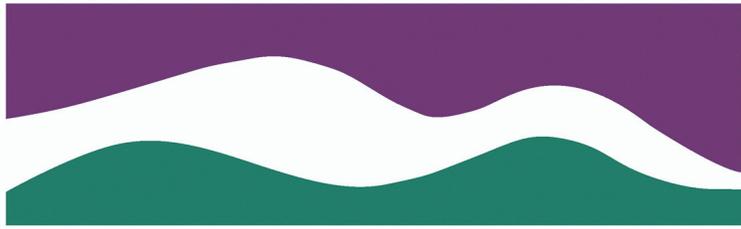


# BI-STATE PRIMARY CARE ASSOCIATION



## SERVING VERMONT & NEW HAMPSHIRE

A nonprofit 501(c)3 organization | [www.bistatepca.org](http://www.bistatepca.org)

**Our mission is to promote access to effective and affordable primary care and preventive services for all, with special emphasis on underserved populations in New Hampshire and Vermont.**

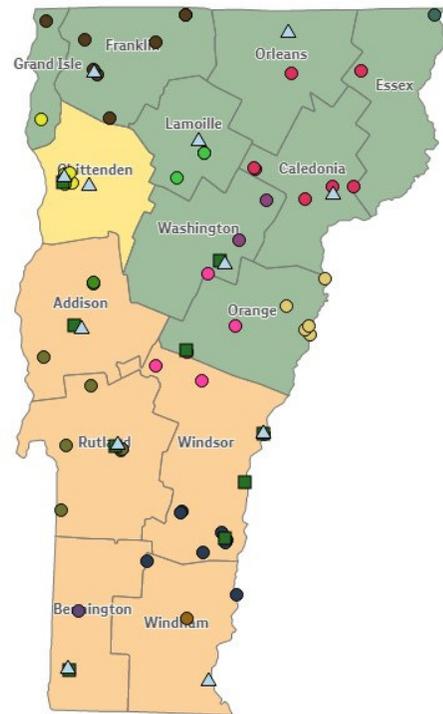
Our members include Federally Qualified Health Centers, clinics for the uninsured, Planned Parenthood clinics, VT Area Health Education Centers, and Rural Health Clinics.

We provide technical assistance, data analysis, workforce development, policy leadership, and collaborative partnerships at the regional and federal levels.

In Vermont we have 68 sites in all 14 counties.

Our members serve 1 in 3 Vermonters, who made over 720,000 visits in 2017.

We serve 37% of Medicaid enrollees, 39% of Medicare, and the majority of uninsured patients.



## What is a Federally Qualified Health Center (FQHC)?

The federal government supports FQHCs as the nation's primary safety net system for health care. FQHCs provide comprehensive services in medically underserved regions. They accept patients regardless of ability to pay, and they work with their communities to address a range of barriers to health - including access to care issues such as lack of transportation. Bi-State represents all VT and NH FQHCs. There are four defining components of a Federally Qualified Health Center:

### Comprehensive Services

FQHCs offer medical, dental, oral, vision, mental health & enabling services.

### Open to Everyone

FQHCs accept all patients, regardless of payer or ability to pay, and offer sliding fee scales.

### Located in Areas of High Need

Vermont has FQHC sites in every county, across 68 locations.

### Patient-Majority Governing Board

FQHCs are rooted in their communities' needs.

Receiving FQHC designation allows a health center to access federal grants and a prospective payment system for patients, designed to reflect the fact that their payer mix is more heavily dependent on public payers and that federal law requires them to offer a particular comprehensive suite of services. FQHCs also have a larger regulatory burden, including over 90 requirements tied to FQHC status. Bi-State Primary Care Association provides technical assistance in meeting federal requirements and accessing federal funds.

# FQHCs Build Strong Vermont Communities



\*Capital Link 2016 Report, "The Economic Impact of Vermont's Community Health Centers" based on CY2014 data  
 \*\*January, 2019 literature review  
 \*\*\*National Association of Community Health Centers, state economic impact analysis for Vermont, 2017 data

## FQHCs Serve Vulnerable Vermonters



33,553 Children

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19% of VT Patients



21% of Patients are Older Adults

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We serve 39% of Medicare Enrollees



Patients Experiencing Homelessness: 2,832



13,723 Uninsured Patients

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725 Migrant / Seasonal Agricultural Workers & Dependents



We serve 37% of Medicaid Enrollees

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28% of an FQHC's average payer mix is Medicaid

Numbers reflect 2017 UDS data

## FQHCs are a National Safety Net



82% of National Patients are publicly insured or uninsured

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FQHCs reach 1 in 3 people in poverty and serve 1.4 million homeless patients

FQHCs generate \$45.6 billion in economic activity in underserved communities

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44% of FQHCs are in a rural location, 20% of all patients are rural

National Association of Community Health Centers data