

FQHC Background Information

for the Green Mountain Care Board

April 25, 2018

Georgia J. Maheras, Esq.

Director, Public Policy

Bi-State Primary Care Association

Bi-State Primary Care Association Mission and Vision

Mission

Promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in Vermont and New Hampshire.

Vision

Healthy individuals and communities with quality health care for all.

Who We Are

Bi-State Primary Care Association was established in 1986 to serve Vermont and New Hampshire. Bi-State is a nonprofit, 501(c)(3) charitable organization that promotes access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.

Bi-State members include federally qualified health centers (FQHCs), community health centers (CHCs), rural health clinics (RHCs), private and hospital-supported primary care practices, community action programs, area health education centers (AHEC), clinics for the uninsured, Planned Parenthood and social service agencies.

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 FQHCs, RHCs, and private and hospital-sponsored physician practices throughout Vermont and New Hampshire. The recruitment center focuses on recruiting and retaining primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

For more information, please contact:

Georgia Maheras, Esq., Director of Vermont Public Policy
gmaheras@bistatepca.org, (802) 229-0002 ext. 218

Health Center Program Site Visit Protocol

Health Resources and Services Administration (HRSA) site visits support the effective oversight of the Health Center Program. Operational Site Visits (OSVs) provide an objective assessment and verification of the status of each Health Center Program awardee or look-alike's compliance with the statutory and regulatory requirements of the Health Center Program. In addition, HRSA conducts site visits to assess and verify look-alike initial designation applicants for compliance with Health Center Program requirements to inform initial designation determinations.

The Health Center Program Site Visit Protocol (SVP) is the tool for assessing compliance with Health Center Program requirements during OSVs. The SVP is designed to provide HRSA the information necessary to perform its oversight responsibilities using a standard and transparent methodology that aligns with the Compliance Manual. Learn more about the SVP:

- [Introduction](#) (PDF – 468 KB)
- [Needs Assessment](#) (PDF – 716 KB)
- [Required and Additional Health Services](#) (PDF – 297 KB)
- [Clinical Staffing](#) (PDF – 684 KB)
- [Accessible Locations and Hours of Operation](#) (PDF – 689 KB)
- [Coverage for Medical Emergencies During and After Hours](#) (PDF – 280 KB)
- [Continuity of Care and Hospital Admitting](#) (PDF – 773 KB)
- [Sliding Fee Discount Program](#) (PDF – 450 KB)
- [Quality Improvement/Assurance](#) (PDF – 638 KB)
- [Key Management Staff](#) (PDF – 771 KB)
- [Contracts and Subawards](#) (PDF – 816 KB)
- [Conflict of Interest](#) (PDF – 732 KB)
- [Collaborative Relationships](#) (PDF – 838 KB)
- [Financial Management and Accounting Systems](#) (PDF – 754 KB)
- [Billing and Collections](#) (PDF – 806 KB)
- [Budget](#) (PDF – 691 KB)
- [Program Monitoring and Data Reporting Systems](#) (PDF – 796 KB)
- [Board Authority](#) (PDF – 824 KB)
- [Board Composition](#) (PDF – 847 KB)
- [Federal Tort Claims Act \(FTCA\) Risk Management Deeming Requirements](#) (PDF – 775 KB)
- [Performance Analysis](#) (PDF – 796 KB)
- [Promising Practices](#) (PDF – 514 KB)
- [Eligibility Requirements for Look-Alike Initial Designation Applicants](#) (PDF – 712 KB)