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What Is A Primary Care Association (PCA)?

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 in its state(s). Community 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.

In 1986, Bi-State was formed by two health and social service leaders to expand access to health care in New Hampshire and Vermont. Today, Bi-State represents 31 member organizations across both states that provide comprehensive primary care services to over 315,000 patients at 136 locations including: Area Health Education Center Programs, Clinics for the Uninsured, Community Health Access Network, Community Health Centers, Critical Access Hospitals, Federally Qualified Health Centers, Health Care for the Homeless Programs, North Country Health Consortium, Planned Parenthood of Northern New England, Private and Hospital-Supported Primary Care Practices, Rural Health Clinics, and Social Service Agencies.

A major component of Bi-State’s work as a Primary Care Association entails providing training and technical assistance for Community Health Centers to improve their programmatic, clinical, and financial performance and operations. Bi-State also helps our members develop strategies to recruit and retain staff and transmit their value and needs to stakeholders, insurance carriers, and state and federal elected officials. The Community Health Center-Primary Care Association partnership is one of America’s health care success stories.

Established in 1986, Bi-State Primary Care Association, serving New Hampshire and Vermont, is a nonprofit 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont. Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas.

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

**Vision:** Healthy individuals and communities with quality health care for all.

**Recruitment Center:** Bi-State's nonprofit Recruitment Center provides workforce assistance and candidate referrals to Federally Qualified Health Centers, Rural Health Clinics, and private and hospital-sponsored physician practices throughout New Hampshire and Vermont. The Recruitment Center focuses on the recruitment and retention of primary care providers including physicians, dentists, nurse practitioners, and physician assistants. Bi-State is a resource for employers and candidates regarding the eligibility requirements and availability of recruitment incentive programs such as the State Loan Repayment Program (SLRP), Conrad State 30, and the National Health Service Corps Loan Repayment Program.
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. Access to care is dependent on many factors, including an adequate health care workforce, discount prescription drug programs, and care coordination.

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.
Bi-State’s Recruitment Center:
Addressing Primary Care Workforce

The Recruitment Center is the only nonprofit organization in New Hampshire that conducts national marketing and outreach to physicians, nurse practitioners, physician assistants, dentists, and mental health and substance use disorder treatment professionals specifically to attract and recruit them to New Hampshire. Dedicated to recruiting these providers to rural and underserved areas of the state where their services are most needed, the Recruitment Center screens providers to determine which communities and practices will best meet their personal and professional needs to support long-term retention. The Recruitment Center manages the New Hampshire state page and regularly posts vacancies on the National Rural Recruitment and Retention Network (3RNet).

Due to its familiarity with the health care business, culture, educational, and recreational environment in the state, the Recruitment Center is able to support the transition of newly-recruited providers and their families to New Hampshire. The Recruitment Center also provides technical assistance on programs that support recruitment such as the National Health Service Corps, which offers loan repayment for clinicians who agree to practice in federally-designated medically underserved areas.

The Recruitment Center regularly collaborates with organizations across New Hampshire to maximize resources and avoid duplication. The national marketing and outreach complements the pipeline and workforce development activities conducted by New Hampshire’s Area Health Education Centers, the New Hampshire Dental Society, and Integrated Delivery Networks. The Recruitment Center regularly engages with outside organizations, including: the New Hampshire Office of Rural Health and Primary Care, Maternal and Child Health Section, Office of Medicaid Services, Bureau of Drug and Alcohol Services, New Hampshire Hospital Association, Northeast Delta Dental, New Hampshire Nurse Practitioner Association, as well as representatives from training programs at local and regional colleges and universities.

For information on the Recruitment Center, please contact Stephanie Pagliuca, Director, at spagliuca@bistatepca.org. For assistance with recruitment, please contact Mandi Gingras, Recruitment and Retention Coordinator, at mgingras@bistatepca.org.
Community Health Centers Provide Community-Based Care

There are 2 types of Community Health Centers: Those who receive federal funding (FQHCs) and those who do not.*

- **Community Health Centers (CHCs)**
  Community Health Centers (CHCs) are nonprofit businesses that provide an array of integrated services, such as mental health, substance use disorder, oral health, and pharmacy services, often at a single location. CHCs offer services to all residents in their service areas and determine charges based upon the resident’s ability to pay. In treating the “whole person,” CHCs also provide enabling services which are not clinical in nature but facilitate access to needed care, including case management, health education, translation, and transportation. 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.

- **Federally Qualified Health Centers (FQHCs)**
  FQHCs are Community Health Centers (CHCs) that must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. FQHCs leverage federal dollars to expand services and construct or renovate facilities. FQHCs are automatically eligible for federal designations which may enable them to receive National Health Service Corps (NHSC) loan repayment to recruit clinicians. (NHSC loan repayment and scholarships are obtained through a competitive HRSA process). FQHCs place great value in being patient-centered: at least 51% of all governing board members must be patients of the FQHC. Note: FQHCs are under the Community Health Center umbrella.

*FQHC Look-Alikes (described on page 8) meet all requirements of FQHCs (including having a patient-majority board) but do not receive federal funding.

One of New Hampshire’s newest FQHC facilities, built in 2017: Charlestown Health Center

In January 2018, Goodwin Community Health of Somersworth and Families First Health and Support Center of Portsmouth merged to form Greater Seacoast Community Health.
Federally Qualified Health Center Look-Alikes and Rural Health Clinics Strengthen New Hampshire’s Health Care System as a Whole

Federally Qualified Health Center Look-Alikes (FQHC LALs)
Federally Qualified Health Center Look-Alikes (FQHC LALs) are Community Health Centers (CHCs) 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. §1905(l)(2)(B) of the Social Security Act.

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.

Rural Health Clinics (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 midwives to provide services. RHCs are required to provide outpatient primary care services and basic laboratory services.

Sources:
www.ruralhealthinfo.org/topics/rural-health-clinics, as of 1/4/17
15 New Hampshire Community Health Centers (CHCs) serve as the medical home for over 115,400 Granite Staters who made over 481,000 visits in 2017.

In the past 5 years, demand for New Hampshire CHC services has grown, with a 6% increase in patients served and a 12% increase in patient visits.

24% or 1 in 4 of all uninsured Granite Staters receives care at a New Hampshire CHC.

1 in 11 of all Granite Staters receives care at a New Hampshire CHC.

18% or 1 in 6 of all Granite Staters enrolled in Medicaid receives care at a New Hampshire CHC.

10% or 1 in 10 of all Granite Staters enrolled in Medicare receives care at a New Hampshire CHC.

Total # of Granite Staters Served: 115,400

Community Health Center Patient Mix

- **Uninsured patients**: 15%
- **Medicare patients**: 20%
- **Medicaid patients**: 28%
- **Commercially Insured patients**: 37%

Sources: Statewide data from Kaiser Family Foundation: [http://kff.org/other/state-indicator/total-population/](http://kff.org/other/state-indicator/total-population/)
BPHC 2017 UDS Summary Reports and Self-Reported data in BSPCA member surveys
Information in this document is based on best available data at the time of distribution.
Community Health Center data does not include Bi-State Member Charlestown Family Medicine.
Number of Commercially Insured includes New Hampshire Health Protection Program (Medicaid Expansion) Enrollees.
11 New Hampshire Federally Qualified Health Centers (FQHCs) serve as the medical home for over 91,000 Granite Staters who made over 398,000 visits in 2017.

In the past 5 years, demand for New Hampshire FQHC services has grown, with a 13% increase in patients served and a 20% increase in patient visits.

1 in 14 of all Granite Staters receives care at a New Hampshire FQHC.

15% or 1 in 7 of all Granite Staters enrolled in Medicaid receives care at a New Hampshire FQHC.

19% or 1 in 5 of all uninsured Granite Staters receives care at a New Hampshire FQHC.

Sources: Statewide data from Kaiser Family Foundation [http://kff.org/other/state-indicator/total-population/](http://kff.org/other/state-indicator/total-population/). BPHC 2017 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution. Federally Qualified Health Center data does not include Bi-State Member Charlestown Family Medicine. Number of Commercially Insured includes New Hampshire Health Protection Program (Medicaid Expansion) Enrollees.
Federally Qualified Health Centers (FQHCs), with the help of Primary Care Associations (PCAs), generate on average $24 billion a year in savings to the national health care system and create jobs in economically distressed communities while meeting the needs of the underserved.

Federal funding for FQHCs has helped to lower emergency department utilization among populations facing the greatest obstacles to care, including the low-income, Medicaid-enrolled, uninsured residents of rural communities, homeless individuals, and veterans.

FQHCs are economic engines in their communities. They generate significant savings for their patients and the health care system (an estimated $1,263 saved per patient).

Each patient receiving care at a FQHC saves the health care system approximately 24% annually compared to other providers.

FQHCs employ over 1,000 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.

Community Health Centers’ 50-year record of accomplishment in America has drawn bipartisan support for the Health Center Program not only on the state level but also in Congress and the White House.

Prepared by Capital Link with MIG, Inc. Implan Software Pro version 3.0 with FY14 financial data and 2014 UDS Files from 12 FQHC member organizations in cooperation with Bi-State Primary Care Association BPHC 2017 UDS Summary Reports
New Hampshire’s FQHCs Exceed National FQHC Average for Many Clinical Quality Measures in 2017

- **Asthma Medication Rate**
  - NH 90% > US 87%

- **Cervical Cancer Screening Rate**
  - NH 68% > US 56%

- **Colorectal Cancer Screening Rate**
  - NH 60% > US 42%

- **Hypertension Control Rate**
  - NH 68% > US 63%

- **Diabetes Poor Control Rate**
  - NH 20% < US 33%

- **Kids Immunization Rate**
  - NH 48% > US 40%

Source: FQHC self-reported 2017 UDS data, HRSA
Meet Our New Hampshire Members

- Federally Qualified Health Centers (FQHCs):
  12 New Hampshire FQHCs encompassing 47 sites in 8 counties
- Planned Parenthood of Northern New England (CHC):
  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 Community Health Centers and clinics serve over 115,400 patients at 57 locations across every county in New Hampshire.

1 in 4 of all uninsured Granite Staters receives care at a New Hampshire Community Health Center.
Bi-State’s New Hampshire Member Directory

Ammonoosuc Community Health Services, Inc. (FQHC)
Franconia, Littleton, Warren, Whitefield, Woodsville - Grafton, Coos 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

Charlestown Health Center (FQHC)
(Owned and Operated by Springfield Medical Care Systems)
Charlestown - Sullivan County
Anila Hood, Director, Charlestown Health Center;
Josh Dufresne, Acting Administrator,
Springfield Medical Care Systems
250 Ceda Road, Charlestown, NH 03603
Phone: (603) 826-5711; Fax: (802) 885-3014
ahood@springfieldmed.org; jdufresne@springfieldmed.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

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

Families First Health and Support Center (FQHC)
Portsmouth Main, Portsmouth Crossroads Homeless Shelter, Mobile Medical Vans - Rockingham County
Janet Laatsch, Chief Executive Officer, Greater Seacoast Community Health
100 Campus Drive, Suite 12, Portsmouth, NH 03801
Phone: (603) 516-2550; Fax: (603) 953-0066
jlaatsch@goodwinch.org

Goodwin Community Health (FQHC)
Somersworth - Strafford County
Janet Laatsch,
Chief Executive Officer, Greater Seacoast Community Health
311 Route 108, Somersworth, NH 03878
Phone: (603) 516-2550; Fax: (603) 953-0066
jlaatsch@goodwinch.org

HealthCare for the Homeless Program (FQHC)
Manchester New Horizons for NH Clinic, Manchester Families in Transition Clinic – 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

HealthFirst Family Care Center (FQHC)
Franklin, Laconia - Merrimack, Belknap Counties
Richard D. Silverberg, Executive Director
841 Central St, Ste 101, Franklin, NH 03235
Phone: (603) 934-0177 Ext. 107
rsilverberg@healthfirstfamily.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
Bi-State’s New Hampshire Member Directory

Indian Stream Health Center (FQHC)
Colebrook - Coos County
Kevin Kelley, President & Chief Executive Officer
141 Corliss Lane, Colebrook, NH 03576
Phone: (603) 388-2473; (603) 388-2430
kkelley@indianstream.org

Lamprey Health Care (FQHC)
Nashua, Newmarket, Raymond - Hillsborough, 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

Manchester Community Health Center and Child Health Services at MCHC (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

Mid-State Health Center (FQHC)
Plymouth, Bristol - Grafton County
Robert MacLeod, Chief Executive Officer
101 Boulder Point Drive, Plymouth, NH 03264
Phone: (603) 536-4000 Ext. 1001
rmacleod@midsatehealth.org

NH Area Health Education Center Program
Lebanon - Grafton County
Kristina Fjeld-Sparks, Director
30 Lafayette Street, Lebanon, NH 03766
Phone: (603) 653-3278
Kristina.E.Fjeld-Sparks@Dartmouth.edu

North Country Health Consortium
Littleton - Grafton County
Nancy Frank, Executive Director
262 Cottage St, Ste 230, #8226
Littleton, NH 03561
Phone: (603) 259-3700; Fax: (603) 444-0945
nfrank@nchcnh.org

Planned Parenthood of Northern New England (CHC)
Claremont, Derry, Exeter, Keene, Manchester - Sullivan, Rockingham, Cheshire, Hillsborough
Meagan Gallagher, Chief Executive Officer
784 Hercules Drive, Colchester, VT 05446
Phone: (802) 448-9778; (802) 448-9700 Ext. 9778
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

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
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Self-Reported data in BPCA member surveys. Information in this document is based on best available data at the time of distribution.
2017 FPL Guidelines: [https://aspe.hhs.gov/2017-poverty-guidelines](https://aspe.hhs.gov/2017-poverty-guidelines)
Capital Link Financial Report was created with FY14 financial statements and FY14 UDS reports.
National Committee for Quality Assurance Patient-Centered Medical Home Recognition search: [https://reportcards.ncqa.org/#/practices/list](https://reportcards.ncqa.org/#/practices/list)
340B Covered Entity search: [https://340Bopais.hrsa.gov/coveredentitysearch](https://340Bopais.hrsa.gov/coveredentitysearch)
Town population and demographics, NH: [https://www.nhes.nh.gov/](https://www.nhes.nh.gov/)
Town population and demographics, VT: [https://www.vermont.gov/portal/](https://www.vermont.gov/portal/)
Where They Live: Ammonoosuc Community Health Services (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 (2017):
- 11% were uninsured
- 15% were covered by Medicaid
- 23% were covered by Medicare
- 51% were covered by private insurance, including Medicaid Expansion products.

NUMBERS OF PATIENTS SERVED
Total Medical Patients: 9,450
Total Visits: 32,810
Total Dental Patients: 1,234
Total Visits: 3,904

HIGHLIGHTS IN ACHS HISTORY
1975: Established to provide family planning, WIC, prenatal, and child health care in northern New Hampshire
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 Budget (2017): $12,179,169
Number of Full-Time Employees (2017): 114

Value of discounted services provided to patients:
- Total: $1,061,670
- Medical: $360,166
- Dental: $456,205
- Behavioral Health: $15,614
- Pharmacy: $229,684

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 screening
- Text 4 baby: Free educational program of the National Healthy Mothers, Healthy Babies Coalition
- HIV/STD counseling and testing
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 43,004, is rural with the second lowest population increase in the state. The unemployment rate is 2.4%, and the 2012-2015 5-year average median household income is $58,454. Source: NH Employment Security www.nhes.nh.gov

40% are 138% Federal Poverty Level (FPL) or less. 53% are 139% to 400% FPL. 7% are above 400% FPL. Approximately 14.5% of Sullivan County residents under the age of 65 are uninsured.

INSURANCE STATUS
7% Uninsured
22% % Medicaid
39% Medicare
33% Commercial Insurance/Medicaid
Expansion Products

NUMBER OF PATIENTS SERVED
Total Patients (2017): 2,980
Total Visits (2017): 10,316

GENERAL INFORMATION
Employees: 27
New facility opened in July, 2017

A GROWING DEMAND FOR SERVICES
- Patient count grew 21% from 12/31/16 to 12/31/17.
- Patient visits grew by 9% from 12/31/16 to 12/31/17.

CHARLESTOWN HEALTH CENTER SERVICES
Integrated Primary Medical Care and Same Day Access 7 days a week
Preventive Health Screenings
Support programs for Breast and Cervical Cancer screenings
Chronic Disease Management and Diabetes Education
Nutrition Counseling and Smoking Cessation
Discount Pharmaceuticals
Women’s Health and Gynecology
Obstetrics and Prenatal Care
Behavioral Health Counseling, Medication Assisted Treatment, and Substance Use Disorder Counseling
Occupational Medicine
On-Site General Surgery Consultation
Orthopedics & Sports Medicine
On-site Lab and X-ray services
SMCS In-Network Dental and Vision Care Access
COMMUNITY HEALTH ACCESS NETWORK
JOAN TULK, EXECUTIVE DIRECTOR
207A SOUTH MAIN STREET
NEWMARKET, NH 03857-1843
603-292-1117 • 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 3 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.
• Manchester Community Health Center
• Health Care for the Homeless Mobile Community Health Team
• 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 a Bureau of Primary Health Care grant.
2008: CHAN was awarded the HIMSS Nicholas E. Davies award for improving healthcare through the use of HIT.

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
Centricity 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 for such diseases as diabetes and asthma

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; coding compliance resources, training and audits
ABOUT OUR CLIENTS
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: Over 40% of CCFHS patients have household incomes below 200% of the federal poverty level.

Insurance Status (2017):
- 8% were uninsured.
- 20% 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 (2017)
- Total Patients: 12,349
- Total Visits: 52,578

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

FINANCIAL INFORMATION
- Agency Budget (2016): $10,843,655
- Employees: 103
- Annual Savings to health care system (2014): $15.2 million dollars ($1,263 saved per person)

- 10.5% increase in patient visits
- 9% increase in Medicare patients
- 28% increase in Medicaid patients

CCFHS SERVICES
- Primary Medical Care
- Prenatal Care: With deliveries at Androscoggin Hospital
- Family Planning: Reproductive health services; Free breast and cervical screenings for uninsured and income-eligible women; HIV testing & counseling
- Chronic Disease Management: Education on managing chronic diseases such as diabetes, asthma and HIV
- RESPONSE: Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing
- Free and Reduced-Cost Prescription Drugs: Obtained nearly $3M in pharmacy assistance for patients
- Women, Infant and Children (WIC) Nutrition/Health Services
- Health Promotion and Education: To schools and community organizations
- Nutrition Counseling Services
- On-site Laboratory Services
- Medical Social Work: Help with care coordination for services addressing housing, transportation, respite, and other services
- Oral Health Program: Providing cleanings and sealants to area children in pre-school and primary-school settings; Established a dental clinic in October, 2016 that provides basic dentistry services to children and adults
- Podiatry
- Behavioral Health Counseling Medication Management
- Telehealth: Pediatric neurology consultants
MOBILE CLINIC LOCATIONS

Dover Clinics (Mobile Health Care)
Community Action Partnership, 577 Central Avenue
Strafford County Courthouse, 259 County Farm Road

Exeter Clinics (Mobile Dental/Health Care)
St. Vincent de Paul Society, 53 Lincoln Street

Hampton Clinic (Mobile Health Care)
Hampton Beach Police Station; 100 Brown Avenue

Portsmouth Clinics (Mobile Health Care)
Cross Roads House, 600 Lafayette Road
Margeson Apartments: 245 Middle Street
Seacoast Community Church, 397 Lafayette Road
St. John’s Episcopal Church: 101 Chapel Street

Rochester Clinic (Mobile Health Care)
Salvation Army, 10 Olde Farm Lane

ABOUT OUR CLIENTS (2017)
Socioeconomic Status:
90% of Health Center patients had household incomes less than 200% of the federal poverty level (i.e. $40,840 for 3 people).
21% were homeless.
Insurance Status:
42% covered by Medicaid
20% uninsured (utilized our sliding fee scale)

Families First Health & Support Center
Janet Laatsch, CEO
Greater Seacoast Community Health
100 Campus Drive, Portsmouth, NH
603-422-8208 · www.FamiliesFirstSeacoast.org

Residence: Most live in eastern Rockingham County, including about 30% in Portsmouth. About one one-fifth live in southern Strafford County, and the rest live in southern Maine.

BUDGET AND EMPLOYEES (2018)
These figures are for Greater Seacoast Community Health, which includes Families First, Goodwin Community Health, and Lilac City Pediatrics.
Agency Operating Budget: $19 million
Employees: 270 (about 180 FTEs)

GROWING TO MEET COMMUNITY NEEDS
1984: Founded as Portsmouth Prenatal Clinic
1992: Family support services added
1997: Primary care added
2002: Mobile health care added
2003: Dental care added
2008: Behavioral health services added
2011: Patient-Centered Medical Home recognition obtained
2016: Medication Assisted Recovery for addiction added
2018: Merged with Goodwin Community Health to create Greater Seacoast Community Health

NUMBERS SERVED (2017)
Health Center Patients: 5,414
Family Center Clients: 1,300
Total: About 6,400
Medical Services: 4,241 patients in 13,578 visits
Dental Services: 1,962 patients in 5,475 visits
Mental Health Services: 553 patients in 2,225 visits
Substance Abuse Services: 145 patients in 958 visits

FAMILIES FIRST SERVICES

- PRIMARY & PRENATAL CARE:
  Primary care for all ages; Prenatal care;
  Mobile health care for people experiencing homelessness and others with low incomes;
  Education and support for management of chronic diseases;
  Child-development screening;
  Breast and cervical cancer screenings

- DENTAL CARE:
  On-site dental hygiene, treatment and urgent care; School-based education, screenings and sealants;
  Mobile dental care for people experiencing homelessness and for others with low incomes

- BEHAVIORAL HEALTH SERVICES:
  Behavioral Health Counseling; Psychiatric care;
  Substance use counseling, Medication Assisted Recovery and Intensive Outpatient Program; Nutrition education and counseling

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

- WRAPAROUND SERVICES:
  Social work services and care coordination; Help applying for insurance;
  Prescription assistance; Transportation, translation, and child care for appointments
ABOUT OUR CLIENTS (CY 2017)
Where They Live: From Ossipee, NH to Amesbury, MA and into southwestern Maine. Dental is focused on Strafford County.
Socioeconomic Status: Approximately 80% of Goodwin patients are at 200% of the Federal Poverty Level or below, and 11% are listed as unknown income.

Insurance Status:
19% were uninsured.
41% were covered by Medicaid.
10% were covered by Medicare.
29% were covered by private insurance, including Medicaid Expansion products.

NUMBERS OF CHILDREN AND ADULTS SERVED (CY 2017)
Total Patients: 10,125
Total Visits: 47,418

HIGHLIGHTS IN GOODWIN HISTORY
1971: Began as a family planning clinic, locally known as “The Clinic,” and incorporated as a 501(c)(3)
1995: Established as a primary care center offering primary, preventive and support services
1998: Designated as a Federally Qualified Look-Alike Health Center
2004: Designated as a Federally Qualified Health Center and opened dental and behavioral health programs
2011: Consolidated multiple locations into one Somersworth, NH Center
2015: Introduced Medication Assisted Therapy and Intensive Outpatient Program for substance misuse
2016: Opened peer-based recovery centers in Dover and Rochester
2018: Completed Merger with Families First in Portsmouth and Lilac Pediatrics in Rochester to form Greater Seacoast Community Health

GOODWIN SERVICES
Primary, Medical, and Behavioral Health Care
Dental Services: Full range of preventive dental services on-site and in schools
Prenatal Care: On-staff OB/GYN, Delivered 274 babies (2016)
Women’s Health Care: Including breast and cervical cancer screening and treatment
Free and Reduced Cost Prescription Drugs: Provided 6,236 prescriptions totaling $13,187,471 in free medications (since 2000)
In-House Pharmacy and 340b Program: In-house pharmacy with a 340b program on-site and at several local pharmacies
Family Planning and Counseling: Full range of services including pregnancy prevention seminars for teens at after-school programs
Behavioral Health Services: Evaluation, referrals, counseling and medication management
Supplemental Programs: Women, Infants & Children; Commodities Supplemental Food Program (CSFP)
Outreach and Case Management: Application assistance for Exchange Insurance and Medicaid and discount drug card
Supportive Health Services: Health education; Nutrition counseling; Chronic disease management; Parenting classes; STD/HIV Clinics; On-site lab services at NorDx; Transportation for appointments; Translation services
ABOUT OUR CLIENTS
Where They Live: Greater Nashua region including Nashua, Hudson, Litchfield, Merrimack, Amherst, Milford, Hollis, Brookline, Wilton and surrounding communities.

Socioeconomic Status:
43% of NH’s homeless live in our Service Area.
76% of the patients we serve are homeless.
92% of the patients we serve are below 200% of the Federal Poverty Level.
70% of our total visits were substance misuse or mental health related.

Insurance Status (2017):
13% uninsured
20% covered by Medicare
20% covered by private insurance, including Medicaid Expansion products
47% covered by Medicaid

NUMBERS OF PATIENTS SERVED (2017)
Unique Patients: 2,865
Medical Visits including MAT: 5,113
Dental Visits: 2,576
Behavioral Health & Substance Misuse Visits: 11,229

FINANCIAL INFORMATION (2017)
Full-Time Equivalents: 69
Total Uncompensated Care: $1,040,406

A GROWING DEMAND FOR SERVICES (2013-2017):
1,114% increase in Medicaid patients
42% Reduction in Uninsured patients
721% increase in Behavioral Health and SUD patients
290% increase in Homeless patients
357% increase in Total Visits provided
255% increase in Total Patients served

HARBOR HOMES SERVICES
Medical Care, Behavioral Health Care:
Mental health counseling and substance use treatment, including Medication-Assisted Treatment

Dental services: Oral health care such as cleanings, fillings and extractions

Pharmacy: 340B low-cost prescription program

Safe Stations: A gateway to recovery services

Mobile Health Van:
Available in several locations throughout Greater Nashua and Hillsborough County

Pediatrics, Women’s Health

Partial Hospitalization Program:
For Co-Occurring Disorders

Smoking Cessation program

Care & Case Management

Detox and Withdrawal Management

Medical Respite and Recuperative Care,
Mobile Crisis Response Team
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: 95% of HCH patients earn below 200% of poverty level ($40,840 for a family of 3).
Insurance Status: 26% were uninsured.
61% were covered by Medicaid.
12% were covered by Medicare.
1% had private insurance, including Medicaid Expansion products.

NUMBERS SERVED
Health care users: 1,712
Health care visits: 8,851

HIGHLIGHTS IN HCH HISTORY
In 1987, 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 daily at New Horizons Shelter and Families in Transition emergency shelter. In addition, street outreach is conducted on a daily basis touring streets, parks, woods and other smaller shelters in the area.
HCH team works closely with CMC, Poisson Dental Facility, Elliot Hospital, Manchester Community Health Center, Child Health Services, The Mental Health Center of Greater Manchester, Dartmouth Hitchcock Medical Center, Child and Family Services, 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 2017, NH Housing Wage required to rent a 2-bedroom home was $21.71 per hour. The average 2-bedroom rental cost is $1,129 per month. NH ranks the 14th least affordable state to live; and demand for services has increased due to the Opioid Epidemic and Safe Station program partnership. All are welcome. No one is turned away.
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: Over 62.3% of HealthFirst clients are at 200% of the federal poverty level or below.

Insurance Status:
9.9% were uninsured.
23.7% were covered by Medicare.
24.3% were covered by private insurance, including Medicaid Expansion products.
42.1% were covered by Medicaid.

NUMBERS OF CHILDREN AND ADULTS SERVED
Total Patients: 4,735
Total Visits: 18,006

HIGHLIGHTS IN HEALTHFIRST HISTORY
1995: Established with funding from the NH Department of Health and Human Services
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
2015: Dental expansion (adult ER diversion program)

FINANCIAL INFORMATION
Agency Budget: $6,000,000
Employees: 62
Total Uncompensated Care: $210,000
Uninsured Clients Served: 438

A GROWING DEMAND FOR SERVICES (2015-2018)
20% decrease in uninsured patients
29% increase in Medicaid patients
11% increase in client visits
Total Revenue grew by 75% or $2,500,000.

HEALTHFIRST SERVICES
Primary Healthcare for Men, Women and Children of All Ages, Regardless of Ability to Pay or Insurance Status
Prenatal and Maternity Care Provided to Mothers of 16 Infants
Women’s Healthcare 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, and HIV
HealthFirst Participates in the Federal Health Disparities Collaborative for Diabetes.
Onsite Registered Patient Navigator to Assist Clients with Accessing Health Insurance and Medicaid
Health and Wellness Promotion and Education
Screenings and Treatments for Chronic Illnesses
Nutrition Counseling
Behavioral Health Services Integrated in Primary Care
School-Based Oral Health Outreach Program
Provided 245 Visits to 97 Children at Local Schools
ER Oral, or Pain Diversion
221 Clients, 336 Encounters
ABOUT OUR CLIENTS
Where They Live: Patients come from 850 square miles encompassing the northernmost regions of New Hampshire, Vermont, and Maine.
Socioeconomic Status: Half of Indian Stream patients have household incomes at or below 200% of the federal poverty level ($40,840 for a family of 3).
Insurance Status:
- 8% were uninsured.
- 21% were covered by Medicaid.
- 36% were covered by Medicare.
- 36% were covered by private insurance, including Medicaid Expansion products.

NUMBERS OF CHILDREN AND ADULTS SERVED
Total Patients: 4,025
Total Visits: 19,414

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 Budget (2017): $7,761,567
Employees: 69
Annual Savings to health care system (2016):
- 24% lower costs for ISHC Medicaid Patients;
- $2 million in savings to Medicaid

- 2% increase in Medicare patients
- 24% increase in Medicaid patients
- 30% increase in total patient visits
ABOUT OUR PATIENTS
Where They Live: Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

Socioeconomic Status: Approximately 85% of Lamprey Health Care patients are at or below 200% of the Federal poverty level.

Insurance Status: In 2017, aggregating figures from all three centers showed 19% were uninsured; 28% were covered by Medicaid; 14% were covered by Medicare; and 39% had private insurance, including Medicaid Expansion products. However, in the Nashua Center, 34% of patients are uninsured.

NUMBERS SERVED (2017)
Total Patients: 15,669
Patient Visits: 66,295

HIGHLIGHTS IN LAMPREY 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
2000: 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: $16.4 million
Employees: 175
FTEs: 140.3

LAMPREY SERVICES
- Primary Medical Care: For adults and children of all ages, regardless of ability to pay
- Behavioral Health: Provided services to 950 patients
- Prenatal Care: Includes care management and nutritional counseling for 520 patients
- Diabetes Care Management: Diabetes education and treatment for 1,488 patients
- Asthma Care Management: Asthma education and treatment for approximately 1,654 patients
- Breast & Cervical Cancer Program: Enrolled and screened 224 women age 50+
- Nutrition Education: Education provided in 519 patient visits
- Case Management & Community Education 1,399 patient visits
- Interpretation: Interpretation services provided for 3,656 patients non-English speaking (mostly Spanish and Portuguese)
- Preventive Dental Health: School-based dental program in 10 schools provided education to 3,781 students, screened 1,232 children & referred 1,232 for follow up care
- Senior Transportation Program: Providing over 6,380 rides to elderly or disabled residents in 29 towns
- Reach Out & Read: Provided over 2,000 books to pediatric patients ages 6 mos – 5 years to promote early literacy & a lifetime love of books
- Health Care for the Homeless: Provided health & care management services to 954 homeless patients
- Health Care for Veterans: Provided health & care management services to 397 Veterans
ABOUT OUR CLIENTS
Where They Live: 85% in Manchester and neighboring towns; 15% are from various other counties
Socioeconomic Status: Approximately 75% of Manchester Community Health Center (MCHC) patients are known to be at 200% of the Federal poverty level or below.

Outpatient Insurance Status:
16.4% were uninsured.
17.5% were covered by Medicare.
44.3% were covered by Medicaid.
21.9% were covered by private insurance, including Medicaid Expansion products (PAP).

Languages Spoken:
47% (over 6,600 MCHC patients) do not use English as their primary language. The predominant non-English languages are Spanish, Arabic, Nepali, Vietnamese, Portuguese and Bosnian.

NUMBERS OF CHILDREN AND ADULTS SERVED
Total Patients: 13,804
Total Visits: 55,025

FINANCIAL INFORMATION
Agency Budget: $19,452,741
Employees: 225

HIGHLIGHTS IN MANCHESTER CHC HISTORY
1980: Child Health Services, utilizing an integrated model of care, opened in Manchester providing pediatric care regardless of a family’s ability to pay.
1993: MCHC began providing family oriented primary health care to the uninsured, underinsured, or those lacking access to quality health care.
1997, 2000, 2003, 2006: Achieved Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Primary Care Effectiveness Review (PCER) accreditation. MCHC was the first facility of its kind in the nation to achieve this joint recognition.
2004: Named Community Champion in Healthcare by Citizens Bank and WMUR
2008: Purchased office condo and relocated to new facility
2013: MCHC added a second location of care at Tarrytown Road in Manchester
2014: MCHC & Child Health Services joined together for optimal family care
2015: MCHC assumed operations of West Side Neighborhood Health Center
2017, 2018: Received the Health Resources and Services Administration (HRSA) Health Center Quality Leader Award
2018: Opened first FQHC-based Optometry Clinic in NH

MCHC 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 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, and medication assisted therapy
- **Optometry Care**
  Vision care for patients ages five and older, including routine eye care for diabetic patients
- **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
- **Women and infant (WIC) Enrollment**
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: Twenty-eight percent of our service area residents are 200% of the Federal Poverty Level or below ($40,840 or less annually for a family of 3).
Insurance Status:
8% were uninsured.
13.5% were covered by Medicaid.
25% were covered by Medicare.
53.5% had private insurance, including Marketplace options and Medicaid Expansion products.

NUMBERS OF CHILDREN AND ADULTS SERVED
Total Patients (2017): 11,146
Total Visits (2017): 40,450 (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 its services to include Medication Assisted Treatment

FINANCIAL INFORMATION
Agency Budget (FY2017): $9,819,889
Employees (FY2017): 105 individuals

A GROWING DEMAND FOR SERVICES (2015-2017)
6.6% increase in patients

MID-STATE SERVICES
Primary Medical Care
Disease and Case Management:
Education on managing chronic diseases such as asthma, diabetes and hypertension including chronic care management supports
Behavioral/Mental Health Services
Dental Services
Substance Use Disorder Treatment Services:
Outpatient Medication Assisted Recovery Services
On-site Laboratory
Infusion Services
24-Hour Clinical Call Service
Marketplace Education & Outreach
Transportation Services
Language Interpretation Services
Prescription Services
Health and Nutritional Education, Promotion and Counseling
School-Based Oral Health Outreach Program
ABOUT US
The New Hampshire Area Health Education Center (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 and 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 every state and territory in 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 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
- Wellness activities
- Continuing education provided to health and public health providers throughout NH lunch and learn workshops
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:
45th Parallel EMS
Adaptive Sports Partners of the North Country
AHEAD, Inc.
Ammonoosuc Community Health Services
Androscoggin Valley Home Care Services
Androscoggin Valley Hospital
Center for New Beginnings
Coos County Family Health Services
Cottage Hospital
Family Resource Center
Franklin Pierce University Physician Assistant Program
Grafton County Human Services
Grafton County Senior Citizens Council
Indian Stream Health Center
Littleton Food Cooperative
Littleton Regional Healthcare
Mid-State Health Center
Morrison Nursing Home
New Hampshire Health Care Association
NH AHEC/Geisel School of Medicine
North Country Healthcare
North Country Home Health & Hospice
Northern Human Services
Plymouth State University Center for Active Living & Healthy Communities
RS Consulting
Tri-County Community Action Program
University of New England, College of Osteopathic Medicine
Upper Connecticut Valley Hospital
Weeks Medical Center
White Mountains Community College
Village to Village

NCHC 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
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 70% 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 
23% covered by Medicaid 
27% uninsured 
48% covered by private insurance, including Medicaid Expansion products
Total NH patients: 12,676 
Total visits: 17,983
FINANCIAL INFORMATION
Agency Budget: $21 Million 
Employees: 227

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 2017
Medical care users: 43,206 patients 
11% are men; 89% are women. 
Medical care visits: 63,587 
84,113 STD screenings 
11,952 pregnancy tests 
4,737 pap exams 
6,328 breast exams 
$8 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
**ABOUT OUR CLIENTS**
Where They Live: Patients come from North Country towns of New Hampshire and Vermont.
Insurance Status:
- 2.5% were uninsured.
- 9.7% were covered by Medicaid.
- 52% were covered by Medicare.
- 35.9% had private insurance, including Medicaid Expansion products.

**NUMBERS OF CHILDREN AND ADULTS SERVED**
- Total Patients: 9,450
- Total Visits: 56,042

**GROWING DEMAND (2016-2017)**
- 28% increase in insured patients
- 7.7% increase in patient encounters
- 16% increase in patients
- 50% increase in Medicare patients
- 10% increase in Medicaid patients

**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 $547,797.00 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: Weeks Auxiliary donates $30,000 to the new Lancaster Patient Care Center Building (45,000 square feet) for our Lancaster RHC to be completed in December 2019.

**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**
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: Over half of White Mountain Community Health Center patients are at or below 200% of the federal poverty level.

Insurance Status:
7% were covered by Medicare.
21% were uninsured.
32% had private insurance, including Medicaid Expansion products.
41% were covered by Medicaid.

Financial Information
Employees: 32
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: 2,643
Patient care visits: 10,706

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
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 on a regular basis. 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 available through telemedicine appointments with a specialist at Dartmouth-Hitchcock.

White Mountain Community Health Center
Kenneth “JR” Porter, Executive Director
298 White Mountain Highway, Conway, NH 03818
603-447-8900 • www.whitemountainhealth.org

Primary Medical Care
Dental Services: Children’s Full Service Program and Adult Hygiene
Prenatal Care: Comprehensive care with 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: Psychiatric NPs on staff and short-term mental health counseling
Partners in Health Program: Support for families of children with chronic illnesses
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

White Mountain Services
- Primary Medical Care
- Dental Services: Children’s Full Service Program and Adult Hygiene
- Prenatal Care: Comprehensive care with 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: Psychiatric NPs on staff and short-term mental health counseling
- Partners in Health Program: Support for families of children with chronic illnesses
- Substance Misuse Treatment: Medication-assisted treatment with integrated social work
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Federally Qualified Health Center 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.

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

- Document the needs of their target populations.
- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- 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.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- 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 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.
- Have an ongoing Quality Improvement/Quality Assurance (QI/QA) 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 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.
- 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.

Federally Qualified Health Center Funding and Reimbursement Structure Minimizes Cost Shifting

- Federal grants for Federally Qualified Health Centers (FQHCs) are awarded based upon a very competitive national application process.
- FQHCs must meet strict program, performance, and accountability standards in order to receive federal funds.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicaid FQHC reimbursement is a prospective, all-inclusive encounter rate for primary care office visits. Other ambulatory visits are reimbursed based upon the Medicaid fee schedule.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer - Medicaid, Medicare, or commercial insurance - reimburses FQHCs for their full costs.

Source: 2017 UDS data is self-reported by health centers and subject to change. Information in this document is based on vest available data at the time of distribution.
Federally Qualified Health Centers (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.

New Hampshire FQHCs discounted approximately $9.5 million in 2017.

### Example of a Sliding Fee Schedule 2018

<table>
<thead>
<tr>
<th>Pay Class</th>
<th>100%</th>
<th>125%</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>Above 200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty Level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pay Class</td>
<td>Nominal Fee ($5)</td>
<td>20% pay</td>
<td>40% pay</td>
<td>60% pay</td>
<td>80% pay</td>
<td>100% pay</td>
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<tr>
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<td>$15,175</td>
<td>$18,210</td>
<td>$21,245</td>
<td>$24,280</td>
<td>$24,28</td>
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<tr>
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<td>$20,576</td>
<td>$24,690</td>
<td>$28,806</td>
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<td>$32,94</td>
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<tr>
<td>3</td>
<td>$20,781</td>
<td>$25,976</td>
<td>$31,170</td>
<td>$36,365</td>
<td>$41,560</td>
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<tr>
<td>4</td>
<td>$25,101</td>
<td>$31,376</td>
<td>$37,650</td>
<td>$43,925</td>
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<tr>
<td>5</td>
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<td>$36,776</td>
<td>$44,130</td>
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<td>7</td>
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<tr>
<td>8</td>
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<td>$52,976</td>
<td>$63,570</td>
<td>$74,166</td>
<td>$84,760</td>
<td>$84,76</td>
</tr>
</tbody>
</table>

For each additional person, add:

- $4,320 for 1st additional person
- $5,400 for 2nd additional person
- $6,480 for 3rd additional person
- $7,560 for 4th additional person
- $8,640 for 5th additional person


Poverty level is based on ASPE 2018 Federal Poverty Guidelines: [https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.hhs.gov/poverty-guidelines)
Acknowledgements

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We welcome your questions. For more information, please contact:

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[www.facebook.com/BiStatePrimaryCareAssociation/](http://www.facebook.com/BiStatePrimaryCareAssociation/)
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Information and data in the print version of the Sourcebook is updated as of January 2019. For online version visit [www.bistatepca.org](http://www.bistatepca.org).