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About Bi-State Primary Care Association

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

**Vision**
Healthy individuals and communities with quality health care for all.

Established in 1986, Bi-State Primary Care Association, serving New Hampshire and Vermont, 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 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 (MUAs).

**Bi-State's Membership**
Bi-State members include Federally Qualified Health Centers, community health centers, rural health clinics, private and hospital-supported primary care practices, community action programs, health care for the homeless, Area Health Education Centers, clinics for the uninsured, and social service agencies.

**Bi-State's Recruitment Center**
Bi-State's nonprofit Recruitment Center provides workforce assistance and candidate referrals to Federally Qualified Health Centers, rural health clinics, and private and hospital-sponsored physician practices throughout New Hampshire and Vermont. The Recruitment Center focuses on the recruitment and retention of primary care providers including physicians, dentists, nurse practitioners, and physician assistants.

Bi-State is a resource for employers and candidates regarding the eligibility requirements and availability of recruitment incentive programs such as the State Loan Repayment Program (SLRP), Conrad State 30, and the National Health Service Corps Loan Repayment Program.

**Sourcebook Purpose Statement**
The New Hampshire Primary Care Sourcebook was developed as a resource for current information about Community Health Centers, Federally Qualified Health Centers, and other primary care providers. The information, maps, and data demonstrate how Bi-State members increase access, manage costs, and improve the quality of primary care in New Hampshire. All information in this sourcebook is current as of the date of publication and will be updated annually.
2018 New Hampshire Public Policy Principles & Priorities

Public Policy Principles

Bi-State is committed to improving the health of New Hampshire residents. We work to ensure that all individuals have access to appropriate, high-quality, integrated primary and preventive health care regardless of insurance status or ability to pay. Integrated primary and preventive care includes behavioral health, substance use disorder treatment, and oral health services.

Proper access to primary and preventive care reduces the need for higher-cost interventions. Bi-State strives to educate policymakers, non-profit leaders, and the business community on the value provided by New Hampshire’s community health centers. We accomplish our goals by partnering with the state, health care providers, and business stakeholders. Bi-State supports investments that promote public health through comprehensive primary and preventive care, lower prescription drug prices, and efficiencies in New Hampshire’s health care system.

Public Policy Priorities

- Ensuring the New Hampshire Health Protection Program becomes a permanent source of health care coverage for the uninsured.
- Increasing state support for integrated primary and preventive care services for our underserved populations.
- Increasing the investment in health care workforce development and recruitment in underserved areas.
- Expanding the adult Medicaid dental benefit to include educational, preventive, and restorative services.

For more information, please contact Kristine Stoddard at 603-228-2830 Ext. 113 or kstoddard@bistatepca.org.

Approved by Bi-State Primary Care Association Board of Directors on 10/6/2017.
The Recruitment Center, a service of Bi-State Primary Care Association, is the only nonprofit organization in New Hampshire that conducts national marketing and outreach to physicians, nurse practitioners, physician assistants, dentists and behavioral health professionals specifically to attract and recruit them to New Hampshire. Dedicated to recruiting primary care, oral health, behavioral health and substance use disorder treatment providers to rural and underserved areas of the state where their services are most needed, the Recruitment Center screens providers to determine which communities and practices will best meet their personal and professional needs to support long-term retention. The Recruitment Center manages the New Hampshire state page and regularly posts vacancies on the National Rural Recruitment and Retention Network (3RNet).

Due to its familiarity with the health care business, culture, educational, and recreational environment in the state, the Recruitment Center is able to support the transition of newly-recruited providers and their families to New Hampshire. The Recruitment Center also provides technical assistance on programs that support recruitment such as the National Health Service Corps, which offers loan repayment for clinicians who agree to practice in federally-designated medically underserved areas.

The Recruitment Center regularly collaborates with organizations across New Hampshire to maximize resources and avoid duplication. The Recruitment Center’s national marketing and outreach complements the pipeline and workforce development activities conducted by NH’s Area Health Education Centers, the NH Dental Society, and Integrated Delivery Networks. The Recruitment Center regularly engages with outside organizations, including: the NH Office of Rural Health and Primary Care, Maternal and Child Health Section, Office of Medicaid Services, Bureau of Drug and Alcohol Services, NH Hospital Association, Northeast Delta Dental, NH Nurse Practitioner Association, as well as representatives from training programs at local and regional colleges and universities.

For more information on the Recruitment Center, contact Stephanie Pagliuca, Director, at spagliuca@bistatepca.org. For assistance with primary care and dentist recruitment, contact Mandi Gingras, Recruitment and Retention Coordinator, at mgingras@bistatepca.org. For behavioral health and SUD recruitment, contact Michele Petersen, Project Coordinator, Workforce Development and Recruitment at mpetersen@bistatepca.org.
Meet Bi-State’s NH Members

CHCs
Mascoma Community Health Center
Planned Parenthood of Northern New England
White Mountain Community Health Center

FQHCs
Ammonoosuc Community Health Services
Charlestown Family Medicine (Springfield Medical Care Systems)
Coos County Family Health Services
FamiliesFirst Heath and Support Center
Goodwin Community Health
Harbor Homes
Health Care for the Homeless Program
HealthFirst Family Care Center
Indian Stream Health Center
Lamprey Health Care
Manchester Community Health Center
Mid-State Health Center

Programs and Services
Community Action Program (CAP)/Belknap-Merrimack Counties
Community Health Access Network (CHAN)
NH Area Health Education Center Program (NH AHEC)
North Country Health Consortium (NCHC)

RHC
Weeks Medical Center

Definitions

Community Health Centers (CHCs) are non-profit businesses providing comprehensive, high-quality primary and preventive care to people in their communities regardless of insurance status. CHCs provide an array of integrated services, such as mental health, substance use disorder, oral health, and pharmacy services, often at a single location. CHCs are designed to reduce barriers to care by providing integrated care and by using nonclinical services (sometimes called enabling services) such as health education, translation, transportation, and case management services.

Federally Qualified Health Centers (FQHCs) are CHCs that receive federal grants to serve medically underserved communities and vulnerable populations. To be designated as an FQHC, a center must 1.) serve a health professional shortage area, or medically underserved population, 2.) provide services without regard of insurance status, 3.) use a sliding-fee discount payment system tied to patient income, 4.) operate as a non-profit, and 5.) comply with US Department of Health and Human Services Health Resources and Services Administration’s (HRSA) 19 program requirements.¹

Federally Qualified Health Center (FQHC) Look-Alikes are CHCs that meet the requirements to be a FQHC but do not receive grant funding from HRSA. They provide services in medically underserved areas, provide care on a sliding fee scale and operate under a governing board that includes patients. §1905(l)(2)(B) of the Social Security Act.

Rural Health Clinics (RHCs) are CHCs that increase access to primary care services for Medicare and Medicaid patients in a designated rural area. RHCs are only required to provide outpatient primary care and basic laboratory services.²

¹Public Health Services Act 42 U.S.C. S254b, Section 330
For many years now, the Senate – recognizing the significant value that they bring to every community in every state and U.S. territory – has supported community health centers in a bipartisan manner.” U.S. Senators from VT, Patrick Leahy and Bernie Sanders, & U.S. Senators from NH, Jeanne Shaheen and Margaret Hassan

NH CHC Stats

- 1 in 12 Granite Staters receive care at NH CHCs. ¹
- 16 NH CHCs serve as the medical home for over 113,000 Granite Staters who made over 455,000 visits in 2016.²
- 20% or 1 in 5 of all Granite Staters enrolled in Medicaid receive care at NH CHCs.³
- 20% or 1 in 5 of all uninsured Granite Staters receive care at NH CHCs.⁴
- Between 2012-2016, demand for NH CHC services grew, with a 5% increase in patients served and an 11% increase in patient visits.⁵

Breakdown of CHC patients by payer type

<table>
<thead>
<tr>
<th>Payer Type</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>19,892</td>
<td>17%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>33,542</td>
<td>30%</td>
</tr>
<tr>
<td>Commercially Insured³</td>
<td>42,587</td>
<td>38%</td>
</tr>
<tr>
<td>Uninsured</td>
<td>17,010</td>
<td>15%</td>
</tr>
</tbody>
</table>

¹Statewide data from Kaiser Family Foundation: [http://kff.org/other/state-indicator/total-population/](http://kff.org/other/state-indicator/total-population/)
²BPHC 2016 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution. CHC data does not include Bi-State Members Charlestown Family Medicine or Mascoma Community Health Center.
³Statewide data from Kaiser Family Foundation: [http://kff.org/other/state-indicator/total-population/](http://kff.org/other/state-indicator/total-population/)
⁴Number of Commercially Insured includes New Hampshire Health Protection Program (Medicaid Expansion) Enrollees.
⁵BPHC 2016 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution. CHC data does not include Bi-State Members Charlestown Family Medicine or Mascoma Community Health Center.
NH FQHC Stats

- 1 in 15 Granite Staters receive care at NH FQHCs.¹

- 12 NH FQHCs serve as the medical home for over 89,000 Granite Staters who made over 380,000 visits in 2016.²

- 17% or 1 in 6 of all Granite Staters enrolled in Medicaid receive care at NH FQHCs.³

- 15% or 1 in 7 of all uninsured Granite Staters receive care at NH FQHCs.⁴

“As one of the 10 most effective government programs, community health centers play an important role in improving quality and access to care for millions of Americans.”

Former Utah governor and former secretary of the U.S. Department of Health and Human Services, Mike Leavitt

Breakdown of FQHC patients by payer type

- Medicaid 27,295 (31%)
- Medicare 16,984 (19%)
- Uninsured 12,952 (14%)
- Commercially Insured 32,049 (36%)

¹Statewide data from Kaiser Family Foundation: http://kff.org/other/state-indicator/total-population/
²BPHC 2016 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution. FQHC data does not include Bi-State Member Charlestown Family Medicine.
³Statewide data from Kaiser Family Foundation: http://kff.org/other/state-indicator/total-population/
⁴Number of Commercially Insured includes New Hampshire Health Protection Program (Medicaid Expansion) Enrollees.
**Quick Facts - NH FQHCs & CHCs**

<table>
<thead>
<tr>
<th>Data Point</th>
<th>NH FQHCs</th>
<th>NH CHCs</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Members</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td># of Primary Care Sites</td>
<td>29 (2 are mobile vans)</td>
<td>40</td>
</tr>
<tr>
<td># of Counties Represented</td>
<td>8 of 10 counties (not Carroll or Cheshire)</td>
<td>10 of 10 counties</td>
</tr>
<tr>
<td># of Medicaid Patients Served in NH</td>
<td>27,295/165,300 (NH FQHCs serve 17% or 1 in 6 of All NH Medicaid Enrollees)</td>
<td>33,542/165,300 (NH CHCs serve 20% or 1 in 5 of All NH Medicaid Enrollees)</td>
</tr>
<tr>
<td># of Medicare Patients Served in NH</td>
<td>16,984/209,300 (NH FQHCs serve 8% or 1 in 12 of All NH Medicare Enrollees)</td>
<td>19,892/209,300 (NH CHCs serve 10% or 1 in 11 of All NH Medicare Enrollees)</td>
</tr>
<tr>
<td># of Uninsured Patients Served in NH</td>
<td>12,952/85,800 (NH FQHCs serve 15% or 1 in 7 of All NH Uninsured Patients)</td>
<td>17,010/85,800 (NH CHCs serve 20% or 1 in 5 of All NH Uninsured Patients)</td>
</tr>
<tr>
<td># of Commercially Insured Patients in NH</td>
<td>32,049/835,500 (NH FQHCs serve 1 in 26 of All NH Commercial Insured)</td>
<td>42,587/835,500 (NH CHCs serve 1 in 20 of All NH Commercial Insured)</td>
</tr>
<tr>
<td># of ALL Patients Served in NH</td>
<td>89,280/1,318,100 (NH FQHCs serve 1 in 15 of All NH Residents)</td>
<td>113,031/1,318,100 (NH CHCs serve 1 in 12 of All NH Residents)</td>
</tr>
<tr>
<td>CHCs w/ Electronic Health Records (EHR)</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Sources:**
- BPHC 2016 UDS Summary Reports and Self-Reported data in BSPCA member surveys. Information in this document is based on best available data at the time of distribution. CHC data does not include Bi-State Members Charlestown Family Medicine or Mascoma Community Health Center.
- Stateside data from Kaiser Family Foundation: [http://kff.org/other/state-indicator/total-population/](http://kff.org/other/state-indicator/total-population/)
- NH CHC data is based on combination of 2016 verified UDS data for FQHCs and self-reported for all NH CHC data.
- National Committee for Quality Assurance Patient-Centered Medical Home Recognition search: [https://reportcards.ncqa.org/#/practices/list](https://reportcards.ncqa.org/#/practices/list)
- 340B Covered Entity search: [https://340bopais.hrsa.gov/coveredentitysearch](https://340bopais.hrsa.gov/coveredentitysearch)
Community Health Centers Are Businesses That Show A Strong Return On Investment

CHCs have been serving rural and urban communities across America for over 50 years. These community-based family doctors enjoy long-standing bipartisan support by Administrations and policymakers at all levels, as well as in both the private and public sectors. The health center model targets the roots of poverty by combining the resources of local communities with federal funds to establish neighborhood clinics. CHCs empower communities to establish and direct health services at the local level via consumer-majority governing boards - 50% of CHCs’ board of directors are patients, meaning, CHCs are run by their patients.

CHCs are economic engines in their communities. They are public investments that generate substantial benefits for patients, communities, insurers, and governments. CHCs employ clinical and administrative professionals and generate community-based jobs. A Capital Link report showed that New Hampshire CHCs employed over 700 full-time employees while also creating an additional 300 full-time jobs in other industries. This means that in one year, 12 health centers alone stimulated over 1,000 full time jobs in the Granite State.

Another way CHCs boost the local economy is through the purchase of goods and services from local businesses. For example, when a health center purchases medical devices from a local medical supply store, this store then purchases paper from an office supply store and hires a delivery services to transport the medical services. As local industries grow and household income increases, employees then spend their salaries in the community.

CHCs save the Granite State an estimated $110 million dollars annually. Each patient receiving care at a CHC saves the health care system approximately 24% annually compared to other providers. CHCs have proven time and time again in New Hampshire and nationally that affordable and accessible health care produce compounding benefits.

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2 Id.
3Prepared by Capital Link with MIG, Inc. Implan Software Pro version 3.0 with FY14 financial data and 2014 UDS Files from 12 FQHC member organizations in cooperation with Bi-State Primary Care Association.
4The IMPLAN analysis Version 3 applies the multiplier effect to capture direct, indirect, and induced effects of an organization’s business operations. Direct and indirect effects represent purchasing by the industry. Induced effects represent the response by all local industries to expenditures of new household income generated by direct and indirect effects.
6Prepared by Capital Link with MIG, Inc. Implan Software Pro version 3.0 with FY14 financial data and 2014 UDS Files from 12 FQHC member organizations in cooperation with Bi-State Primary Care Association.
FQHC Sliding Fee Scale

FQHCs must provide the patients in their service area access to services regardless of their ability to pay and must develop a schedule of fees or payments, called a sliding fee scale, for the services they provide to ensure that the cost for services not covered by insurance are discounted on the basis of the patient's ability to pay, for those with incomes below 200% of the Federal Poverty Level (FPL). Ability to pay is determined by a patient's annual income and household size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

Example of a Sliding Fee Schedule

<table>
<thead>
<tr>
<th>Poverty Level*</th>
<th>At or Below 100%</th>
<th>125%</th>
<th>150%</th>
<th>175%</th>
<th>200%</th>
<th>Above 200%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Size</td>
<td>Nominal Fee ($)</td>
<td>20% pay</td>
<td>40% pay</td>
<td>60% pay</td>
<td>80% pay</td>
<td>100% pay</td>
</tr>
<tr>
<td>1</td>
<td>0-$12,060</td>
<td>$12,061-$15,075</td>
<td>$15,076-$18,090</td>
<td>$18,091-$21,105</td>
<td>$21,106-$24,120</td>
<td>$24,121+</td>
</tr>
<tr>
<td>2</td>
<td>0-$16,240</td>
<td>$16,241-$20,300</td>
<td>$20,301-$24,360</td>
<td>$24,361-$28,420</td>
<td>$28,421-$32,480</td>
<td>$32,481+</td>
</tr>
<tr>
<td>4</td>
<td>0-$24,600</td>
<td>$24,601-$30,750</td>
<td>$30,751-$36,900</td>
<td>$36,901-$43,050</td>
<td>$43,051-$49,200</td>
<td>$49,201+</td>
</tr>
<tr>
<td>7</td>
<td>0-$37,140</td>
<td>$37,141-$46,425</td>
<td>$46,426-$55,710</td>
<td>$55,711-$64,995</td>
<td>$64,996-$74,280</td>
<td>$74,281+</td>
</tr>
<tr>
<td>8</td>
<td>0-$41,320</td>
<td>$41,321-$51,650</td>
<td>$51,651-$61,980</td>
<td>$61,981-$72,310</td>
<td>$72,311-$82,640</td>
<td>$82,641+</td>
</tr>
</tbody>
</table>

For each additional person, add

| $4,180 | $5,225 | $6,270 | $7,315 | $8,360 | $8,360 |


NH FQHCs discounted approximately $7.4 million in 2016.

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2 2016 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.
FQHC Funding and Reimbursement Structure
Minimizes Cost Shifting

- Federal grants for FQHCs are awarded based upon a very competitive national application process.
- FQHCs must meet strict program, performance, and accountability standards in order to receive federal funds.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicaid FQHC reimbursement is a prospective, all-inclusive encounter rate for primary care office visits. Other ambulatory visits are reimbursed based upon the Medicaid fee schedule.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer - Medicaid, Medicare, or commercial insurance - reimburses FQHCs for their full costs.

FQHC Revenue Sources for NH FQHCs

1. Total Billing Revenue (Patient Fees, Medicare, Medicaid, Commercial Insurance) = $55,470,444
2. Total Grant and Contract Revenue (Federal Grants, State Contracts, Local, Private Foundation) = $32,439,109
3. Other Revenue = $2,062,606

\[^1\] 2016 UDS data is self-reported by centers and is subject to change. Information in this document is based on best available data at the time of distribution.
FQHC Federal Requirements

FQHCs are health care practices that have a mission to provide high quality, comprehensive primary care and preventive services regardless of their patients' ability to pay or insurance coverage. FQHCs must successfully compete in a national competition for FQHC designation and funding. Additionally, they must be located in federally-designated medically underserved areas and/or serve federally-designated medically underserved populations. Health care practices must also meet the following 19 requirements.

Per Federal Requirements, FQHCs must:

1. Demonstrate and document the needs of their target populations, updating their service areas, when appropriate.
2. Provide all required primary, preventive, enabling health services and additional health services as appropriate and necessary, either directly or through established written arrangements and referrals.
3. Maintain their funded scope of project (sites, services, service area, target population, and providers).
4. Maintain a core staff as necessary to carry out all required primary, preventive, enabling, and additional health services as appropriate and necessary, either directly or through established arrangements and referrals. Staff must be appropriately credentialed and licensed.
5. Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
6. Provide professional coverage during hours when the health center is closed.
7. Ensure their physicians have admitting privileges at one or more referral hospitals, or other such arrangement to ensure continuity of care. In cases where hospital arrangements (including admitting privileges and membership) are not possible, health centers must firmly establish arrangements for hospitalization, discharge planning, and patient tracking.
8. Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay.
9. Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and maintains the confidentiality of patient records.
10. Maintain a fully staffed management team as appropriate for the size and needs of the center.
11. Exercise appropriate oversight and authority over all contracted services, including assuring that any sub-recipient(s) meets Health Center Program Requirements.
12. Make efforts to establish and maintain collaborative relationships with other health care providers, including other health centers in the service area of the health center.
13. Maintain accounting and internal control systems appropriate to the size and complexity of the organization to safeguard assets and maintain financial stability.
14. Have systems in place to maximize collections and reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures.
15. Develop annual budgets that reflect the cost of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plans.
16. Have systems which accurately collect and organize data for program reporting and which support management decision-making.
17. Ensure governing boards maintain appropriate authority to oversee operations.
18. Ensure a majority of board members for each health center are patients of the health center. The board, as a whole, must represent the individuals being served by the health center in terms of demographic factors such as race, ethnicity, and sex.
19. Ensure bylaws and/or policies are in place that prohibit conflict of interest by board members, employees, consultants, and those who furnish goods or services to the health center.

Bi-State Member Directory

Ammonoosuc Community Health Services, Inc.  
Franconia, Littleton, Warren, Whitefield, Woodsville  
- Grafton, Coos Counties  
Edward Shanshala II, Executive Director/CEO  
25 Mt. Eustis Road, Littleton, NH 03561  
Phone: (603) 444-8223  
ed.shanshala@achs-inc.org

Charlestown Family Medicine  
(Part of Springfield Medical Care Systems)  
Charlestown - Sullivan County  
Anila Hood, Director  
Charlestown Family Medicine;  
Timothy Ford, CEO  
Springfield Medical Care Systems  
250 Ceda Road, Charlestown, NH 03603  
Phone: (603) 826-5711; Fax: (802) 885-3014  
ahood@springfieldmed.org;  
tford@springfieldmed.org

Community Action Program (CAP)  
/ Belknap-Merrimack Counties  
Concord - Merrimack County  
Susan Wnuk, Program Director  
P.O. Box 1016, 2 Industrial Park Drive  
Concord, NH 03302-1016  
Phone: (603) 524-5453  
swnuk@bm-cap.org

Community Health Access Network (CHAN)  
Newmarket - Rockingham County  
Kirsten Platte, Executive Director  
207A South Main Street, Newmarket, NH 03857  
Phone: (603) 292-7205  
kplatte@chan-nh.org

Coos County Family Health Services  
Berlin, Gorham - Coos County  
Ken Gordon, Chief Executive Officer  
54 Willow Street, Berlin, NH 03570  
Phone: (603) 752-3669 Ext. 4018  
kgordon@ccfhs.org

Families First Health and Support Center  
Portsmouth Main, Portsmouth Crossroads Homeless  
Shelter, Mobile Medical Vans - Rockingham County  
Janet Laatsch, Chief Executive Officer  
100 Campus Drive, Suite 12,  
Portsmouth, NH 03801  
Phone: (603) 516-2550; Fax: (603) 953-0066  
jaatsch@goodwinch.org

Goodwin Community Health  
Somersworth - Strafford County  
Janet Laatsch, Chief Executive Officer  
311 Route 108, Somersworth, NH 03878  
Phone: (603) 516-2550; Fax: (603) 953-0066  
jaatsch@goodwinch.org

Harbor Care Health and Wellness Center,  
A Program of Harbor Homes  
Nashua - Hillsborough County  
Peter Kelleher, Executive Director  
45 High Street, Nashua, NH 03060  
Phone: (603) 821-7788; (603) 882-3616 Ext. 1171  
pkelleher@nhpartnership.org

Health Care for the Homeless Program  
Manchester New Horizons for NH Clinic,  
Manchester Families in Transition Clinic -  
Hillsborough County  
Amy Pratte, Director, External Affairs/  
Fiscal Manager HCH  
199 Manchester Street  
Manchester, NH 03103  
Phone: (603) 663-8716; Fax: (603) 663-8766  
amy.pratte@cmc-nh.org

HealthFirst Family Care Center  
Franklin, Laconia - Merrimack, Belknap Counties  
Richard D. Silverberg, Executive Director  
841 Central St, Ste 101, Franklin, NH 03235  
Phone: (603) 934-0177 Ext. 107  
rsilverberg@healthfirstfamily.org
Indian Stream Health Center  
Colebrook - Coos County  
Dr. Gregory Culley, Interim CEO & Clinical Director  
141 Corliss Lane, Colebrook, NH 03576  
Phone: (603) 388-2473; (603) 388-2430  
GCulley@indianstream.org

NH Area Health Education Center Program  
Lebanon - Grafton County  
Kristina Fjeld-Sparks, Director  
30 Lafayette Street, Lebanon, NH 03766  
Phone: (603) 653-3278  
Kristina.E.Fjeld-Sparks@Dartmouth.edu

Lamprey Health Care  
Nashua, Newmarket, Raymond - Hillsborough, Rockingham Counties  
Greg White, Chief Executive Officer  
207 South Main Street, Newmarket, NH 03857  
Phone: (603) 292-7214; 603-659-2494 Ext. 7214  
gwhite@lampreyhealth.org

North Country Health Consortium/AHEC  
Littleton - Grafton County  
Nancy Frank, Executive Director  
262 Cottage St, Ste 230, #8226  
Littleton, NH 03561  
Phone: (603) 259-3700; Fax: (603) 444-0945  
nfrank@nchcnh.org

Manchester Community Health Center and Child Health Services at MCHC  
Manchester - Hillsborough County  
Kris McCracken, President/CEO  
145 Hollis Street, Manchester, NH 03101  
Phone: (603) 935-5210; (603) 935-5229  
kmcrcracken@mche-nh.org

Planned Parenthood of Northern New England  
Claremont, Derry, Exeter, Keene, Manchester - Sullivan, Rockingham, Cheshire, Hillsborough  
Meagan Gallagher, Chief Executive Officer  
784 Hercules Drive, Colchester, VT 05446  
Phone: (802) 448-9778; (802) 448-9700 Ext. 9778  
meagan.gallagher@ppnne.org

Mascoma Community Health Center  
Canaan - Grafton County  
Scott Berry, Project Manager  
18 Roberts Rd, Canaan, NH 03741  
Phone: (570) 412-9474; (603) 523-4343  
Saberry54@gmail.com

Weeks Medical Center  
Groveton, Lancaster, North Stratford, Whitefield - Coos County  
Michael Lee, President  
173 Middle Street, Lancaster, NH 03584  
Phone: (603) 788-5026  
Michael.Lee@weeksmedical.org

Mid-State Health Center  
Plymouth, Bristol - Grafton County  
Sharon Beaty, Chief Executive Officer  
101 Boulder Point Drive, Plymouth, NH 03264  
Phone: (603) 536-4000 Ext. 1001  
sbeaty@midstatehealth.org

White Mountain Community Health Center  
Conway - Carroll County  
JR Porter, Executive Director  
298 Route 16, Conway, NH 03818  
PO Box 2800, Conway, NH 03818  
Phone: (603) 447-8900 Ext. 321  
jrporter@whitemountainhealth.org
ABOUT OUR CLIENTS
Where They Live: Ammonoosuc Community Health Services (ACHS) patients come from 40 communities in Grafton and Coos Counties, as well as neighboring towns in Vermont, a service area of approximately 68,000.
Socioeconomic status: 12% of residents in the county of Grafton, and 13% of residents in Coos County have household incomes at or below 200% of the federal poverty level (i.e. $40,840 for a family of 3 in 2017).
Insurance Status (2017):
- 11% were uninsured
- 15% were covered by Medicaid
- 23% were covered by Medicare
- 51% were covered by private insurance

NUMBERS OF PATIENTS SERVED (2017)
Total Medical Patients: 9,450
Total Visits: 32,810
Total Dental Patients: 1,234
Total Visits: 3,904

HIGHLIGHTS IN ACHS HISTORY
1975: Established to provide family planning, WIC, prenatal and child health care in northern New Hampshire
1995: Designated as a Federally Qualified Health Center providing comprehensive primary care services
1998: Received initial JCAHO accreditation (recertified in 2001)
2002: Added fifth health center site in Franconia, NH
2007: Woodsville Expanded Medical Capacity grant and implementation
2015: Added Dental and Oral Health Center in Littleton, NH
2016: In partnership with area optometrists, offers an affordable Vision Program

FINANCIAL INFORMATION
Agency Budget (2017): $12,179,169
Number of Full-Time Employees (2017): 114
Value of discounted services provided to patients: $1,061,670 - total
- Medical - $360,166
- Dental - $456,205
- Behavioral Health - $15,614
- Pharmacy - $229,684

Sources:
2017 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY17 financial statement and 2017 UDS report;
Amonnoosuc Community Health Services internal documents;
Town population and demographics, NH - https://www.nhes.nh.gov/
Town population and demographics, VT - http://www.vermont.gov/portal/

SERVICES OFFERED
Integrated Primary Medical Care
For men, women and children of all ages, regardless of insurance status

Prenatal Care
Childbirth education
Newborn care

Women’s Health
Birth control
STD checks
Pap/Pelvic exams
Long-term contraceptives

Behavioral Health Counseling
Drug and alcohol treatment
Medication assisted treatment for substance misuse

Dental and Oral Care
Diagnostic
Preventive
Restorative
Prosthetics
Simple Extractions

Health and Nutritional Education, Promotion and Counseling

Chronic Disease Management

Prescription Drug Program
Offering free and reduced-cost prescription drugs

Cancer Screening

Hospice and Palliative Care

Medical Legal Partnership

Patient Navigation

Vision

Clinical Pharmacy Services

Support Programs
Breast and cervical cancer screening: free screenings for women 21-64 without insurance or below 250% of federal poverty level

Text 4 baby: free educational program of the National Healthy Mothers, Healthy Babies Coalition

HIV/STD counseling and testing
ABOUT OUR CLIENTS

Where they live: Patients served reside in Charlestown, NH and surrounding communities in Sullivan County, portions of Cheshire County, NH, as well as some residents of adjacent Vermont communities.

Socio-economic Status: Sullivan County, population 43,004, is rural with the second lowest population increase in the state. The unemployment rate is 2.4%, and the 2012-2015 5-year average median household income is $58,454.

40% are 138% Federal Poverty Level (FPL) or less
53% are 139% to 400% FPL
7% are above 400% FPL

Approximately 14.5% of Sullivan County residents under the age of 65 are uninsured.

Insurance Status:

- % Uninsured: 7%
- % Medicaid: 22%
- % Medicare: 39%
- % Commercial Insurance: 33%

NUMBER OF PATIENTS SERVED

Total Patients (2017): 2,980
Total Visits (2017): 10,316

GENERAL INFORMATION

Employees: 27

A GROWING DEMAND FOR SERVICES

- Patient count grew 21% from 12/31/16 to 12/31/17.
- Patient visits grew by 9% from 12/31/16 to 12/31/17.
ABOUT OUR CLIENTS

• **Where They Live:** Patients come from over 13 communities of Coos County, and neighboring towns in Maine, which are federally-designated Medically Underserved Population (MUP) areas, and both Medical and Dental Health Professional Shortage Areas (HPSAs).

• **Socioeconomic Status:** Over 40% of Coos County Family Health Services (CCFHS) patients had household incomes below 200% of the federal poverty level.

• **Insurance Status (2016):**
  - 6% were uninsured
  - 19% were covered by Medicaid
  - 30% were covered by Medicare
  - 45% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED (2016)

- **Total Patients:** 12,113
- **Total Visits:** 49,093

HIGHLIGHTS IN CCFHS HISTORY

1974: Started as a Title X Family Planning Agency
1980: Merged with Family Health Programs to provide prenatal and infant care and added WIC and RESPONSE
1993: Designated as a Federally Qualified Health Center (FQHC) providing comprehensive primary care services
2004: Expanded to an additional site in Berlin and one in Gorham, adding an additional 10,000 patients

FINANCIAL INFORMATION

- **Agency Budget (2016):** $10,843,655
- **Employees:** 103
- **Annual Savings to health care system (2014):** $15.2 million dollars ($1,263 saved per person)

A GROWING DEMAND FOR SERVICES (2012-2016)

- 5% increase in patient visits
- 9% increase in Medicare patients
- 24% increase in Medicaid patients

Sources:
2016 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
Coos County Family Health Services internal documents; Member profile was created by BSPCA

SERVICES OFFERED

- **Primary Medical Care**
  For men, women and children of all ages, regardless of insurance status

- **Prenatal Care**
  With deliveries at Androscoggin Hospital

- **Family Planning**
  Reproductive health services; Free breast and cervical screenings for uninsured and income-eligible women; HIV testing & counseling

- **Chronic Disease Management**
  Education on managing chronic diseases such as diabetes, asthma and HIV

- **RESPONSE**
  Advocacy and counseling program for survivors of domestic violence and sexual assault, shelter for battered women and their children, and transitional housing

- **Free and Reduced-Cost Prescription Drugs**
  Obtained nearly $3M in pharmacy assistance for patients

- **Women, Infant and Children (WIC)**
  Nutrition/Health Services

- **Health Promotion and Education**
  To schools and community organizations

- **Nutrition Counseling Services**

- **On-site Laboratory Services**

- **Medical Social Work**
  Help with care coordination for services addressing housing, transportation, respite, and other services

- **Oral Health Program**
  Providing cleanings and sealants to area children in pre-school and primary-school settings; Established a dental clinic in October, 2016 that provides basic dentistry services to children and adults

- **Podiatry**

- **Behavioral Health Counseling**

- **Medication Management**

- **Telehealth**
  Pediatric neurology consultants
SERVICES PROVIDED

PRIMARY & PRENATAL CARE
- Primary care for all ages
- Prenatal care
- Mobile health care for people experiencing homelessness and others with low incomes
- Education and support for management of chronic diseases
- Developmental screenings
- Breast and cervical cancer screenings

DENTAL CARE
- Dental hygiene, treatment and urgent care at our Dental Center
- School-based education, screening, cleanings and sealants
- Mobile dental care for people experiencing homelessness and for others with low incomes

BEHAVIORAL HEALTH SERVICES
- Behavioral health counseling
- Psychiatric care
- Substance abuse counseling and Medication Assisted Treatment
- Nutrition education and counseling

PARENT & FAMILY PROGRAMS
- Parenting classes and groups, with free child care
- Playgroups, family programs
- Individual, in-home support for families under stress, including families with a chronically ill child

WRAPAROUND SERVICES
- Social work services and care coordination
- Help applying for insurance
- Prescription assistance
- Transportation, translation and child care for appointments

PEOPLE SERVED (FY17: June 2016—July 2017)

Served in all Families First Programs: 6,670
- All Health Care: 5,319 patients | 22,511 visits
  - Primary, prenatal, mobile, behavioral: 3,836
  - Well-child care (preventive pediatric care): 651
  - Counseling (including substance abuse treatment): 566
  - Mobile medical and dental services: 763 patients
  - Dental care: 2,085 patients (Dental Center and mobile clinics)
  - School-based dental: 1,516 screened; 106 received hygiene
  - Insurance enrollment: 3,628 assists and 588 enrollments
- All Family Programs: 1,648 adults and children
  - Parenting and Family Groups, Child Care 1,309 adults and kids
  - Home Visiting 497 individuals (143 families)

HEALTH CENTER PATIENT DEMOGRAPHICS (FY17)
- Socioeconomic Status:
  - 93% of Health Center patients had household incomes under 200% of the federal poverty level (i.e. $40,840 for a family of 3)
  - 22% of Health Center patients were homeless.
- Insurance Status:
  - 44% covered by Medicaid
  - 21% uninsured (utilized our sliding fee scale)
  - 20% covered by private insurance
  - 15% covered by Medicare
- Towns: Portsmouth: 31% … Hampton & Seabrook: 17% … Other Rockingham County: 28% … Strafford Cty: 18% … Maine: 7%

FINANCIAL INFORMATION (FY18: June 2017—July 2018)
- Agency Operating Budget: $6,159,736
- Employees: 96
- Expenditures supporting direct client services: 86%
- Community Benefit: $4 million (defined as unreimbursed expenses for charity care and other community benefits)

GROWING TO MEET COMMUNITY NEEDS
1984: Agency is founded as Portsmouth Prenatal Clinic
1992: Family support services
1997: Primary care
2002: Mobile health care for homeless
2003: Dental care
2008: Behavioral health services
2010: Mobile dental care
2011 (to present): Patient-Centered Medical Home recognition
2016: Medication-assisted treatment for addiction
ABOUT OUR CLIENTS (CY 2016)

Where They Live: From Ossipee, NH to Amesbury, MA and into southwestern Maine. Dental is focused on Strafford County.

Socioeconomic Status: Approximately 80% of Goodwin patients are at 200% of the Federal Poverty Level or below, and 11% are listed as unknown income.

Insurance Status:
- 19% were uninsured
- 41% were covered by Medicaid
- 10% were covered by Medicare
- 29% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED (CY 2016)
Total Patients: 9,896
Total Visits: 43,630

HIGHLIGHTS IN GOODWIN HISTORY
1971: Began as a family planning clinic, locally known as The Clinic, and incorporated as a 501(c)(3)
1995: Established as a primary care center offering primary, preventive and support services
1998: Designated as a Federally Qualified Look-Alike Health Center
2004: Designated as a Federally Qualified Health Center and opened dental and behavioral health programs
2011: Consolidated multiple locations into one location in Somersworth, NH
2015: Introduced Medication Assisted Therapy and Intensive Outpatient Program for substance misuse
2016: Opened peer-based recovery centers in Durham and Rochester

FINANCIAL INFORMATION (FY 2016)
Agency Operating Budget: $10,444,893
Employees: 147 (99.27 FTEs)

Recognized by the National Committee on Quality Assurance as a Level 3 Patient-Centered Medical Home (the highest level) since 2011.

Data is from 2016 UDS Summary Report, FY2016 financial audit and Goodwin Community Health internal documents.
ABOUT OUR CLIENTS

- **Where They Live:** Greater Nashua and Southern NH regions including Hudson, Londonderry, Manchester, Merrimack, Amherst, Mont Vernon, Milford, Wilton, Brookline, Hollis, and Nashua.
- **Socioeconomic Status:** 43% of NH’s homeless live in our Service Area. 62% of total 2016 visits were substance misuse or mental health related. 69% of families are at or below 100% of the federal poverty level (FPL), and 91% are at or below 200% FPL.
- **Insurance Status (2016):**
  - 16% uninsured
  - 20% covered by Medicare
  - 28% covered by private insurance
  - 36% covered by Medicaid

NUMBERS OF PATIENTS SERVED (2016)

- Adults: 2,357
- Children: 316
- Medical Visits: 3,122
- Dental Visits: 2,471
- Behavioral Health & Substance Misuse Visits: 9,305

FINANCIAL INFORMATION (2016)

- Full-Time Equivalents: 44
- Cost of Unreimbursed services: $1,876,385

A GROWING DEMAND FOR SERVICES (2012-2016):

- 1022% increase in Medicaid patients
- 1088% increase in Medicare patients
- 482% increase in Behavioral Health and SUD patients
- 403% increase in Homeless patients
- 409% increase in Total Visits
- 405% increase in Total Patients

Sources:
ABOUT OUR CLIENTS

- **Who They Are:** Men, women, children, teens, veterans, families and working poor residents of the greater Manchester, New Hampshire area
- **Where They Live:** Our clients are individuals and entire families who do not have a regular (nor adequate) place to sleep or call home. Many who are homeless, such as battered women and runaway/throwaway youth, are in precarious situations fleeing domestic violence unable to return to their homes. Others live in transitional housing, temporary shelters, or “couch surf,” doubled up for the night with other families, friends /acquaintances. Some sleep in places not intended or designed for human habitation, such as cars, abandoned buildings, and tent camps along the river or in the woods.
- **Socioeconomic Status:** 95% of HCH patents earn below 200% of poverty level (i.e. $40,840 for a family of 3 in 2017).
- **Insurance Status:**
  - 26% were uninsured.
  - 61% were covered by Medicaid.
  - 12% were covered by Medicare.
  - 1% had private insurance.

**NUMBERS SERVED**
- Health care users: 1,712
- Health care visits: 8,851

**HIGHLIGHTS IN HEALTH CARE FOR THE HOMELESS HISTORY**

In 1987, Manchester Health Department (MHD) was awarded a federal (330h) health center grant from HRSA as part of the national Health Care for the Homeless Program to establish a clinic without walls providing primary health care and addiction services to people and families who are homeless in the greater Manchester area. MHD contracts with Catholic Medical Center (CMC) to implement program operations. Clinic sessions are offered daily at New Horizons Shelter and Families in Transition emergency shelter. In addition, street outreach is conducted on a daily basis touring streets, parks, woods and other smaller shelters in the area.

HCH team works closely with CMC, Poisson Dental Facility, Elliot Hospital, Manchester Community Health Center, Child Health Services, The Mental Health Center of Greater Manchester, Dartmouth Hitchcock Medical Center, Child and Family Services, Granite Pathways, Farnum Center, Southern NH Services and most local health and human service providers.

**GROWING DEMAND**

Homelessness is growing in part due to the high cost of housing. In 2017, NH Housing Wage required to rent a 2 bedroom home = $21.71 per hr; average 2-bedroom rental cost = $1,129 per month. NH ranks #14 least affordable state in which to live. And demand for services has increased due to the Opioid Epidemic and Safe Station program partnership. All in need of care are welcomed. No one is turned away.
ABOUT OUR CLIENTS

- **Where They Live:** Our clients come from 23 rural townships within the Twin Rivers and Lakes Region of New Hampshire (i.e., Belknap, Carroll, Merrimack and Grafton counties), a population of approx. 82k.

- **Socio-Economic Status:** Over 65% of HealthFirst clients are at 200% of the federal poverty level or below.

- **Insurance Status:**
  - 13% were uninsured
  - 18% were covered by private insurance
  - 20% were covered by Medicare
  - 49% were covered by Medicaid

NUMBERS OF CHILDREN AND ADULTS SERVED

- Total Patients: 4,550
- Total Visits: 19,574

HIGHLIGHTS IN HEALTHFIRST HISTORY

1995: Established with funding from the NH Department of Health and Human Services

1997: Received designation as a Federally-Qualified Look-Alike

2002: Designated as a Federally-Qualified Health Center

2006: Opened second primary care site in Laconia

2012: Expanded behavioral health integrated into primary care

2015: Dental expansion (adult ER diversion program)

FINANCIAL INFORMATION

- Agency Budget: $4,608,677
- Employees: 41
- Total Uncompensated Care: $132,000
- Uninsured Clients Served: 488
- Annual Savings to health care system (2014): $4.8 million dollars ($1,263 saved per patient)

A GROWING DEMAND FOR SERVICES (2012-2016)

- 17% increase in total number of patients served
- 30% increase in total patient visits
- 50% increase in Medicare patients
- 65% increase in Medicaid patients
- 84% Growth in Total Revenue

Sources:
2016 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report;
HealthFirst Family Care Center internal documents; Member Profile was created by BSCPA
ABOUT OUR CLIENTS

- **Where They Live:** Patients come from 850 square miles encompassing the northern most regions of New Hampshire, Vermont and Maine.

- **Socioeconomic Status:** Half of Indian Stream patients have household incomes at or below 200% of the federal poverty level (i.e. $40,840 for a family of 3 in 2017).

- **Insurance Status:**
  - 8% were uninsured
  - 21% were covered by Medicaid
  - 36% were covered by Medicare
  - 36% were covered by private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED

- Total Patients: 3,834
- Total Visits: 17,986

HIGHLIGHTS IN INDIAN STREAM HEALTH CENTER HISTORY

- **1979:** Practice established as Indian Stream Professional Association by the husband and wife team, Dr. Gifford & Dr. Parsons
- **1993:** Received Rural Health Clinic designation
- **2001:** Clinic purchased by Dartmouth-Hitchcock Clinic
- **2003:** Established as Indian Stream Health Center, Inc., a 501(c)(3) not-for-profit corporation
- **2006:** Designated as a Federally Qualified Health Center (FQHC)

FINANCIAL INFORMATION

- **Agency Budget (2016):** $5,553,556
- **Employees:** 71
- **Annual Savings to health care system (2016):**
  - 24% lower costs for ISHC Medicaid Patients; $2 million in savings to Medicaid

A GROWING DEMAND FOR SERVICES (2012-2016)

- 4% increase in Medicare patients
- 27% increase in Medicaid patients
- 38% increase in total patient visits

Sources:
2016 UDS data is self-reported by centers and is subject to change;
Capital Link Report is created with FY14 financial statement and 2014 UDS report; Indian Stream Health Center internal documents
Newmarket Center:  (603) 659-3106  
207 South Main Street, Newmarket, NH 03857  
Raymond Center:  (603) 895-3351  
128 State Route 27, Raymond, NH 03077  
Nashua Center:  (603) 883-1626  
22 Prospect Street, Nashua, NH 03060

ABOUT OUR PATIENTS

Where They Live: Our patients come from over 40 communities within Rockingham, Hillsborough and parts of Strafford Counties.

Socioeconomic Status: Approximately 70% of Lamprey Health Care patients are at or below 200% of the federal poverty level.

Insurance Status: In 2015, aggregating figures from all three centers showed 18% were uninsured; 29% were covered by Medicaid; 14% were covered by Medicare; and 39% had private insurance. However, in the Nashua Center, 32% of patients are uninsured.

NUMBERS SERVED (2015)

Total Patients: 15,779  
Patient Visits: 59,232

HIGHLIGHTS IN LAMPREY HISTORY

2015: Integrated Behavioral Health Services
2015: Added Seacoast Public Health Network
2013: Recognized as NCQA Level III Patient Centered Medical Home
2011: Expansion of the Nashua Center
2005: Expansion of the Newmarket Center
2000: Implemented an Electronic Medical Records (EMR) system
2000: Third Center established in Nashua
1996: Expansion of the Raymond Center
1995: Developed School-Based Dental Program
1981: Second Center established in Raymond
1973: First Center established in Newmarket
1972: Created Transportation Program to improve access to health & community services for Seniors & Individuals with disabilities.
1971: Founded by a group of citizens to bring medical, health and supportive services to communities in Rockingham & Strafford Counties.

FINANCIAL INFORMATION

Agency Budget: $14.5 million
Employees: 150  
FTEs: 115.22
ABOUT OUR CLIENTS

- **Where They Live:** 90% in Manchester and neighboring towns; 10% are from various other counties.
- **Socioeconomic Status:** Approximately 78% of Manchester Community Health Center (MCHC) patients are known to be at 200% of the 2016 Federal poverty level or below ($40,320 or less annually for a family of 3 in 2016).
- **Insurance Status:**
  - 24% were uninsured
  - 7% were covered by Medicare
  - 45% were covered by Medicaid
  - 24% were covered by private insurance
- **Languages Spoken:** Approximately 44%, over 7,000 MCHC patients do not use English as their primary language. The predominant non-English languages are Spanish, Arabic, Nepali, Vietnamese, Portuguese and Bosnian.

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Total Patients:** 13,804
- **Total Visits:** 61,648

HIGHLIGHTS IN MANCHESTER CHC HISTORY

1993: Established to provide family oriented primary health care to the uninsured, underinsured or those lacking access to quality health care.

1997, 2000, 2003, 2006: Achieved Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and Primary Care Effectiveness Review (PCER) accreditation. MCHC was the first facility of its kind in the nation to achieve this joint recognition.

2004: Named Community Champion in Healthcare by Citizens Bank and WMUR

2008: Celebrated 15th Anniversary

2008: Purchased office condo and relocated to new facility

2014: Joining of MCHC & Child Health Services

2015: Joining of MCHC & West Side Neighborhood Health Center

2018: Celebrating 25th Anniversary

FINANCIAL INFORMATION

- **Agency Budget:** $18,573,022
- **Employees:** 221

SERVICES OFFERED

**Primary Medical Care**
For adults and children of all ages regardless of insurance status. Services such as pediatric care, immunizations and adolescent care

**Prenatal Care**
Caring for and assisting women through pregnancy and childbirth in collaboration with Bedford Commons OB/GYN for high-risk patients

**Specialty Care**
Podiatry services, dental services, and other special medical programs such as care coordination, developmental screenings and nutritional care

**Chronic Disease Care**
Services such as diabetic eye care, chronic disease self-management courses and high blood pressure program

**Behavioral Health Services**
Services such as mental health therapy, substance misuse counseling, and medication assisted therapy

**Preventive Care**
Lifestyle changes programs, nutritional counseling, breastfeeding education, screenings for breast, cervical and colorectal cancer

**Social Services and Supports**
Family supports, and case management, transportation, language interpretation, food pantry, teen clinic, medical/legal partnership, ACERT project & Family Justice Center

**Family Planning Services**
Women and infant (WIC) enrollment
Right Care, Right Costs, Right Here
Healthcare imagined, planned, build and run by the communities it serves

ABOUT MASCOMA COMMUNITY HEALTH CENTER
Mascoma Community Health Center (MCHC) is New Hampshire’s newest community owned and operated non-profit comprehensive primary care health and dental facility. Located in Canaan, NH, this 13,000 square foot state of the art facility opened its doors in June 2017. MCHC accepts all insurance carriers and provides sliding-scale programs for qualified individuals.

Where our Patients Live:
- Canaan – 62%
- Enfield – 22%
- Grafton – 11%
- Orange – 3%
- Dorchester – 2%

Insurance Status:
- 10% covered by Medicaid - 15% covered by Medicare
- 28% uninsured / covered by sliding scale
- 47% covered by commercial medical insurance
- 38% covered by commercial dental insurance
- 11% dental covered by Medicaid/Medicare
- 52% dental uninsured / covered by sliding scale

MCHC MILESTONES
April 2016 - USDA $3.4 M grant award
May 2016 - Ground Breaking/ Construction Begins
March 2017 - Construction Finished
- 12 exam rooms
- 5 dental suites
- Individual behavioral health and group conference therapy rooms
- On-site laboratory
- Footprint space for: Physical Therapy, Pharmacy and X-Ray

June 2017 - MCHC first medical patient
September 2017 - MCHC first dental patient
December 2017 - MCH awarded $200,000 Family Planning Grant
January 2018 – 1,000th patient served

SERVICES OFFERED
Primary Medical Care
For men, women and children of all ages
Pediatric Care
Chronic Disease Management
Preventative Health Screenings
Women’s Health Care
Family Planning
Prenatal Care
Dental & Dental Hygiene Services
On-site CLIA Laboratory
Behavioral Health Services & Substance Abuse Counseling (soon)
24-Hour Call Service

Mascoma Community Health Center plans to have on-site pharmacy, radiology, and physical therapy by year four of operations.
SERVICES OFFERED
Mid-State’s services are offered to the community regardless of ability to pay. Some services are offered at no cost to improve patient access to health care.

Primary Medical Care
For men, women and children of all ages, regardless of insurance status

Women’s Health Care
Free breast and cervical cancer screenings for income-eligible women

Comprehensive Newborn and Pediatric Care
Pediatric health care for children

Disease and Case Management
Education on managing chronic diseases such as asthma, diabetes and hypertension

Behavioral/Mental Health Services

Dental Services
Comprehensive oral services such as cleanings, sealants and extractions.

Substance Use Disorder Treatment Services

On-site Laboratory

24-Hour Clinical Call Service

Patient Support Services

Marketplace Education & Outreach

Transportation Services

Language Interpretation Services

Prescription Services

Health and Nutritional Education, Promotion and Counseling

Oral Health Outreach Program

ABOUT OUR CLIENTS
• Where They Live: Patients come from 19 geographically isolated, rural communities within Grafton, Belknap and Merrimack Counties. All of the towns are designated as Medically Underserved Populations.
• Socioeconomic Status: Nearly one-third (30%) of our service area residents are 200% of the Federal Poverty Level or below (i.e. $40,840 or less annually for a family of 3 in 2017).
• Insurance Status:
  ➢ 6% were uninsured
  ➢ 13% were covered by Medicaid
  ➢ 26% were covered by Medicare
  ➢ 54.8% had private insurance, including Marketplace options

NUMBERS OF CHILDREN AND ADULTS SERVED
• Total Patients (2017): 11,146
• Total Visits (2017): 40,450 (includes medical, mental health, oral health, substance use disorder treatment & enabling service visits)

HIGHLIGHTS IN MID-STATE HISTORY
1998: Established as a separate, non-profit corporation
2005: Changed name to Mid-State Health Center
2005: Designated a Federally Qualified Health Center Look-Alike
2013: Designated as a funded Federally Qualified Health Center
2014: Built a new health center facility in Bristol, NH
2015: Added oral health preventive and restorative services
2016: Expanded its services to include Medication Assisted Treatment

FINANCIAL INFORMATION
Agency Budget (FY2017): $9,819,889
Employees (FY2017): 105 individuals

A GROWING DEMAND FOR SERVICES (2014-2016)
• 6.6% increase in patients

Sources:
2016 UDS data is self-reported by centers and is subject to change;
Mid-State Health Center internal documents
ABOUT OUR NH CLIENTS

- Where They Live: Our patients live across the New England States. PPNNE serves NH patients in Manchester, Derry, Exeter, Keene and Claremont.
- Socioeconomic Status: Approximately 70% of our NH patients are at or below 200% FPL ($40,840 or less annually for a family of 3 in 2017).
- Insurance Status:
  - 2% covered by Medicare
  - 25% covered by Medicaid
  - 24% uninsured
  - 49% covered by private insurance
- Total NH patients: 12,676
- Total visits: 17,983

NUMBERS OF CHILDREN AND ADULTS SERVED

- Medical care users: 43,206 patients
  - 11% are men; 89% are women
- Medical care visits: 63,587
  - 84,113 STD screenings
  - 11,952 pregnancy tests
  - 4,737 pap exams
  - 3,514 breast exams
- $8 million in discounted and free health care provided

HIGHLIGHTS IN PPNNE HISTORY

- 1965 Planned Parenthood of Vermont (PPV) formed
- 1966 Planned Parenthood Association of the Upper Valley (PPAUV) formed
- 1984 PPV/PPAUV merge to form PPNNE
- 1986 PPNNE merges with Family Planning Services of Southwestern New Hampshire (Keene), Health Options (Manchester), Southern Coastal Family Planning, and Rockingham County Family Planning
- 2015 PPNNE Celebrates 50 years

PPNNE FINANCIAL INFORMATION (FY2016)

- Agency Budget: $21 Million
- Employees: 227

SERVICES OFFERED

Primary Medical Care

Care to men and women regardless of health insurance status; services include well woman visits, HPV and Hepatitis A & B immunizations, cervical, breast, colorectal and testicular cancer screenings, pap exams, flu vaccines, high blood pressure, thyroid, cholesterol and diabetes screenings, PrEP and PEP, and trans-inclusive healthcare including hormone therapy

Health Care Education

Peer sexuality education for high school students and community based sexuality education

Family Planning Services

Services such as contraception, STD/HIV testing and treatment, emergency contraception
ABOUT OUR CLIENTS

- Where They Live: Patients come from North Country towns of New Hampshire and Vermont.
- Insurance Status:
  - 2.8% were uninsured
  - 9.3% were covered by Medicaid
  - 50% were covered by Medicare
  - 28% had private insurance

NUMBERS OF CHILDREN AND ADULTS SERVED

- Total Patients: 9,355
- Total Visits: 51,027

HIGHLIGHTS IN WEEKS HISTORY

1996: Weeks Names Lars Nielson, MD New Chief Medical Officer
2006: Weeks Auxiliary Raises $22,000 for Artery Disease Test Equipment
2007: Weeks installs Baby Abduction Protection System
2008: Weeks Auxiliary donates $26,795.00 for the purchase of a Glidescope for the Emergency Dept., Recumbent bike for Rehab, and a portable ventilator for Respiratory.
2009: Weeks Auxiliary donates $47,797.00 for the purchase of a Bladder Scanner for Nursing, 2 Echocardiology beds, Small Joint Arthroplasty Equipment for OR and two transport monitors for Med-Surg.
2010: Weeks Auxiliary donates $16,547.00 for the purchase of 4 CADD Pumps for Med-surg.
2011: Weeks Auxiliary donates $19,335.00 for the purchase of a Spirometry for the Whitefield Physician Office, Renovated the Quiet room at the hospital and helped the Gift Shop purchase a Point of Sale System.
2012: Weeks Auxiliary donates $19,695.00 for the purchase of 3 Ceiling Lifts for Med-surg.
2013: Weeks Auxiliary donates $14,598.00 for the purchase of Volunteer Smocks, Blanket Warmer Oncology, Ceiling lift for Med-surg.
2014: Weeks Auxiliary donates $26,000.00 for the hospital parking lot renovation project.
2015: Weeks Auxiliary donates $15,000 for hospital cafeteria renovations.
2016: Weeks Auxiliary donates $21,600.00 for the purchase of a Glidescope for the Emergency Department and 10 Elevated Chairs for the Physician Offices and Hospital Lobby.
2017: Weeks Auxiliary donates $5,150.00 for the purchase of communication white boards for patient rooms and $7,500.00 for a ceiling lift for med-surg. They also gave the Gift Shop $10,000 to upgrade their Point of Sale System.

GROWING DEMAND FOR SERVICES (2016-2017)

- 28% increase in insured patients
- 7.7% increase in patient encounters
- 16% increase in patients
- 50% increase in Medicare patients
- 10% increase in Medicaid patients

ADDITIONAL SERVICES

Cardiology
Surgical Services
Radiology
Hospitalist
Wound Healing
Pathology
Pulmonology
OB/GYN

Oncology
Respiratory Therapy
Emergency Medicine
General Surgery
Urology
Pediatrics
Speech Therapy
Sleep Therapy

SERVICES OFFERED

Primary Medical Care
For men, women and children of all ages, sliding fee scale available

Women’s Health Care
Free breast and cervical cancer screenings for income-eligible women, STD screening and treatment

Pediatric Care
Pediatric eye and ear screenings on site Parenting education, developmental screenings, and child development services for learning disabilities

Disease and Case Management
Education on managing chronic diseases such as asthma, diabetes and hypertension

Health and Nutritional Education, Promotion and Counseling

Podiatry

Behavioral Health / Substance Abuse / Medication Assistance Therapy
Sliding fee scale available

24-Hour Call Service

Rehabilitation Services
physical, occupational, and orthopedic therapy

Behavioral Health Services

On Site CLIA Laboratory

Coordinate Transportation Services

Language Interpretation Services

173 Middle Street, Lancaster, NH 03584
(603) 788-4911
1-800-750-2366 (In NH only)
www.weeksmedical.org
ABOUT OUR CLIENTS

- **Where They Live:** Patients come from nine rural New Hampshire communities in Carroll County, as well as from neighboring Maine.
- **Socioeconomic Status:** Over half of White Mountain Community Health Center patients are at or below 200% of the federal poverty level.
- **Insurance Status:**
  - 5% were covered by Medicare
  - 15% were uninsured
  - 23% had private insurance
  - 56% were covered by Medicaid

NUMBERS OF CHILDREN AND ADULTS SERVED

- **Health care users:** 2,825
- **Patient care visits:** 9,616

HIGHLIGHTS IN WMCHC HISTORY

2000: White Mountain Community Health Center is established (Children’s Health Center, established in 1968, and Family Health Center, established in 1981, merge)

2005: Began offering dental hygiene services, both on site and through a school-based program

FINANCIAL INFORMATION

- **Employees:** 32
- **Annual Savings to health care system (2014):** $3.8 million dollars ($1,263 saved per person)

CHANGING WITH THE COMMUNITY NEEDS

**Screenings:** White Mountain Community Health Center screens all patients age 12 and older for depression and substance misuse on a regular basis.

Families of children with mild to moderate iron deficiency anemia are not only educated about nutritional changes; they are also provided with a Lucky Iron Fish to assist with iron supplementation. Using a daily supply of drinking water that has been prepared using the Iron Fish can help raise iron levels without the uncomfortable side effects sometimes seen with iron supplements.

Sources:
2016 UDS Summary Report, 2016 Capital Link Report
COMMUNITY ACTION PROGRAM
BELKNAP-MERRIMACK COUNTIES, INC.
(CAPBMI) is a nonprofit organization
dedicated to providing assistance for the
reduction of poverty, the revitalization of low-
income communities, and the empowerment of
low-income families and individuals to become
fully self-sufficient.

Community Action Program, Belknap-
Merrimack Counties, Inc. (CAPBMI), through
its local offices, senior centers, Head Start
centers and low-income, and elderly housing
units is a trusted source of support for over
6,000 families annually.

More than 70 programs are available to
individuals and families of all ages throughout
the two counties. We offer services in the areas
of child development, health and nutrition,
energy assistance, job development, housing,
transportation and services to help seniors
maintain an independent healthy lifestyle.

We strive to bring together as many resources
as possible in our efforts to provide the best
possible services to the families and individuals
seeking help. We have six local offices
throughout the two counties that provide
services directly or have resources available to
make appropriate referrals.

For more information, please visit bm-cap.org
or call (603) 225-3295 or (1-800) 856-5525.

Member profile was created by BSPCA using information
available at bm-cap.org.
**Community Health Access Network (CHAN)**

207a South Main Street  
Newmarket, NH 03857-1843  
603-292-1117 [www.chan-nh.org](http://www.chan-nh.org)

**ABOUT US**

CHAN is the only Health Center Controlled Network (HCCN) in NH. CHAN has developed and supports an integrated clinical and administrative system infrastructure that affords innovative opportunities for its Federally Qualified Health Centers (FQHC) members which includes 2 Healthcare for the Homeless programs. CHAN’s endeavors, particularly in the Health Information Technology arena, enable the provision of enriched patient experiences and quality care.

**OUR MEMBERS**

- Greater Seacoast Community Health (a merger of Goodwin Community Health and Families First of the Greater Seacoast)
- Health First Family Care Center
- Lamprey Health Care, Inc.
- Manchester Community Health Center
- Health Care for the Homeless Mobile Community Health Team
- Shackelford County Community Resource Center, dba Resource Care (TX)
- Affiliate members include Ammonoosuc Community Health Services, Coos County Family Health Services, and The Health Center (VT)

**HIGHLIGHTS IN CHAN HISTORY**

- In 1995, five community health care centers with a collective history of over 75 years of experience in providing primary care services to the uninsured, underinsured and Medicaid populations formed an Integrated Services Network (ISN), called CHAN.
- In 1996, a NH Health Care Transition Fund Grant helped to expand the HCCN and develop shared services.
- In 1997, two additional community healthcare centers joined the network, and CHAN was awarded a Bureau of Primary Health Care grant. In 2008, CHAN was awarded the HIMSS Nicholas E. Davies award for improving healthcare through the use of HIT.
- In 2010, CHAN expanded across state lines and welcomed a health center from Texas into the network, and in 2016 began hosting the HIT infrastructure for a VT health center.

**SERVICES OFFERED**

- **Electronic Health Record**  
  GE Centricity Electronic health record system that enables clinicians and staff to document patient visits, streamline clinical workflow and securely exchange data

- **Practice Management**  
  GE Centricity Practice management billing system provides all the tools needed to manage the specific needs of practices and boost efficiency

- **Data Warehouse**  
  SQL based warehouse combining EHR and PM data, with the ability to accept payer claims data. Supports data from aggregate to provider level

- **Clinical Standards**  
  Supporting clinical operations and providing support for chronic disease management for such diseases as diabetes and asthma

- **IT Services**  
  Services such as systems maintenance, upgrades, disaster recovery, electronic reports and forms development

- **Performance Improvement**  
  Monitoring and improvement activities for clinical operations; coding compliance resources, training and audits
ABOUT US

The New Hampshire Area Health Education Center (NH AHEC) is one of a national network of programs that provide educational support to current and future members of the health care workforce and collaborate with community organizations to improve population health. The NH AHEC operates as a partnership between Dartmouth Medical School and Regional centers in Littleton and Raymond to serve the entire state.

The structure of AHEC in NH is one program office and two center offices:

- Program office: Dartmouth Institute for Health Policy and Clinical Practice (Lebanon, NH)
- Center office: Northern NH AHEC at North Country Health Consortium (Littleton, NH)
- Center office: Southern NH AHEC at Lamprey Health Care (Raymond, NH)

In addition to the statewide AHEC network, AHECs are part of an active National AHEC Organization, representing every state and territory in the United States.

MISSION

NH AHEC strives to improve care and access to care, particularly in rural and underserved areas by enhancing the health and public health workforce in NH.

HIGHLIGHTS IN NH AHEC HISTORY

The national AHEC program began in 1972 to help prepare primary care physicians for community practice at a time when cost training occurred in the hospital setting. Its establishment coincided with the establishment of community health centers and the National Health Service Corps - supporting education, clinical care and workforce.

SERVICES OFFERED

- Connecting students to health careers
- Promoting health career awareness and recruitment for young people including activities such as health career day and residential camps
- Improving care and access to care
- Team training for health professions students from multiple disciplines
- Wellness activities
- Continuing education provided to health and public health providers throughout NH lunch and learn workshops

Member Profile was created by BSPCA using data from nhahec.org.
Leading innovative collaboration to improve the health status of Northern New Hampshire.

We work to:
- improve the health of individuals and the overall health of the region
- improve infrastructure, capacity, and delivery of public health services
- improve access to services for underserved and uninsured North County residents

While most of our services are offered at no charge to the residents of the North Country, we also have special fee-for-service offerings.

Together with other organizations throughout the region, we provide, coordinate, or facilitate:
- regional forums on health issues affecting the North Country
- community needs assessments and health status monitoring
- program planning, development, implementation, and management
- project-related technical assistance

Our Training Center provides:
- education and support for healthcare students and professionals
- community health worker training*
- custom tailored trainings for other organizations, such as: motivational interviewing, mental health first aid*

We are also available to provide assistance with:
- program development*
- project management*

* This service may also be available for a fee.

The North Country Health Consortium is a non-profit 501(c)3.
Acknowledgements

Special thanks to our New Hampshire Bi-State Members for providing high quality health care in their communities and valuable data for this Sourcebook.

We welcome your questions. For more information, please contact:

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Information and data in the print version of the Sourcebook is updated as of February 2018. For online version visit bistatepca.org.