HRSA
Health Center Program

Utah State Legislature
Social Services Appropriations Sub-Committee
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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?
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.
9 HEALTH CENTERS
PATIENT-CENTERED MEDICAL HOMES

7 HEALTH CENTERS
AMBULATORY CARE ACCREDITED

ALL HEALTH CENTERS (13)
ADOPTED ELECTRONIC HEALTH RECORDS

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.
MOUNTAINLADS 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.
2013 Health Center Impact

NATIONAL

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

PROVIDED 21.7 MILLION PATIENT VISITS
EMPLOYED 156 THOUSAND STAFF

UTAH

SERVED 123 THOUSAND PATIENTS

96% Below 200% poverty
76% Below 100% poverty
57% Uninsured

6,507 Homeless Individuals
9,283 Agricultural Workers

PROVIDED 410 THOUSAND PATIENT VISITS
EMPLOYED 861 FULL-TIME STAFF

Source: HRSA 2013 Uniform Data System
Health Centers Nationally Serve

More than...

21.7 Million Patients Annually
Including nearly 5 million new patients in the past 5 years

1 in 4 Individuals living below poverty

1 in 6 Uninsured persons in the United States

Utah Health Centers Serve

More than...

123,000 Patients Annually
Including nearly 10,000 new patients in the past 5 years

1 in 4 Individuals living below poverty

3 in 4 Uninsured persons in Utah

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

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

Services available to all
with fees adjusted based on ability to pay

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

[Diagram showing funding distribution by fiscal year (FY) from FY2010 to FY2015, with a total of $11 billion, $9.5 billion targeted, and $1.5 billion for major reconstruction and renovation.]

ARRA | Base Discretionary Appropriation | Mandatory Funding Through ACA

FY 2010: $2.2 | 0.25 | 0
FY 2011: 1 | 1 | 0
FY 2012: 1.2 | 1.6 | 0
FY 2013: 1.5 | 1.5 | 0
FY 2014: 2.2 | 1.5 | 0
FY 2015: 3.6 | 1.5 | 0

HEALTH CENTER TRUST FUND

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

*Awards adjusted for varying program project periods  
**October 2013 – June 2014
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

*Awards adjusted for varying program project periods
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
- 123,000 Jobs

2013
- 21.7 Million Patients (+5M)
- 157,000 Jobs (+34K)

Health Center Trust Fund Results (Utah)

2009
- 113,000 Patients
- 590 Jobs

2013
- 123,000 Patients (+10K)
- 738 Jobs (+148)

SOURCE: HRSA 2013 Unified Data System
HEALTH CENTER PROGRAM FUNDING: OUR FUTURE IS IN JEOPARDY!

YEAR | ARRA | Base Discretionary Appropriation | Mandatory Funding Through ACA
--- | --- | --- | ---
FY 2010 | 0.25 | 2.2 | 0
FY 2011 | 1 | 1.6 | 0
FY 2012 | 1.2 | 1.6 | 0
FY 2013 | 1.5 | 1.5 | 0
FY 2014 | 1.5 | 1.5 | 2.2
FY 2015 | 1.5 | 1.5 | 3.6
FY 2016 | 1.5 | 1.5 | 0
State Impact
In the state of Utah alone, federal Health Center grant funding generates (not total program revenue):

- Direct: $15,185,269
- Non-Direct (through generated economic activity): $13,539,020

**TOTAL $28,724,289** in economic impact

- 130 direct full-time jobs
- 250 total jobs
- 119 jobs in other industries

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
- Non-direct impact: $9,477,314

**$20,107,002**

- 175 Jobs Lost
- Facility Closures
- Patients Losing Access to Care
- $10,629,688 loss in funding

Source: Capital Link
Would additional funding help this process?

Should more clinics be pursuing this route?
WOULD ADDITIONAL FUNDING HELP THIS PROCESS?

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

SAFE 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?

$146 Per Medical Visit × 3 Visits Per Year = $438 Per Patient - $75 Nominal Fee = $363 Final Subsidy Per Patient Per Year
$363
Final Subsidy Per Patient Per Year

x

63,000
Uninsured Adults <100% FPGs

= 22.9M
Annually

WOULD ADDITIONAL FUNDING HELP THIS PROCESS?