

What is a Community Health Center



AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH

Navigating This Guide


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This guide is intended to be a simple yet comprehensive overview of the health centers program.

As you explore each page please click on blue text and icons for more detailed information.

Overview

For more than 45 years, HRSA-supported health centers have provided comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations.



Health centers are community-based and patient-directed organizations that serve populations with limited access to health care.

Program Fundamentals

Must be a 501(c)(3) non-profit entity
public or private



How to Start
a Non-Profit

Find MUA
and MUPs



Located in or serve a high need community
designated Medically Underserved Area or Population

Governed by a community board
composed of a majority (51% or more) of health center
patients who represent the population served



More on Health
Center Governance

List of
Required
Services



Provide comprehensive primary health care
services as well as supportive services (education, translation, transportation, etc)
that promote access to health care

Provide services available to all
with fees adjusted based on ability to pay



Sliding-Free
Scale Information



Meet performance and accountability requirements
regarding administrative, clinical, and financial operations

Learn More About
Performance Standards

Types of Health Centers

Grant-Supported Health Centers

are non-profit or public providers that offer comprehensive primary and preventive care without regard to patients' ability to pay and receive Section 330 grant funds. There are 4 types of health centers:



Health Centers
Program Requirements



Community Health Centers



Migrant Health Centers



Healthcare for the Homeless



Public Housing Primary Care

“Look-Alikes”

are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center,” although they do not receive 330 grant funding.



What is a Look-Alike?

What is a Federally Qualified Health Center (FQHC)?

FQHC status is a payment methodology under the Omnibus Budget Reconciliation Act of 1990. FQHCs include health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless.



FQHC Requirements

How to Apply

Health Center Program Grant Funding is available to public and private non-profit health care organizations; all may apply to receive ongoing Section 330 funding. Applicants must document:



[View Funding Opportunities](#)

- compliance with all health center program requirements
- need for primary care services in their area
- plans for addressing these needs (i.e. services, budget, staffing)
- organizational history and clinical capacity

New Access Point

grants provide funding to support new service delivery sites that will provide comprehensive health care and access to oral and mental health services. Applicants can be existing grantees or new organizations that do not currently receive Section 330 grant funds.

Service Expansion

grants provide funding to add new or expand existing mental health/substance abuse, oral health, pharmacy, and enabling services at existing health centers.

Only existing grantees are eligible to apply.

Service Area Competition

grants provide ongoing competing continuation funding for service areas currently served by health center grantees. Both currently funded Section 330 grantees whose project periods have expired and new organizations proposing to serve the same areas or populations being served by existing grantees may apply.

Look-Alike Designation

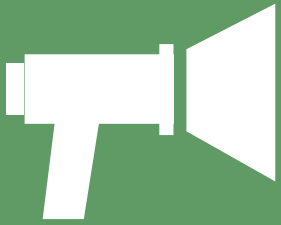
health center program benefits are available to public and private non-profit health care organizations through Look-Alike designation which gives a designee many of the same benefits that health center program grantees receive except for Federal Tort Claims Act coverage and 330 grant funding. The review process takes about 4 months.

Community Benefits

A health home for underserved people, improving public health, reducing the burden on hospital emergency rooms, and providing needed services such as free immunizations for uninsured



children



A voice, through the consumer majority Board of Directors, in the operation of the healthcare home



Broader health insurance coverage as the health center helps uninsured patients enroll in Medicaid, CHIP, and other assistance programs.



Less costly care for Medicare patients, whose Medicare deductible costs are waived for FQHC-provided services

Health Center Program Benefits

Helps Offset the Costs of Uncompensated Care with Section 330 grant funds

Access to Malpractice Insurance under Federal Tort Claims Act (FTCA)
[Learn more about the Federal Tort Claims Act](#)

340B Drug Pricing Program for pharmaceutical products
[Learn more about the 340B Drug Pricing Program](#)

Favorable Medicaid/Medicare Reimbursements with the Prospective Payment System
[Learn more about the FQHC Prospective Payment System](#)

Capital Improvement Grants to update facilities
[Learn more about Health Center Capital Development Programs](#)

Eligibility Workers to assist with Medicaid and CHIP enrollment
[Learn more about Health Center Outreach & Enrollment](#)

Vaccines for Children Program for uninsured children
[Learn more about VFC](#)

Provider Recruitment Assistance via the [National Health Service Corps \(NHSC\)](#) to help recruit and retain qualified providers who care about communities in need and choose to work where they are most needed

Part of a Nationwide Team of similar organizations committed to improving the health of the Nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services
[Learn more about health center impact across the nation](#)

Becoming a Health Center Grantee

Interested in learning more
about the health centers
program?

Click here to
Contact AUCH



AUCH

Fundamentals of Safety Net Clinics

Criteria	Health Centers	Look-Alike Health Centers	Rural Health Clinics	Free Clinics
Basic Definition	Non-profit or public center that offers comprehensive primary and preventive care without regard to patients’ ability to pay and receive Section 330 grant funds. Frequently uses team-based care, including advanced practice clinicians. Required to treat all patients regardless of ability to pay.	Non-profit or public center that offers comprehensive primary and preventive care without regard to patients’ ability to pay, but do not receive Section 330 grant funds. Frequently uses team-based care, including advanced practice clinicians and others. Required to treat all patients regardless of ability to pay.	Rural primary care clinic with at least one physician and a nurse practitioner or physician assistant present at least 50 percent of time open. May be for-profit, non-profit, or public. Must be able to provide primary care and certain other services. About half are independent and half are owned by hospitals or other providers.	Non-profit clinic that provides care to disadvantaged, predominantly uninsured patients. They either charge no fees or nominal fees, although they may ask for donations. Provide care regardless of a patient’s ability to pay.
Regulatory Agencies	HRSA Bureau of Primary Health Care's Health Center Program Requirements	HRSA Bureau of Primary Health Care's Health Center Program Requirements	HRSA Office of Rural Health Policy (ORHP)	Varies by locale
Location/Shortage Area	Located in or within proximity to an MUA or MUP	Located in or within proximity to an MUA or MUP	Located in a non-Urbanized Area; MUA, HPSA or Governor Designated Shortage Area	Not applicable
Board of Directors	Required; 51% of board members must be patients of health center	Required; 51% of board members must be patients of health center	Not applicable	Per by-laws developed by each clinic
Corporate Structure	Tax-exempt non-profit or public	Tax-exempt non-profit or public	Public, tax-exempt non-profit, for-profit, or unincorporated	Typically tax-exempt non-profit
Clinical Staffing	Primarily employees; occasionally volunteers	Primarily employees; occasionally volunteers	Required to be staffed by a team that includes one mid-level provider (NP, PA, CNM) that must be on-site to see patients at least 50 percent of the time the clinic is open, and a physician (MD or DO) to supervise the mid-level practitioner in a manner consistent with state and federal law.	Primarily volunteers; sometimes 2-3 paid employees
Primary Funding Mechanisms	330 grant funds, Self-Pay, Insurance Payers, Grants, Enhanced FQHC Medicaid/Medicare Reimbursement	Self-Pay, Insurance Payers, Grants, Enhanced FQHC Medicaid/Medicare Reimbursement	Self-Pay, Insurance Payers, Enhanced RHC Medicaid/Medicare Reimbursement	Grants and Donations
Medicare/Medicaid Reimbursement Methodology	In Medicare, an all-inclusive cost-based payment per encounter subject to caps. In Medicaid and CHIP, a prospective or alternative payment system is used.	In Medicare, an all-inclusive cost-based payment per encounter subject to caps. In Medicaid and CHIP, a prospective or alternative payment system is used.	In Medicare, an all-inclusive cost-based payment per encounter subject to caps. In Medicaid and CHIP, a prospective or alternative payment system is used.	Not applicable
Population Served	Insured, Underinsured, Uninsured	Insured, Underinsured, Uninsured	Insured; Not required to Serve Underinsured or Uninsured, but majority do	Primarily uninsured; usually at or below 200% of FPG
Fees for Service	Sliding Fee Scale for individuals and families at or below 200% of FPG for Required Services	Sliding Fee Scale for individuals and families at or below 200% of FPG for Required Services	Not required to offer sliding scale fees or free care, but many do for individuals and families at or below 200% of FPG	Free or patient donations
Primary Care	Required; Onsite	Required; Onsite	Required; Onsite	On-site, often by volunteers
Dental Care	Preventive Dental Required; Onsite and/or referral Restorative or Emergent Dental Optional; If offer, offered on-site and/or referral on sliding fee	Preventive Dental Required; Onsite and/or referral Restorative or Emergent Dental Optional; If offer, offered on-site and/or referral on sliding fee	Not Required	Varies by locale; If on-site, often by volunteers or through referrals at little or no cost to patients
Vision Care	Optional; If offered, typically on-site and/or referral on sliding fee	Optional; If offered, typically on-site and/or referral on sliding fee	Not Required	
Behavioral Health Care	Required; Onsite and/or referral	Required; Onsite and/or referral	Not Required	Varies by locale; If on-site, often by volunteers or through referrals at little or no cost to patients
Lab/Radiology	Required; Onsite and/or referral	Required; Onsite and/or referral	Required to offer basic laboratory services	Varies by locale; If on-site, often by volunteers or through referrals at little or no cost to patients
Prescription Assistance	Participate in 340B	Participate in 340B	Not Required	Varies by locale
Supportive Services <small>(i.e. translation, transportation, outreach, etc.)</small>	Required; Onsite and/or referral	Required; Onsite and/or referral	Not Required	Varies by locale; If on-site, often by volunteers or through referrals at little or no cost to patients
Specialty Care	Optional; If offer, offered on-site and/or referral on sliding fee	Optional; If offer, offered on-site and/or referral on sliding fee	Not Required	Varies by locale; If on-site, often by volunteers or through referrals at little or no cost to patients
Malpractice	Receive FTCA coverage	Do not receive FTCA coverage	Private malpractice	Eligible for FTCA Coverage for Free Clinics
FQHC <small>(Enhanced Medicare/Medicaid Reimbursement)</small>	Yes	Yes	Yes	No
Eligible for MU	Yes	Yes	Yes	No because they do not accept Medicare/Medicaid payments

Additional Resources

Association for Utah Community Health

Primary Care Association for Utah, supports Utah's Health Centers

Centers for Medicare and Medicaid Services

Administers Medicare, works with state governments to administer Medicaid and the State Children's Health Insurance Program (CHIP)

CHAMPS

Provides services to Region VIII Health Centers (CO, MT, ND, SD, UT, WY)

Health Resources and Services Administration (HRSA)

Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable

HRSA National Cooperative Agreements

Provides information on national organizations equipped to provide targeted trainings and technical assistance

HRSA Special Populations

Provides information on special populations served by health center grantees

National Association of Community Health Centers

National voice for Health Centers across the country

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THE ASSOCIATION FOR UTAH COMMUNITY HEALTH (AUCH)

and our members reduce barriers to health care by enhancing primary care service delivery through prevention, health promotion, and community participation. As the Primary Care Association in Utah AUCH supports and represents our members through training and technical assistance, education, policy analysis, and community development.