

HRSA Health Center Program

*Utah State Legislature
Social Services Appropriations Sub-Committee
September 23, 2014*

*Alan Pruhs,
Executive Director*

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Program Director*

The Association for Utah Community Health

- **Recognized by HRSA as the Primary Care Association for Utah**
- **Provides training and technical assistance to Health Center Program Grantees on core grant requirements including clinical & financial performance, governance, etc.**
- **Provides assistance to grantees and high needs communities in the expansion of access to care**
- **NOT the owner OR operator of Utah's Health Centers**

What is the process to become a Health Center Program Grantee (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 migrant farmworkers and the homeless.

What are the benefits of becoming qualified?

Would additional funding help this process?

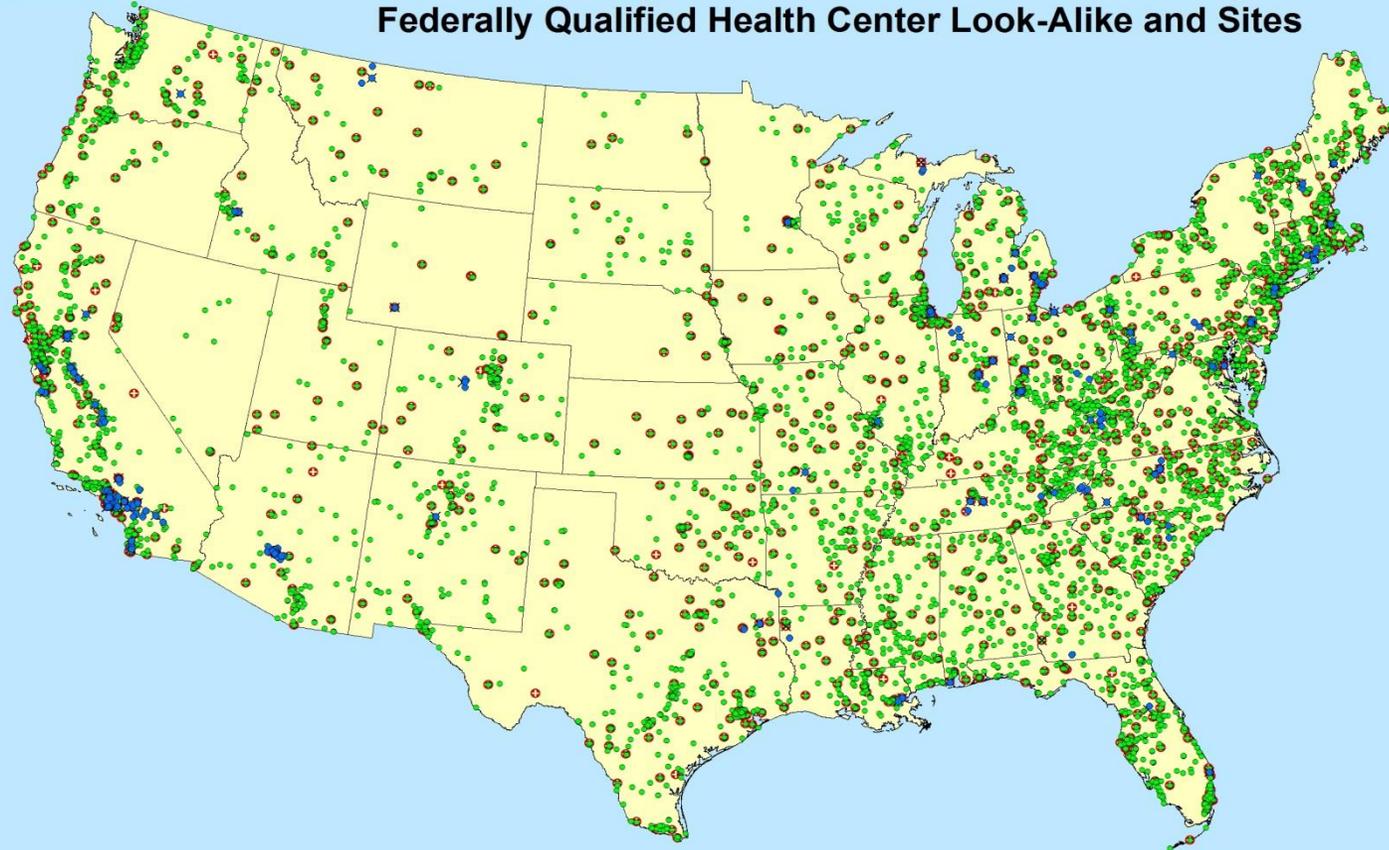
Should more clinics pursue this route?

Health Center Program - 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 patient populations with limited access to health care.

Health Center Program Grantees and Service Delivery Sites Federally Qualified Health Center Look-Alike and Sites



- Health Center Program Grantees: 1285
- Health Center Program Service Delivery Sites: 9572
- LAL Health Centers: 110
- LAL Sites: 318

Source: HRSA Geospatial Data Warehouse
Create by: HRSA Bureau of Primary Health Care
Date: July 1, 2014



ACCREDITATION
ASSOCIATION
for AMBULATORY
HEALTH CARE, INC.



9 HEALTH CENTERS
PATIENT-CENTERED
MEDICAL HOMES

7 HEALTH CENTERS
AMBULATORY CARE
ACCREDITED

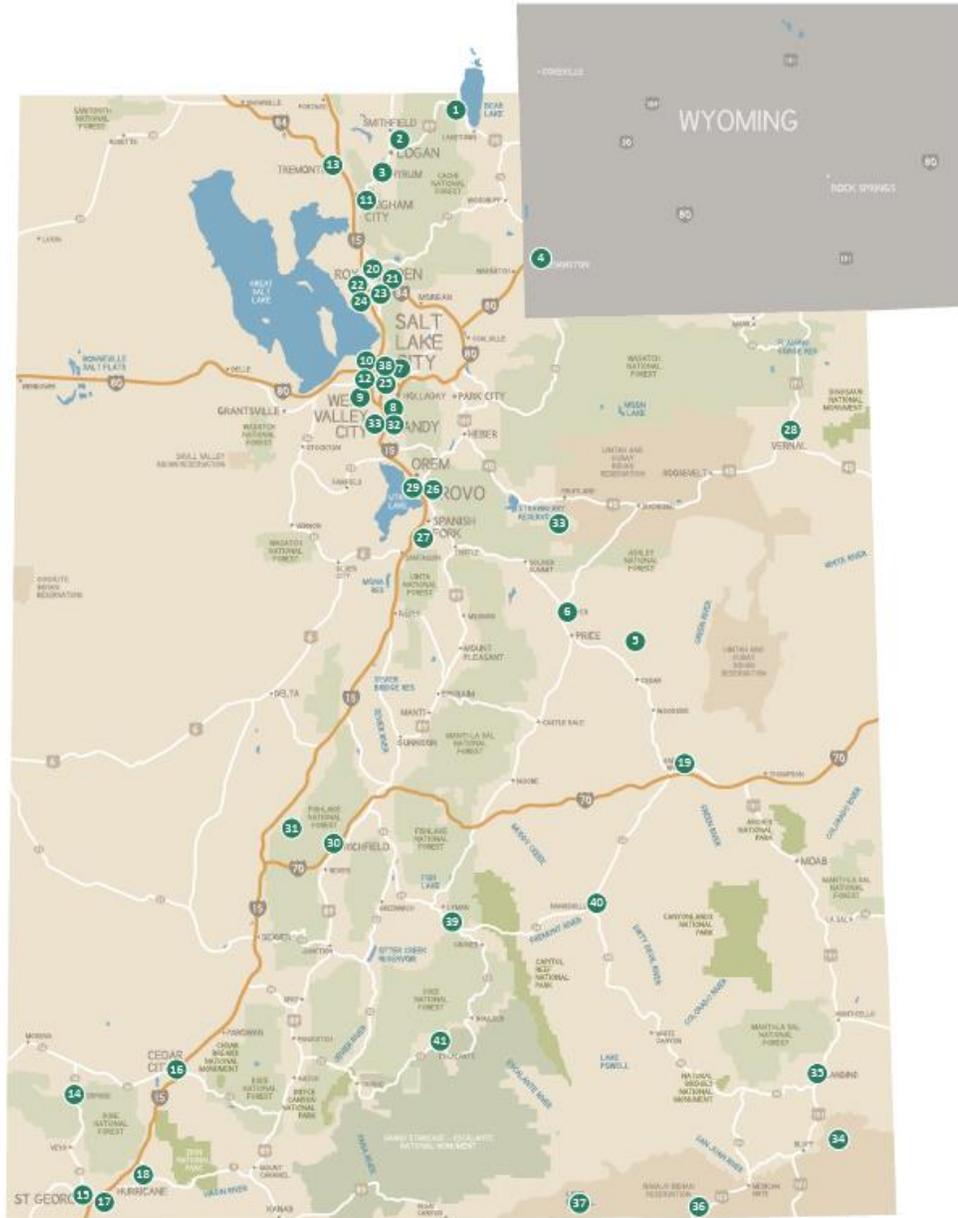


ALL HEALTH CENTERS (13)
ADOPTED
ELECTRONIC HEALTH RECORDS



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- BEAR LAKE COMMUNITY HEALTH CENTERS, INC.
- CARBON MEDICAL SERVICES ASSOCIATION, INC.
- COMMUNITY HEALTH CENTERS, INC.
- ENTERPRISE VALLEY MEDICAL CLINIC
- FAMILY HEALTHCARE
- GREEN RIVER MEDICAL CENTER
- MIDTOWN COMMUNITY HEALTH CENTER, INC.
- MOUNTAINLANDS FAMILY HEALTH CENTER, INC.
- PAIUTE INDIAN TRIBE OF UTAH
- UTAH NAVAJO HEALTH SYSTEMS, INC.
- UTAH PARTNERS FOR HEALTH
- WASATCH HOMELESS HEALTH CARE, INC.
- WAYNE COMMUNITY HEALTH CENTERS, INC.

NATIONAL

2013 Health Center Impact

UTAH

 SERVED **21.7** MILLION PATIENTS

93%  Below 200% poverty

73%  Below 100% poverty

35%  Uninsured

1,131,414 Homeless Individuals	861,120 Agricultural Workers	227,665 Residents of Public Housing
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 PROVIDED **21.7** MILLION PATIENT VISITS

 EMPLOYED **156** THOUSAND STAFF

 SERVED **123** THOUSAND PATIENTS

96%  Below 200% poverty

76%  Below 100% poverty

57%  Uninsured

6,507 Homeless Individuals	9,283 Agricultural Workers
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 PROVIDED **410** THOUSAND PATIENT VISITS

 EMPLOYED **861** FULL-TIME STAFF

Health Centers Nationally Serve

More than...

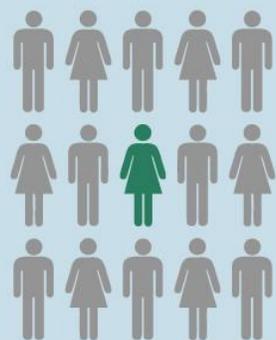


Including nearly 5 million new patients in the past 5 years



1 in 4

Individuals living below poverty



One in 15 people living in the United States, including:



1 in 6

Uninsured persons in the United States

Utah Health Centers Serve

More than...

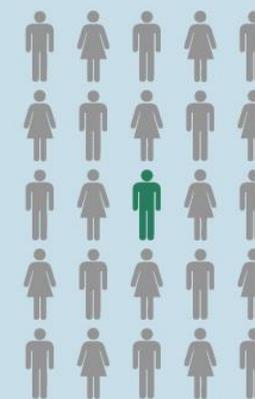


Including nearly 10,000 new patients in the past 5 years



1 in 4

Individuals living below poverty



One in 25 people living in Utah, including:



3 in 4

Uninsured persons in Utah



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Source: American Community Survey, US Census Bureau and HRSA 2013 Uniform Data System

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Would additional funding help this process?

Should more clinics pursue this route?

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:



Community Health Centers



Migrant Health Centers



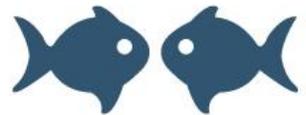
Healthcare for the Homeless



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.



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

public or private



Provide comprehensive primary health care

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



Located in or serve a high need community

designated Medically Underserved Area or Population



Services available to all

with fees adjusted based on ability to pay



Governed by a community board

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



Meet performance and accountability requirements

regarding administrative, clinical, and financial operations



PROGRAM BENEFITS

Grant Funding to offset costs of uncompensated or discounted care
(Maximum Starting 330 grant = \$650k annually)

Malpractice Insurance through the Federal Tort Claims Act

340B Drug Pricing Program for pharmaceutical products

Prospective Payment System Medicaid/CHIP/Medicare Reimbursement

Vaccines for Children Program for uninsured and underinsured

Eligibility Workers (out-stationed or in-house outreach and enrollment support)

Provider Recruitment Assistance through the National Health Service Corps (NHSC)

Access to other HRSA Funding Opportunities such as capital improvement, expanded services, and expanded medical capacity grants

**HOW TO
BECOME
A
HEALTH CENTER
PROGRAM
GRANTEE**

Basics:

New Access Point (NAP) grants become available based on the Federal Program Budget

Both **public and private not-for-profit** healthcare organizations can apply

Applicants may be **existing Health Center Program grantees** or **new organizations**

Applicants Must Document:

Compliance
with all Health Center Program requirements

Need
for primary care services in their area

Plans
for addressing the needs (services, budget, staffing, etc)

History
of the organization and clinical capacity



\$650,000 Maximum Annual NAP Grant

Look-Alike Designation:

Available to public
and private
not-for-profit
healthcare
organizations

Same
requirements of
grant funded
Health Centers

Must meet all
requirements for a
minimum of 6
months prior to
applying

Receive same
benefits of Health
Center Program except
for FTCA coverage and
grant funding

HRSA review
process takes
approximately
4 months



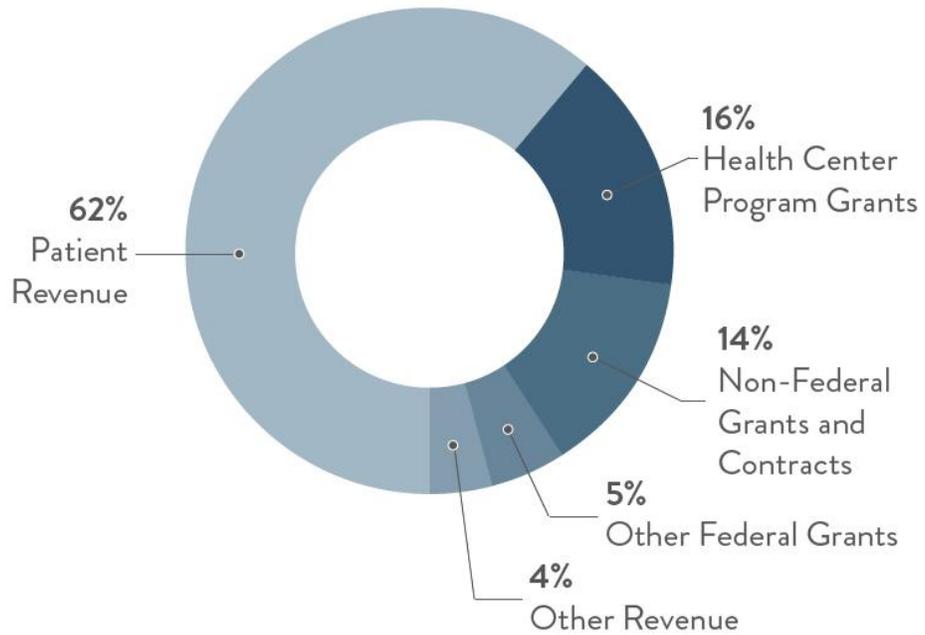
No Grant Funds



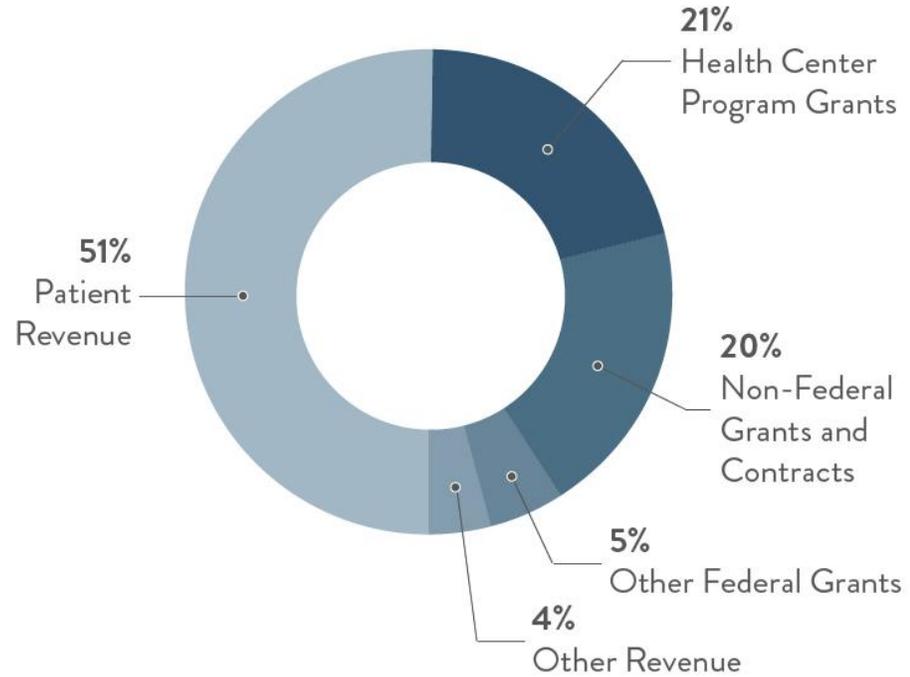
No FTCA

**HEALTH
CENTER
PROGRAM
FUNDING**

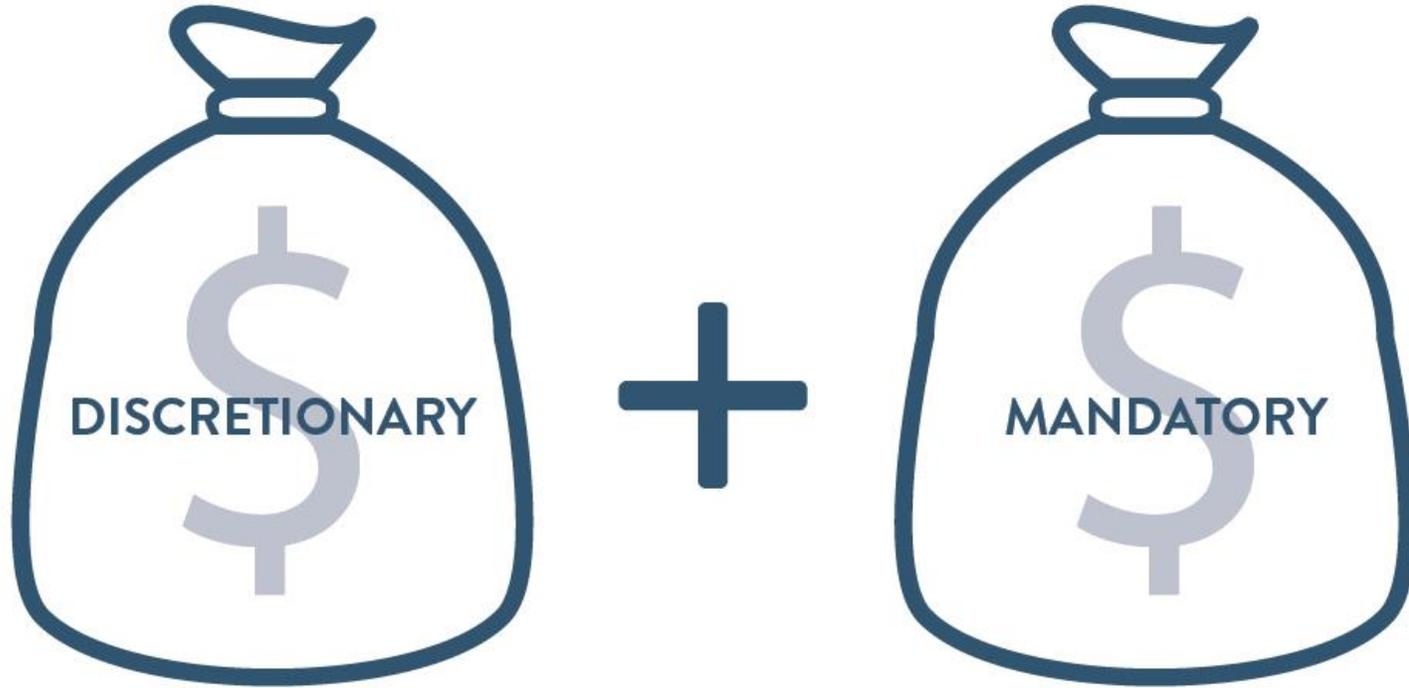
NATIONAL



UTAH



**HEALTH
CENTER
PROGRAM
FUNDING**



Congressional Appropriation

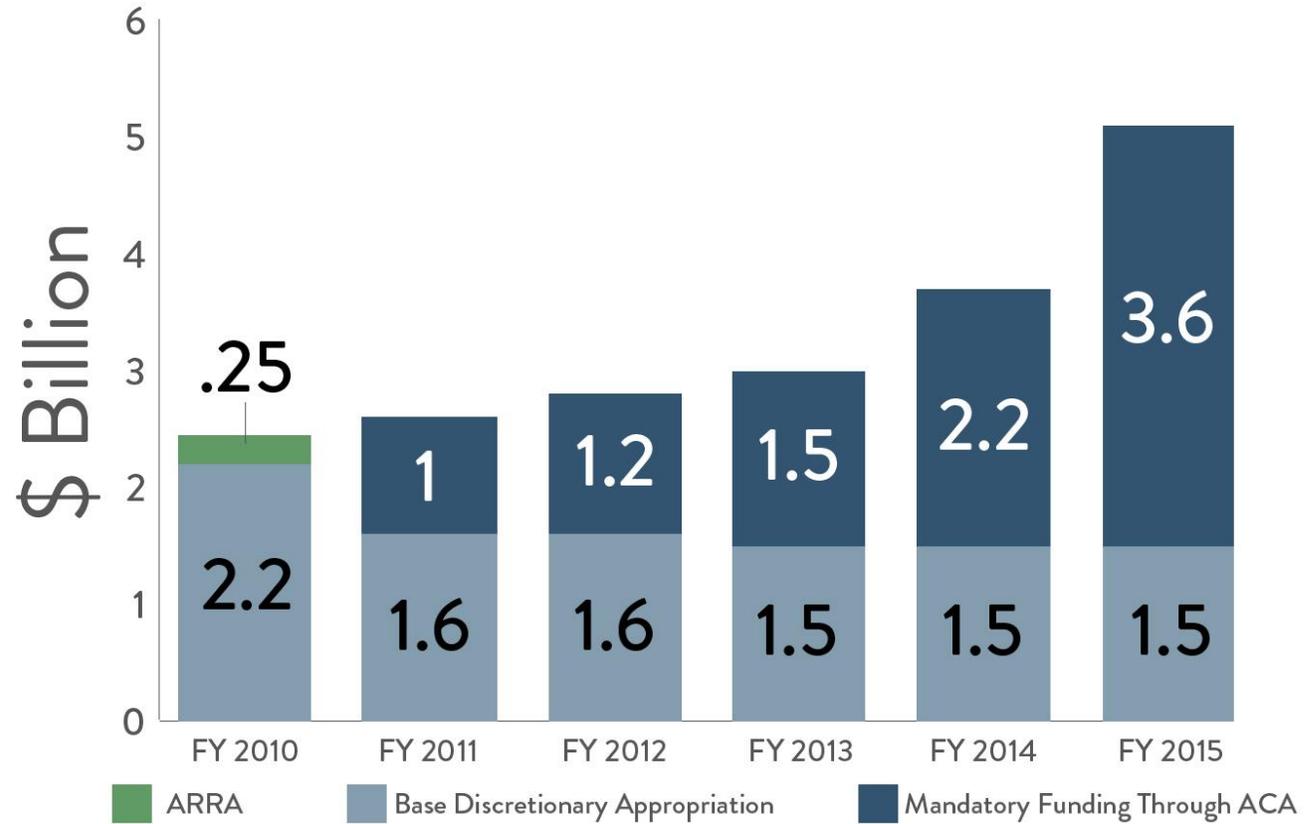
ACA Health Center Trust Fund

\$11 Billion FFY2011-2015

\$9.5 Billion Targeted To:

- Support on-going health center operations
- Create new Health Center sites in medically underserved areas
- Expand preventive and primary care services, including oral health, behavioral health, pharmacy, and/or enabling services at existing health center sites

\$1.5 Billion to Support Major Reconstruction and Renovation



HEALTH
CENTER
TRUST
FUND

School Based Health Center Capital: \$200M to create new school-based Health Centers in MUAs; and expand preventive and primary care services at existing SBHCs

- **Family Healthcare - “Hurricane Health Center” - \$495,000**

Health Center Capital Development – Immediate Facility Improvement Program: \$99M awarded to 227 Health Center Organizations

- **Mountainlands Family Health Center - \$500,000**

Health Center Capital Development – Building Capacity Program: \$629M awarded to 171 organizations for large renovation, expansion or construction projects.

- **4th Street Clinic (Wasatch Homeless Health Care) - \$2.93M**

Health Center New Access Points: \$129M awarded to establish 219 new Health Center access points

- **Utah “nothing”**

Health Center New Access Points: \$19M awarded to establish 32 new Health Center access points.

- **Midtown Community Health Center** - South Salt Lake - \$441,667* to serve 4,300 patients by 2015
- **Paiute Indian Tribe of Utah** - Richfield and Kanosh - \$758,333* to serve 1,234 patients by 2015
- **Mountainlands Family Health Center** - Vernal - \$816,667* to serve 3,308 patients by 2015

Health Center Outreach and Enrollment Supplemental: \$150M awarded to 1,159 Health Centers to expand current outreach and enrollment activities and facilitate enrollment of eligible patients and service area residents in to affordable health insurance coverage through the Health Insurance Marketplace, Medicaid or CHIP.

- Utah \$1,374,648**
 - **Cumulative Trained:** 89 people trained
 - **Cumulative Assists:** 29,186 people assisted
 - **Cumulative Apps Submitted:** 4,421 applications
 - **Cumulative Enrollments:** 3,263 people enrolled

Health Center New Access Points: \$150M awarded to establish 236 new Health Centers access points.

- **Utah Partners for Health** - Midvale - \$775,000* to serve 5,666 patients by 2016
- **Community Health Centers, Inc.** - Glendale - \$721,667* to serve 3,910 patients by 2016
- **Wayne Community Health Centers** - Escalante - \$900,000* to serve 2,085 patients by 2016

Health Center Mental Health Service Expansion – Behavioral Health Integration: \$55M awarded to 221 Health Centers to establish or expand behavioral health services to over 450,000 patients nationwide.

- **4th Street Clinic** - \$250,000

Health Center Expanded Services Supplemental Funding (September): \$300M in formula based supplements awarded to 1,195 Health Centers to help expand service hours, hire more medical providers and add oral health, behavioral health, pharmacy and vision services.

- Utah 12/13 Health Centers \$2,762,734
- 41 jobs
- 11,514 new patients

Health Center New Access Points: \$100M to be awarded competitively nationwide upon Congressional approval of federal fiscal year 2015 budget. Grant due date October 2014.

- Applications being submitted for West Valley, Ogden (Homeless), Provo (Homeless), Huntington, and Cedar City.

One-time supplemental for Quality Improvement Projects: \$800M (according to President's budget, details to be determined by HRSA upon Congressional approval of federal fiscal year 2015 budget.

Health Center Trust Fund Results (National)

2009

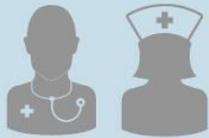


17.1 Million Patients

2013



21.7 Million Patients **+5M**



123,000 Jobs



157,000 Jobs **+34K**

Health Center Trust Fund Results (Utah)

2009

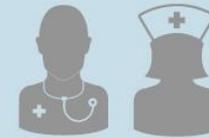


113,000 Patients

2013



123,000 Patients **+10K**

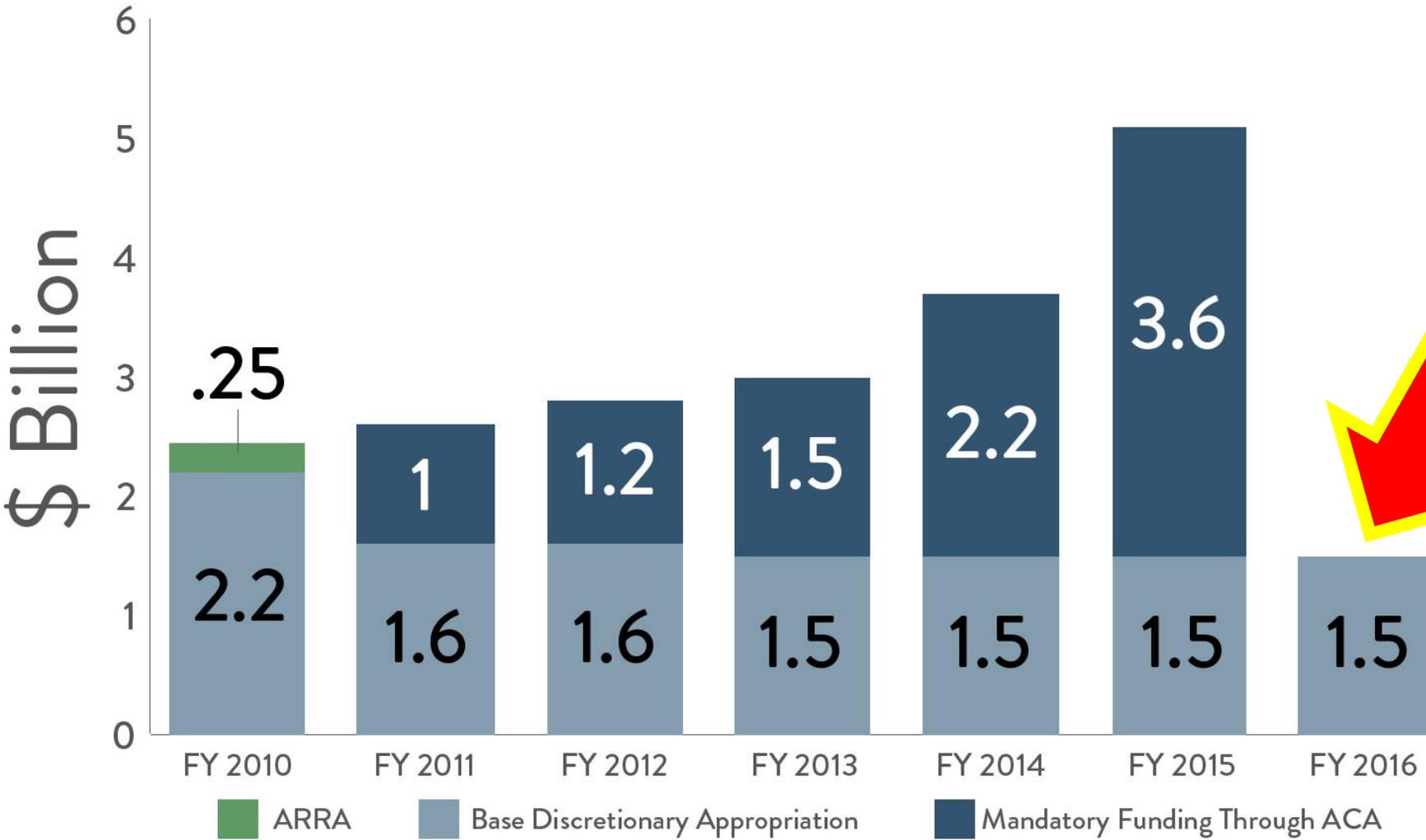


590 Jobs



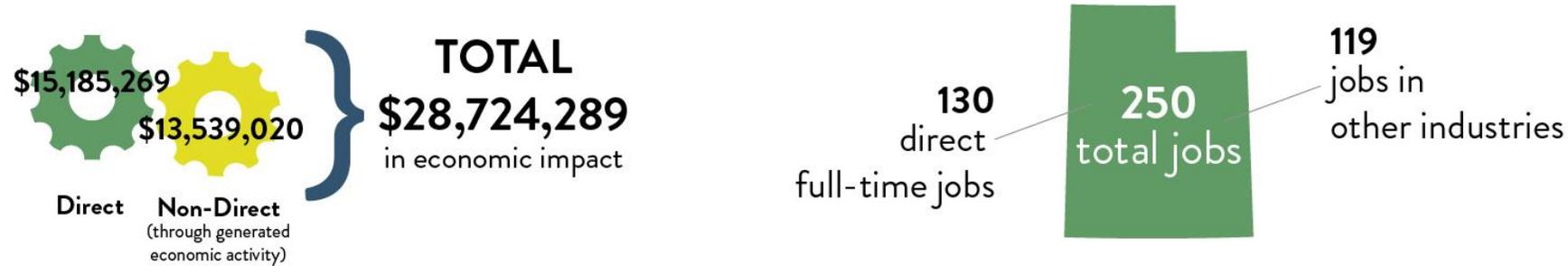
738 Jobs **+148**

**HEALTH
CENTER
PROGRAM
FUNDING:
OUR FUTURE
IS IN
JEOPARDY!**



State Impact

In the state of Utah alone, federal Health Center grant funding generates (not total program revenue):



Impact of the Primary Care Funding Cliff

Without action by Congress, the Health Center Fund is set to expire after FY2015, leaving Health Centers across the nation to face up to a 70% cut to their operational grants, which could lead to staff layoffs, site closures, and loss of access to care.

Total Projected Economic **LOSS** in Utah after Funding Reduction

\$10,629,688 direct impact

\$9,477,314 non-direct impact

\$20,107,002

175 Jobs Lost

Facility Closures

Patients Losing Access to Care

\$10,629,688 loss in funding

Would additional funding help this process?

Should more clinics be pursuing this route?

36,000

Currently Served In
Utah Health Centers

99,000

Uninsured Adults
<100% FPG*

63,000

Uninsured Adults
<100 FPGs

ASSUMPTIONS

1. Federal Health Center program budget is fully funded by congress in 2016
2. Utah Health Centers maintain current levels of non-federal revenue to support currently uninsured patient population (current state and local grants, corporate and foundation grants)
3. No Medicaid Coverage

Safety Net Medical Home Grant Program

LIMITATIONS

Physical Limitations (Clinic Space)
Primary Care Workforce
Prescription Drugs
Behavioral Health
Hospitalizations & In-patient Care
Specialty Care Needs

WOULD
ADDITIONAL
FUNDING
HELP
THIS
PROCESS?



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\$146
Per Medical Visit

X

3
Visits Per Year

=

\$438
Per Patient

-

\$25
Nominal
Fee

\$25
Nominal
Fee

\$25
Nominal
Fee

=

\$363
Final Subsidy Per
Patient Per Year

**WOULD
ADDITIONAL
FUNDING
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PROCESS?**



AUCH

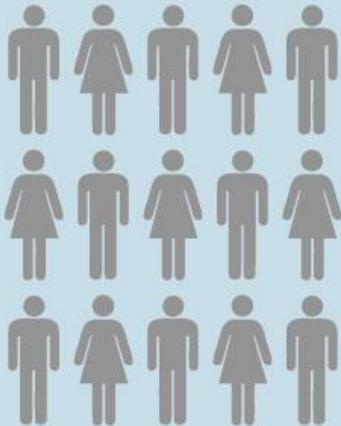
ASSOCIATION FOR UTAH COMMUNITY HEALTH

WOULD
ADDITIONAL
FUNDING
HELP
THIS
PROCESS?

\$363

Final Subsidy Per
Patient Per Year

X



63,000

Uninsured Adults
<100% FPGs

=



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