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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.
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

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

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

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; 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

Greater Seacoast Community Health:
- Families First Health and Support Center (FQHC)
Dover, Exeter, Hampton, Portsmouth, Rochester - Rockingham and Strafford 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

• 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

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

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
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

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

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

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

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

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 - 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

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
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.
Community Health Centers (CHCs) 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 uninsured and Medicaid patients.

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 midwives to provide services. RHCs are required to provide outpatient primary care services and basic laboratory services.

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

- Uninsured patients: 15%
- Medicare patients: 19%
- Medicaid patients: 30%
- Commercially Insured patients (including Medicaid Expansion Enrollees): 36%

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:

- Over 22,000 Children (23% of NH patients)
- Nearly 3,000 Veterans
- 16% of Patients are Older Adults
- FQHCs serve 8% of Medicare Enrollees
- Patients Experiencing Homelessness: Nearly 7,000
- Nearly 14,000 Uninsured Patients
- 470 Migrant/Seasonal Agricultural workers & Dependents

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.

1 IN 14 GRANITE STATEs RECEIVES CARE AT A NEW HAMPSHIRE FQHC.

NH FQHCs are a Dental Safety Net

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

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%
- NH 66% > US 56%
- NH 59% > US 44%

**Cervical Cancer Screening Rate**
- NH 23% < US 33%

**Colorectal Cancer Screening Rate**
- NH 68% > US 63%
- NH 55% > US 39%

**Diabetes Poor Control Rate**

**Hypertension Control Rate**

**Kids Immunization Rate**
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

- Uninsured patients 15%
- Medicare patients 18%
- Medicaid patients (including Medicaid Expansion enrollees) 29%
- Commercially Insured patients (including Medicaid Expansion enrollees) 38%

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, 50th 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)

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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 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.

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.
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.

- 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.

2019 NH Legislative and Business Breakfast
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
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.

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
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.

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
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%

Source: www.census.gov/quickfacts/sullivancounty

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
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
Janet Laatsch, CEO • 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
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 homelessness

➢ 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

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 patrons 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
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

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
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
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

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 LAMPERY 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

LAMPERY 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
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, 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
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 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

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

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
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
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

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
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.
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.

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### 2018 Sources of Revenue for New Hampshire FQHCs

<table>
<thead>
<tr>
<th>Source</th>
<th>Revenue Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>16%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>21%</td>
</tr>
<tr>
<td>Commercial Insurers</td>
<td>21%</td>
</tr>
<tr>
<td>Federal</td>
<td>23%</td>
</tr>
<tr>
<td>State Contracts</td>
<td>7%</td>
</tr>
<tr>
<td>Local, Private, Foundation</td>
<td>5%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>3%</td>
</tr>
<tr>
<td>Patient Fees</td>
<td>5%</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>3%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>
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.

NH FQHCs discounted over $11.5 million in 2018.*

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**Example of Sliding Fee Schedule**

<table>
<thead>
<tr>
<th>Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poverty Level</strong></td>
</tr>
<tr>
<td>Family Size</td>
</tr>
<tr>
<td><strong>0-1</strong></td>
</tr>
<tr>
<td><strong>2</strong></td>
</tr>
<tr>
<td><strong>3</strong></td>
</tr>
<tr>
<td><strong>4</strong></td>
</tr>
<tr>
<td><strong>5</strong></td>
</tr>
<tr>
<td><strong>6</strong></td>
</tr>
<tr>
<td><strong>7</strong></td>
</tr>
<tr>
<td><strong>8</strong></td>
</tr>
<tr>
<td>For each additional person, add</td>
</tr>
</tbody>
</table>

*2018 NH UDS Data*

**NHSC Sliding Fee Discount Schedule Information Package** Revised June 2018; Poverty level is based on **ASPE 2018 Federal Poverty Guidelines**

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FQHC Sliding Fee Scale

Example of Sliding Fee Schedule**
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

Colleen Dowling, Project Coordinator, NH Public Policy
603-228-2830 Ext. 127
cdowling@bistatepca.org

Special Thanks to Our Sponsor:

Bi-State Primary Care Association, 525 Clinton Street Bow, New Hampshire 03304
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For online version visit www.bistatepca.org.