

# Bi-State Primary Care Association



Photo Credits: Amoskeag Health, Greater Seacoast Community Health, and Harbor Care

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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.

## Bi-State's Mission

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

## Who We Are

Bi-State Primary Care Association was established in 1986 to serve VT and NH. Bi-State is a nonprofit, 501(c)(3) charitable organization. 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*). Bi-State's members include federally qualified health centers (FQHCs), community health centers (CHCs), Planned Parenthood health centers, clinics for the uninsured, and area health education centers (AHECs).

## What We Do

Bi-State works with federal, state, and regional health policy organizations, foundations, and payers to develop strategies, policies, and programs that provide and support community-based primary health care services in medically underserved areas. Bi-State's nonprofit Recruitment Center provides workforce assistance and candidate referrals to health care organizations, including FQHCs, RHCs, hospitals, physician practices, and dental practices throughout VT and NH. The Recruitment Center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

## Community health centers ensure everyone has access to primary health care

CHCs provide comprehensive primary care to everyone, regardless of ability to pay. Nationally, CHCs serve 1 in 3 people living in poverty, 1 in 5 uninsured persons, and 1 in 7 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, CHCs save the health care system \$24 billion annually by increasing access to comprehensive, high-quality, preventive and primary care.

## Workforce & Recruitment

Bi-State's Recruitment Center has sourced 430 candidates interested in practicing in VT and NH over the last year. We helped recruit 38 providers to NH and VT between July 2023 – June 2024 (FY24).

# Bi-State Primary Care Association's NH Members

## **Ammonoosuc Community Health Services, Inc.**

### **COOS, GRAFTON COUNTIES**

Edward D. Shanshala II, CEO  
(603) 444-8223 · [ed.shanshala@achs-inc.org](mailto:ed.shanshala@achs-inc.org)  
25 Mt. Eustis Road Littleton, NH 03561  
[www.ammonoosuc.org](http://www.ammonoosuc.org)

## **Amoskeag Health**

### **HILLSBOROUGH COUNTY**

Kris McCracken, President/CEO  
(603) 935-5210; (603) 935-5229  
[kmccracken@amoskeaghealth.org](mailto:kmccracken@amoskeaghealth.org)  
145 Hollis Street Manchester, NH 03101  
[www.amoskeaghealth.org](http://www.amoskeaghealth.org)

## **Community Health Access Network**

### **ROCKINGHAM COUNTY**

Gary Noseworthy, Executive Director  
(603) 292-7721; (603) 691-5901  
[gnoseworthy@chan-nh.org](mailto:gnoseworthy@chan-nh.org)  
14 Manchester Square, Suite 235 Portsmouth, NH 03801  
[www.chan-nh.org](http://www.chan-nh.org)

## **Coos County Family Health Services**

### **COOS COUNTY**

Ken Gordon, CEO  
(603) 752-3669 Ext. 4018 · [kgordon@ccfhs.org](mailto:kgordon@ccfhs.org)  
54 Willow Street Berlin, NH 03570  
[www.coosfamilyhealth.org](http://www.coosfamilyhealth.org)

## **Greater Seacoast Community Health**

### **ROCKINGHAM, STRAFFORD COUNTIES**

Dr. Jocelyn Caple, Interim CEO  
(603) 516-2550 · [JCaple@goodwinch.org](mailto:JCaple@goodwinch.org)  
[www.GetCommunityHealth.org](http://www.GetCommunityHealth.org)

## **Harbor Care**

### **HILLSBOROUGH COUNTY**

Henry J. Och, President & CEO  
(603) 821-7788 · [h.och@harborcarenh.org](mailto:h.och@harborcarenh.org)  
45 High Street Nashua, NH 03060  
[www.harborcarenh.org](http://www.harborcarenh.org)

## **Health Care for the Homeless Program**

### **HILLSBOROUGH COUNTY**

Anna Thomas, Executive Director, HCH  
603-657-2700 · [athomas@manchesternh.gov](mailto:athomas@manchesternh.gov)  
Rossana Goding, Director, HCH  
603-663-8716 · [rossana.goding@cmc-nh.org](mailto:rossana.goding@cmc-nh.org)  
199 Manchester Street Manchester, NH 03103  
[www.catholicmedicalcenter.org/Community-Health](http://www.catholicmedicalcenter.org/Community-Health)

## **HealthFirst Family Care Center**

### **BELKNAP, GRAFTON, MERRIMACK COUNTIES**

Ted Bolognani, CEO  
(603) 934-1464 Ext. 115 · [tbolognani@hffcc.org](mailto:tbolognani@hffcc.org)  
841 Central St., Ste 101 Franklin, NH 03235  
[www.healthfirstfamily.org](http://www.healthfirstfamily.org)

## **Lamprey Health Care**

### **HILLSBOROUGH, ROCKINGHAM COUNTIES**

Greg White, CEO  
(603) 292-7214 · [gwhite@lampreyhealth.org](mailto:gwhite@lampreyhealth.org)  
207 South Main Street Newmarket, NH 03857  
[www.lampreyhealth.org](http://www.lampreyhealth.org)

## **Mid-State Health Center**

### **GRAFTON COUNTY**

Robert MacLeod, CEO  
(603) 238-3525 · [rmacleod@midstatehealth.org](mailto:rmacleod@midstatehealth.org)  
101 Boulder Point Drive Plymouth, NH 03264  
[www.midstatehealth.org](http://www.midstatehealth.org)

## **NH Area Health Education Center (NH AHEC)**

### **GRAFTON, ROCKINGHAM COUNTIES**

Kristina Fjeld-Sparks, Director  
[Kristina.E.Fjeld-Sparks@Dartmouth.edu](mailto:Kristina.E.Fjeld-Sparks@Dartmouth.edu)  
Geisel School of Medicine at Dartmouth  
Remsen Building, Room 323 Hanover, NH 03755  
[The New Hampshire Area Health Education Center](http://TheNewHampshireAreaHealthEducationCenter.org)

## **North Country Health Consortium**

### **GRAFTON COUNTY**

Lauren Pearson, Executive Director  
(603) 259-4785 · [lpearson@nchcnh.org](mailto:lpearson@nchcnh.org)  
262 Cottage St., Suite 230 Littleton, NH 03561  
[www.nchcnh.org](http://www.nchcnh.org)

## **North Star Health (Charlestown Health Center)**

### **SULLIVAN COUNTY**

Josh R. Dufresne, CEO  
(802) 885-7620 · [jdufresne@northstarfhc.org](mailto:jdufresne@northstarfhc.org)  
250 CEDA Road Charlestown, NH 03603  
[www.northstarfhc.org/charlestown-health-center/](http://www.northstarfhc.org/charlestown-health-center/)

## **Planned Parenthood of Northern New England**

### **CHESHIRE, HILLBOROUGH, ROCKINGHAM COUNTIES**

Nicole Clegg, CEO  
(603) 225-2925 · [nicole.clegg@ppnne.org](mailto:nicole.clegg@ppnne.org)  
18 Low Avenue Concord, NH 03301  
[www.plannedparenthood.org/planned-parenthood-northern-new-england](http://www.plannedparenthood.org/planned-parenthood-northern-new-england)

## **White Mountain Community Health Center**

### **CARROLL COUNTY**

Ken "JR" Porter, Executive Director  
(603) 447-8900 Ext. 321  
[jrporter@whitemountainhealth.org](mailto:jrporter@whitemountainhealth.org)  
298 White Mountain Highway Conway, NH 03818  
[www.whitemountainhealth.org](http://www.whitemountainhealth.org)

# Community Health Centers and Federally Qualified Health Centers: What's the difference?

## Community Health Centers

Community health centers provide comprehensive and enabling services in medically underserved regions. CHCs offer services to all residents in their service areas, determining charges based upon the resident's ability to pay. Every CHC is unique, tailoring programs and services to the needs of their communities. Collaborations with community partners allow CHCs to go above and beyond in delivering high quality of primary care. In many communities, CHCs are the only comprehensive, patient-centered medical home open to all patients without restrictions, especially underinsured and Medicaid patients. **Bi-State's Community Health Center members in NH comprise 10 FQHCs (not including Charlestown Health Center) and Planned Parenthood of Northern New England.**

## Federally Qualified Health Centers

Federally qualified health centers are non-profit, community-based health care organizations that provide comprehensive and enabling services in medically underserved areas throughout the country. FQHCs are supported by the federal government through a competitive grant process to provide health care services to the un- and underinsured in rural and urban areas. FQHCs are governed by a board of directors, of whom a majority of the members receive care at the FQHCs. FQHCs accept patients regardless of ability to pay, offer a sliding fee scale to persons with incomes below 200% of the federal poverty level, and they work with their communities to address a range of barriers to health.

Federally qualified health center look-alikes (FQHC LALs) are community health centers that meet the requirements to be FQHCs (including having a patient-majority board), but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale, and operate under a governing board that includes patients. **Bi-State's member, White Mountain Community Health Center, is an FQHC Look-Alike.**

### Enabling services

Non-clinical services designed to increase access to health care and improve health outcomes. Examples include translation and interpretation, help accessing transportation, and assistance navigating financial issues.

### Comprehensive Services

Primary and preventive medical, dental, oral health, behavioral health, substance use disorder treatment, and enabling services.



# Bi-State's Members Serve 1 in 13 Granite Staters

In NH, Bi-State represents 15 member organizations (including Charlestown Health Center) that serve over 102,000 patients at 67 locations. **NH's Community Health Centers provide primary care for 1 in 13 Granite Staters, including 1 in 4 uninsured individuals and 1 in 6 individuals enrolled in Medicaid.**

## NH COMMUNITY HEALTH CENTERS:

### Federally Qualified Health Centers

- NH's FQHCs encompass 63 sites (including Charlestown Health Center) in 9 counties.
- These FQHCs include White Mountain Community Health Center – an FQHC Look-Alike in Conway, NH.
- FQHC sites include health center operations at dental clinics, pediatric centers, schools, recovery community organizations, community mental health centers, childcare centers, soup kitchens, churches, mobile unit sites, and more.

### Planned Parenthood of Northern New England

- PPNNE has four health center locations in NH: Derry, Keene, Exeter, and Manchester.

## NH PROGRAMS & SERVICES:

- Community Health Access Network (CHAN)
- NH Area Health Education Center (NH AHEC)
- Southern Area Health Education Center
- North Country Health Consortium (NCHC)



Photo credit: Southern NH AHEC

### In 2023, NH FQHCs



- Served 92,418 patients in NH.
- Conducted 369,024 patient visits.
- Offered services in 9 counties, across 63 sites.

### In 2023, NH CHCs



- Served 102,303 patients in NH.
- Conducted 383,195 patient visits.
- Offered services in all 10 NH counties, across 67 sites.

# FQHCs are Economic Engines within their Communities

In New Hampshire, 10 Federally Qualified Health Centers provide tremendous value and impact to the communities they serve through care for **vulnerable populations**, **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%	\$68.1 M	\$148.6 M

## Expanding access to care

4-YEAR PATIENT GROWTH	CLINIC VISITS	VIRTUAL VISITS	PATIENTS RECEIVING ENABLING SERVICE TO OVERCOME BARRIERS TO CARE
4.6%	332,984	36,040	

## Economic stimulus

HEALTH CENTER JOBS	OTHER JOBS	TOTAL JOBS
1,083	627	1,710
DIRECT HEALTH CENTER SPENDING	COMMUNITY SPENDING	TOTAL ECONOMIC IMPACT
\$142.3 M	\$119.4 M	\$261.7 M
STATE & LOCAL TAX	FEDERAL TAX	ANNUAL TAX REVENUES
\$3.3 M	\$27.0 M	\$30.3 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](http://www.caplink.org).

# FQHCs serve Granite Staters regardless of insurance status or ability to pay.

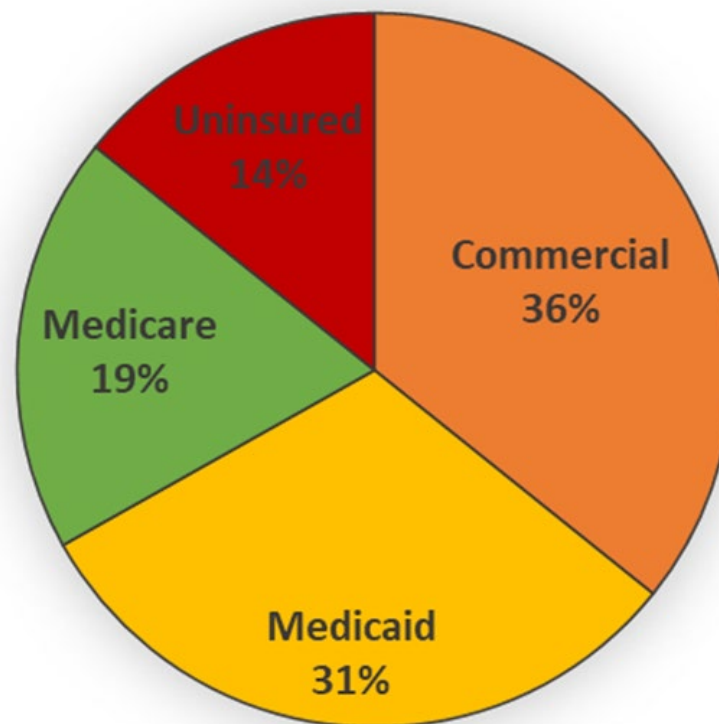
Ten NH FQHCs (not including Charlestown Health Center), including an FQHC Look-Alike, serve as the medical home for 92,418 Granite Staters who made 369,024 visits in 2023, *including approximately 36,000 telehealth visits and 75,000 mental health and substance use disorder visits.*

- Ammonoosuc Community Health Services (FQHC)
- Amoskeag Health (FQHC)
- Coos County Family Health Services (FQHC)
- Greater Seacoast Community Health (FQHC)
- Harbor Care (FQHC)
- Health Care for the Homeless Program (FQHC)
- HealthFirst Family Care Center (FQHC)
- Lamprey Health Care (FQHC)
- Mid-State Health Center (FQHC)
- White Mountain Community Health Center (FQHC LAL)

Three NH FQHCs are designated as Health Care for the Homeless Health Centers:

- Families First Health and Support Center (a Program of Greater Seacoast Community Health)
- Harbor Care
- Health Care for the Homeless Program

## FQHC Patients by Payer in 2023



Federal law established the array of services FQHCs must provide, including basic primary care services, family planning services, immunizations, appropriate cancer screenings, pharmaceutical services, mental health services, substance use disorder treatment, and transportation services. NH's FQHCs care for 1 in 5 uninsured Granite Staters.



# FQHCs improve access to integrated primary care services.



Photo credit: Amoskeag Health

FQHCs' ability to address a wide range of primary care issues, while also understanding and responding to community health-related social needs, makes them a crucial part of the nation's health care infrastructure. Over 92,000 Granite Staters rely upon NH's FQHCs for their primary care, pediatric care, oral health care, mental health services, pharmacy services, optometry, substance use disorder treatment, medication assisted treatment, family planning services, supportive services (i.e., nutrition education, care coordination and case management), and much more. FQHCs are often the only primary care provider in their area, filling a void for primary care across every county in the Granite State. Three NH FQHCs (Amoskeag Health, Coos County Family Health, and Lamprey Health Care) contract with the State of NH to provide family planning services throughout the state.

## NH's FQHCs Serve:



19,542 children

~  
~21% of patients  
are children



2,691 veterans



18,662 older adults

~  
~20% of patients  
are older adults



28,726 Medicaid  
patients

~  
FQHCs serve about  
1 in 6 of all NH  
Medicaid  
enrollees.



Patients  
experiencing  
homelessness:

4,982  
~  
611 agricultural  
workers and  
dependents



13,168 uninsured  
patients

~  
FQHCs serve about  
1 in 5 of all  
uninsured Granite  
Staters.

# FQHCs improve access to oral health in underserved areas.

All NH FQHCs offer dental access. Five NH FQHCs deliver dental care onsite. Many FQHCs are the only providers in their geographic areas that deliver much-needed primary and oral health care. In 2023, NH FQHCs treated over 8,000 Granite Staters on-site, through school-based programs, and at mobile clinics; those patients accessed over 18,500 oral health visits. FQHCs deliver integrated comprehensive care inclusive of a wide range of dental services: emergency services, oral cancer screenings, X-rays, preventive care, sealants, restorative services, endodontics, oral surgery, school-based dental care and education, and more. Four NH FQHCs participate in [Harvard School of Dental Medicine's Rural Dental Residency programs](#) to grow NH's oral health workforce and expand dental access in rural and underserved areas.

Numbers reflect [2023 UDS FQHC](#) and FQHC Look-Alike data.

## NH FQHC Dental Service Locations



### Coos County Family Health Services

[Visit website](#) or call (603) 752-2424.

73 Main Street Berlin, NH 03570

141 Corliss Lane Colebrook, NH 03576



### Greater Seacoast Community Health

[Visit website](#) or call (603) 749-2346.

8 Greenleaf Woods Drive Portsmouth, NH 03801

311 Route 108, Somersworth, NH 03878



### Harbor Care

[Visit website](#) or call (603) 821-7788.

45 High Street, Nashua, NH 03060



### Mid-State Health Center

[Visit website](#) or call (603) 744-6200.

100 Robie Road Bristol, NH 03222

202 Cottage Street Littleton, NH 03561



### White Mountain Community Health Center

[Visit website](#) or call (603) 447-8900.

298 White Mountain Highway Conway, NH 03818

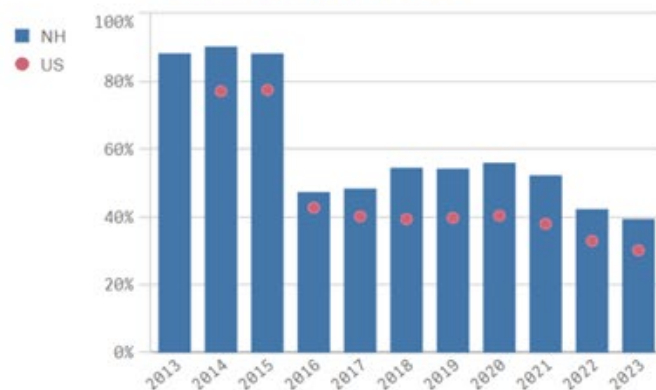


*Photo credit: Greater Seacoast Community Health*

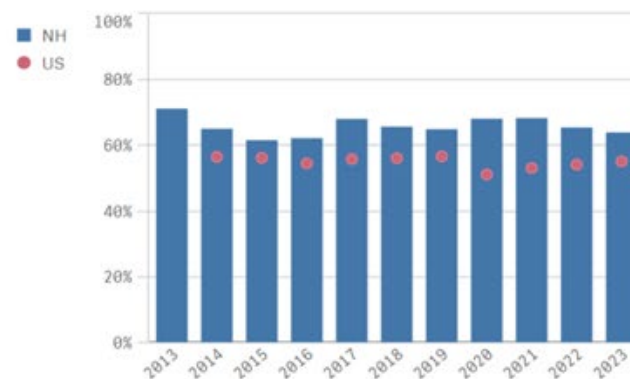
# NH's FQHCs exceeded national FQHC averages for many clinical quality measures in 2023.

FQHCs are committed to improving patient experience and health outcomes. In 2023, NH's FQHCs surpassed the national FQHC averages for quality patient outcomes including high blood pressure and diabetes control, kids' immunizations, and lifesaving screenings for breast, cervical, and colorectal cancers.

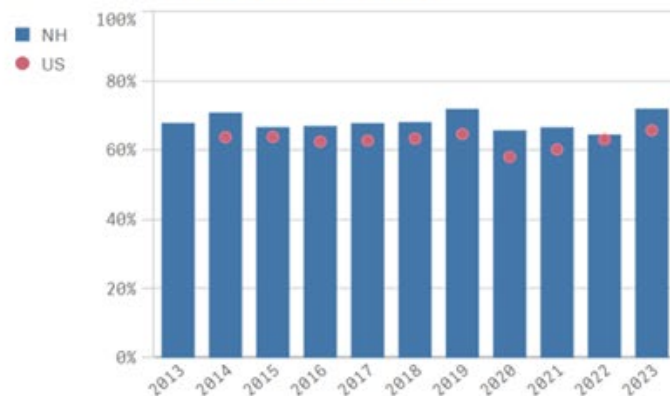
**Children's Immunization Rate**  
IN 2023: US: 30%; NH: 39%



**Cervical Cancer Screening Rate**  
IN 2022: US: 55%; NH: 64%



**Hypertension Control Rate**  
IN 2023: US: 66%; NH: 72%



**Diabetes Control Rate (Lower = Better)**  
IN 2023: US: 29%; NH: 26%



# Health Centers strive to improve cancer screening rates

## A story of cancer screening success:

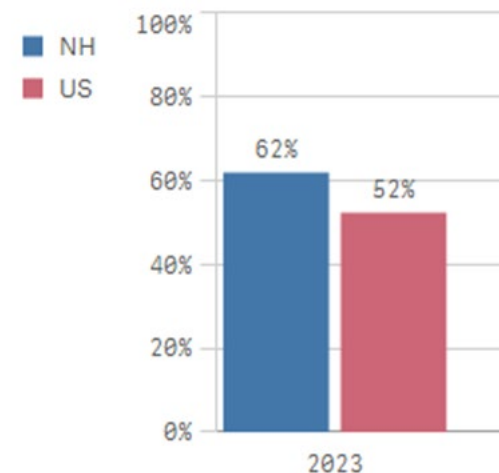
New Hampshire's Ammonoosuc Community Health Services (ACHS) has garnered national recognition for its exemplary cancer screening rates, placing it among the best in the country for Federally Qualified Health Centers (FQHCs). Its strategies are so effective that the Federal administration's Cancer Moonshot project sent representatives to ACHS to observe and learn from its model of care.

The key to ACHS's success lies in a proactive and data-driven approach spearheaded by its Continuous Health Improvement (CHI) team. This team meets monthly to review population-level quality data, ensuring cancer screenings remain a priority. ACHS's use of Electronic Health Records (EHR) is particularly advanced, allowing the team to run detailed reports identifying patients overdue for screenings. This enables ACHS to follow up with personalized outreach via phone or mail, encouraging patients to schedule needed screenings, such as mammograms and colonoscopies.

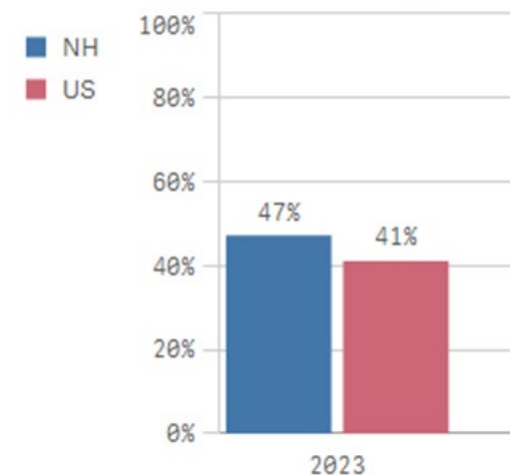
ACHS's EHR system is also integrated with recall mechanisms, so if a preventive service is ordered but not completed, the team ensures patients are reminded to follow through. During each patient visit, age- and sex-appropriate screening reminders automatically populate in the EHR, making it easier for providers to address these critical health services on the spot.

These efforts reflect ACHS's dedication to early detection and prevention, making it a model for others across the country.

### Breast Cancer Screening Rate



### Colorectal Cancer Screening Rate



# Our members serve Granite Staters in every corner of the state.

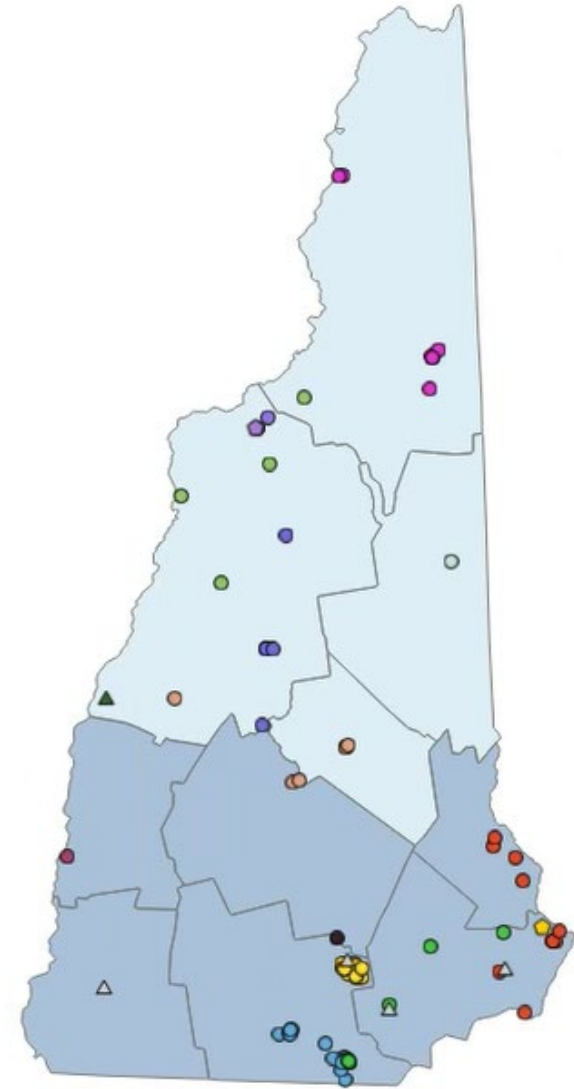
Our goal is for geography to never be a barrier to accessing comprehensive, quality services in New Hampshire. Our members operate 67 sites across the state, in every county. Our members also look for creative ways to extend their coverage, such as mobile clinics, school visits, and expanding use of telehealth connections. Our New Hampshire members had more than 383,195 visits in 2023.

- Ammonoosuc Community Health Services, Inc. (FQHC)
- Amoskeag Health (FQHC)
- Coos County Family Health Services (FQHC)
- Greater Seacoast Community Health (FQHC)
- Harbor Care (FQHC)
- Health Care for the Homeless Program of Manchester (FQHC)
- HealthFirst Family Care Center (FQHC)
- Lamprey Health Care (FQHC)
- Mid-State Health Center (FQHC)
- North Star Health (FQHC)\*
- White Mountain Community Health Center (FQHC LAL)

- 
- ▲ Planned Parenthood of Northern New England (CHC)
  - ▲ Vermont Free and Referral Clinics\*

- 
- ◆ Community Health Access Network
  - ◆ North Country Health Consortium

- 
- Area Health Education Center (AHEC) Regions Shaded by County
- Northern New Hampshire
  - Southern New Hampshire



\* North Star Health is headquartered in Springfield, VT with a location in Charlestown, NH

\* A VFRC member, Good Neighbor Health Clinic, is headquartered in White River Junction, VT with a location in Lebanon, NH

# 2025 New Hampshire Public Policy Principles

Bi-State Primary Care Association is committed to the health of individuals, families, and communities with quality health care for all. We work to advance access to comprehensive primary care services, with a special emphasis on those in need, regardless of insurance status or ability to pay. Comprehensive primary care includes preventive care, behavioral health, substance use disorder treatment, pharmacy services, and oral health services. Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value community health centers provide to the Granite State. We accomplish our goals by partnering with the State, health care providers, non-profit advocacy organizations, and business leaders.

New Hampshire's primary care system is dependent on a strong public health foundation, a powerful health care workforce, adequate Medicaid reimbursement rates, a robust safety-net provider system, and Granite Staters working together to protect our friends and neighbors from preventable diseases. Bi-State's 2025 New Hampshire Public Policy Principles and Priorities – consistent with the State Health Assessment/State Health Improvement Plan – reflect that stabilizing our public health and safety-net system while increasing access to integrated health care services is critical for a healthy and successful New Hampshire.

## 2025 New Hampshire Public Policy Priorities

- ❖ Support school-based, local, and statewide policies designed to keep Granite Staters free of preventable disease, with a focus on at-risk populations;
- ❖ Advance policy changes that promote optimal health for all Granite Staters;
- ❖ Support public health policies that protect and foster affordable access to immunizations to keep individuals and our communities safe from vaccine-preventable diseases;
- ❖ Engage in statewide efforts to lower health care costs and improve health insurance affordability;
- ❖ Increase investments in health care workforce development and recruitment;
- ❖ Seek development of an uncompensated care fund to support safety-net providers;
- ❖ Increase investments in the State's Medicaid program and promote the permanence of the Granite Advantage Health Care Program (Medicaid Expansion);
- ❖ Continue policy efforts to enact state-level protections for health centers' 340B savings that allow low-income Granite Staters to access affordable, life-saving medications;
- ❖ Continue ongoing collaboration with the State and enhance State support for integrated primary and preventive care; and
- ❖ Support expansion of telehealth and reimbursement parity for services provided via telehealth.

## Long-Term Solution: Uncompensated Care Fund



NH relies on small nonprofit organizations such as the community health center network to provide health care services to vulnerable populations and in rural areas. Our health centers are experiencing an increase in the number of uninsured patients and the number of patients who must rely on a sliding fee discount to access care. The creation of a State Uncompensated Care Fund for safety-net health care organizations, such as community health centers, would mitigate some of the unreimbursed costs associated with providing care for uninsured individuals. Eleven states, including Maine and Massachusetts, have implemented an uncompensated care fund.

## Increased Investments in NH's Medicaid Program



As the health care home for 1 in 6 Medicaid beneficiaries, NH's community health centers 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 health centers, accounting for 19% of their revenue. In past legislative sessions, Bi-State and our partners successfully advocated for systemic rate increases for Medicaid providers and long-term reauthorization of the Granite Advantage Health Care Program (Medicaid Expansion). We will continue to focus our efforts on protecting access to health insurance through Medicaid Expansion and implementing rate increases for the Medicaid program each budget cycle.



# Expanding NH's Health Care Workforce

Bi-State works with policymakers, state officials, and partner organizations to develop strategic and effective approaches to supporting the current workforce and strengthening our workforce pipeline. To further this work, Bi-State helped form the NH Health Care Workforce Coalition in 2018 to help the state and health care organizations address systemic workforce challenges. Since its inception, the Coalition's policy and legislative proposals have been supported by more than 50 organizations. As a result of our Coalition's work, the last state budget included \$300 million in Medicaid rate increases for all providers except hospitals; we will soon have certified community health workers eligible to receive Medicaid reimbursement for their services; nursing professionals can access an additional \$300,000 in State Loan Repayment Program funding; and LNAs can now become certified in medication administration after one year of practice rather than two.

During the 2025 legislation session, our efforts will focus on increasing Medicaid rates and investing in the Public-Private Health Care Workforce Recruitment and Retention Hub. This model will allow the State to leverage its investments with those of for-profit organizations and rely on the expertise of health care leaders across the Granite State to accomplish long-established goals.

## Bi-State's 2025 Workforce Goals include:

- Investment in the Public-Private Health Care Workforce Recruitment and Retention Hub
- Investment in the NH AHECs to increase the number of entry-level clinical staff and career ladder trainings
- Expansion of the Student Loan Repayment Program to benefit non-clinical staff at eligible health care organizations
- Investment in NH Needs Caregivers
- Investment in the Family Medicine Residency Program at a Teaching Health Center (Coos County Family Health Services' Teaching Health Center Program)
- Support for Nursing Preceptors to mentor and train new nurses
- Support for DHHS personnel needs to minimize contract management requirements of the State
- 3% across-the-board Medicaid rate increase for all providers and targeted Medicaid rate increases



# Bi-State's Recruitment Center

[BiStateRecruitmentCenter.org](https://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](mailto:spagliuca@bistatepca.org).



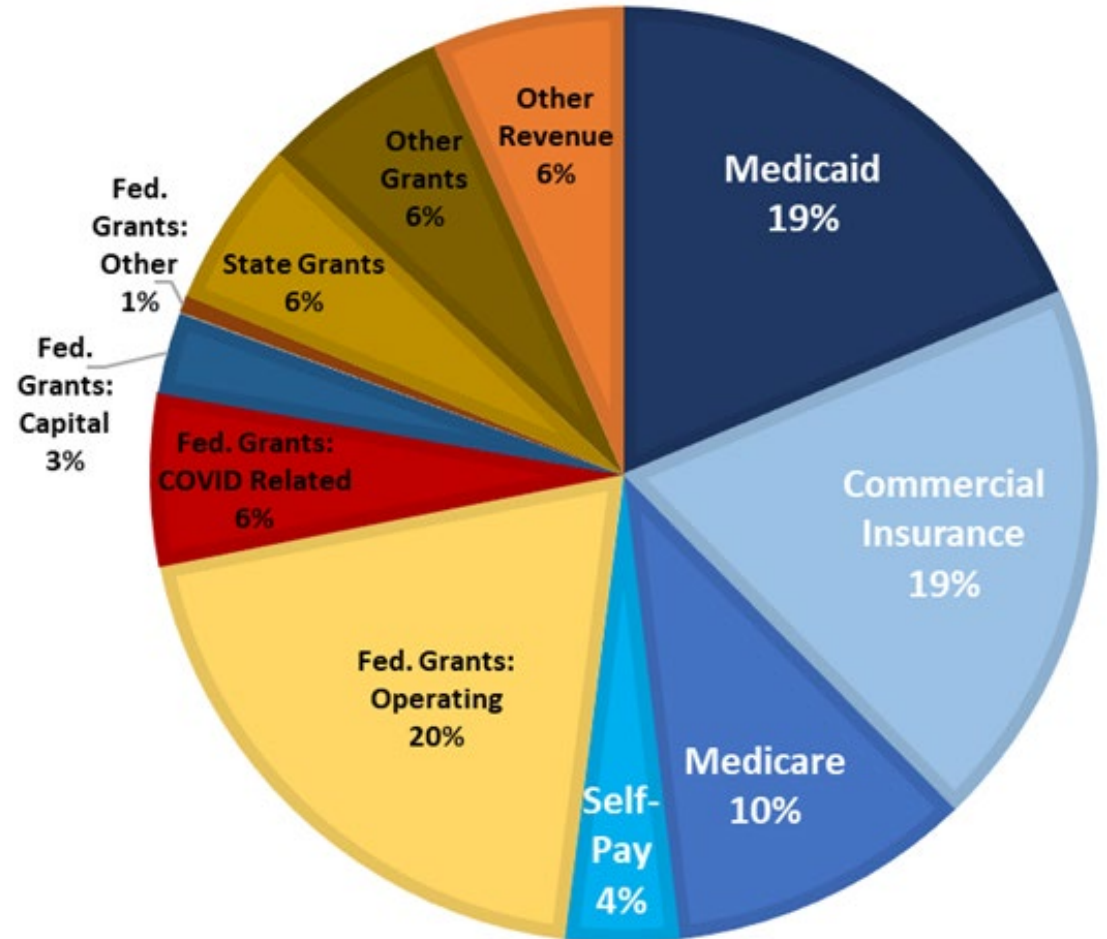
# Member Resources

# FQHC Funding

NH's FQHCs rely on patient revenue and grants to provide the wide array of health care and social services to their communities.

- ❖ 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. Nearly 100 regulations are connected to FQHC status.
- ❖ Federal FQHC appropriations are not transferable to any other entity.
- ❖ Medicare and Medicaid FQHC reimbursement is a prospective payment.
- ❖ FQHCs bill commercial insurers just like any other primary care practice.
- ❖ No payer reimburses FQHCs for the full cost of providing integrated, comprehensive services.

## FQHC Sources of Revenue (2023)



# 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 at a national level for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. FQHCs submit extensive financial and clinical quality data to their federal regulators annually, the Health Resources and Services Administration (HRSA), in a submission called UDS. HRSA regulators audit each FQHC with a multi-day site visit every three years.

Per Federal Regulations, FQHCs must comply with nearly 100 requirements. In summary, they must:

- Provide all required primary, preventive, enabling health services (either directly or through established referrals).
- Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
- Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
- Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay. No patient will be denied services based on inability to pay.
- Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services. Staff must be appropriately credentialed and licensed.
- Document the needs of their target populations.
- Provide professional coverage during hours when the health center is closed.
- Ensure their physicians have admitting privileges at one or more referral hospitals to ensure continuity of care. Health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
- Have an ongoing Quality Improvement/Quality Assurance program.
- Exercise appropriate oversight and authority over all contracted services.
- Make efforts to establish and maintain collaborative relationships with other health care providers.
- Maintain accounting and internal control systems to safeguard assets and maintain financial stability.
- Have systems in place to maximize collections and reimbursement for costs in providing health services.
- Develop annual budgets that reflect the cost of operations, expenses, and revenues necessary to accomplish the service delivery plans.
- Have systems which accurately collect and organize data for reporting and which support management decision-making.
- Ensure governing boards maintain appropriate authority to oversee operations.
- Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

# FQHC Sliding Fee Scale

FQHCs must provide the patients in their service area access to services regardless of their ability to pay and must develop a schedule of fees or payments, called a sliding fee scale, for the services they provide. This is to ensure that the cost for services not covered by insurance are discounted based on the patient's ability to pay, **for those with incomes below 200% of the Federal Poverty Level (FPL), which in 2024, is \$30,120 for a household of one.**

Ability to pay is determined by a patient's annual income and household size according to the most recent U.S. Department of Health & Human Services (HHS) Federal Poverty Guidelines. See [NHSC Sliding Fee Discount Schedule Information Package](#).

NH FQHCs discounted over \$11 million in health care services in 2023.

## HHS Federal Poverty Level Guidelines for 2024

Federal Poverty Level Guidelines for 2024 in 48 Contiguous States (includes New Hampshire)

Household/ Family Size	135%	138%	150%	175%	180%	185%	200%
1	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00	30,120.00
2	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00	40,880.00
3	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00	51,640.00
4	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00	62,400.00
5	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00	73,160.00
6	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00	83,920.00
7	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00	94,680.00
8	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00	105,440.00
9	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	107,485.00	116,200.00
10	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	117,438.00	126,960.00
11	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	127,391.00	137,720.00
12	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	137,344.00	148,480.00
13	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	147,297.00	159,240.00
14	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	157,250.00	170,000.00

## FQHC Patients by Income

Poverty level is based on U.S. Department of Health and Human Services (HHS) 2024 Federal Poverty [Guidelines](#). See [chart](#) showing different multitudes of the FPL.

**Statewide, 70% of NH FQHC patients are at or below 200% of the FPL** (or \$30,120 for a household of one). Over 40% of NH FQHC patients are at or below 100% of the FPL (or \$15,060 for a household of one).

FQHCs provide a sliding fee scale, payment plans, and discounted services to ensure no one is turned away.

# Legislative Resources



[NH General Court website](#)

[Find your NH Rep](#)

[Find your NH Senator](#)



[Watch House Committee hearings on YouTube](#)

[Watch Senate Committee hearings on YouTube](#)



[Upload remote testimony to the House](#)

[Register for or against Senate bills](#)



[View House remote testimony submissions](#)



[View Bi-State's NH public policy testimony](#)



[Who are my health center's legislators?](#)

# Acknowledgements

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

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[www.facebook.com/BiStatePrimaryCareAssociation](https://www.facebook.com/BiStatePrimaryCareAssociation)



Information and data in the print version of the NH Sourcebook is updated as of January 2025.

For an online version of the New Hampshire Sourcebook and other resources, please visit

<https://bistatepca.org/public-policy/>.