What is a Community Health Center
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.
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

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

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

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

Find MUA and MUPs

List of Required Services

Sliding-Free Scale Information

Learn More About Performance Standards

More on Health Center Governance

How to Start a Non-Profit

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:

- 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.
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:

- 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
Interested in learning more about the health centers program?

Click here to Contact AUCH
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Health Centers</th>
<th>Look-Alike Health Centers</th>
<th>Rural Health Clinics</th>
<th>Free Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Definition</td>
<td>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. Required to treat all patients regardless of ability to pay.</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Regulatory Agencies</td>
<td>HRSA Bureau of Primary Health Care’s Health Center Program Requirements</td>
<td>HRSA Bureau of Primary Health Care’s Health Center Program Requirements</td>
<td>HRSA Office of Rural Health Policy (ORHP)</td>
<td>Varies by locale</td>
</tr>
<tr>
<td>Location/Shortage Area</td>
<td>Located in or within proximity to an MUA or MUP</td>
<td>Located in or within proximity to an MUA or MUP</td>
<td>Located in a non-Urbanized Area; MUA, HPSA or Governor Designated Shortage Area</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>Required; 51% of board members must be patients of health center</td>
<td>Required; 51% of board members must be patients of health center</td>
<td>Required; 5% of board members must be patients of health center</td>
<td>Per by-laws developed by each clinic</td>
</tr>
<tr>
<td>Corporate Structure</td>
<td>Tax-exempt non-profit or public.</td>
<td>Tax-exempt non-profit or public.</td>
<td>Public, tax-exempt non-profit, for-profit, or unincorporated</td>
<td>Typically tax-exempt non-profit</td>
</tr>
<tr>
<td>Clinical Staffing</td>
<td>Primarily employees; occasionally volunteers</td>
<td>Primarily employees; occasionally volunteers</td>
<td>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.</td>
<td>Primarily volunteers; sometimes 2-3 paid employees</td>
</tr>
<tr>
<td>Medicare/Medicaid Reimbursement Methodology</td>
<td>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.</td>
<td>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.</td>
<td>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.</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Population Served</td>
<td>Insured, Underinsured, Uninsured</td>
<td>Insured, Underinsured, Uninsured</td>
<td>Insured; Not required to Serve Underinsured or Uninsured, but majority do</td>
<td>Primarily uninsured; usually at or below 200% of FPG</td>
</tr>
<tr>
<td>Fees for Service</td>
<td>Sliding Fee Scale for individuals and families at or below 200% of FPG for Required Services</td>
<td>Sliding Fee Scale for individuals and families at or below 200% of FPG for Required Services</td>
<td>Not required to offer sliding scale fees or free care, but many do for individuals and families at or below 200% of FPG</td>
<td>Free or patient donations</td>
</tr>
<tr>
<td>Primary Care</td>
<td>Required; Onsite</td>
<td>Required; Onsite</td>
<td>Required; Onsite</td>
<td>On-site, often by volunteers</td>
</tr>
<tr>
<td>Dental Care</td>
<td>Preventive Dental Required; Onsite and/or referral</td>
<td>Preventive Dental Required; Onsite and/or referral</td>
<td>Not Required</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Optional; if offered, typically on-site and/or referral on sliding fee</td>
<td>Optional; if offered, typically on-site and/or referral on sliding fee</td>
<td>Not Required</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Behavioral Health Care</td>
<td>Required; Onsite and/or referral</td>
<td>Required; Onsite and/or referral</td>
<td>Not Required</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Lab/Radiology</td>
<td>Required; Onsite and/or referral</td>
<td>Required; Onsite and/or referral</td>
<td>Required to offer basic laboratory services</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Prescription Assistance</td>
<td>Participate in 340B</td>
<td>Participate in 340B</td>
<td>Not Required</td>
<td>Varies by locale</td>
</tr>
<tr>
<td>Supportive Services (i.e., translation, transportation, outreach, etc.)</td>
<td>Required; Onsite and/or referral</td>
<td>Required; Onsite and/or referral</td>
<td>Not Required</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>Optional; if offer, offered on-site and/or referral on sliding fee</td>
<td>Optional; if offer, offered on-site and/or referral on sliding fee</td>
<td>Not Required</td>
<td>Varies by locale; if on-site, often by volunteers or through referrals at little or no cost to patients</td>
</tr>
<tr>
<td>Malpractice</td>
<td>Receive FTCA coverage</td>
<td>Do not receive FTCA coverage</td>
<td>Private malpractice</td>
<td>Eligible for FTCA Coverage for Free Clinics</td>
</tr>
<tr>
<td>FQHC (Enhanced Medicare/Medicaid Reimbursement)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Eligible for MU</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No because they do not accept Medicare/Medicaid payments</td>
</tr>
</tbody>
</table>
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
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.