



Bi-State Primary Care Association
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January 2022

2022

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 5 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 comprehensive, high-quality, preventive and primary care. In response to COVID-19, our health centers have provided vaccinations, testing services, and telehealth services, 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

Advance access to comprehensive primary care services for all, with special emphasis on those most in need in Vermont and New Hampshire.

Bi-State's Vision

Healthy individuals, families, and communities with equitable and 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 28 member organizations across both states that provide comprehensive primary care services to over 300,000 patients at 146 locations. Our members include federally qualified health centers (FQHCs), clinics for the uninsured, rural health clinics, Area Health Education Center programs, Planned Parenthood of Northern New England, networks, and consortia. We provide training and technical assistance for improving programmatic, clinical, and financial performance. 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

Food Access and Health Care

Continuous Quality Improvement

Bi-State Primary Care Association's Vermont Members

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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). FQHCs 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 over a quarter of Vermonters rely on FQHCs for primary care.

In 2020, FQHCs:

- Served **171,308 patients** in Vermont.
- Conducted **664,928 patient visits**.
- Offered services in every Vermont county, across **73 sites**.



In 2020, PPNNE:

- Operated 12 health centers in Vermont.
- Provided care to 14,827 Vermonters.
- Conducted 22,075 patient visits.

63% of PPNNE's patients had low incomes.

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.



VT AHEC is a network of academic and community partners working together to increase the supply, geographic distribution, diversity, and education of Vermont's health care workforce.

VT AHEC works across the health care workforce pipeline from middle school students to practicing health professionals. This work includes:

- **health careers awareness and exploration** programs for youth
- preceptor recruitment for **student clinical rotations**
- mentoring **community-based projects** for students
- **opportunities for students** to increase knowledge, strengthen leadership skills, and gain competencies (e.g., AHEC Scholars)
- **workforce recruitment and retention** initiatives (e.g., incentive scholarships, educational loan repayment programs, physician recruitment and placement services)
- **continuing education** and quality improvement projects for health professionals



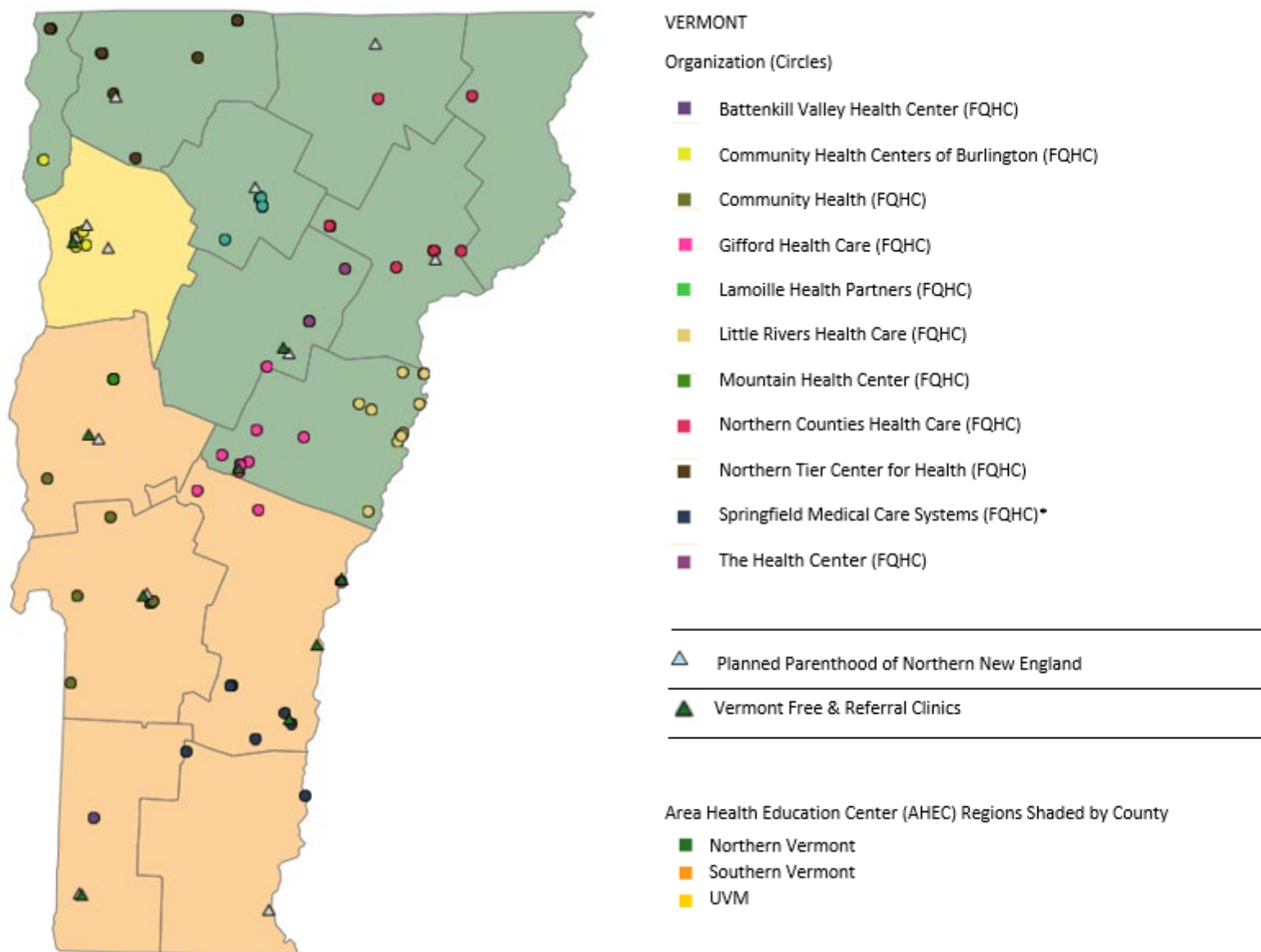
The Vermont Free and Referral Clinics (VFRC) are an association of clinics that provide access to care (on-site or by referral) and assistance free of charge to patients without adequate medical / dental insurance. The clinics are supported by the work of volunteers, community hospitals, local fundraising, 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 2020, VFRC:

- Assisted 7,477 Vermonters
- Provided 17,261 services, such as referrals or assistance with insurance enrollment.
- Saved an estimated \$4.9M 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 700,000 visits in 2020.**



*Springfield Medical Care Systems has a location in New Hampshire: Charlestown Family Medicine.

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

Our FQHCs serve:

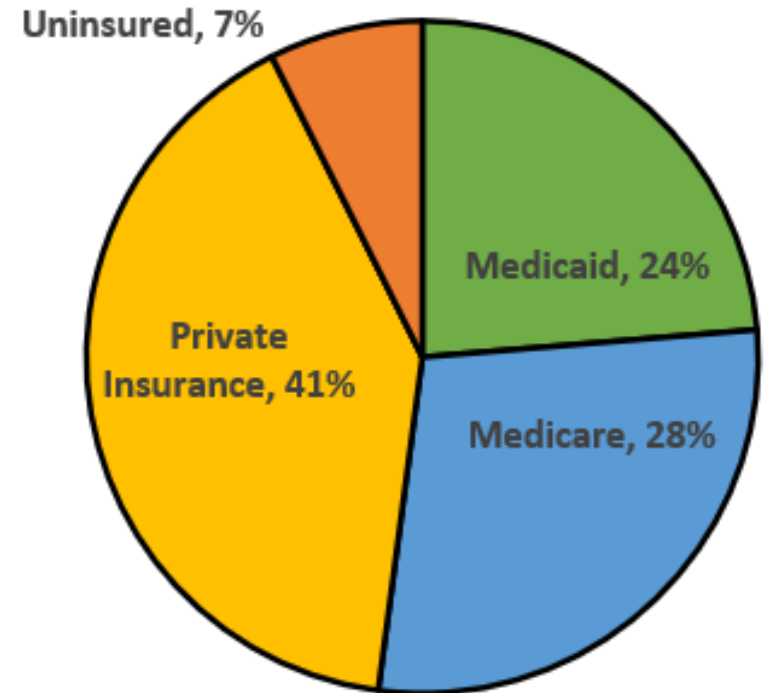
- 39% of Vermont Medicaid enrollees
- 30% of Vermont Medicare enrollees

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. FQHCs provided over 23,000 Certified Application Counselor “assists” in 2020.

Our members serve the majority of uninsured Vermonters. Vermont’s Free and Referral Clinics report that 37% of patients in 2020 were uninsured, while 31% were underinsured. PPNNE provided over \$800,000 in free or discounted care to Vermonters in 2020.

FQHC Patients by Payer in 2020



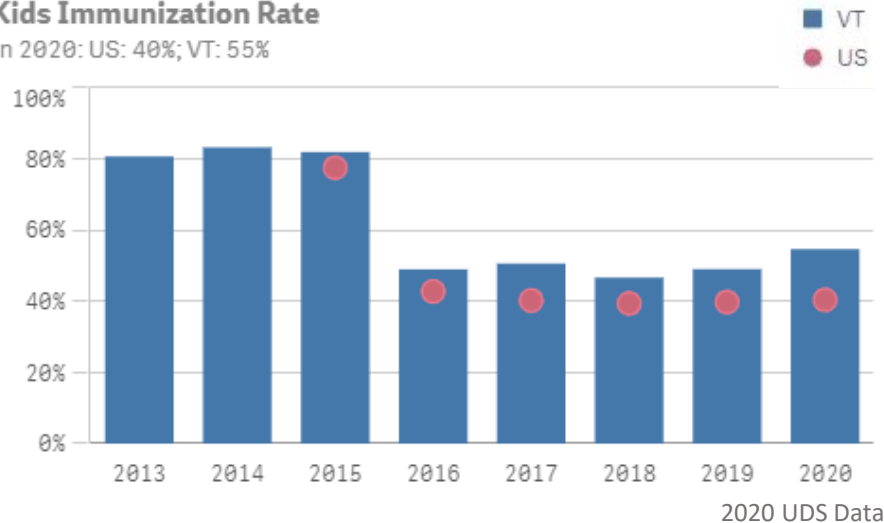
2020 UDS Data

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 Serve Vermont's Children

Kids Immunization Rate

In 2020: US: 40%; VT: 55%



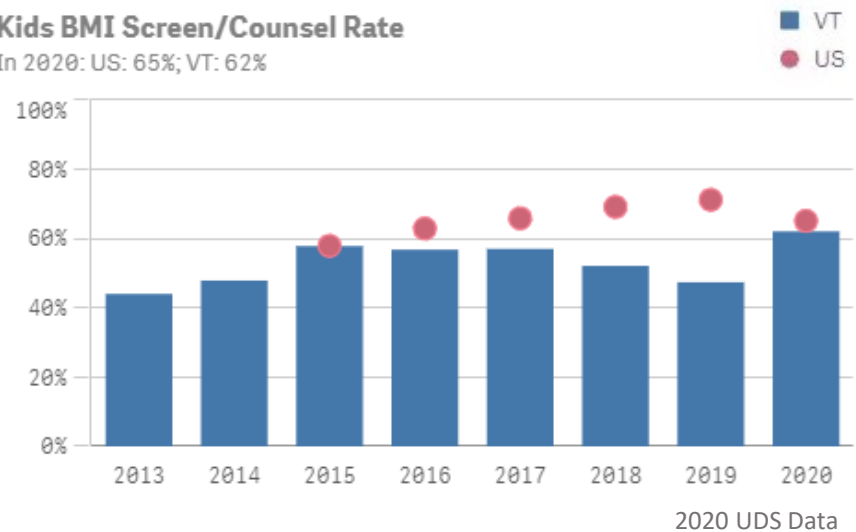
This measure changed in 2016 with the requirement of additional vaccinations.

Throughout the nation, childhood immunization rates decreased during COVID-19 – but not at Vermont's FQHCs. Data from 2020 show that Vermont's FQHCs increased immunization rates for the suite of 20+ vaccinations given to children before their 2nd birthday, greatly surpassing the national FQHC average. Vermont's FQHCs never ceased giving vaccines, and often had clinical staff meet families in the parking lot or under the cover of a portable tent for "drive through" vaccinations. FQHCs also sent staff to dental offices, local hospitals, and other locations to meet the children where they were.

Vermont's FQHCs have also shown improvement in consistently screening children's Body Mass Index and providing counseling on nutrition and physical activity, as appropriate. Screenings of this sort help catch problems early and set children up for a healthy life.

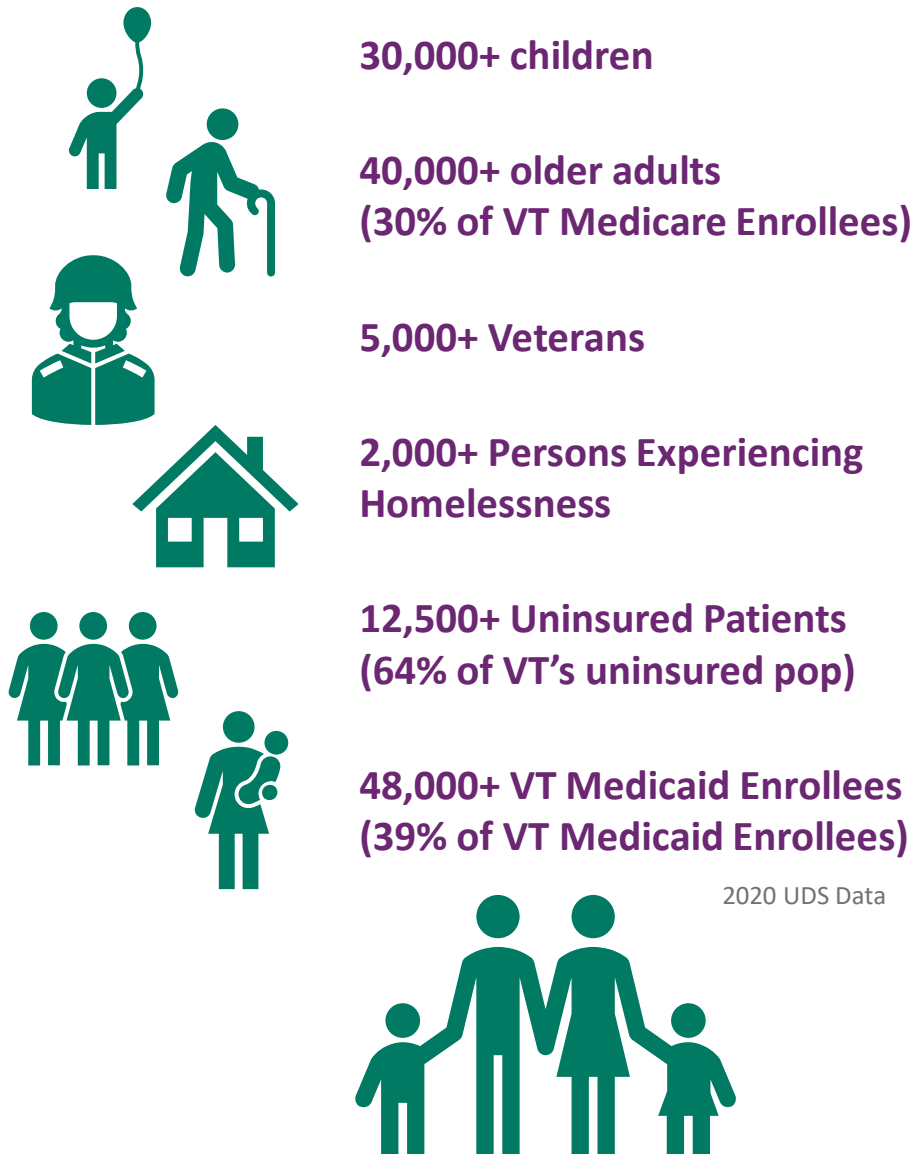
Kids BMI Screen/Counsel Rate

In 2020: US: 65%; VT: 62%



FQHCs Improve Access to Integrated Primary Care Services

Vermont's FQHCs serve
1 in 4 Vermonters including:



Updated: 1/12/2022

Vermont's FQHCs are a
Dental Safety Net



9 of 11 Vermont's FQHCs offer on-site dental care;
all offer dental access.

COVID-19 Response

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 offering testing 7 days a week testing in priority areas and supporting testing in response to outbreaks, mobile testing services for hard-to-reach populations, and regular staff testing for surveillance purposes. All FQHCs also have been community leaders in COVID-19 vaccination – hosting vaccine clinics, providing outreach at schools and in the community, and answering patient questions about the vaccine.

As a further effort to mitigate respiratory illness, Vermont FQHCs provided 32% more flu vaccinations in 2020 than they provided in 2019.

FQHCs are Economic Engines within their Communities



A July 2021 analysis of 2019 data shows that Vermont's FQHCs are:

- directly responsible for 1,455 jobs,
- indirectly responsible for an additional 449 jobs (e.g., jobs of suppliers, contractors, etc.), and
- support another 1,200 jobs in the region (i.e., these jobs are induced when employees spend wages on goods and services)

...for a total of **3,104 Vermont jobs**.



Vermont's FQHCs contribute:

- \$7.1M in direct state and local tax revenues,
- \$2.5M in indirect state and local tax revenues, and
- \$9.8M in induced state and local tax revenues

...for a total contribution of **almost \$20M in state and local tax revenues**.

Economic impact was measured using 2019 IMPLAN Online from IMPLAN Group LLC, IMPLAN System (data and software), www.IMPLAN.com.
Learn more at www.caplink.org/how-economicimpact-is-measured.

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. Since its inception in 1994, the Recruitment Center has helped more than 100 employers across Vermont and New Hampshire.



25+ Years of Recruitment Experience

Our recruitment team identifies physicians, APRNs, physician assistants, dentists, and mental health and substance use disorder treatment providers who will thrive in our rural communities. Between July 1, 2020 and June 30 2021, the Recruitment Center identified almost 1,500 clinicians considering practice in Vermont or New Hampshire within the next two years. We work to connect them with qualifying health care facilities.

We play an important role in monitoring national and regional recruitment trends and advising 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.

Strategic Workforce Planning

The COVID-19 pandemic strained an already fragile workforce. Workforce development and planning for Community Health Centers is more important than ever before to ensure that community needs are met.

Bi-State's Recruitment Center is overseeing two projects with Community Health Centers: 1) to develop comprehensive recruitment and retention plans; and 2) to expand health profession education and training programs within their practices. Our team is helping health centers to develop sound strategies for long range workforce planning. These strategic workforce plans are informed by data and recognize best practices around recruitment, retention, and internal career pathways. Efforts also include external development strategies such as health professions training programs hosted in the community health settings.

Primary Care is Delivered by a Team

In FY21, Bi-State's Recruitment Center assisted with the recruitment of 8 primary care physicians, 1 specialist, 11 dentists, 8 APRNs, 3 social workers, 2 mental health counselors and a registered nurse. According Rural Health Works,* these placements alone require more than 370 individuals working in clinical and administrative roles to support their practices. We increasingly see practices in our region struggle to maintain and recruit qualified members across the full spectrum of the primary care team. The Recruitment Center will focus on the positions we work with and support efforts to recruit and retain the full primary care team.

Bi-State's Recruitment Center serves all interested NH and VT health care organizations, placing special emphasis on rural and underserved areas. In 2021, we were actively recruiting for an average of 34 vacancies in NH and 35 vacancies in VT. For more information, contact Stephanie Pagliuca, Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

*<http://ruralhealthworks.org/tools-templates/economic-impact>

Workforce Development and Public Policy

The pressures from workforce shortages in health care have been growing for years due to more primary care providers nearing retirement, nurse shortages, and a lack of dental providers. The COVID-19 pandemic starting in 2020 and now rolling into 2022 has amplified the workforce crisis. Some have left the workforce entirely, others remain, struggling with burnout from increased workload and risks to themselves and their families. Additionally, Vermont's free clinics rely heavily on volunteer physicians many of whom fall into a high-risk age category.

This situation is unsustainable and puts the health and lives of Vermonters at risk. Action is urgently needed for short-term solutions that support our existing workforce, and long-term solutions that will grow the health care workforce and prevent future crises.

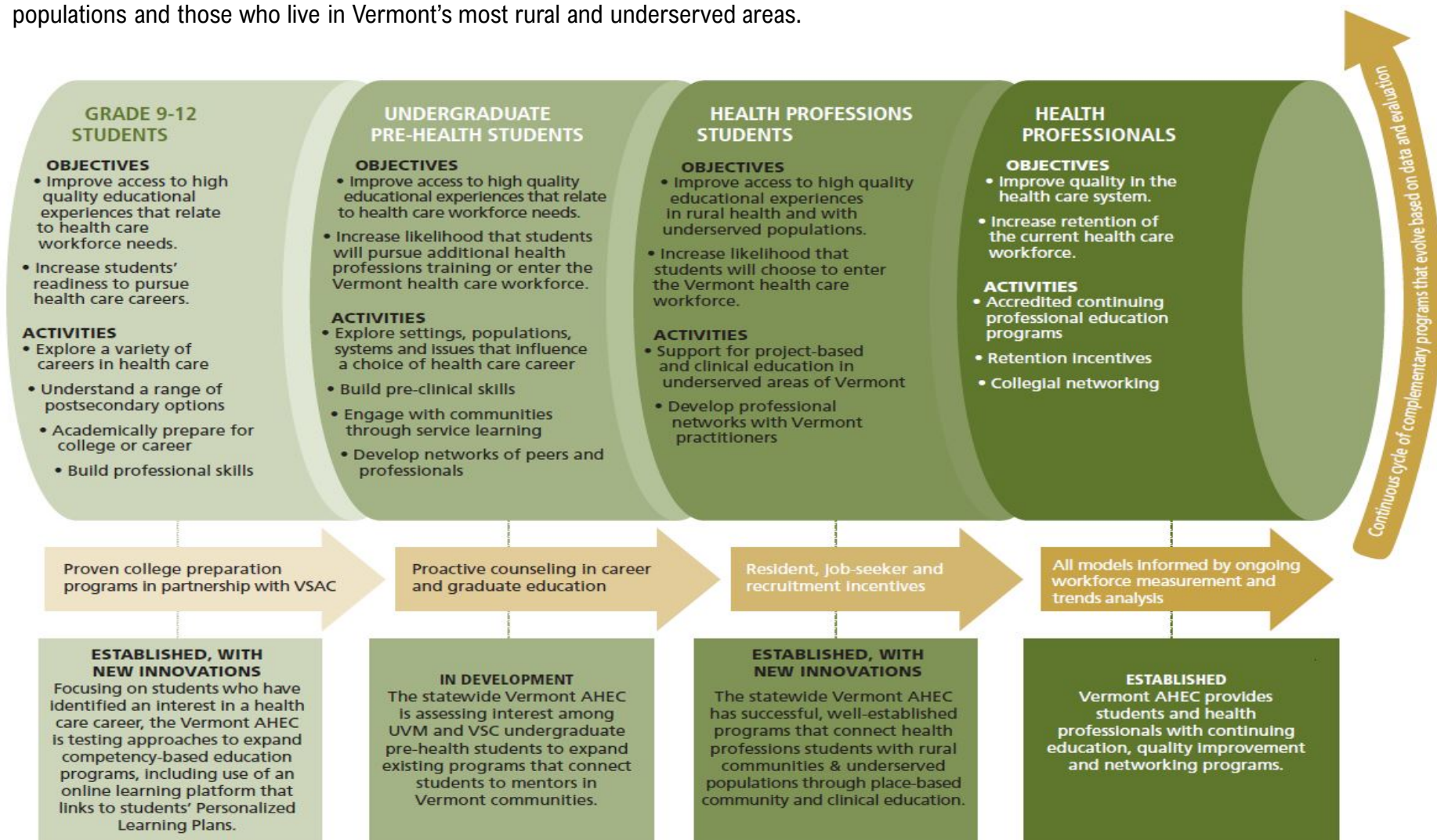
Throughout 2021, Bi-State participated in the Health Care Workforce Advisory Group, established in Act 155 of 2020 to develop the Health Care Workforce Strategic Plan. This Strategic Plan lays out many recommendations to address both the short- and long-term needs. The state has established an Interagency Task Team to bring together the multiple entities in state government involved in workforce issues. Bi-State is working with a coalition of health care associations and partners to support the recommendations in the strategic plan and to assist the Interagency Task Team as it works to implement these recommendations

Bi-State Workforce Goals:

- Review and implement high-impact recommendations from the Interstate Telehealth Task Team
- Extend reimbursement for audio-only telehealth
- Explore community-based clinical training
- Support initiatives that meet the childcare needs of the health care workforce
- Expand scholarship and loan repayment options across broader health care professions

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 Vermont's most rural and underserved areas.



Vermont Rural Health Alliance (VRHA)

VRHA Background

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.

VRHA Vision

Maximize population health by addressing root causes and sustaining measurable, concrete positive change in health care.



VRHA Priorities

Data Intelligence

Health Reform

Sustainability

Supporting Best Practices in Health Care

VRHA team skills:

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



We Help Turn Data into Information

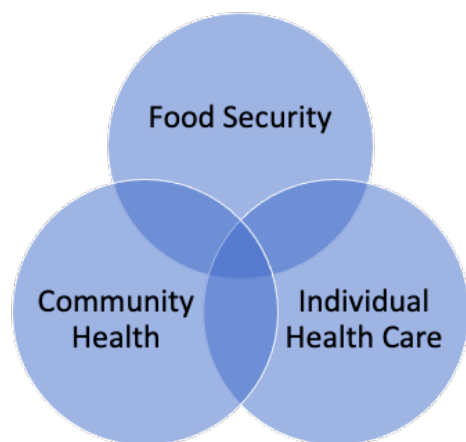
We provide annual “Data Roadshows” to guide clinical teams at our health centers through their data and tools. We additionally provide trainings on other topics including:

- Cybersecurity
- Compliance with HIE Information Blocking Rules
- Excel Tips and Tricks / Qlik Basics
- Diet Interventions for Patients with Diabetes and Hypertension
- Social Determinants of Health
- Workforce Resiliency

We also staff peer groups for FQHC Medical Directors, Quality Improvement staff, Data Analysts and Informatics staff, and others.

Food Access and Health Care Consortium

The Food Access and Health Care consortium (FAHC) is a grant-funded program designed to support better integration of food and diet into health care in rural Vermont. We bring together representatives from food systems, food access, public health, and health care sectors to identify gaps in current work in the food and health space and build strategies to bridge those gaps.



By adding a focus on health care and individuals' health outcomes, we support the goals of existing programs in food access and community health, while adding an important dimension of linking food and diet to specific health goals – including evidence-based models for treatment of diet-related chronic health conditions and transition from hospital to home-based care.

2020 – 2021 Focus Areas

Outreach Systems connecting:

- Health Care Practices & Community Based Organizations
- Patients & Food Access Programs
- Local Organizations & Statewide Networks

Medically Tailored Meals
feasibility study.

See VTFoodInHealth.net for more information

Increasing Program Impact

- National Research & Evidence-Based Models
- Peer-to-Peer Learning

Data & Measurement

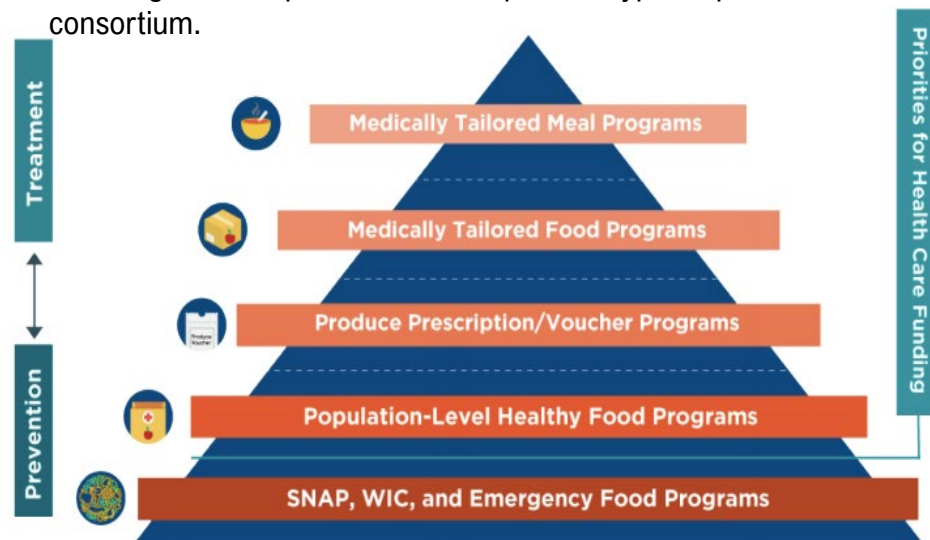
Sustainable Funding

2021 – 2022 Focus Areas

In our second year we have built from 2020-2021 work to add projects in the following areas:

- **Transportation Barriers** to participation in food & health programs, as part of a broader statewide food security planning project. Vermont Farm to Plate leads this planning work.
- **Pilots at Three FQHCs** NOTCH, Lamoille Health Partners, and Little Rivers Health Care are participating in a 4-year pilot program to link food-based interventions to reducing risk of cardiovascular disease.

We are honored to have received a 2021-2023 rural health care focused **Northern Border Regional Commission (NBRC)-HRSA** grant to expand health care practice types represented in the consortium.



We learn from the work of similar programs in other states, including the Food Is Medicine Coalition in Massachusetts (this graphic borrowed from their 2019 state plan for food and health).

Bi-State's Vermont 2022 Public Policy Principles

Bi-State Primary Care Association has a steadfast commitment to its members (Federally Qualified Health Centers, Vermont Free and Referral Clinics, Area Health Education Centers, and Planned Parenthood of Northern New England) in their missions to meet the health and wellness needs of their communities, families, and patients regardless of insurance status or ability to pay.

We support initiatives that ensure sufficient resources for safety-net providers and promotes the development and retention of a robust and diverse workforce with the goal of increasing access to affordable, high-quality comprehensive care. We also work on efforts to increase integration between primary medical, oral, mental health, and substance use disorder treatment services and to reduce health disparities due to race, ethnicity, gender, and sexual orientation.

Bi-State is committed to working with our partners, the Governor and Administration, State Legislature, and Green Mountain Care Board to implement policies that provide our members with the resources to address the challenges from the COVID-19 pandemic as well as to meet the broader health and wellness needs of Vermont communities as health care delivery evolves.

Alignment between Bi-State and health care provider coalition on 2022 goals:

- **Workforce**: Addressing the strain on Vermont's health care workforce through continued efforts and investments in short- and long-term solutions.
- **Finance**: Addressing the financial burden on health care organizations by increasing Medicaid reimbursement levels and prioritizing the health care system for additional federal funding.
- **COVID Pandemic**: Ensuring providers have the flexibilities they need to respond to the COVID-19 pandemic by addressing the flexibilities provided in Act 6.

Bi-State Public Policy Priorities: Supporting our members' commitment to meeting the health and wellness needs of their communities, families, and patients.

Finance

Reimbursement and funding has not kept up with increases in the cost of providing care.

- Funding should meet the cost of care today and enable organizations to invest for the future.
- Funding should be flexible, covering clinically appropriate modalities of care to ensure Vermont's rural and underserved populations have access to needed services including care coordination activities and telehealth.
- Funding should be sufficient for primary care to play a central role in improving population health and shifting health care utilization away from high-cost services consistent with the State of Vermont's stated health care reform goals.
- Funding should include investments in primary care, oral health, mental health, substance use disorder, and community-based services that are needed across all payers (Medicaid, Medicare, and commercial) for current patients and those who presently lack access to care.

Workforce

The current workforce crisis is hurting patients through delayed or inaccessible services, increasing the cost of care through higher labor costs and use of higher cost settings, and demoralizing existing staff.

- Investments are needed that address both short-term needs for recruitment and retention and long-term needs around workforce pipeline development, the latter of which will be critical to avoiding future workforce crises.
- Workforce efforts should address the full range of positions including health care providers and those that support direct patient care and help run health care organizations.

The Future of Health Care Delivery

Bi-State members recognize many factors affect a person's health outcomes and therefore integrate multiple services to address medical, mental, oral, and reproductive health, as well as social factors.

- Payment models across all payers should be aligned to support a flexible and integrated model of care.
- Care delivery and coordination models used by payers and ACO or payer-like entities should build upon and advance the integrated community-based primary care models employed by Bi-State members.
- Policies should promote population health and well-being through community-wide partnerships, coordination, education, and integration.

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.

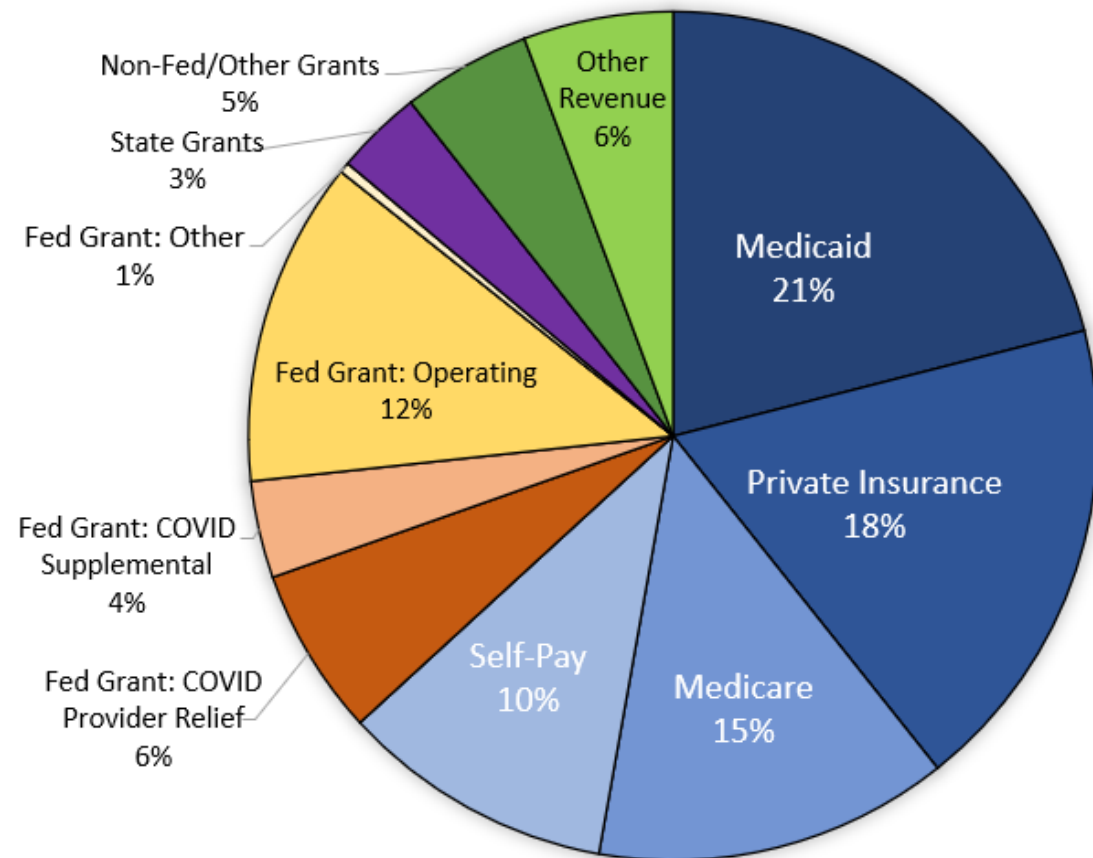
- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards. Almost 100 additional regulations are connected to FQHC status.
- Federal FQHC appropriations 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 2021, nine out of eleven eligible FQHCs continued their participation in OneCare Vermont. Three of our members serve on the OneCare Board of Managers. A Bi-State policy priority is to shift towards a reimbursement system that prioritizes primary care and provides the resources and flexibilities necessary for our members to meet the health and wellness needs of their patients and communities. This priority aligns with Vermont's goal to improve Vermonters' health and limit the growth of health care costs. The state of Vermont is currently using ACO-based reform as the vehicle for aligning value-based care initiatives across all payers, and Bi-State is working within this all-payer model and ACO structure to support our members in achieving their care goals.

Updated: 1/12/2022

FQHC Sources of Revenue (2020)



2020 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 Uniform Data System (UDS). Every three years HRSA regulators audit each FQHC with a multi-day operational site 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.

Bi-State's Vermont Member Sites by County

Addison County

- Community Health (FQHC)
 - Community Health and Dental Shorewell
 - 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 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*
 - South End Health Center
 - GoodHEALTH Internal Medicine
 - Winooski Family Health
- Health Assistance Program at UVMMC (VFRC)
- Williston Health Center (PPNNE)

Essex County

- 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

- Hyde Park Health Center (PPNNE)
- Lamoille Health Partners (FQHC)
 - Lamoille Health Behavioral Health & Wellness
 - Lamoille Health Family Dentistry*
 - Lamoille Health Family Medicine, Morrisville
 - Lamoille Health Family Medicine, Stowe
 - Lamoille Health Pediatrics

**site provides dental services (FQHC) Federally Qualified Health Center (PPNNE) Planned Parenthood of Northern New England (VFRC) Vermont's Free and Referral Clinics*

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 (VFRC)
- Little Rivers Health Care (FQHC)
 - Blue Mountain Union School
 - Bradford Elementary School
 - LRHC Administration
 - LRHC at Bradford
 - LRHC at East Corinth
 - LRHC at Newbury
 - LRHC at Wells River
 - Oxbow High School
 - Newbury Elementary School
 - Thetford Elementary School
 - Valley Vista
 - Waits River Valley School

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
- Rutland County Free Clinic and Dental 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 Dental Center*
 - Mountain Valley Medical Center
 - The Ludlow Health Center
 - The Ludlow Dental Center*
 - 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

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

Lamoille Health Partners (FQHC)

1. Lamoille Health Behavioral Health & Wellness
2. Lamoille Health Family Dentistry*
3. Lamoille Health Family Medicine, Morrisville
4. Lamoille Health Family Medicine, Stowe
5. Lamoille Health Pediatrics

Little Rivers Health Care (FQHC)

1. Blue Mountain Union School
2. Bradford Elementary School
3. LRHC Administration
4. LRHC at Bradford
5. LRHC at East Corinth
6. LRHC at Newbury
7. LRHC at Wells River
8. Oxbow High School
9. Newbury Elementary School
10. Thetford Elementary School
11. Valley Vista
12. Waits River Valley School

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 Dental Center*
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

The Health Center (FQHC)

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

Vermont's Free and Referral Clinics

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

*site provides dental services
FQHC – Federally Qualified Health Center