



BI-STATE PRIMARY CARE ASSOCIATION

SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Primary Health Care Since 1986

Bi-State Primary Care Association
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2021

Vermont

Primary Care Sourcebook

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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 1960's 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.

Community Health Centers ensure everyone has access to primary health care

Community Health Centers provide comprehensive primary care to everyone, regardless of ability to pay. Nationally, health centers serve 1 in 3 people living in poverty, 1 in 4 uninsured persons, and 1 in 5 rural residents. They provide affordable care. The community health system saves, on average, 24% per Medicaid patient. The National Association of Community Health Centers finds that, overall, community health centers save the health care system \$24 billion annually by increasing access to comprehensives, quality, preventive and primary care. In response to COVID-19, our health centers have provided patient care, testing services, and telehealth to keep everyone safe, while also retaining in-person access where needed, including for dental emergencies, throughout the public health emergency.

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, 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 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 work with federal, state, and regional policy organizations, foundations, and payers to develop strategies, policies, and programs that support community-based primary health care.

Bi-State programs include

Workforce and Recruitment

Data Management & Analysis

Annual Primary Care Conference

Continuous Quality Improvement

Bi-State Primary Care Association's Vermont Members

Battenkill Valley Health Center

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Anje Van Berkelaer, MD, Clinical Director
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Community Health Centers of Burlington

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Community Health

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The Health Center

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Indian Stream Health Center

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Lamoille Health Partners

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Mountain Health Center

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Northern Tier Center for Health

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Planned Parenthood of Northern New England

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UVM Larner College of Medicine Office of Primary Care and AHEC Program

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Vermont's Free and Referral Clinics

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(802) 448-4280, director@vtfreeclinics.org
vtfreeclinics.org

Federally Qualified Health Centers (FQHCs)

The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs provide comprehensive services in medically underserved regions. Comprehensive means primary medical, dental, oral, mental health and also enabling services (for example translation, help accessing transportation, assistance navigating financial issues). FQHC's accept patients regardless of ability to pay, offer a sliding fee scale, and work with their communities to address a range of barriers to health. FQHCs are governed by a patient-majority board. In Vermont, there are FQHC sites in every county and almost one-third of Vermonters rely on FQHCs for primary care.

In 2019, FQHCs:

- Served **187,339 patients** in Vermont.
- Conducted **759,265 patient visits**.
- Offered services in every Vermont county, **across 66 sites**.



FY 2019 Highlights:

- Provided 1,104 VT youth with health careers experiences.
- Supported 656 health professions students' rotations.
- Delivered continuing education to 2,348 health professionals.
- Placed 16 physicians in Vermont communities.

Vermont AHEC is a network of academic and community partners working together to improve the distribution, diversity, supply, and education of the health workforce in Vermont. Established in 1996, Vermont AHEC has a statewide infrastructure with a program office at the University of Vermont, Larner College of Medicine, and two regional centers. Vermont AHEC focuses on achieving a well-trained workforce so that all Vermonters have access to quality care. AHEC fosters an interest in health care careers beginning in elementary all the way through professional continuing education.



In 2019, PPNNE:

- Operated 12 health centers in Vermont.
- Provided care to 18,012 Vermonters.
- Conducted 28,884 patient visits, including
2,476 Pap Tests
3,018 Breast Exams
40,562 STI Tests

Founded in 1965, PPNNE serves patients at 21 health centers across Vermont, New Hampshire, and Maine. These health centers provide the highest quality care for women and men, with services including cancer screening, birth control, LGBTQ services, well person check-ups, STD testing and treatment, vasectomies, PrEP and PeP, and trans-inclusive care including hormone therapy. PPNNE offers a sliding fee scale, making care accessible and affordable.



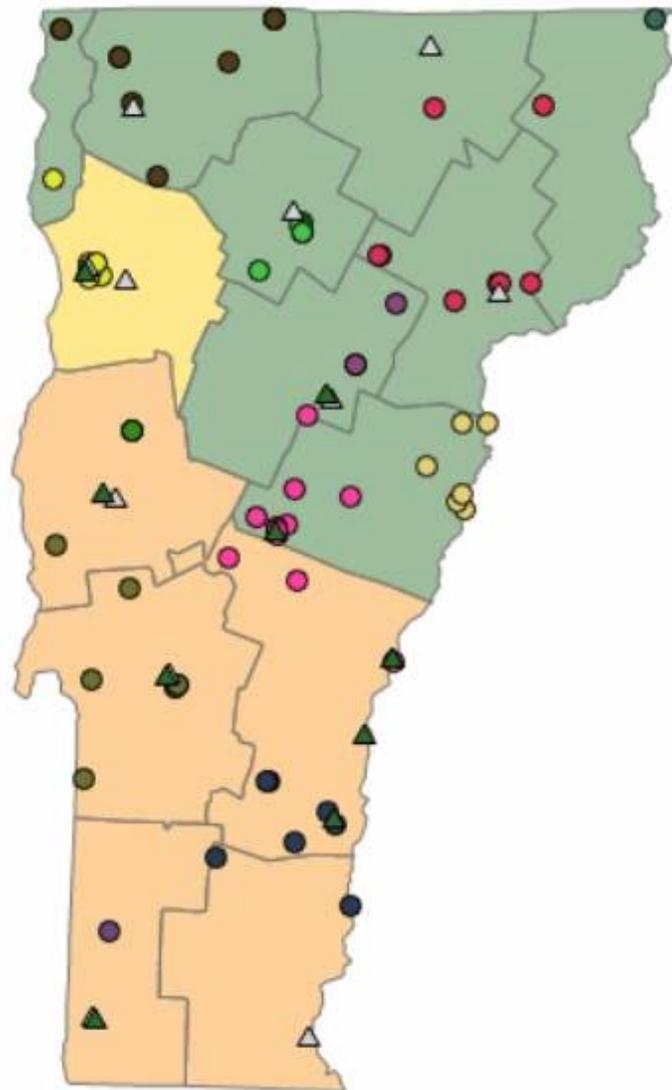
The Vermont Free and Referral Clinics (VFRC) are an association of clinics that provide access to care (on-site or by referral) and assistance free of charge to patients without adequate medical / dental insurance. The clinics are supported by the work of volunteers, community hospitals, local fundraising, and an annual grant from the State of Vermont. All patients are assessed for eligibility in federal, state, and local health care programs. VFRC provides outreach and enrollment as well as assistance with medical care, prescriptions, dental care, and case management for each patient.

In 2019, VFRC:

- Assisted 8,447 Vermonters
- 37% were new to using the clinic system.
- Provided 25,763 services.
- Saved an estimated \$9 million in emergency room use

Our members serve Vermonters in every corner of the state.

Our goal is for geography to never be a barrier to accessing comprehensive, quality services in Vermont. Our members operate in 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 expanded use of telehealth. **Our members had more than 810,000 visits in 2019.**



VERMONT

Organization (Circles)

- Battenkill Valley Health Center (FQHC)
- Community Health Centers of Burlington (FQHC)
- Community Health Centers of the Rutland Region (FQHC)
- Community Health Services of Lamoille Valley (FQHC) ***
- Gifford Health Care (FQHC)
- Indian Stream Health Center (FQHC)
- Little Rivers Health Care (FQHC)
- Mountain Health Center (FQHC)
- Northern Counties Health Care (FQHC)
- Northern Tier Center for Health (FQHC)
- Springfield Medical Care Systems (FQHC)*
- The Health Center (FQHC)

▲ Planned Parenthood of Northern New England

■ Vermont Coalition of Clinics for the Uninsured (Squares)

Area Health Education Center (AHEC) Regions Shaded by County

- Northern Vermont
- Southern Vermont
- UVM

*** Please note that Community Health Services of Lamoille Valley is now known as Lamoille Health Partners

Our members serve Vermonters regardless of insurance status or ability to pay.

Our FQHCs serve:

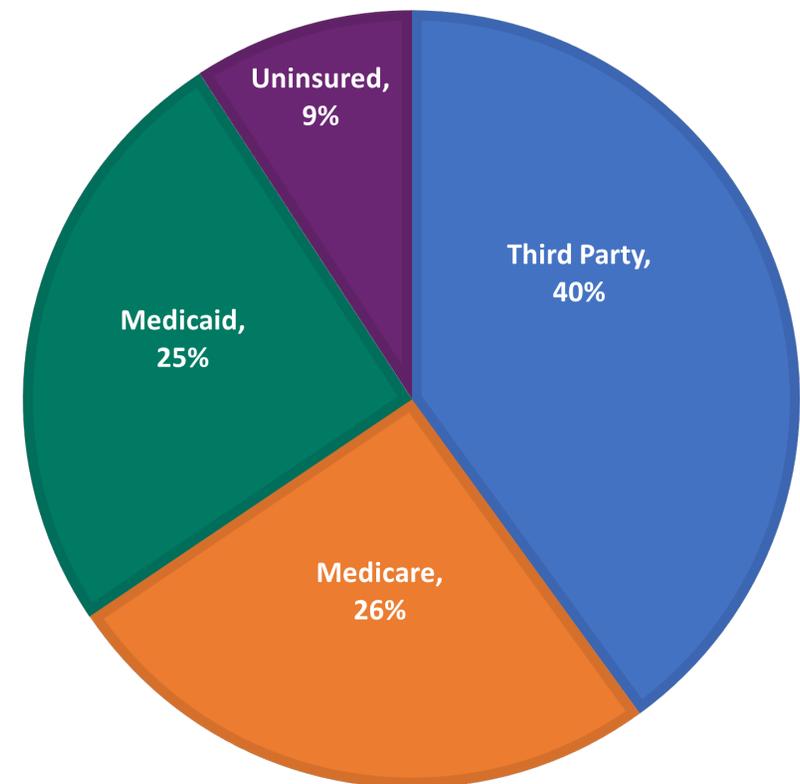
- 33% of Vermont Medicaid enrollees
- 45% of Vermont Medicare enrollees

All of our members provide a sliding fee scale to ensure affordability, including offering free services to those who cannot afford to pay. Free clinics never charge their patients.

Our members also offer financial counseling or assistance in enrolling in programs that can help make health care more affordable for patients who struggle to afford health care. For example, VFRC services included 7,000 visits focused on enrolling in financial assistance in 2019.

Our members serve the majority of uninsured Vermonters. The Free and Referral Clinics report that 39% of patients in 2019 were uninsured, while 27% were underinsured. Across the region, PPNNE provided \$8 million in free or discounted care in 2019.

FQHC PATIENTS BY PAYER IN 2019



2019 UDS Data

Being able to afford health care is not only about the cost of medical services – our patients balance the price of these services and pharmaceutical prescriptions against competing costs of transportation, rent, heat, childcare, and food. These pressures have increased substantially during COVID-19 and will continue to mount during the recovery period after the public health emergency ends. For this reason, our members offer comprehensive approaches to addressing barriers to care, including connecting patients directly to food resources, working with them to access appropriate medical services from home, and engaging with community partners to support a comprehensive approach to wellness.

FQHCs Improve Access to Integrated Primary Care Services

VT's FQHCs Serve



~34,000 Children
~
19% of VT Patients



Over 6,500
Veterans



23% of Patients are
Older Adults
~
We serve 45% of
Medicare Enrollees



We serve 33% of
Medicaid Enrollees



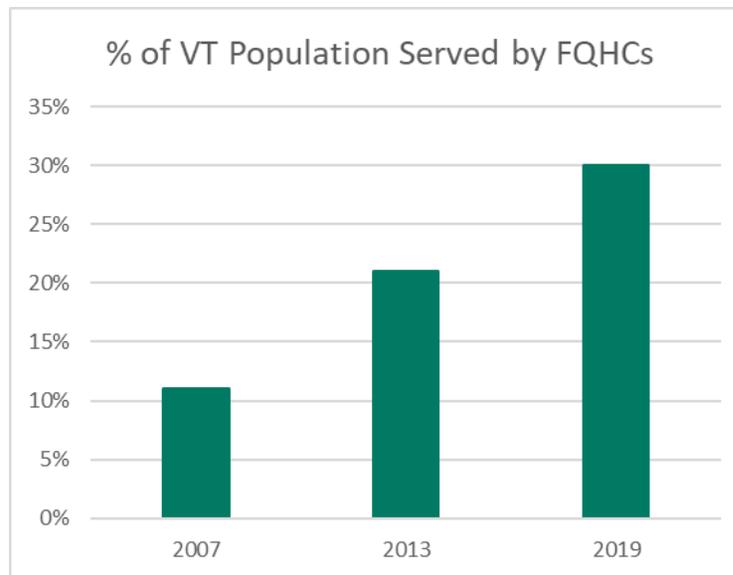
Patients Experiencing
Homelessness:
Over 2,300



Almost 18,000
Uninsured Patients
~
830 Migrant /
Seasonal Agricultural
Workers &
Dependents

2019 UDS Data

Updated: 2/8/2021



2019 UDS Data

VT's FQHCs are a Dental Safety Net



8 of 11 VT FQHCs offer on-site dental care, all offer dental access. Of Medicaid patients receiving dental care in 2019, 50% did so at an FQHC

Numbers reflect 2019 UDS data

During COVID-19, our health centers have offered a blend of remote and in-person care. All FQHCs retained an in-person option throughout the public health emergency, including at their dental practices.

All FQHCs help patients access COVID-19 testing, including offer 7 day a week testing in priority areas, supporting testing in response to outbreaks, mobile testing services for hard-to-reach populations, and regular staff testing for surveillance purposes. By November, 2020, FQHCs were on track to increase flu vaccinations by 20% as part of a statewide effort to increase flu vaccination rates during COVID-19 response.

Supported by data analysis tools, FQHCs have also been performing outreach to patients at risk during COVID-19 to ensure they remain engaged in care.

Bi-State's Recruitment Center & Workforce Development

Bi-State's Recruitment Center combines local outreach with national strategic marketing campaigns to recruit clinicians in primary care, oral health, mental health, and substance use disorder treatment. This workforce program was established in 1994. Since then, we have worked with more than 100 sites and our work has helped recruit **592 providers** to practice in Vermont and New Hampshire communities.



BiStateRecruitmentCenter.org

25+ Years of Recruitment Experience

Our recruitment advisors identify physicians, nurse practitioners, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. In FY20 alone we identified 1,490 providers with interest in our two states.

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

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.

Comprehensive Workforce Planning

Workforce development and planning for health care organizations is more important now than ever before. The Recruitment Center recently initiated a 3-year project with community health centers across NH and VT to develop comprehensive recruitment and retention plans.

We are helping health centers to develop sound strategies for long range workforce planning so they can continue to provide comprehensive medical, dental, mental health and substance use disorder treatment services in their communities. The plans are based on recognized best practices in recruitment, hiring, and onboarding, that are designed to facilitate from the start of the recruitment process.

Workforce Development and Adaptability

The COVID-19 pandemic created unique challenges for the health care workforce, fundamentally changing the way care is delivered. Providers and patients alike are adapting to our new reality through the use of audio and video telehealth platforms to deliver and receive care.

Adaptability has been key for the Recruitment Center as we seek to attract and recruit clinicians for our two states. The Recruitment Center expanded our virtual promotional efforts this year, allowing us to continue to connect with candidates across the country to promote openings in VT and NH while supporting our clients in a way that best meets their needs.

Throughout the year Bi-State engages with staff and clinicians working in health centers in our region to support retention and professional development. We do this by facilitating peer-to-peer groups in areas such as clinical quality improvement, billing and coding, and care coordination; as well as through interprofessional trainings such as our Clinical Quality Symposium and our Leadership Development Program.

Bi-State's Recruitment Center serves all interested NH and VT health care organizations, placing special emphasis on rural and underserved areas. In 2020, we were actively recruiting for an average of 48 vacancies in NH and 61 vacancies in VT. For more information, contact Stephanie Pagliuca, Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

Workforce Development and Public Policy

In 2019-2020, Bi-State participated in the Vermont Rural Health Services task force, which found workforce shortages to be one of the greatest threats to sustaining access to quality health care in Vermont. In 2018, Vermont AHEC reported an overall shortage of 70.5 FTE for primary care physicians in Vermont. The Vermont Talent Pipeline calculates an imminent shortfall of 3,900 nurses. According to the Vermont Department of Health, in 2018 36% of primary care physicians were over the age of 60, with multiple rural health service areas exceeding 40% and even 50%. Mental health services also show key challenges in a workforce reaching retirement age - 47% of Vermont psychiatrists were over the age of 60.

COVID-19 has exacerbated these trends. It interrupts workforce today as staff schedules change to accommodate overall disruptions, a hyper-vigilance for not coming to work if there is any risk of being infectious with COVID-19, and concern for workers who are at high risk for COVID-19 complications. Our system of care through the free clinics relies heavily on volunteer physicians who are predominantly in a high-risk age category. We hear reports of workers across the state opting to leave the health care workforce or to accelerate retirement plans, which may be setting up shortfalls after the current public health emergency ends.

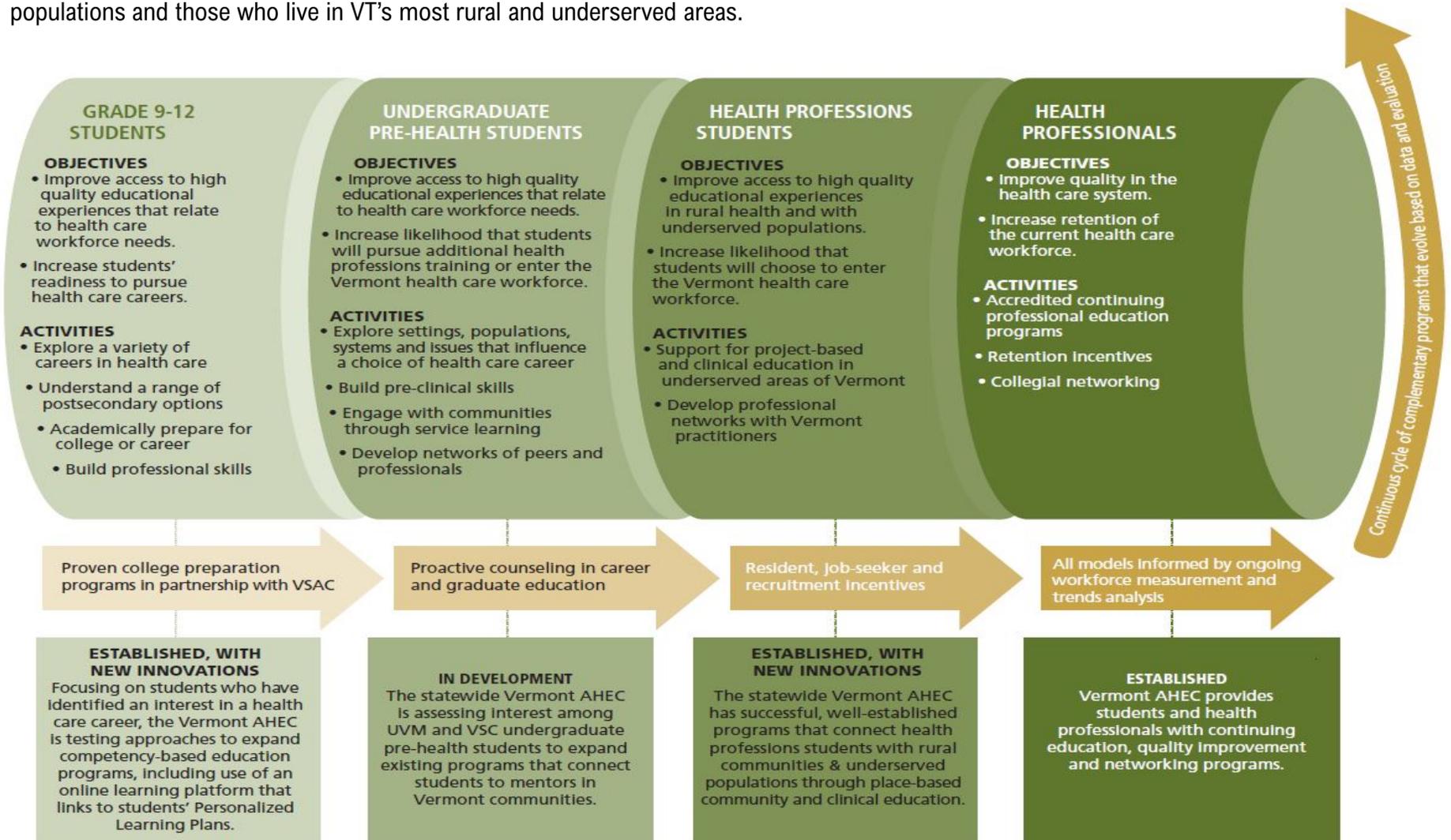
Bi-State is working with our colleagues across the state to find solutions, including establishing nurse and physician scholarships authorized in the 2019-2020 Legislative Session, strategically using telehealth including the eConsults authorized in 2020, and creating policies that facilitate recruitment to our state.

Bi-State supports the health care provider coalition workforce goals:

- Pass the interstate nurse compact
- Make permanent and expand the nurse and physician scholarships passed in Act 155 of 2020
- Extend reimbursement for audio-only telehealth
- Increase the earned income tax credit for low-income sector of the workforce
- Implement tax incentives for nurses
- Adjust benefit cliff for income-eligible workers

Workforce & Area Health Education Centers (AHEC)

VT AHEC is a network of academic and community partners working together to increase the supply, geographic distribution, diversity, and education of Vermont's healthcare workforce. The overarching goal of VT AHEC is to provide statewide programs that support an appropriate, current and future, health care workforce so that all Vermonters have access to primary care, including disadvantaged populations and those who live in VT's most rural and underserved areas.



Vermont Rural Health Alliance (VRHA)

The Vermont Rural Health Alliance (VRHA) is a Health Center Controlled Network (HCCN) and a program of Bi-State Primary Care Association created to serve the operational needs of Vermont's health centers in the context of the evolving health care environment. Key areas of focus include fostering a culture of continuous improvement of data and quality outcomes. In existence since 2007, VRHA has worked hard to develop close, working relationships with each health center, with the informal mission to "help health centers put policy into practice."

Supporting Best Practices in Health Care

VRHA team skills:

- Data Analysis
- Quality Improvement/Change Management
- Project Management
- Subject Matter Expertise
- Data Quality Services



Supports national HCCN goals

Enhancing the patient and provider experience:

- Portals and self-management tools for patients
- Coordination and workflow improvement for provider burden

Advancing interoperability:

- Security Risk Assessment and breach mitigation support

Using data to enhance value:

- Data integration (claims, clinical, registries, other partners)
- Support decision making, care coordination, and population health
- Patient panels and cohorts
- Special populations data

We Help Members Turn Data Into Information

Clinical trainings on topics including:

- Data roadshow – Exploring barriers to care and using data as a tool
- Population Health Management Strategies to Improve Blood Pressure Control
- Lung Cancer Screening
- SDOH and the role it plays in health disparities and health inequity



Peer groups including:

- Care Coordinator Peer to Peer
- Continuous Quality Improvement Peer to Peer
- FQHC Medical Director Group
- Clinical Committee
- Joint Clinical Meetings (CQI, Clinical Committee, and Medical Director)
- All Peer Meetings (Joint Clinical Meeting with the addition of Care Coordinators)

*168 attendees (duplicated): 99.98% rated valuable with one evaluation exception.

Creating dashboards and tailored reports for FQHCs through Qlik apps and NPrinting.

Collaboration with other organizations analyzing health care data, including Department of Vermont Health Access (DVHA), Vermont Department of Health (VDH), OneCare Vermont, Community Health Access Network (CHAN), Breakwater Health Network (FKA NMN), Vermont Information Technology Leaders (VITL).

Bi-States 2021 Public Policy Principles & Priorities

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

We believe that community-based, accessible, and affordable primary care for all Vermonters is the foundation for successful health reform in Vermont. We support the state's efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support the increased investments in comprehensive integrated primary preventive care that will cost-effectively improve the health of all Vermonters. Our work aims to preserve, strengthen, and expand Vermont's community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one-in- three Vermonters and are the foundation of healthy communities statewide.

Bi-State supports the health care provider coalition policy priorities for 2021:

Keep health care providers financially stable as they serve their communities.

- Preserve or enhance Medicaid reimbursement levels
- Prioritize the health care sector for new federal coronavirus relief dollars

Revisit Act 140 of 2020 to maintain regulatory flexibility for the pandemic response AND the recovery period.

Support and strengthen the workforce.

- Pass the interstate nurse compact
- Make permanent and expand the nurse and physician scholarships passed in Act 155 of 2020
- Extend reimbursement for audio-only telehealth
- Increase the earned income tax credit for low-income sector of the workforce
- Implement tax incentives for nurses
- Adjust benefit cliff for income-eligible workers

Bi-State works through effective partnerships and robust engagement with the Governor and the Administration, State Legislature, Green Mountain Care Board, and other partners to ensure continued access to primary care using a cost-effective workforce and to:

- Ensure every Vermonter has access to a primary care medical home with particular attention to underserved Vermonters.
- Support policy changes that eliminate health disparities tied to race and ethnicity, and remove structural barriers to health equity.
- Advocate for delivery system and payment models that invest in, build upon, and prioritize proven and cost-effective community-based primary care -- specifically that sustain and enhance the Federally-Qualified Health Center and Rural Health Center models of care delivery and reimbursement.
- Build on the successes of the Blueprint for Health, ensuring substantial and equitable investment in patient-centered medical homes and empowering local care communities in decision-making through inclusive processes.
- Close coverage gaps for uninsured Vermonters and affordability gaps for under-insured Vermonters.
- Promote population health and well-being through the support of public health goals and population health initiatives.
- Establish strong community-based partnerships that support patients through transitions across care settings.
- Increase investments to integrate mental health, substance use disorder, and primary care services.
- Integrate coverage for and expand access to oral health.
- Invest in preventive services, early intervention, wellness initiatives, and health education.
- Support primary care practitioners in care management and patient engagement for patients with chronic conditions.
- Sustain the 340B pharmacy program to ensure continued access to low-cost pharmaceuticals.
- Increase funding for Vermont Medicaid, and ensure continued investment in primary care.
- Invest in comprehensive workforce development strategies including: increased federal and state loan repayment for health care professionals, and funding for national marketing and outreach.
- Increase access to and funding for telemedicine services to improve access to services for Vermont's rural and underserved populations.
- Sustain federal payment "floors" and framework for FQHC and RHC infrastructure, initiatives, and services to improve access to comprehensive primary care for the uninsured and underinsured.
- Sustain and improve state funding for the Vermont Coalition of Clinics for the Uninsured.
- Sustain and improve state funding for the Area Health Education Centers (AHEC).
- Reduce the amount of administrative burden to Vermont's health care providers.

FQHC Funding

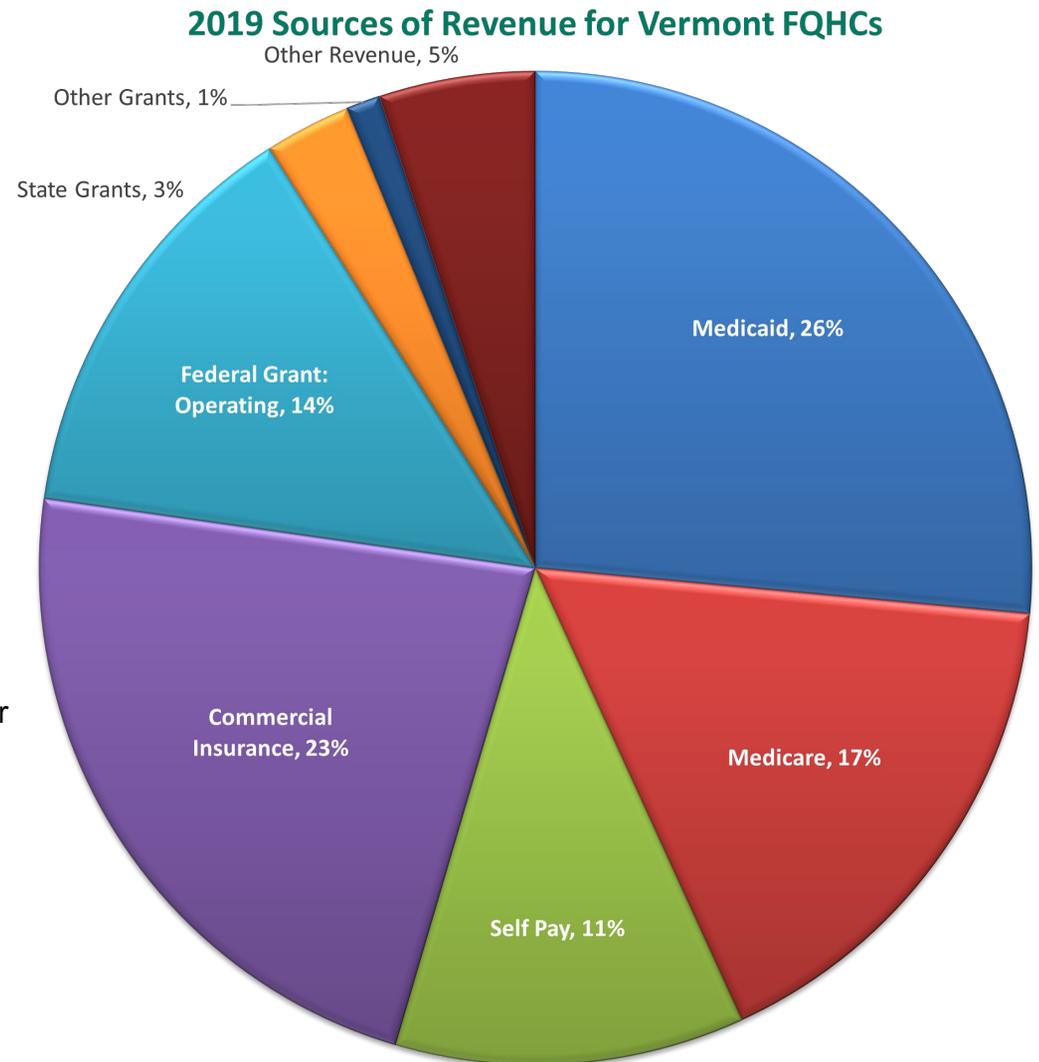
FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services, outreach, transportation, 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. Additional funding streams such as 330 grants and 340b funds allow FQHCs to offer comprehensive services in all corners of the state.

FQHC and ACO Participation

In 2020, 9 of 11 eligible FQHCs participated in OneCare Vermont. Four participated for all payer groups, 4 for Medicaid only and 1 for Medicaid and Commercial payers. Three of our members participate on the OneCare Board of Directors. One of our members (NCHC) participated in the 2019-2020 geographical attribution pilot program to reach more Medicaid eligible community members who currently lack a primary care physician relationship. One of our members (CHCB) received a 2019 Innovation Fund grant through OneCare to expand psychiatric services for youth. One of Bi-State's policy priorities is to shift towards value-based payment systems and a reimbursement system that prioritizes primary care, and we believe that working with the all-payer model and ACO structure is an important strategy to reach that ultimate goal.

Updated: 2/8/2021



2019 UDS Data

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

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 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.

Source: Summary of Health Center Program Compliance Manual Requirements. (November 2018) from Bureau of Primary Health Care, Health Resources and Services Administration, <https://bphc.hrsa.gov/programrequirements/index.html>

Updated: 2/8/2021

Bi-State Primary Care Association's Vermont Member Sites By Organization

Battenkill Valley Health Center (FQHC)

1. Battenkill Valley Health Center*

Community Health Centers of Burlington (FQHC)

1. Champlain Islands Health Center
2. GoodHEALTH Internal Medicine
3. Pearl Street Youth Health Center
4. Riverside Health Center*
5. Safe Harbor Health Center*
6. H.O. Wheeler School
7. South End Health Center
8. Winooski Family Health

Community Health (FQHC)

1. Community Health Allen Pond
2. Community Health Brandon
3. Community Health Castleton
4. Community Health Pediatrics
5. Community Dental Clinic
6. Community Health Mettowee
7. Community Health Rutland
8. Community Health and Dental Shorewell

Gifford Health Care (FQHC)

1. Bethel Health Center
2. Chelsea Health Center
3. Gifford Health Center at Berlin
4. Gifford Primary Care
5. Rochester Health Center
6. Twin River Health Center
7. Kingwood Health Center
8. Randolph Union Middle/High School
9. Randolph Elementary School
10. Braintree Elementary School
11. Brookfield Elementary School

The Health Center (FQHC)

1. Cabot Health Services (school-based)
2. The Health Center Main Site*
3. Ronald McDonald Dental Care Mobile*

Indian Stream Health Center (FQHC)

1. Indian Stream Health Center

Lamoille Health Partners (FQHC)

1. Applesseed Pediatrics
2. Behavioral Health & Wellness Center
3. Community Dental Clinic*
4. Morrisville Family Health Care
5. Stowe Family Practice

Little Rivers Health Care (FQHC)

1. Blue Mountain Union School
2. Clara Martin Center
3. LRHC at Bradford
4. LRHC at East Corinth
5. LRHC at Wells River
6. Valley Vista

Mountain Health Center (FQHC)

1. Mountain Health Center
2. Red Clover Family Dentistry
3. MAT Mobile Van

Northern Counties Health Care (FQHC)

1. Concord Health Center
2. Danville Health Center
3. Hardwick Area Health Center
4. Island Pond Health & Dental Center*
5. Northern Counties Dental Center*
6. Orleans Dental Center*
7. St. Johnsbury Community Health Center

Northern Tier Center for Health (FQHC)

1. Alburg Health Center
2. Enosburg Health Center
3. Fairfax Health Center
4. NCSS Health Center
5. Richford Health Center
6. Richford Dental Clinic*
7. St. Albans Health Center
8. Swanton Health Center*
9. Swanton Rexhall

Planned Parenthood of Northern New England

1. Barre Health Center
2. Bennington Health Center
3. Brattleboro Health Center
4. Burlington Health Center
5. Hyde Park Health Center
6. Middlebury Health Center
7. Newport Health Center
8. Rutland Health Center
9. St. Albans Health Center
10. St. Johnsbury Health Center
11. White River Junction Health Center
12. Williston Health Center

Springfield Medical Care Systems (FQHC)

1. Charlestown Family Medicine (NH)
2. Chester Family Medicine and Dental*
3. Lane Eye Associates
4. The Ludlow Dental Center*
5. The Ludlow Health Center
6. Mountain Valley Medical Clinic
7. Rockingham Medical Group
8. Springfield Health Center
9. The Women's Health Center of Springfield

Vermont's Free and Referral Clinics

1. Bennington Free Health Clinic
2. Good Neighbor Health Clinic & Red Logan Dental Clinic*
3. Health Assistance Program at UVM Medical Center
4. Health Connections at Gifford Medical Center
5. Open Door Clinic*
6. People's Health & Wellness Clinic*
7. Rutland Free Clinic*
8. Valley Health Connections
9. Windsor Community Clinic at Mt. Ascutney

**site provides dental services*

FQHC – Federally Qualified Health Center
RHC – Rural Health Clinic

Bi-State's Vermont Member Sites by County

Addison County

- Middlebury Health Center (PPNNE)
- Mountain Health Center (FQHC)
 - Mountain Health Center *
 - Red Clover Family Dentistry *
- Open Door Clinic (VFRC)

Bennington County

- Battenkill Valley Health Center (FQHC)*
- Bennington Free Health Clinic (VFRC)
- Bennington Health Center (PPNNE)

Caledonia County

- Northern Counties Health Care (FQHC)
 - Danville Health Center
 - Hardwick Area Health Center
 - Northern Counties Dental Center*
 - St. Johnsbury Community Health Center
- St. Johnsbury Health Center (PPNNE)

Chittenden County

- Burlington Health Center (PPNNE)
- Community Health Centers of Burlington (FQHC)
 - Riverside Health Center*
 - Safe Harbor Health Center*
 - Pearl Street Youth Health Center
 - H.O. Wheeler School (school-based)*
 - South End Health Center
 - GoodHEALTH Internal Medicine
 - Winooski Family Health
- Health Assistance Program at UVMHC (VFRC)
- Williston Health Center (PPNNE)

Essex County

- Indian Stream Health Center (FQHC)
- Northern Counties Health Care (FQHC)
 - Concord Health Center
 - Island Pond Health and Dental Center*

Franklin County

- Northern Tier Center for Health (FQHC)
 - Enosburg Health Center
 - Fairfax Health Center
 - NCSS Health Center
 - Richford Dental Clinic*
 - Richford Health Center
 - St. Albans Health Center
 - Swanton Health Center*
 - Swanton Rexall
- St. Albans Health Center (PPNNE)

Grand Isle County

- Community Health Centers of Burlington (FQHC)
 - Champlain Islands Health Center
- Northern Tier Center for Health (FQHC)
 - Alburg Health Center

Lamoille County

- Lamoille Health Partners (FQHC)
 - Appleseed Pediatrics
 - Behavioral Health & Wellness Center
 - Community Dental Clinic*
 - Morrisville Family Health Care
 - Stowe Family Practice
- Hyde Park Health Center (PPNNE)

- **site provides dental services*
- (FQHC) Federally Qualified Health Center
- (PPNNE) Planned Parenthood of Northern New England
- (RHC) Rural Health Clinic
- (VFRC) Vermont Coalition of Clinics for the Uninsured

Orange County

- Gifford Health Care (FQHC)
 - Braintree Elementary School
 - Brookfield Elementary School
 - Chelsea Health Center
 - Gifford Primary Care
 - Kingwood Health Center
 - Randolph Union Middle/High School
 - Randolph Elementary School
- Health Connections at Gifford Health Care (VFRC)
- Little Rivers Health Care (FQHC)
 - Blue Mountain Union School
 - Clara Martin Center
 - LRHC at Bradford
 - LRHC at Wells River
 - LRHC at East Corinth
 - Valley Vista

Orleans County

- Newport Health Center (PPNNE)
- Northern Counties Health Care (FQHC)
 - Orleans Dental Clinic (FQHC)

Rutland County

- Community Health (FQHC)
 - Community Health Allen Pond
 - Community Health Brandon
 - Community Health Castleton Family
 - Community Health Pediatrics
 - Community Health Dental Clinic*
 - Community Health Mettowee
 - Community Health Rutland
 - Community Health and Dental Shorewell
- Rutland Free Clinic* (VFRC)
- Rutland Health Center (PPNNE)

Washington County

- Barre Health Center (PPNNE)
- Gifford Health Care (FQHC)
 - Gifford Health Center at Berlin
- People's Health & Wellness Clinic (VFRC)
- The Health Center (FQHC)
 - Cabot Health Services (school-based)
 - Ronald McDonald Dental Care Mobile*
 - The Health Center Main Site*

Windham County

- Brattleboro Health Center (PPNNE)
- Springfield Medical Care Systems (FQHC)
 - Rockingham Medical Group

Windsor County

- Gifford Health Care (FQHC)
 - Bethel Health Center
 - Rochester Health Center
 - Twin River Health Center
- Good Neighbor Health Clinic & Red Logan Dental Clinic*(VFRC)
- Springfield Medical Care Systems (FQHC)
 - Chester Family Medicine and Dental*
 - Mountain Valley Medical Center
 - The Ludlow Health Center
 - The Ludlow Dental Center*
 - The Women's Health Center of Springfield
 - Springfield Health Center
- Valley Health Connections (VFRC)
- White River Junction Health Center (PPNNE)
- Windsor Community Clinic (VFRC)

Sullivan County in New Hampshire

- Springfield Medical Care Systems (FQHC)
 - Charlestown Family Medicine