



Bi-State Primary Care Association
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January 2025

2025

Vermont

Primary Care Sourcebook

Photo Credit: Kristen Bigelow-Talbert

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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.

Community Health Centers ensure everyone has access to primary health care

Community Health Centers provide affordable & comprehensive primary care to everyone, regardless of ability to pay. Nationally in 2023, nearly 1,500 health centers with over 15,000 locations served nearly 32.5 million patients – 1 in 10 Americans including: 1 in 3 people living in poverty, 1 in 5 uninsured persons, and 1 in 7 rural residents. 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 ([NACHC report](#), sources: Uniform Data System ([UDS](#), [trends](#)), 2023; American Community Survey ([ACS](#)), 2021). Additionally, our health centers continue to respond to current and emerging public health needs through providing vaccinations, testing services, and telehealth services.

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.

Who we are

Bi-State Primary Care Association is a 501(c)3 nonprofit organization, formed in 1986 to expand access to health care in Vermont and New Hampshire. Today, Bi-State represents 26 member organizations across both states that provide comprehensive primary care services to over 330,074 patients at 177 locations ([2023 UDS](#); *location count includes: health centers, dental centers, combined centers, express care sites, school-based sites, and mobile units*). Our members include federally qualified health centers (FQHCs), Free and Referral Clinics, 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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Bi-State's Members Serve 1 in 3 Vermonters

In Vermont, Bi-State represents 13 member organizations that serve over 227,700 patients at 110 locations. **VT's Community Health Centers provide primary care for 1 in 3 Vermonters, including: 4 in 5 of uninsured Vermonters and homeless Vermonters; over 1 in 3 Vermonters enrolled in Medicaid & Medicare.** (see page 8)

VT COMMUNITY HEALTH CENTERS:

Federally Qualified Health Centers

- *Provide a set of comprehensive, high-quality primary care and preventive services regardless of patients' ability to pay.*
- *Employ interdisciplinary teams and patient-centric approaches.*
- *Deliver care coordination and other enabling services that facilitate access to care.*
- *Collaborate with other providers and programs to improve access to care and community resources.*
- *Are community-based and patient-directed, with a patient-majority governing board.*

FQHC sites in Vermont include health center operations at medical clinics, dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, mobile unit sites, a healthcare for the homeless program, and more.

VT SAFETY NET PROVIDERS PROGRAMS & SERVICES:

Federally Qualified Health Centers

Planned Parenthood of Northern New England

Vermont Free and Referral Clinics

Vermont's Free & Referral Clinics (VFRC) is an association of nine clinics that provide free healthcare services to all Vermonters. The clinics provide a range of support with health insurance and other state programs, as well as care coordination, assistance accessing free or low-cost prescriptions, and transportation. Five clinics offer free medical, dental, and mental health services.



In 2023, VT FQHCs

- Served 198,334 patients in VT.
- Conducted 790,646 patient visits.
- Offered services all 14 counties, across 93 sites.



In 2023, VT CHCs

- Served 227,771 patients in VT.
- Conducted 859,076 patient visits.
- Offered services in all 14 VT counties, across 110 sites.

FQHCs are Economic Engines within their Communities

In Vermont, 11 Federally Qualified Health Centers provide tremendous value and impact to the communities they serve through care for populations with limited access to health care, savings to the health care system, economic stimulus, state-of-the-art best practices, and integrated care with a focus on managing chronic conditions, preventative care, and quality health outcomes.

Savings to the health care system

LOWER COSTS FOR HEALTH CENTER MEDICAID PATIENTS	SAVINGS TO MEDICAID	SAVINGS TO THE OVERALL HEALTH SYSTEM
24%	\$128.4 M	\$310.5 M

Expanding access to care

4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	PATIENTS RECEIVING ENABLING SERVICE TO OVERCOME BARRIERS TO CARE
15.8%	725,048	65,598	5,882

Economic stimulus

HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
1,701	1,485	3,186
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT
\$331.1 M	\$258.1 M	\$589.2 M
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX REVENUES
\$22.0 M	\$52.6 M	\$74.6 M



Economic impact was compiled in this report [this report](#) by Capital Link and funded by the National Association of Community Health Centers (NACHC). For more information, see the “References and Data Sources” and “Acknowledgments” sections or visit www.caplink.org.

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

Our FQHCs serve:

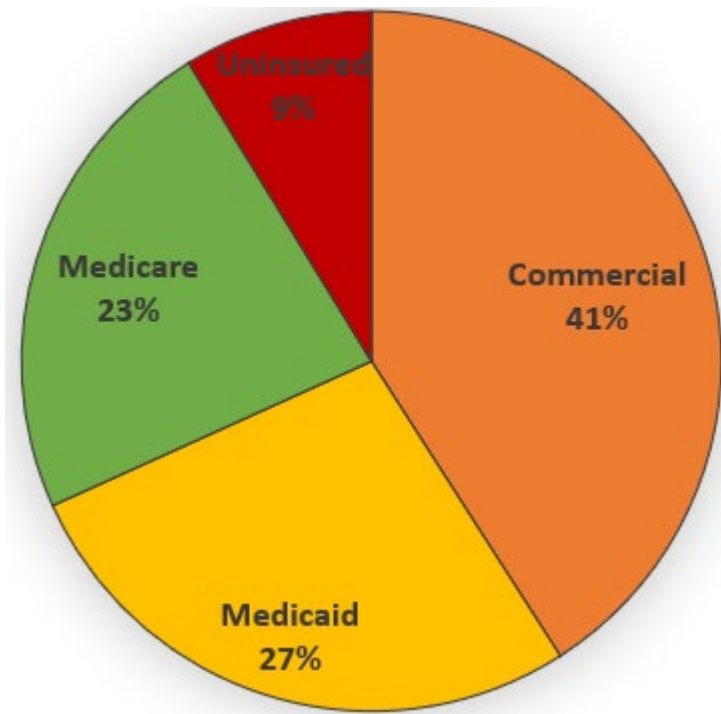
- 38.5% of Vermont Medicaid enrollees
- 39% of Vermont Medicare enrollees

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.

Our members serve the majority of uninsured Vermonters. In 2023: Vermont's Free and Referral Clinics report that 69% of patients were uninsured or underinsured. PPNNE provided nearly \$1.3 million in free or discounted care to Vermonters in FY2024. FQHCs provided care to 17,352 Uninsured Patients, about 82% of all uninsured Vermonters.

FQHC Patients by Payer in 2023

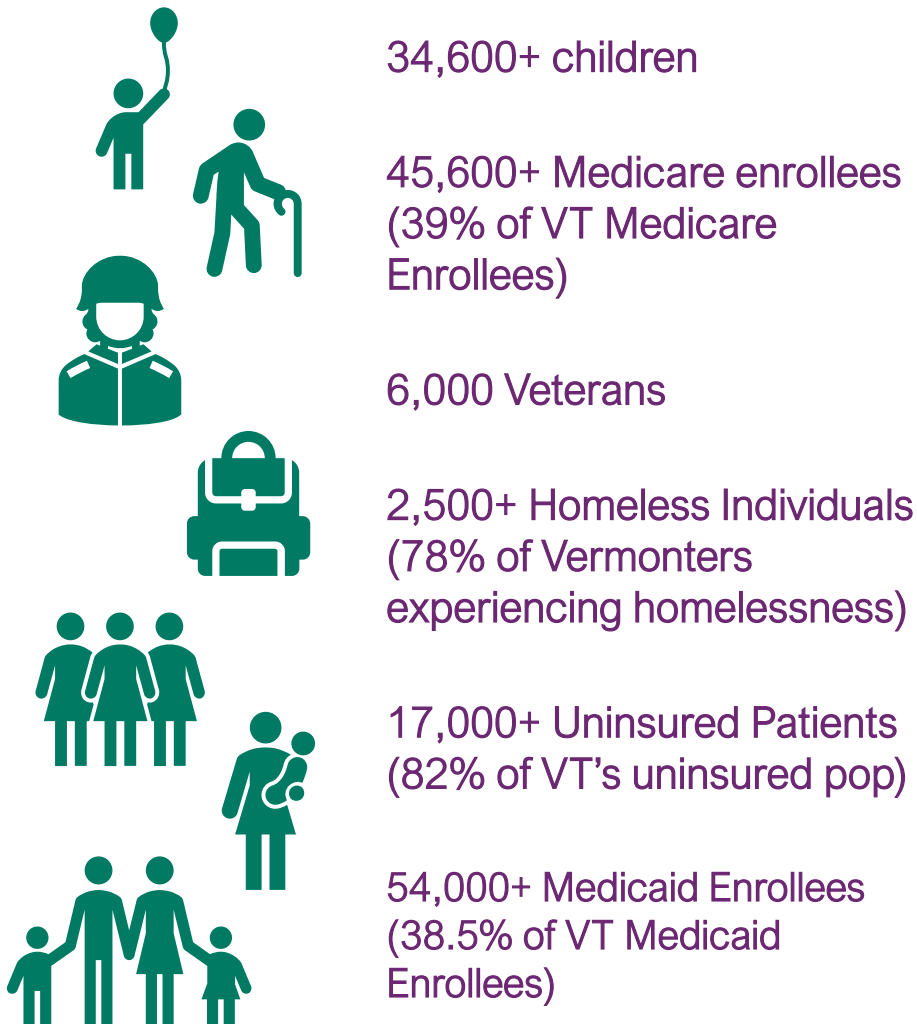


2023 UDS Data

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 increased substantially during the pandemic and continue to mount during the current recovery period. 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

In 2023, Vermont's FQHCs served 198,334 patients, nearly 1 in 3 Vermonters (32%) including:



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 regions with limited access to health care. Comprehensive means primary medical, dental, oral, mental health and enabling services (such as translation, transportation, financial assistance navigation, health education, and nutritional assistance). FQHCs accept patients regardless of ability to pay, offer a sliding fee scale, and work with their communities to address a range of health needs. FQHCs are governed by a patient-majority board. In Vermont, there are FQHC sites in every county and almost one in three Vermonters rely on FQHCs for primary care.

FQHCs and Public Health

VT FQHCs play a crucial role in Vermont's current and emerging public health needs. They were a key partner during the pandemic and have been on the front lines of other emerging public health concerns by staging flu and mpox vaccine clinics and providing vital public health education to their communities. FQHCs also work to reduce barriers to care by bringing care where it is needed, such as through school-based clinics, programs for the homeless, or mobile units.

Vermont's FQHCs are a Dental Safety Net



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

Updated: 3/7/2025

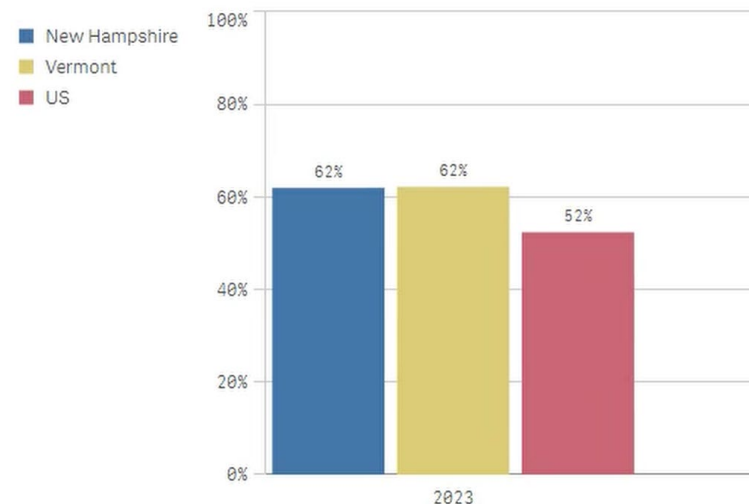
*Denominators from Kaiser Family Foundation (KFF) (estimates for: [insurance status & total population](#) and [homelessness](#)), based on most recent data available (2023) sourced from US Census Bureau [American Community Survey](#)). Numerators from [2023 UDS](#).

Health Centers strive to improve cancer screening rates

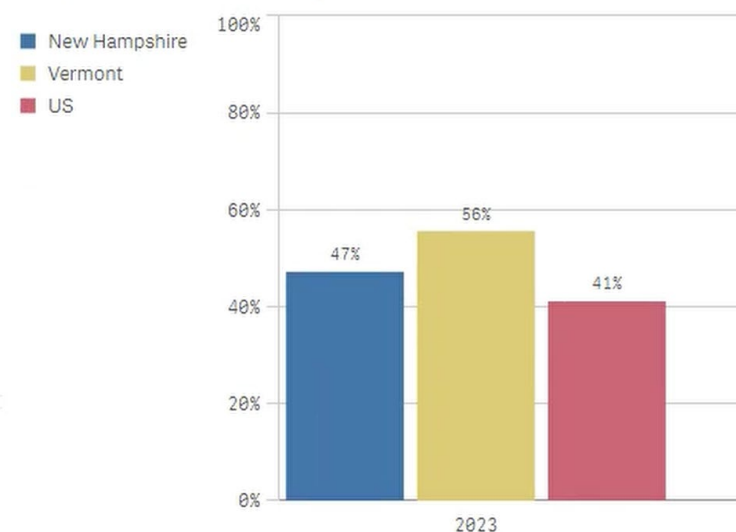
A story of cancer screening success:

Vermont Federally Qualified Health Centers (FQHCs) are actively enhancing cancer screening initiatives through innovative approaches and targeted outreach. Efforts include streamlining data collection for cervical cancer results and promoting alternative colorectal cancer screening methods like Cologuard to address barriers such as long colonoscopy wait times and accessibility challenges. Outreach programs are being developed to assist populations with limited access to health care, including the unhoused, in navigating colorectal cancer screenings. FQHCs also focus on breast cancer detection, hosting specialized clinics in partnership with UVMHC to serve all patients, while leveraging grants to employ community health workers who coordinate care and address self-scheduling barriers. Quality improvement (QI) projects across health centers target cervical, colorectal, and breast cancer screenings, identifying patients overdue for screenings and conducting outreach through letters, electronic campaigns, and community education initiatives. Through these efforts, they are addressing social risk factors, enhancing patient education, and leveraging technology and grants to promote access to preventive cancer care.

Breast Cancer Screening Rate



Colorectal Cancer Screening Rate



2023 UDS Data

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



We Help Turn Data into Information

The VRHA team provides annual “VRHA Roadshows” to guide care teams at health centers through their data and tools. We additionally provide trainings on other topics including:

- Cybersecurity
- Compliance with Privacy and Security Rules
- Excel Tips and Tricks / Qlik Basics
- Various Clinical Topics
- Social Risk Factors
- Workforce Resiliency

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

Food Access and Health Care



Kathy Benoit (NOTCH CEO) and Miranda Henry, (NOTCH) Community Services Manager, welcomed AHS Secretary Jenney Samuelson and Agriculture Secretary Anson Tebbetts to the Main Street Market, NOTCH's social grocery store. The group learned about the social grocery model and toured the range of social services NOTCH provides.

Bi-State's **VT Food Access and Health Care (FAHC) Consortium** via the Healthy Rural Hometown Initiative (HRHI) is a grant-funded program designed to support better integration of food and diet into health care in rural Vermont. Through data analysis, training opportunities, financial support, and group learning, Bi-State has been supporting Lamoille Health Partners, Little Rivers Health Care, and the Northern Tier Center for Health (NOTCH) with their food access programs. The grant is in its fourth and final year, and each health center is focused on sustaining their programs.

Each health center tracked numerous measures to show the impact of healthy foods for their patients that are at risk for cardiovascular disease (CVD) and are food insecure. Participants in the HRHI Program had a statistically significant reduction in systolic BP ($P = 0.009$) and cholesterol levels ($p = 0.025$) after participating in our food access programming. These data indicate that the average systolic BP of patients was lower, and cholesterol levels were lower after participating in the program compared to before enrollment.

NEW Food Access in Health Care Website:
www.VTfoodinhealth.org

The **VT FAHC Network Development Project** integrates evidence-based food and health care models across rural Vermont, building on previous strategic planning efforts. Key partners from various health, food, and agricultural organizations collaborate in this planning. The VT FAHC Network Development grant is currently on preparing for value-based care by addressing nutrition-related care gaps and expanding food-health care services. The goal is to strengthen Vermont's rural health care system by building on national evidence and integrating Food as Medicine across the state. Currently four programs have been funded to pilot expanded food access in health care.



Bi-State, NOTCH, and LRHC share a meal after packaging 30 produce prescription bags for LRHC patients with a co-morbidity of food insecurity and Cardiovascular Disease (CVD).



Bi-State, NOTCH, and LRHC visit LHP to see their food access program which includes free pantry items and frozen meals in their waiting room, in addition to medically tailored meals for patients at risk for CVD and food insecurity.

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 Vermont members served 227,771 Vermonters via 859,076 visits across 110 locations in 2023.**

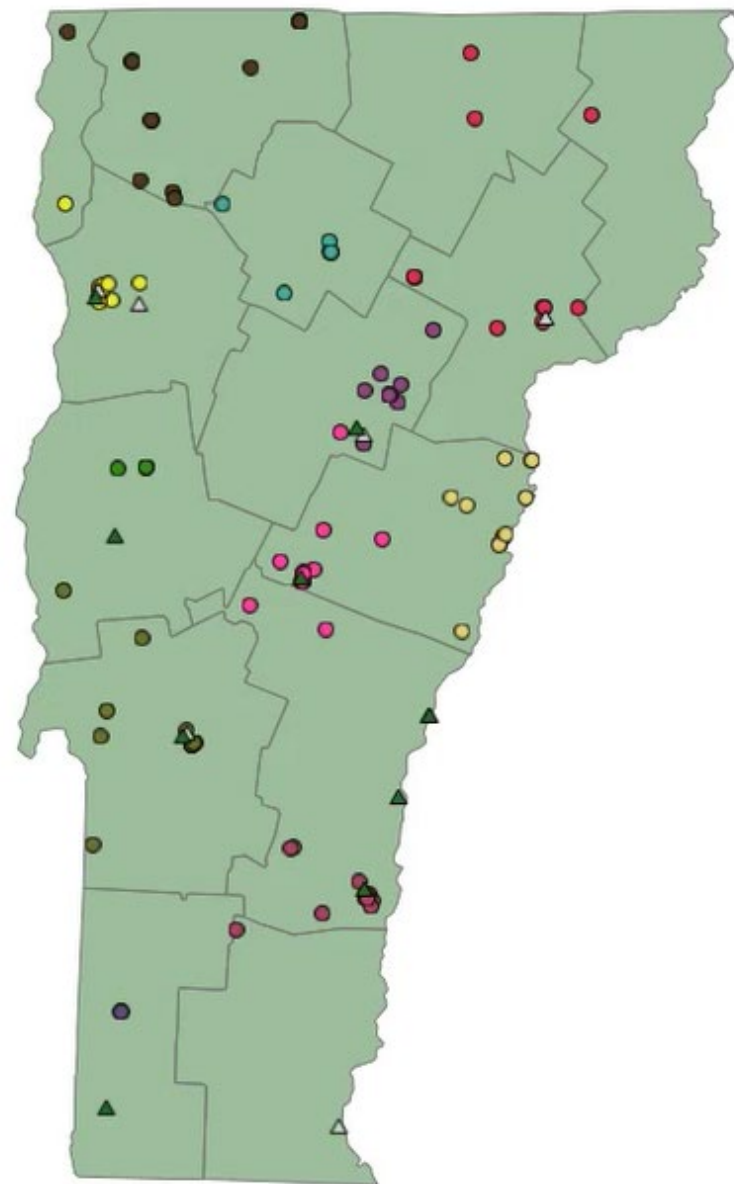
- Battenkill Valley Health Center (FQHC)
- Community Health Centers (FQHC)
- Community Health (FQHC)
- Gifford Health Care (FQHC)
- Lamoille Health Partners (FQHC)
- Little Rivers Health Care (FQHC)
- Mountain Community Health (FQHC)
- Northern Counties Health Care (FQHC)
- Northern Tier Center for Health (FQHC)
- North Star Health (FQHC)*
- The Health Center (FQHC)

▲ Planned Parenthood of Northern New England (CHC)

▲ Vermont Free and Referral Clinics*

* North Star Health also has a location in Charlestown, NH

* A VFRC member, Good Neighbor Health Clinic, also has a location in Lebanon, NH



Bi-State's Vermont 2025 Public Policy Principles

Bi-State Primary Care Association has a steadfast commitment to its members (Federally Qualified Health Centers, Vermont Free and Referral Clinics, and Planned Parenthood of Northern New England) in their missions to provide community-based and patient-centered primary and preventive care to Vermonters regardless of insurance status or ability to pay. Bi-State supports initiatives that ensure sufficient resources for safety net providers and promotes the development and retention of a robust workforce. Bi-State partners with federal and state governments to maximize essential resources for communities to amplify primary care and public health measures.

Bi-State works with many partners including the Governor and Administration, State Legislature, and Green Mountain Care Board to implement policies that increase access to affordable, high-quality comprehensive primary care that integrates physical, oral, mental health, and substance use disorder treatment services. Throughout the pandemic, Bi-State members responded as necessary to achieve the goal of ensuring Vermonters are physically healthy, mentally healthy, well nourished, well housed, and financially secure.

Bi-State 2025 Policy Goals:

- **Finance**: Addressing the financial burden on health care organizations by increasing Medicaid reimbursement levels and prioritizing investments in primary care.
- **Workforce**: Addressing the strain on Vermont's health care workforce through continued focus on and investments in short- and long-term solutions.
- **Health Care Delivery**: Implement policies and payment models that support team-based and flexible approaches to care that allow Bi-State members to meet the needs of their patients and communities in a clinically appropriate way.

Bi-State Public Policy Priorities: Bi-State has identified the following priorities to guide its approach to public policy and support its members' commitment to meeting the health and wellness needs of their communities, families, and patients.

Finance

- Funding should be sufficient for primary care to continue to play the 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 be flexible, covering clinically appropriate modalities of care to ensure Vermont's rural populations and populations with limited access to health care have access to needed services including care coordination activities and telehealth.
- 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

A sufficient workforce is critical to providing access to timely, high-quality care. 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 (e.g., emergency departments), and demoralizing existing staff.

- Investments are needed to address both short-term recruitment and retention needs and long-term workforce pipeline development needs, 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.
- Resources will be needed for community-based Teaching Health Center Graduate Medical Education grants to support residency training slots for primary care physicians.
- State efforts should align and coordinate with federal efforts.

The Future of Health Care Delivery

Bi-State members provide whole person care, recognizing the many factors that affect a person's health outcomes. This approach requires the integration of medical, mental, and oral health, substance use disorder treatment, and services that address social and environmental risk factors, with the understanding that these aspects of care all impact each other.

- Value Based Care models must include safety net providers and strong investments in comprehensive primary care through payment and policies that support flexible and integrated delivery of care.
- Care delivery and coordination models used by payers and 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.

Safety Net Services at Risk



Small nonprofit organizations such as the Vermont FQHC network provide critical and comprehensive health care services in rural areas and to populations with limited access to health care. In many areas of Vermont, the FQHC is the main point of access to comprehensive primary care, including oral health care. However, our FQHCs are experiencing increasing financial fragility as funding sources decline or remain flat and costs and patients' needs rise. These financial pressures put at risk the ability of Vermont's FQHCs to continue providing essential services, especially in more remote locations across the state.

Increased Primary Care Investments Needed



Access to comprehensive primary care is critical for improving Vermonter's health and wellness and has a beneficial impact on the cost of health care. However, investment is needed to maintain and increase access to primary care in Vermont. As the patient-centered medical home for 1 in 3 Medicaid beneficiaries, Vermont's FQHCs share an enduring partnership with the State Medicaid program. This program not only provides essential health insurance for tens of thousands of health center patients, but it also plays a critical role in the financial stability of FQHCs, accounting for 23% of their funding. Bi-State and its members have worked diligently with our Medicaid partners to address the current financial fragility and will continue to do so to maintain the ability to meet the care needs of Medicaid enrollees.

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. Some health care workers have left the workforce entirely. Others remain but struggle with pressures from increased workload or the ability to balance family needs such as childcare. Additionally, the workforce shortages now extend across both clinical and non-clinical positions, which limits our members' ability to meet patient needs. Even where they can fill vacant positions, these new hires require extensive time and resources for training and onboarding, which further contributes to strain on the practice and existing staff.

Bi-State is working both through its Recruitment Center and in collaboration with Vermont state officials and staff to develop strategic and effective approaches to supporting the current workforce and developing new.

As one example, Bi-State is working with key partners to develop a Teaching Health Center Graduate Medical Education program through Maple Mountain Consortium that will recruit and train family medicine residents in Vermont, contributing to the primary care workforce pipeline. Further, Bi-State continues to serve as a member of the Health Care Workforce Advisory Group, established in Act 155 of 2020, and is contributing to the implementation of the Health Care Workforce Strategic Plan. This Strategic Plans lays out many recommendations to address both the short- and long-term needs.

Bi-State Workforce Goals:

- Support the Teaching Health Center Graduate Medical Education program being established through Maple Mountain Consortium
- Explore community-based clinical training
- Increase investments in national outreach to recruit health professionals to Vermont.
- Expand scholarship and loan repayment options across broader health care professions

Bi-State's Recruitment Center

BiStateRecruitmentCenter.org

Recruitment Center Accomplishments

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, 2023 and June 30, 2024, the Recruitment Center identified 430 clinicians considering practice in Vermont or New Hampshire within the next two years. We successfully placed a family medicine physician, 2 internal medicine physicians, 2 OBGYNs, 5 physician specialists, 21 dentists, 3 family nurse practitioners, 3 physician assistants, and 1 social worker.

Primary Care is Delivered by a Team

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. We increasingly see practices struggling to maintain and recruit qualified members across the continuum of care, including nurses, medical assistants, and dental assistants. The Recruitment Center supports practices in their efforts to recruit and retain the full primary care team.

Since its inception in 1994, the Recruitment Center has helped more than 150 employers recruit qualified employees across Vermont and New Hampshire.

Strategic Workforce Initiatives

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 oversees two projects with community health centers:

- Developing comprehensive recruitment and retention plans; and
- Expanding health profession education and training programs within their practices.

Contact Information

For more information, contact Stephanie Pagliuca, Senior Director of Workforce Development and Recruitment, spagliuca@bistatepca.org.

FQHC Funding

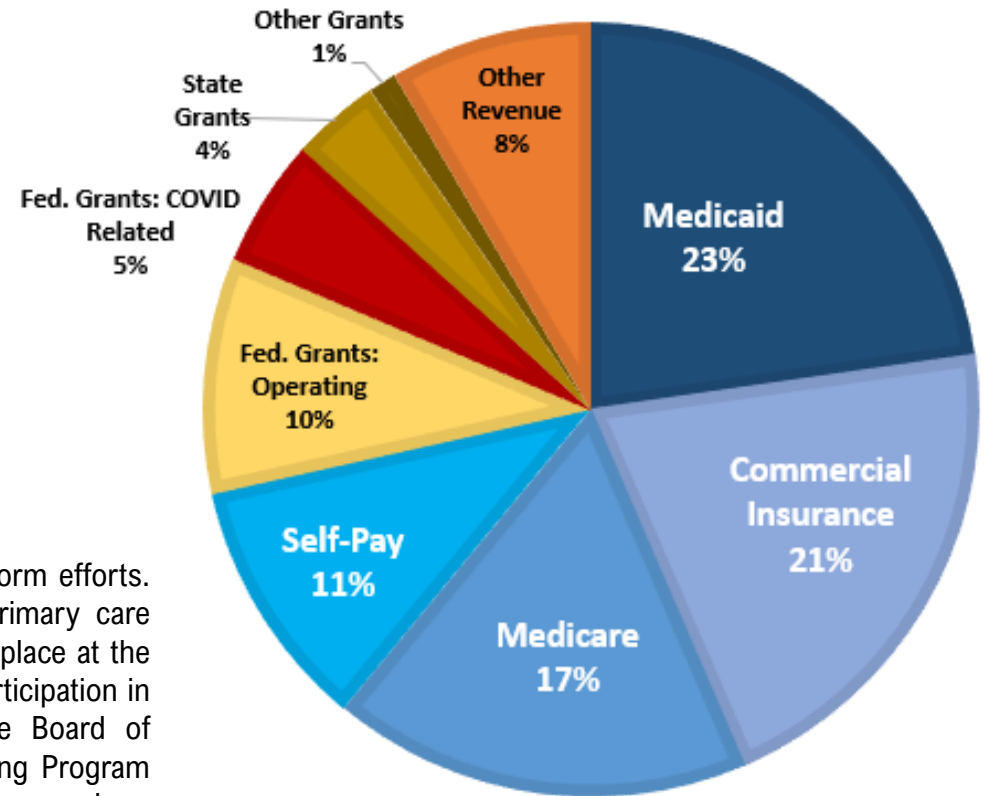
FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services, outreach, transportation,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

Vermont's FQHCs have been very involved in the state's health care reform efforts. All Vermont FQHCs participate in the Blueprint for Health advance primary care program and are highly engaged in providing the right care at the right place at the right time. In 2024, nine out of eleven eligible FQHCs continued their participation in OneCare Vermont. Three Bi-State members served on the OneCare Board of Managers. Three FQHCs also participated in the Medicare Shared Saving Program with other ACOs. While adequate funding levels are essential, Bi-State members value the goal of transitioning to value-based payments that prioritize primary care and provide means to meet the health and wellness needs of patients and communities. Bi-State's members are aligned with Vermont's goals to improve health and limit the growth of health care costs. Bi-State is currently working with Vermont state officials and partner provider associations to ensure the AHEAD model meets Vermonters' health needs.

FQHC Sources of Revenue (2023)



2023 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 areas with limited access to health care and/or serve federally-designated populations with limited access to health care. 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.
- 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
- Mountain Community Health(FQHC)
 - Mountain Community Health*
 - MAT Mobile Van (mobile)
 - Mount Abraham Unified School District
- Open Door Clinic (VFRC)

Bennington County

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

Caledonia County

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

Chittenden County

- Community Health Centers (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*
 - Community Health Centers - Essex
- Health Assistance Program at UVMHC (VFRC)
- Burlington Health Center (PPNNE)
- Williston Health Center (PPNNE)

Essex County

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

Grand Isle County

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

Franklin County

- Northern Tier Center for Health (FQHC)
 - Enosburg Health Center
 - Fairfax Health Center
 - Richford Dental Clinic*
 - Richford Health Center
 - St. Albans Health Center
 - Swanton Health Center*
 - Georgia Health Center
 - NOTCH Primary Care
 - Swanton Rexall
 - NOTCH Pharmacy – Richford
 - Fairfax Pharmacy

Lamoille County

- 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
 - Lamoille Health Family Medicine, Cambridge

Orange County

- Gifford Health Care (FQHC)
 - Chelsea Health Center
 - Gifford Primary Care
 - Gifford OB/GYN and Midwifery
 - Gifford Pediatric and Adolescent Med.
 - Kingwood Health Center
 - HealthHub Dental Services (mobile)*
 - Braintree Elementary School
 - Brookfield Elementary School
 - Randolph Union Middle/High School
 - Randolph Elementary School
 - Randolph Technical Career Center
- Health Connections at Gifford (VFRC)
- Little Rivers Health Care (FQHC)
 - Blue Mountain Union School
 - Bradford Elementary School
 - LRHC at Bradford
 - LRHC at East Corinth
 - LRHC at Newbury
 - LRHC at Wells River
 - LRHC at Valley Vista
 - Oxbow High School
 - Newbury Elementary School
 - Thetford Elementary School
 - Waits River Valley School

Orleans County

- Northern Counties Health Care (FQHC)
 - Orleans Dental Center (FQHC)*
 - Northern Express Care - Newport

Rutland County

- Community Health (FQHC)
 - Community Health Allen Pond
 - Community Health Brandon
 - Community Health Castleton Family
 - Community Health Pediatrics
 - Community Dental Rutland*
 - Community Health Mettowee
 - Community Health Rutland
 - Community Health North Main
 - Express Care Castleton
 - Express Care 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 (mobile)*
 - The Health Center Main Site*
 - Vermont Dental Care, Barre*
 - Twinfield School
 - Calais Elementary School
 - East Montpelier Elementary School
 - Maplehill School

Windham County

- Brattleboro Health Center (PPNNE)
- North Star Health (FQHC)
 - Mountain Valley Health Center

Windsor County

- Gifford Health Care (FQHC)
 - Bethel Health Center
 - Rochester Health Center
- North Star Health (FQHC)
 - Chester Dental Center*
 - The Ludlow Health Center
 - Springfield Health Center
 - North Star Vision
 - Edgar May Health Center
 - Springfield High School
 - Elm Hill School
 - Riverside Middle School
 - Union Street School
- Valley Health Connections (VFRC)
- Good Neighbor Health Clinic & Red Logan Dental Clinic* (VFRC)
- Windsor Community Clinic (VFRC)
- White River Junction Health Center (PPNNE)

Sullivan County in New Hampshire

- North Star Health (FQHC)
 - Charlestown Family Medicine

Grafton County in New Hampshire

- Good Neighbor Lebanon Health Clinic (VFRC)

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

Acknowledgements

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

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Information and data in the print version of the VT Sourcebook is updated as of January 2025. For an online version of the Vermont Sourcebook and other resources please visit www.bistatepca.org, click on the “Public Policy & Info” tab, and browse the “Vermont Public Policy” list.