions students from multiple disciplines
- New Hampshire AHEC Health Service Scholars
- Wellness activities
- Continuing education provided to health and public health providers throughout NH lunch and learn workshops



Becky McEnany,  
Interim CEO  
262 Cottage St., Suite 230  
Littleton, NH 03561  
603-259-3700  
[www.nchcnh.org](http://www.nchcnh.org)

## **ABOUT NORTH COUNTRY HEALTH CONSORTIUM**

The North Country Health Consortium (NCHC) was created in 1997 as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern NH.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions;
- Creating and facilitating services and programs to improve population health status;
- Health professional training, continuing education and management services to encourage sustainability of the health care infrastructure;
- Increasing capacity for local public health essential services;
- Increasing access to health care for underserved and uninsured NH residents.

## **MISSION**

To lead innovative collaboration to improve the health status of the region.

## **NCHC MEMBERS**

NCHC's Board of Directors and Membership are inclusive of all health and human service organizations in the North Country, an area inclusive of Coos and Northern Grafton Counties.

### **NCHC membership includes:**

45 <sup>th</sup> Parallel EMS	NH AHEC/Geisel School of Medicine
Adaptive Sports Partners of the North Country	North Country Healthcare
AHEAD, Inc.	North Country Home Health & Hospice
Ammonoosuc Community Health Services	Northern Human Services
Androscoggin Valley Home Care Services	Plymouth State University
Androscoggin Valley Hospital	Center for Active Living & Healthy Communities
Center for New Beginnings	RS Consulting
Coos County Family Health Services	Tri-County Community Action Program
Cottage Hospital	University of New England, College of Osteopathic Medicine
Family Resource Center	Upper Connecticut Valley Hospital
Franklin Pierce University Physician Assistant Program	Weeks Medical Center
Grafton County Human Services	White Mountains Community College
Grafton County Senior Citizens Council	Village to Village
Indian Stream Health Center	
Littleton Regional Healthcare	
Mid-State Health Center	
Morrison Nursing Home	
New Hampshire Health Care Association	

## **NORTH COUNTRY HEALTH CONSORTIUM SERVICES**

### **Education**

Health status monitoring and assessment to identify health needs; Information and education about health issues affecting rural populations; Training and continuing education for North Country Health professionals

### **Leadership**

Program development and implementation, project management, and grant writing; Planning and implementation of positive youth development programming to increase leadership skills and resiliency factors; Management and financial services for regional collaborative initiatives

### **Advocacy**

Working to improve the health status of rural people; Mobilizing community and regional partners; Promoting policies and plans that support individual and community health efforts

Meagan Gallagher, Chief Executive Officer  
Health Centers in New Hampshire:

Claremont Health Center of Claremont, NH: 136 Pleasant Street Claremont, NH 03743 • 603-542-4568

Derry Health Center of Derry, NH: 4 Birch Street Derry, NH 03038 • 603-434-1354

Exeter Health Center of Exeter, NH: 108 High Street Exeter, NH 03833 • 603-772-9315

Keene Health Center of Keene, NH: 8 Middle Street Keene, NH 03431 • 603-352-6898

Manchester Health Center of Manchester, NH: 24 Pennacook Street Manchester, NH 03104 • 603-669-7321

[www.plannedparenthood.org](http://www.plannedparenthood.org)

## ABOUT OUR NH CLIENTS

Where They Live: Our patients live across the New England States.

PPNNE serves NH patients in Manchester, Derry, Exeter, Keene and Claremont.

Socioeconomic Status: Approximately 67% of our patients are at or below 200% FPL (\$40,840 or less annually for a family of 3).

Insurance Status:

2% covered by Medicare

24% covered by Medicaid

24% uninsured

47% covered by private insurance, including Medicaid Expansion products

Total NH patients: 13,923

Total NH visits: 20,119

## FINANCIAL INFORMATION

Agency Budget: \$24 Million

Employees: 236

## HIGHLIGHTS IN PPNNE HISTORY

1965: Planned Parenthood of Vermont (PPV) formed

1966: Planned Parenthood Association of the Upper Valley (PPAUV) formed

1984: PPV/PPAUV merge to form PPNNE

1986: PPNNE merges with Family Planning Services of Southwestern New Hampshire (Keene), Health Options (Manchester), Southern Coastal Family Planning, and Rockingham County Family Planning

2015: PPNNE Celebrates 50 years

## NUMBERS OF CHILDREN AND ADULTS SERVED IN 2018

Medical care users: 45,126 patients

11% are men; 89% are women.

Medical care visits: 67,651

89,854 STD screenings

12,936 pregnancy tests

4,406 pap exams

5,382 breast exams

\$8.3 million in discounted and free health care provided

## PLANNED PARENTHOOD SERVICES

### Primary Medical Care

Care to men and women regardless of health insurance status; services include well woman visits, HPV and Hepatitis A & B immunizations, cervical, breast, colorectal and testicular cancer screenings, pap exams, flu vaccines, high blood pressure, thyroid, cholesterol and diabetes screenings, PrEP and PEP, and trans-inclusive healthcare including hormone therapy

### Health Care Education

Peer sexuality education for high school students and community-based sexuality education

### Family Planning Services

Services such as contraception, STD/HIV testing and treatment, emergency contraception



Weeks Medical Center  
 Michael Lee, President  
 173 Middle Street, Lancaster, NH  
 603-788-4911  
 1-800-750-2366 (In NH only)  
[www.weeksmedical.org](http://www.weeksmedical.org)

**HIGHLIGHTS IN WEEKS HISTORY**

1996: Weeks Names Lars Nielson, MD New Chief Medical Officer  
 2006: Weeks Auxiliary Raises \$22,000 for Artery Disease Test Equipment  
 2007: Weeks installs Baby Abduction Protection System  
 2008: Weeks Auxiliary donates \$26,795.00 for the purchase of a Glidescope for the Emergency Dept., Recumbent bike for Rehab, and a portable ventilator for Respiratory.  
 2009: Weeks Auxiliary donates \$ \$47, 797.00 for the purchase of a Bladder Scanner for Nursing, 2 Echocardiology beds, Small Joint Arthroplasty Equipment for OR and two transport monitors for Med-Surg.  
 2010: Weeks Auxiliary donates \$16,547.00 for the purchase of 4 CADD Pumps for Med-surg.  
 2011: Weeks Auxiliary donates \$19,335.00 for the purchase of a Spirometry for the Whitefield Physician Office, Renovated the Quiet room at the hospital and helped the Gift Shop purchase a Point of Sale System.  
 2012: Weeks Auxiliary donates \$19,695.00 for the purchase of 3 Ceiling Lifts for Med-surg.  
 2013: Weeks Auxiliary donates \$14,598.00 for the purchase of Volunteer Smocks, Blanket Warmer Oncology, Ceiling lift for Med-surg.  
 2014: Weeks Auxiliary donates \$26,000.00 for the hospital parking lot renovation project.  
 2015: Weeks Auxiliary donates \$15,000 for hospital cafeteria renovations.  
 2016: Weeks Auxiliary donates \$21,600.00 for the purchase of a Glidescope for the Emergency Department and 10 Elevated Chairs for the Physician Offices and Hospital Lobby.  
 2017: Weeks Auxiliary donates \$5,150.00 for the purchase of communication white boards for patient rooms and \$7,500.00 for a ceiling lift for med-surg. They also gave the Gift Shop \$10,000 to upgrade their Point of Sale System.  
 2018 & 2019: Weeks Auxiliary donates a total of \$60,000 to the new Lancaster Patient Care Center Building (45,000square feet) completed in December 2019.  
 2019: The new Lancaster Patient Care Center opened.

**WEEKS SERVICES**

- **Primary Medical Care**
- **Women’s Health Care:**  
 Free breast and cervical cancer screenings for income-eligible women, STD screening and treatment
- **Pediatric Care:**  
 Pediatric eye and ear screenings on site  
 Parenting education, developmental screenings, and child development services for learning disabilities
- **Disease and Case Management:**  
 Education on managing chronic diseases such as asthma, diabetes and hypertension
- **Health and Nutritional Education, Promotion and Counseling**
- **Podiatry**
- **Behavioral Health, Substance Use, and Medication Assistance Therapy**  
 Sliding fee scale available
- **24-Hour Call Service**
- **Rehabilitation Services**  
 physical, occupational, and orthopedic therapy
- **Behavioral Health Services**
- **On Site CLIA Laboratory**
- **Coordinate Transportation Services**
- **Language Interpretation Services**

**Locations:**  
 Groveton Physicians Office: 47 Church St.  
 Lancaster Physicians Office: 173 Middle St.  
 North Stratford Physicians Office: 43 Main St.  
 Whitefield Physicians Office: 8 Clover Lane

**ABOUT OUR CLIENTS**

**Where They Live:** Patients come from North Country towns of New Hampshire and Vermont.

**Insurance Status:**

- 5% were uninsured.
- 21% were covered by Medicaid.
- 28% were covered by Medicare.
- 46% had private insurance.

**NUMBERS OF CHILDREN AND ADULTS SERVED**

Total Patients: 10,228  
 Total Visits: 57,490

**GROWING DEMAND (2017-2018)**

- 1% increase in insured patients
- 3% increase in patient encounters
- 8% increase in patients
- 0% increase in Medicare patients
- 3% increase in Medicaid patients



**Whole Person. Whole Family. Whole Valley.**

White Mountain Community Health Center  
 Kenneth "JR" Porter, Executive Director  
 298 White Mountain Highway, Conway, NH 03818  
 603-447-8900

[www.whitemountainhealth.org](http://www.whitemountainhealth.org)

**ABOUT OUR CLIENTS**

Where They Live: Patients come from nine rural New Hampshire communities in northern Carroll County, as well as from neighboring Maine towns. Socioeconomic Status: 76% of White Mountain Community Health Center patients are at or below 200% of the federal poverty level (\$40,840 or less for a family of 3).

**Insurance Status (2018):**

7% were covered by Medicare.  
 22% were uninsured.  
 26% had private insurance, including Medicaid Expansion products.  
 45% were covered by Medicaid.

**FINANCIAL INFORMATION**

Full-Time Employees: 19  
 Annual Savings to health care system (2014): \$3.8 million dollars (\$1,263 saved per person)



**NUMBERS OF CHILDREN AND ADULTS SERVED**

Health care users: 2,626  
 Patient care visits: 9,439

**HIGHLIGHTS IN WMCHC HISTORY**

2000: White Mountain Community Health Center is established (Children's Health Center, established in 1968, and Family Health Center, established in 1981, merge)  
 2005: Began offering dental hygiene services, both on site and through a school-based program  
 2017: Medication-assisted treatment for substance abuse disorder added  
 2018: Designated a Federally Qualified Health Center Look-Alike

**CHANGING WITH THE COMMUNITY NEEDS**

White Mountain Community Health Center screens all patients age 12 and older for depression and substance misuse annually. Families of children with mild to moderate iron deficiency anemia are not only educated about nutritional changes, they are also provided with a Lucky Iron Fish to assist with iron supplementation. Using a daily supply of drinking water that has been prepared using the Iron Fish can help raise iron levels without the uncomfortable side effects sometimes seen with iron supplements. Hepatitis C treatment is available through telemedicine appointments with a specialist at Dartmouth-Hitchcock.

**WHITE MOUNTAIN SERVICES**

- **Primary Medical Care**
- **Dental Services:** Children's full-service program and adult hygiene
- **Prenatal Care:** Comprehensive care with two certified nurse midwives and deliveries at Memorial Hospital
- **Family Planning Services**
- **Teen Walk-in Clinic:** A safe and confidential place for teens, with a teen educator on staff
- **HIV/STD Testing**
- **Nutrition Counseling**
- **Social Services and Case Management:** Assistance with obtaining fuel, food, or housing assistance, care coordination and case management, with social workers and a community health worker on staff.
- **Mental Health Services:** Short-term mental health counseling
- **Substance Misuse Treatment:** Medication-assisted treatment with integrated social work
- **Affordable Healthcare Assister:** Free one-on-one help enrolling in affordable health insurance programs and accessing other programs to make healthcare affordable, including the Medication Bridge Program
- **Private Assistance Funds:** To help reduce other barriers to care, such as diabetes supplies and transportation

# Resources

## FQHC Federal Requirements

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. FQHCs submit extensive financial and clinical quality data to their federal regulators annually, the Health Resources and Services Administration (HRSA) in a submission called UDS. HRSA regulators audit each FQHC with a multi-day onsite visit every three years.

Per Federal Regulations, FQHCs must comply with 90+ requirements. In summary, they must:

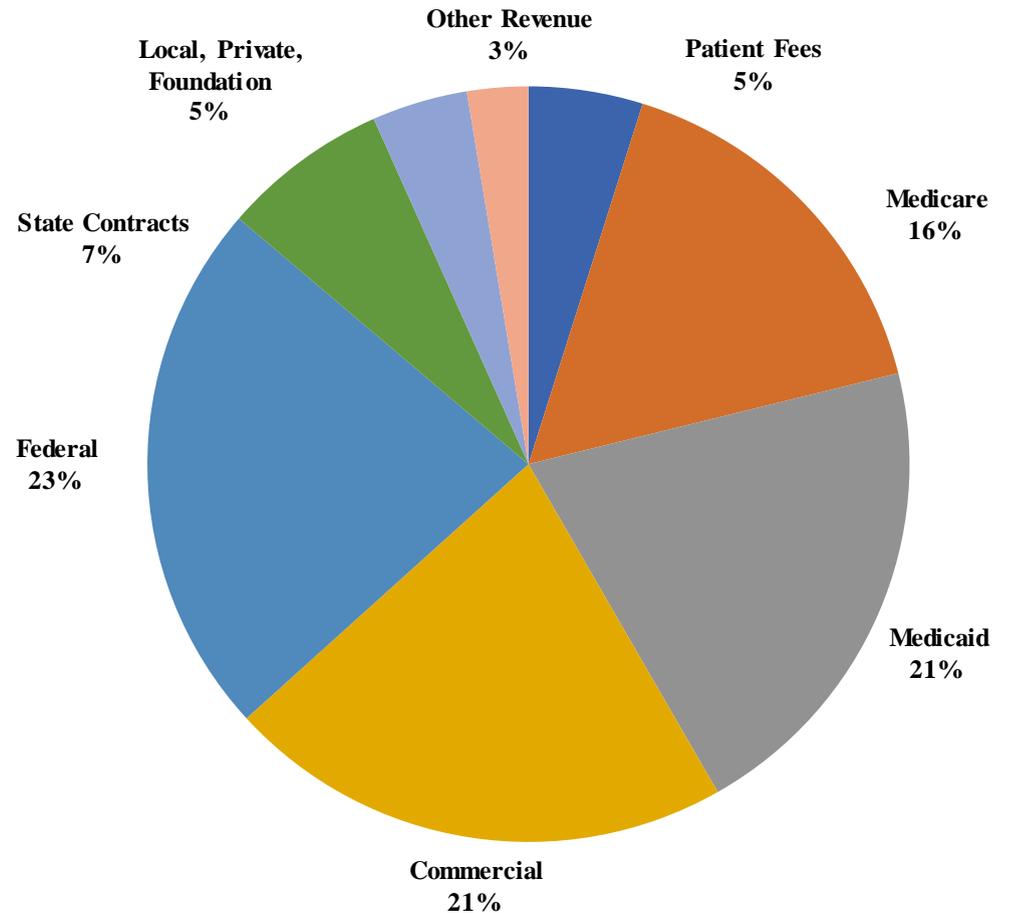
- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- 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 inability to pay.
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- Document the needs of their target populations.
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- 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.

## FQHC Funding

FQHCs are eligible to receive federal appropriations to support services that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these services may include care provided to uninsured and underinsured low-income patients and enabling services, outreach, transportation, and interpretation.

- 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. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer reimburses FQHCs for their full costs.

## 2018 Sources of Revenue for New Hampshire FQHCs



## FQHC Sliding Fee Scale

NH FQHCs discounted over \$11.5 million in 2018.\*

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

## Example of Sliding Fee Schedule\*\*

Sliding Fee Schedule (SFS) Example One

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	At or Below 100%	125%	150%	175%	200%	Above 200%
Family Size	Nominal Fee (\$5)	Charge				100% pay
		20% pay	40% pay	60% pay	80% pay	
1	0-\$12,490	\$12,491-\$15,613	\$15,614-\$18,735	\$18,736-\$21,858	\$21,859-\$24,980	\$24,981+
2	0-\$16,910	\$16,911-\$21,138	\$21,139-\$25,365	\$25,366-\$29,593	\$29,594-\$33,820	\$33,821+
3	0-\$21,330	\$21,331-\$26,663	\$26,664-\$31,995	\$31,996-\$37,328	\$37,329-\$42,660	\$42,661+
4	0-\$25,750	\$25,751-\$32,188	\$32,189-\$38,625	\$38,626-\$45,063	\$45,064-\$51,500	\$51,501+
5	0-\$30,170	\$30,171-\$37,713	\$37,714-\$45,255	\$45,256-\$52,798	\$52,799-\$60,340	\$60,341+
6	0-\$34,590	\$34,591-\$43,238	\$43,239-\$51,885	\$51,886-\$60,533	\$60,534-\$69,180	\$69,181+
7	0-\$39,010	\$39,011-\$48,763	\$48,764-\$58,515	\$58,516-\$68,268	\$68,269-\$78,020	\$78,021+
8	0-\$43,430	\$43,431-\$54,288	\$54,289-\$65,145	\$65,146-\$76,003	\$76,004-\$86,860	\$86,861+
For each additional person, add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840

[2018 NH UDS Data\\*](#)

[NHSC Sliding Fee Discount Schedule Information Package](#) Revised June 2018;

Poverty level is based on [ASPE 2018 Federal Poverty Guidelines\\*\\*](#)

# Acknowledgements

Special thanks to our New Hampshire Bi-State Members for providing high quality health care in their communities and valuable data for the Primary Care Sourcebook.

For more information, please contact:

Kristine E. Stoddard, Esq., Director, NH Public Policy  
603-228-2830 Ext. 113  
[kstoddard@bistatepca.org](mailto:kstoddard@bistatepca.org)

Colleen Dowling, Project Coordinator, NH Public Policy  
603-228-2830 Ext. 127  
[cdowling@bistatepca.org](mailto:cdowling@bistatepca.org)

## Special Thanks to Our Sponsor:



Bi-State Primary Care Association, 525 Clinton Street Bow, New Hampshire 03304  
[www.bistatepca.org](http://www.bistatepca.org) · [www.facebook.com/BiStatePrimaryCareAssociation/](https://www.facebook.com/BiStatePrimaryCareAssociation/) · [www.twitter.com/bistatepca](https://www.twitter.com/bistatepca)

Information and data in the print version of the Sourcebook is updated as of January 2020.  
For online version visit [www.bistatepca.org](http://www.bistatepca.org).