Vermont Primary Care Sourcebook
Bi-State Primary Care Association
January 2016
5th Edition

Your source for information on federally qualified health centers and primary care.
Acknowledgements

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

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

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Look for us at:
www.bistatepca.org
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What we do

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.

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.

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. Our focus in 2016 is to support the state’s focus to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage.

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.
Public Policy Principles

Bi-State is committed to improving the health status of Vermonters and ensuring that all individuals have access to affordable and high-quality primary medical, mental health, substance abuse, and oral health care, regardless of insurance status or ability to pay.

We support the state’s efforts to move to a universal and unified health care delivery system and ensure universally available health access and insurance coverage. We support investments in public health and primary and preventive care. Our work aims to preserve, strengthen and expand Vermont’s community-based primary care safety-net providers, recognizing that these organizations are integral to the lives of one in three Vermonters and are the foundation of healthy communities statewide.

Public Policy Priorities

Bi-State works through effective partnerships and robust engagement with the Governor and the Administration, State Legislature, Green Mountain Care Board, and other partners to:

• Ensure every Vermonter has access to a primary care medical home with particular attention to underserved Vermonters.
• Advocate for delivery system and payment models that invest in, build upon, and prioritize community-based primary care, specifically that sustain and enhance the FQHC and RHC models of care delivery and reimbursement.
• Build on the successes of Blueprint for Health, ensuring substantial investment in patient-centered medical homes and empowering local care communities.
• Close coverage gaps for uninsured Vermonters and affordability gaps for under-insured Vermonters.
• Promote population health and well-being through support of public health goals and population health initiatives.
• Establish strong community-based partnerships that support patients through transitions across care settings.
• Increase investments to integrate mental health/substance abuse and primary care.
• Integrate coverage for and expand access to oral health.
• Invest in preventive services, early intervention, wellness initiatives, and health education.
• Support primary care practitioners in care management and patient engagement for patients with chronic conditions.
• Sustain the 340B pharmacy program to ensure continued access to low cost pharmaceuticals.
• Increase funding for Vermont Medicaid, and ensure continued investment in primary care.
• Invest in comprehensive workforce development strategies including increased federal and state loan repayment for health care professionals and funding for national marketing and outreach.
• Increase access to and funding for telemedicine services to improve access to services for Vermont’s rural and underserved populations.
• Sustain federal payment “floors” and framework for FQHC and RHC infrastructure, initiatives, and services to improve access to comprehensive primary care for the uninsured and underinsured.
• Sustain state funding for the Vermont Coalition of Clinics for the Uninsured.
Vermont’s federally qualified health centers (FQHCs) recognize and value the work of the past year on payment reform. However, Vermonters will be healthier and better off only if the system transforms to address social determinants as a priority, commits to comprehensive primary care, invests in strong community-based care systems, and builds capacity to accomplish these goals.

A successfully transformed health system has the following characteristics:

1. Primary care practices are strong and well-supported patient-centered medical homes, with the resources they need to prevent chronic disease, promote wellness, and manage patient care outside the hospital setting.
2. Primary care practitioners have the time they need to address the issues underlying chronic disease and mental health and the resources to maximize primary care practitioner time in direct patient care.
3. Mental health, behavioral health, and primary care work together to provide seamless care to patients.
4. Home health services and primary care practices work together to provide seamless care to patients, and home health is available without regard to Medicare or Medicaid legacy rules around coverage for home health services.
5. Community-based social service agencies are fully-integrated or tightly coordinated with primary care practices, including:
   - Area Agencies on Aging who serve as the eyes and ears of the system, working to keep vulnerable elders housed and out of impoverished living conditions.
   - Mental Health Centers who offer integrated services and supports to Vermonters affected by developmental disabilities, mental health conditions and substance use disorders.
   - The Vermont Food Bank and local food shelves with a pulse on food insecurity in the community, working to feed low-income and underserved Vermonters.
   - Parent Child Centers, shaping solutions to meet the needs of working families.
6. Primary care practices work with community partners to offer a “health coach” option to help patients in making better health decisions and following a healthy lifestyle.
7. Communities integrate wellness-initiatives with schools, employers, community centers, etc.; i.e. meet people where they are.
8. Hospitals are stable and positioned to meet the acute inpatient and outpatient needs of the community, and participate as equals in the delivery system.
9. Systems of care are focused on the local and regional levels, with resources deployed efficiently to meet the needs of the community, and with local strategic and project plans that roll up to a statewide plan.
10. Vermont’s Blueprint team retains independence and neutrality to lead the transformation effort, using community collaboration boards (e.g. Blueprint UCCs) with broad community representation to shape and drive the transformation at the local level.

For more information, contact Sharon Winn, Esq., MPH, Director of Vermont Public Policy, Bi-State, (802) 229-0002 or swinn@bistatepca.org.
Bi-State Primary Care Association Member Map

Vermont Primary Care Sourcebook
January 2016
Vermont Bi-State Primary Care Association Member Contacts

Battenkill Valley Health Center
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9 Church St., Arlington, VT 05250
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Community Health Centers of Burlington
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617 Riverside Avenue, Burlington, VT 05401
(802) 264-8149
jdonnelly@chcb.org

Community Health Centers of the Rutland Region
Grant Whitmer, Executive Director
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(802) 773-3386 ext. 2081
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Community Health Services of Lamoille Valley
Kevin Kelley, CEO
66 Morrisville Plaza, PO Box 749, Morrisville, VT 05661
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kkelley@chslv.org

Gifford Health Care
Joseph Woodin, President/CEO
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(802) 728-2304
jwoodin@giffordmed.org

The Health Center
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(802) 454-8336

Indian Stream Health Center
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253 Gale Street, Canaan, VT 05903
(603) 237-8336
Jonathan.w.brown@indianstream.org

Little Rivers Health Care
Gail Auclair, CEO
146 Mill St., PO Box 338, Bradford, VT 05033
(802) 222-4637 ext. 104
gaucalair@littlerivers.org

Mountain Health Center
Martha Halnon, Executive Director
74 Munsill Avenue, Suite 100, Bristol, VT 05443
(802) 453-5028 ext. 7214
mhalnon@mountainhealthcenter.com

North Country Health Systems
Julie Riffon, Executive Director of Primary Care and Quality/Blueprint for Health Project Manager
186 Medical Village Drive, Newport, VT 05855
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Northern Counties Health Care, Inc.
Patrick Flood, CEO
165 Sherman Drive, St. Johnsbury, VT 05819
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Northern Tier Center for Health
Pamela Parsons, Executive Director
44 Main Street, Richford, VT 05476
(802) 255-5561
pparsons@notchvt.com

Planned Parenthood of Northern New England
Meagan Gallagher, President/CEO
784 Hercules Drive, Suite 110, Colchester, VT 05446
(802) 448-9778
meagan.gallagher@ppnne.org

Springfield Medical Care Systems, Inc.
Timothy Ford, CEO
25 Ridgewood Road, Springfield, VT 05156
(802) 885-2151
TFord@springfieldmed.org

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Office of Primary Care and AHEC Program
Elizabeth Cote, Program Office Director
UVM AHEC Program Office, UHC Campus Arnold 5
1 South Prospect Street, Burlington, VT 05401
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elizabeth.cote@med.uvm.edu

Vermont Coalition of Clinics for the Uninsured
Laura Hale, Director
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(802) 448-4280
vtcoalitionofclinics@gmail.com
### Vermont Primary Care Sourcebook

**January 2016**

**Bi-State’s 86 Vermont Member Sites by Organization**

**Battenkill Valley Health Center (FQHC)**
1. Battenkill Valley Health Center

**Community Health Centers of Burlington (FQHC)**
1. Keeler Bay Health Center
2. Riverside Health Center*
3. H.O. Wheeler School (school-based)*
4. Pearl Street Youth Health Center
5. Safe Harbor Health Center*
6. South End Health Center

**Community Health Centers of the Rutland Region (FQHC)**
1. Allen Pond Family Health Center
2. Brandon Medical Center
3. Castleton Family Health Center
4. CHCRR Pediatrics
5. Mettowee Valley Health Center
6. Rutland Community Health Center
7. Shorewell Community Health Center
8. CHCRR Community Dental*

**Community Health Services of Lamoille Valley (FQHC)**
1. Behavioral Health & Wellness Center
2. Morrisville Family Health Care
3. Community Dental Clinic*
4. Stowe Family Practice
5. Appleseed Pediatrics

**Gifford Health Care (FQHC)**
1. Bethel Health Center
2. Chelsea Health Center
3. Gifford Health Center at Berlin
4. Gifford Primary Care
5. Rochester Health Center
6. Twin River Health Center

**The Health Center (FQHC)**
1. The Health Center Main Site*
2. Cabot Health Services (school-based)
3. Ronald McDonald Dental Care Mobile*

**Indian Stream Health Center (FQHC)**
1. Indian Stream Health Center

**Little Rivers Health Care (FQHC)**
1. LRHC at Bradford
2. LRHC at East Corinth
3. LRHC at Wells River
4. Clara Martin Center
5. Valley Vista

**Mountain Health Center (FQHC)**
1. Mountain Health Center
2. Mountain Health Center Annex

**North Country Health Systems (RHC)**
1. North Country Primary Care Newport
2. North Country Primary Care Barton/Orleans
3. North Country Pediatric and Adolescent Medicine
4. North Country Obstetrics & Gynecology

**Northern Counties Health Care (FQHC)**
1. Concord Health Center
2. Danville Health Center
3. Hardwick Area Health Center
4. Island Pond Health & Dental Center*
5. The St. Johnsbury Community Health Center
6. Northern Counties Dental Center*

**Northern Tier Center for Health (FQHC)**
1. Alburg Health Center
2. Enosburg Health Center
3. Fairfield Street Health Center
4. NCSS Health Center
5. Richford Health Center
6. St. Albans Health Center
7. Swanton Health Center
8. NoTCH Dental Clinic*
9. Richford Dental Clinic*

**Planned Parenthood of Northern New England (Women’s Health Services)**
1. Barre Health Center
2. Bennington Health Center
3. Brattleboro Health Center
4. Burlington Health Center
5. Hyde Park Health Center
6. Middlebury Health Center
7. Newport Health Center
8. Rutland Health Center
9. St. Albans Health Center
10. St. Johnsbury Health Center
11. Williston Health Center

**Springfield Medical Care Systems (FQHC)**
1. Chester Family Medicine
2. The Ludlow Health Center
3. Rockingham Medical Group
4. Springfield Health Center
5. The Women’s Health Center of Springfield
6. The Ludlow Dental Center*
7. Mountain Valley Medical Center
8. Charlestown Family Medicine (NH)

**Vermont Coalition of Clinics for the Uninsured (Free Clinics)**
1. Bennington Free Health Clinic
2. Good Neighbor Health Clinic and Red Logan Dental Clinic*
3. Health Assistance Program at Fletcher Allen Health Care
4. Health Connections at Gifford Medical Center
5. The Open Door Clinic
6. People’s Health & Wellness Clinic
7. Putney Walk-In Clinic
8. Rutland Free Clinic*
9. Valley Health Connections
10. Windsor Community Clinic

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* site provides dental services
FQHC = Federally Qualified Health Center;
RHC = Rural Health Clinic
### Addison County
- Middlebury Health Center (P)
- Mountain Health Center (F)
- Mountain Health Center Annex (F)
- The Open Door Clinic (V)

### Bennington County
- Battenkill Valley Health Center (F)
- Bennington Free Health Clinic (V)
- Bennington Health Center (P)

### Caledonia County
- Northern Counties Health Care (F)
  - Danville Health Center
  - Hardwick Area Health Center
  - Northern Counties Dental Center*
  - St. Johnsbury Community Health Center
- St. Johnsbury Health Center (P)

### Chittenden County
- Burlington Health Center (P)
- Community Health Centers of Burlington (F)
  - Riverside Health Center*
  - Safe Harbor Health Center*
  - Pearl Street Youth Health Center
  - H.O. Wheeler School (school-based)*
  - South End Health Center
- Health Assistance Program at UVMMC (V)
- Williston Health Center (P)

### Essex County
- Indian Stream Health Center (F)
- Northern Counties Health Care (F)
  - Concord Health Center
  - Island Pond Health and Dental Center*

### Franklin County
- Northern Tier Center for Health (F)
  - Enosburg Health Center
  - Fairfield Street Health Center
  - NCSS Health Center
  - NoTCH Dental Clinic*
  - Richford Dental Clinic*
  - Richford Health Center
  - St. Albans Health Center
  - Swanton Health Center
- St. Albans Health Center (P)

### Grand Isle County
- Community Health Centers of Burlington (F)
  - Keeler Bay Health Center
- Northern Tier Center for Health (F)
  - Alburg Health Center

### Lamoille County
- Community Health Services of Lamoille Valley (F)
  - Appleseed Pediatrics
  - Behavioral Health & Wellness Center
  - Community Dental Clinic* Morrisville Family Health Care
  - Stowe Family Practice
- Hyde Park Health Center (P)
Orange County
• Gifford Health Care (F)
  o Chelsea Health Center
  o Gifford Primary Care
• Health Connections at Gifford Health Care (V)
• Little Rivers Health Care (F)
  o Clara Martin Center
  o LRHC at Bradford
  o LRHC at Wells River
  o LRHC at East Corinth
  o Valley Vista

Rutland County
• Community Health Centers of the Rutland Region (F)
  o Allen Pond Family Health Center
  o Brandon Medical Center
  o Castleton Family Health Center
  o CHCRR Pediatrics
  o Community Dental Clinic*
  o Mettowee Valley Health Center
  o Rutland Community Health Center
  o Shorewell Community Health Center
• Rutland Free Clinic* (V)
• Rutland Health Center (P)

Windham
• Brattleboro Health Center (P)
• Putney Walk-In Clinic (V)
• Springfield Medical Care Systems (F)
  o Rockingham Medical Group

Windsor
• Gifford Health Care (F)
  o Bethel Health Center
  o Rochester Health Center
  o Twin River Health Center
• Good Neighbor Health Clinic and Red Logan Dental Clinic* (V)
• Springfield Medical Care Systems (F)
  o Chester Family Medicine
  o Mountain Valley Medical Center
  o The Ludlow Health Center
  o The Ludlow Dental Center*
  o The Women’s Health Center of Springfield
  o Springfield Health Center
• Valley Health Connections (V)
• Windsor Community Clinic (V)

Sullivan County, NH
• Springfield Medical Care Systems (F)
  o Charlestown Family Medicine

*site provides dental services
(F) FQHC
(P) Planned Parenthood of Northern New England (PPNNE)
(R) Rural Health Clinic
(V) Vermont Coalition of Clinics for the Uninsured (VCCU)
Health centers increase access by:

- Making high quality services available to patients, regardless of ability to pay or payment source
- Offering sliding fee discounts based on income
- Serving federally-designated medically underserved areas and/or populations (FQHCs & RHCs)
- Providing interpretation, transportation, and other services that enable patients to access care
- Offering extended hours, including evenings and weekends
- Responding to unique service needs of the community
- Supporting outreach and enrollment in Vermont Health Connect

CHCRR Pediatrics in Rutland, Vermont
Vermont Federally Qualified Health Centers Growth since 2000

“The goal shall be to ensure there are FQHC(s)... in each county in Vermont.” ~Act 71 of 2005, Section 277(f).

7 FQHC Sites 2000

- Community Health Centers of Burlington: 3 Sites
- Northern Counties Health Care: 4 Sites

60 FQHC Sites 2016

- Battenkill Valley Health Center: 1 Site
- Community Health Centers of Burlington: 6 Sites
- Community Health Centers of the Rutland Region: 8 Sites
- Community Health Services of Lamoille Valley: 5 Sites
- Gifford Health Care: 6 Sites
- The Health Center: 3 Sites
- Indian Stream Health Center: 1 Site
- Little Rivers Health Care: 5 Sites
- Mountain Health Center: 2 Sites
- Northern Counties Health Care: 6 Sites
- Northern Tier Center for Health: 9 Sites
- Springfield Medical Care Systems: 8 Sites
Bi-State Member Health Centers and Clinics Provide Care to 1 in 3 Vermonters

Bi-State Vermont Members include:

- 12 federally qualified health centers
- 6 rural health clinics
- 11 Planned Parenthood of Northern New England clinics
- 10 clinics for the uninsured, and
- the Area Health Education Center network

These health centers and clinics served as a medical home for more than 193,000 patients who made more than 735,000 visits in 2014.*

This includes:

- 46% of Vermont Medicaid enrollees**
- 31% of Vermont Medicare enrollees
- 93% of uninsured Vermonters

*2014 UDS Roll-Up Report; self-reported data for non-FQHCs
** Data is based on the 2014 DFR Vermont Household Health Insurance Survey
Planned Parenthood of Northern New England (PPNNE)

Founded in 1965, PPNNE serves patients at 21 health centers across Maine, New Hampshire, and Vermont. These health centers provide the highest quality care through a wide range of services for women and men, including cancer screening, birth control, and STD testing and treatment. PPNNE offers a sliding fee scale, making care accessible and affordable to anyone who walks through their doors.

In 2014, the 11 PPNNE health centers in Vermont provided care to **16,810 Vermonters** with **25,634 patient visits**. Included were:
- Pap Tests 2,081
- Breast Exams 5,730
- Sexually Transmitted Disease tests 29,072

“Two years ago I started my own business, which meant that I had to pay out-of-pocket for health insurance. The business started out slowly, and the only monthly premiums I could afford were for a catastrophic plan with a $5,000 deductible, which didn’t cover my annual exam, birth control, or doctor’s visits. Planned Parenthood helped me find a less expensive prescription and they allowed me to pay on a sliding scale based on my income for the care I received. I’ve since been able to afford a better health insurance plan, but I still choose Planned Parenthood for the level of care they always provide.” - PPNNE patient

“I believe you go beyond the call of duty with your kindness, warmth, and genuine compassion.” - PPNNE patient

For more information, contact Meagan Gallagher, President/CEO, PPNNE, at (802) 448-9778 or meagan.gallagher@ppnne.org.
The Vermont Coalition of Clinics for the Uninsured: An Important Safety Net Provider

In 2014, VCCU:

- Served 8,340 patients with 4,222 medical visits (at the five free standing clinics) and 837 medical referrals directly into a medical home for care. Approximately half of those patients seen by VCCU clinics in 2014 were there for the first time.
- Provided enrollment assistance for 3,000 Vermonters for Vermont Health Connect, Vpharm, and Ladies First, with 3,595 follow ups for benefit renewal and 3,746 consults to discuss insurance coverage details.
- Provided 2,069 applications for sliding fee discounts and hospital charity care programs, while also making sure the patient’s health needs are addressed until they are insured, enrolled and referred to a medical home.
- Provided more than $350,000 in free or low-cost medications through samples, prescription vouchers, and pharmaceutical assistance programs.
- Provided more than 1,100 dental referrals and 846 referrals for labs and imaging.
- Assisted 946 Vermonters with applications for 3Squares, Fuel Assistance, and Reach Up. Also made referrals for housing assistance to ESD and other local housing support programs.
- Provided 24,919 services to uninsured and underinsured Vermonters.
- Leveraged each dollar of funding with more than $4 million of in-kind support including medications, labs, and hospital support.

The Vermont Coalition of Clinics for the Uninsured (VCCU) is an association of 10 free clinic programs and two dental programs that provide care (on site or by referral) and assistance free of charge to patients without adequate medical and dental insurance. The clinics are located throughout the state and are supported by the work of volunteers, community hospitals, local fund-raising, and an annual grant from the State of Vermont. All patients are assessed for eligibility in a number of federal, state, and local health care programs. The VCCU provides outreach and enrollment as well as assistance with medical care, prescriptions, dental care, and other health needs, along with providing case management for each patient.

Success story about a new patient, “Bridget”
Open Door Clinic, Middlebury, Vermont

Upon her very first visit to the clinic, Bridget did not have health insurance and her health issues were very time sensitive. Within 48 hours, Bridget was enrolled in a health insurance plan, had chosen a primary care provider AND had set up the necessary appointments to help manage her physical and mental health issues going forward. Bridget’s referrals, transfer of records, Medicaid eligibility and treatment plan were all orchestrated by the coalition’s volunteers and staff members.

For more information, contact Laura Hale, Director, VCCU, at (802) 448-4280 or vtcoalitionofclinics@gmail.com.
The Vermont Coalition of Clinics for the Uninsured Locations

Bennington Free Clinic
Sue Andrews
601 Main Street, Bennington, VT 05201
(802) 447-3700

Good Neighbor Health Clinic & Red Logan Dental Clinic
Dana Michalovis
70 North Main Street,
White River Junction, VT 05001
(802) 295-1868

The Health Access Program at UVM*
Beth Steckel
128 Lakeside Avenue, Suite 106
Burlington, VT 05401
(802) 847-6984

Health Connections at Gifford Medical Center*
Michele Packard
38 South Main Street, Randolph, VT 05060
(802) 728-2323

Open Door Clinic
Heidi Sulis
100 Porter Drive, Middlebury, VT 05753
(802) 388-0137

People’s Health and Wellness Clinic
Peter Youngbaer
553 North Main Street, Barre, VT 05641
(802) 479-1229

Putney Community Health Connections*
54 Kimball Hill, 2nd Floor
Putney, VT 05346
(802) 387-2120

Rutland Free Clinic (and Dental)
Tony Morgan
145 State Street, Rutland, VT 05701
(802) 775-1360

Valley Health Connections*
Lynn Raymond-Empey
268 River Street, Springfield, VT 05156
(802) 885-1616

Windsor Community Clinic at Mt. Ascutney Hospital*
Samantha Abrahamsen
289 County Road, Windsor, VT 05089
(802) 674-7213

*Provides referral services only

For more information, contact Laura Hale, Director, VCCU, at (802) 448-4280 or vtcoalitionofclinics@gmail.com.
Rural Health Clinics: Ensuring Access in Rural Areas

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners and physician assistants in rural areas.*

Rural health clinics (RHC) can be public, nonprofit, or for-profit healthcare facilities. They must be located in rural, underserved areas. They are required to use a team approach of physicians working with non-physician practitioners such as nurse practitioners, physician assistants, and certified nurse midwives to provide services. RHCs are required to provide outpatient primary care services and basic laboratory services. The main advantage of RHC status is enhanced reimbursement rates for providing Medicaid and Medicare services. **

Vermont’s 10 Rural Health Clinics
1. Cold Hollow Family Practice
2. North Country Primary Care Newport*
3. NVRH Corner Medical
4. Grace Cottage Family Health
5. North Country Pediatrics*
6. North Country Obstetrics & Gynecology*
7. NVRH St. Johnsbury Pediatrics
8. North Country Primary Care Barton Orleans*
9. NVRH Womens Wellness Center
10. NVRH Kingdom Internal Medicine

*Denotes Bi-State Member

**www.ruralhealthinfo.org, 1/19/2016.
Vermont Area Health Education Centers (AHEC)

Vermont AHEC is a network of academic and community partners working together to improve the distribution, diversity, supply, and education of the health care workforce in Vermont. Established in 1996, Vermont AHEC has a statewide infrastructure with a program office at the University of Vermont, College of Medicine (UVM-COM), and three regional centers. Vermont AHEC focuses on achieving a well-trained workforce so that all Vermonters have access to quality care, especially those who live in Vermont’s most rural and underserved areas.

During FY15, the UVM Office of Primary Care and the Vermont AHEC Network:

- Provided 3,473 Vermont youth with health care careers experiences;
- Worked with 171 providers precepting health professions students;
- Delivered continuing education to 3,815 health care professionals; and
- Placed 15 physicians in Vermont communities.

For more information, contact Elizabeth Cote, Program Office Director, AHEC at (802) 656-0030 or elizabeth.cote@med.uvm.edu.
### Vermont AHEC Approach to Increasing the Health Care Workforce

#### Health Career Pipeline Development

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<td>Classroom Presentations</td>
<td>Classroom Presentations</td>
</tr>
<tr>
<td>Job Shadow Days</td>
<td>Health Careers Directory <a href="http://www.vthealthcareers.org">www.vthealthcareers.org</a></td>
</tr>
<tr>
<td>Club Scrubs, After School Program</td>
<td>October Health Careers Awareness Month Campaign</td>
</tr>
<tr>
<td>Teacher/Guidance, Counselor/School, Administrator Events</td>
<td>Focus Conference</td>
</tr>
</tbody>
</table>

#### Post Secondary

- Internships
- Career Fairs
- NEVAHEC Scholarship Program
- Health Careers Directory www.vthealthcareers.org
- UVM Premedical Enhancement Program (PEP)

#### Health Professions Students

- Housing Support for Rural Clinical Rotations
- Summer Community-based Projects for Medical and Other Health Professions Students
- Spotlight on Primary Care Series
- Incentives for Community/Faculty Preceptors
- National Primary Care Week Activities
- Interprofessional Projects
- Classroom Presentations

#### Recruitment and Retention

**Recruitment**

- Vermont Educational Loan Repayment Programs for Healthcare Professionals
- Vermont & New York Recruitment Day
- AHEC/Freeman Physician Placement Services

**Retention**

- Vermont Educational Loan Repayment Programs for Healthcare Professionals
- Educational programs for Fletcher Allen Health Care Residents
- Community-based Projects

For more information, contact Elizabeth Cote, Program Office Director, AHEC at (802) 656-0030 or elizabeth.cote@med.uvm.edu.
Vermont AHEC Approach to Increasing the Health Care Workforce

Healthcare Workforce Support

**Continuing Education & Quality Improvement (QI)**
- Behavioral Health & Primary Care Conference
- Clinical Updates
- Rural Health Symposium
- Geriatrics Conference
- Motivational Interviewing
- Grand Rounds for School Nurses
- Academic Detailing
- Program in Wise Prescribing
- LNA & Direct Care Worker Trainings
- Opioids Prescribing QI
- Military Veterans’ Health

**Workforce, Research & Planning**
- Nursing Workforce Summaries
- Primary Care Practitioner Workforce Snapshot

**Tools & Resources for Practitioners**
- CME Incentives for Preceptors
- Clinical Diagnostic Tools
- Primarily Vermont Newsletter
- Cultural Competency Manual and Training
- Resource Directories (Mental Health, Substance Abuse)
- PTOPHelp.org
- Farm Health Task Force
- Interprofessional Learning Summits
- Professional Collaboratives

Community Healthcare Systems Support

**Improving Community Systems of Access & Healthcare Coordination**
- Public Health/Primary Care/ School Nurses Forums
- Mental Health/Dental Health and Primary Care Integration
- Integrating Healthcare and Community Resources
- Patient Education Initiatives
- Community-based Collaborations and Partnerships Respond to Emerging Needs
- Members of Blueprint Community Health Teams
- Pharmacists in Blueprint Pilot

**Sustaining Vermont AHEC Network**
- Statewide Strategic Planning on Health Care Pipeline
- Collaborative Educational Program Development
- Shared Resources and Capacity
- Joint Staff Training

For more information, contact Elizabeth Cote, Program Office Director, AHEC at (802) 656-0030 or elizabeth.cote@med.uvm.edu.
Telehealth in Rural Areas: Clinical, Educational, and Networking Collaborations

**What is telehealth?**
The Health Resources Services Administration (HRSA) defines telehealth as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. The American Telemedicine Association provides examples of available telehealth services, including: patient consultations via video conferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education, and consumer-focused wireless applications and nursing call centers, among other applications.

**The VRHA Telehealth Network**
Bi-State, through the Vermont Rural Health Alliance (VRHA), received a four-year grant from the Office for Advancement in Telehealth, Office of Rural Health Policy DHHS, to support Vermont’s FQHCs in building a model for sharing clinical resources through telemedicine. The FQHCs started with management of obesity, and include Registered Dietician and diabetes patient consultations, peer-peer support, and a framework for sharing and adopting protocols and guidelines. VRHA is currently identifying additional local needs and developing plans for future service offerings.

**Clinical Telemedicine Services Currently Offered to Patients at FQHCs**
- Child & Adolescent Psychiatry
- Adult Psychiatry
- Nutrition Education
- Diabetes Education

In the past year, patients have saved about 3,355 miles of travel by virtually accessing these services at their local FQHC.

**Remote Telemonitoring for Management of Chronic Diseases:**
Bi-State and Community Health Accountable Care (CHAC) implemented in February 2014 Tel-Assurance, a remote telemoitoring program for Medicare beneficiaries with chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and diabetes. This program engages patients in their care through telephone or internet technologies that report their vital signs and symptoms on a daily basis. This allows the patient’s care team to identify and prevent any negative trends early, thereby reducing visits to the emergency room and hospital admissions. The first six months of data show a decrease in hospital admissions by 39 percent.
Vermont Migrant Farmworkers: Partners Working in Collaboration to Ensure Access to Health Care

2009-2012
16 farms/447 workers

2012-2015
145 farms/716 workers

2015-2018
202 farms/1,100 workers

Farmworkers bring unique access barriers

• 1. Language
• 2. Cost of care
• 3. No time to go to the doctor
• 4. Lack of insurance
• 5. Transportation
• 6. Fear of leaving the farm

What can the legislature and other partners do to support the project?

➢ Sustain medical infrastructure
➢ Sustain care coordination model
➢ Address barriers to care

Care coordination in action
Health centers manage costs by:

- Providing comprehensive and integrated primary care
- Effectively managing the care of patients with disproportionately high prevalence of chronic conditions and co-morbidities
- Diverting care from emergency departments to primary care
- Offering favorable 340B federal drug pricing program
- Utilizing Federal Tort Claims Act (FTCA) malpractice coverage (FQHCs)
- Leveraging federal funds to help pay for infrastructure and workforce.
Federally Qualified Health Center Funding and Reimbursement Structure Minimizes Cost Shifting

2014 Sources of Revenue for Vermont FQHCs

- FQHCs are eligible to receive federal appropriations for allowable costs that are not reimbursed by Medicaid, Medicare, commercial payers, and patient self-pay. Some of these costs may include care provided to uninsured and underinsured low-income patients and enabling services such as care management, outreach, transportation, interpretation.
- Federal FQHC grants are awarded based upon a very competitive national application process.
- When FQHCs are awarded federal funds, they must meet strict program, performance, and accountability standards.
- Federal FQHC appropriations are not transferable to any other entity.
- Medicare and Medicaid FQHC reimbursement is a prospective, capped encounter rate.
- FQHCs bill commercial insurers just like any other primary care practice.
- No payer – Medicaid, Medicare, or commercial insurance—reimburses FQHCs for their full costs.
Federally Qualified Health Centers Benefit their Communities and the State

FQHCs and Collaboration

FQHCs collaborate with other health care and social services organizations in their communities to strengthen the health system as a whole. For example, FQHCs partner with...

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>• on emergency room diversion, transitions in care, and other quality initiatives.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free clinics</td>
<td>• to provide outreach to uninsured Vermonters.</td>
</tr>
<tr>
<td>Community Mental Health Centers</td>
<td>• on behavioral health integration (including through telemedicine).</td>
</tr>
<tr>
<td>The Vermont Department of Health</td>
<td>• on public health initiatives.</td>
</tr>
<tr>
<td>Universities, colleges, technical schools, and high schools</td>
<td>• on medical student education, workforce pipeline development, and telemedicine utilization.</td>
</tr>
<tr>
<td>Other FQHCs</td>
<td>• to offer a 340B Pharmacy Network, a pediatric mobile dental program, and other services to meet community care needs.</td>
</tr>
</tbody>
</table>
Studies Demonstrate Federally Qualified Health Centers Manage Costs

**FQHCs Reduce Hospital Admissions**

A Colorado study\(^1\) compared claims data of Medicaid patients with two or more primary care visits in one year at FQHC and non-FQHC settings:
- The odds of a Medicaid FQHC patient being admitted to the hospital were 32% less likely than for a Medicaid non-FQHC patient;
- The odds of an FQHC patient being readmitted 90 days after discharge were 35% less likely;
- The odds of an FQHC patient being admitted for a primary care preventable condition were 36% less likely.

**FQHCs Reduce Utilization of Hospital Services**

A review of 1.6 million Medicaid beneficiaries in four states\(^3\) showed that FQHC Medicaid patients compared to other providers:
- had 1/3 fewer Ambulatory Care Sensitive (ACS) hospitalizations;
- were 19% less likely to use the Emergency Department for an ACS condition, and;
- were 11% less likely to be hospitalized for an ACS condition.

**FQHCs Save Money**

A comparison of costs for FQHC and non-FQHC patients demonstrates FQHC savings of **$1,263 per person per year** in hospital emergency department, hospital inpatient, ambulatory, and other services ($4,043 vs. $5,306).\(^2\)

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Community Health Accountable Care, LLC (CHAC) is a primary care-centric Accountable Care Organization (ACO). CHAC’s mission is to achieve the three part aim of better care for individuals, better health for populations, and lower growth in expenditures in connection with both public and private payment systems.

CHAC’s Participant Network, January 2016

- 10 Federally Qualified Health Centers
- 4 Rural Health Clinics
- 7 Hospitals
- 14 Designated Agencies
- 9 Certified Home Health Agencies

<table>
<thead>
<tr>
<th>Payer Groups</th>
<th>CHAC 2015</th>
<th>CHAC 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>20,000</td>
<td>~30,000</td>
</tr>
<tr>
<td>Medicare</td>
<td>6,400</td>
<td>14,700</td>
</tr>
<tr>
<td>Commercial</td>
<td>8,900</td>
<td>~10,500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35,300</strong></td>
<td><strong>~55,000</strong></td>
</tr>
</tbody>
</table>
CHAC Strengths

- Driven by primary care providers to ensure a primary-care centered approach
- Reinvests savings in primary care integration with community-based services
- Builds on Vermont’s Blueprint for Health patient-centered medical homes and community care teams
- Committed to a community-based system that addresses social determinants by integrating mental health, substance abuse, social and human services with primary care
Vermont Primary Care Sourcebook
January 2016

Health centers improve quality by:

- Demonstrating strong clinical outcomes, even for the most acute primary care patients
- Achieving NCQA Patient-Centered Medical Home recognition
- Participating in the Vermont Blueprint for Health
- Utilizing electronic health records
- Participating in Health Information Exchange
- Performing real-time panel management
- Conducting quality improvement
- Learning best practices from each other

The Health Center in Plainfield, Vermont

Little Rivers Health Care
FQHC Youth Programs

<table>
<thead>
<tr>
<th>Community Health Centers of Burlington</th>
<th>Community Health Centers of the Rutland Region</th>
<th>Community Health Services of Lamoille Valley</th>
<th>Gifford Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers medical provider outreach to family shelters</td>
<td>Offers job shadowing for students</td>
<td>Offers &quot;Co-Ed Youth Empowerment&quot; program to help teens develop life skills</td>
<td>Offers parent support group (covers breastfeeding, growth and development, etc.)</td>
</tr>
<tr>
<td>School-based medical and dental programs</td>
<td>Holds family focus groups on Asthma education</td>
<td>Promotes the &quot;Reach Out and Read&quot; literacy program</td>
<td>Infant/toddler support group</td>
</tr>
<tr>
<td>Runs the Pearl Street Youth Health Center</td>
<td>Holds health fairs that cover multiple ages and education areas</td>
<td>Offers &quot;7 Challenges,&quot; a school-based substance abuse program</td>
<td>Infant CPR classes in conjunction with White River Valley Ambulance</td>
</tr>
<tr>
<td>Holds &quot;Mother and Child&quot; clinics with social work support</td>
<td></td>
<td>Offers &quot;Voices&quot; group for self-discovery and empowerment for females ages 12-15</td>
<td>Babysitting classes, after-school program</td>
</tr>
<tr>
<td>Offers the “Reach Out and Read” pediatric literacy program</td>
<td></td>
<td>Provides free car seat inspections</td>
<td>Volunteer and observational opportunities for high school and junior high school students</td>
</tr>
</tbody>
</table>
FQHC Youth Programs

**The Health Center**
- Provides the school nurse for Cabot Elementary School
- The "Ronald McDonald Care Mobile" is a collaborative effort between five Vermont FQHCs to provide access to dental services for children
- Offers “Nurturing Parenting” classes that educates parents on how to deal with difficult behaviors and establish positive relationships with their children
- Offers student training opportunities for college and high school students
- Offers child and family counseling via telemedicine

**Little Rivers Health Care**
- Participates in HRSA’s "Text 4 Baby" program which is a free service that uses text messaging to send new and expecting mothers tips on how to have a healthy pregnancy and caring for their infant
- Offers job shadow opportunities for students
- Provides adolescent depression screening project in conjunction with Dartmouth Medical Center
- Offers “Rocking Horse Circle of Support” group, a program for mothers whose lives are touched in some way by substance abuse
- Participates in the "Ronald McDonald Care Mobile" program

**Mountain Health Center**
- Offers adolescent depression screening
- Coordinates with school-based nutrition specialists to create community-based cooking classes for children
- Offers job shadowing for students
- Coordinates with school-based medical and behavioral health programs
- Supports the "Reach Out and Read" literacy program
Vermont Primary Care Sourcebook
January 2016

FQHC Youth Programs

Northern Counties Health Care
- Provides maternal and child health services that include pre-natal and well-child visits
- Supports the "Reach Out and Read" literacy program
- Provides school-based dental hygiene education
- Participates in "Bright Futures" program, promoting initiatives to support healthy children and their families
- Provides nursing support including education, assessment, and resource development for Medicaid-eligible pregnant women and their children
- Nurse home visitors help low-income women pregnant with their first child to achieve healthier pregnancies and births, stronger child development, and a path toward economic self-sufficiency

Northern Tier Center for Health
- Runs the Richford Day Camp, a free summer camp for 200+ children
- Delivers “Tooth Tutor” program in local schools
- Provides space at NOTCH Partnering Project for various agencies that serve youth and families
- Offers “Nurturing Parenting” classes that focus on educating parents how to deal with difficult behaviors and establish positive relationships with their children
- Offers training opportunities for high school and college students pursuing careers in healthcare

Springfield Medical Care Systems
- Offers cooking classes for children and families
- Offers “Sibling Class” which educates families expecting another child on how to adjust to a new baby in the family
- Provides childcare services: operates two day cares that serve both employees and the community
- Some of the services listed can be attributed to Springfield Hospital, with whom SMCS is affiliated
Vermont Health Centers Recognized as Patient Centered Medical Homes (PCMH) by the National Committee for Quality Assurance (NCQA)

<table>
<thead>
<tr>
<th>Health Center Name</th>
<th>Sites Awarded Recognition by NCQA PCMH</th>
<th>Sites to be Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Battenkill Valley Health Center (FQHC)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community Health Centers of Burlington (FQHC)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Community Health Centers of the Rutland Region (FQHC)</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Community Health Services of Lamoille Valley (FQHC)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Gifford Health Care (FQHC)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>The Health Center (FQHC)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Little Rivers Health Care (FQHC)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mountain Health Center (FQHC)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>North Country Health Systems (RHC)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Northern Counties Health Care (FQHC)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Northern Tier Center for Health (FQHC)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Springfield Medical Care Systems (FQHC)</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Totals:</td>
<td>40</td>
<td>2</td>
</tr>
</tbody>
</table>

As of January 2016, **100% of Vermont** federally qualified health centers (FQHCs) and Bi-State member rural health clinics (RHCs) have been recognized by the National Committee for Quality Assurance (NCQA) as Patient Centered Medical Homes (PCMH), compared to **65% of FQHCs nationally.**

Vermont Health Centers with Fully Implemented Electronic Health Records (EHR) and Attesting for Meaningful Use (MU)

Health centers across Vermont continue to be committed to the implementation of electronic health records as tools to improve patient outcomes. Stage 1 of Meaningful Use set the foundation for this work, and Stage 2 focused on the use of health IT for continuous quality improvement. Stage 3 Meaningful Use is a response to the issues raised by providers and is designed to ease the reporting burden, support health information exchange, and improve patient outcomes.

FQHC Federal Requirements Defined

Federally qualified health centers (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.

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 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.
4. Provide services at times and locations that assure accessibility and meet the needs of the population to be served.
5. Provide professional coverage during hours when the health center is closed.
6. 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.
7. Have a system in place to determine eligibility for patient discounts adjusted on the basis of the patient’s ability to pay. No patient will be denied services based on an inability to pay.
8. Have an ongoing Quality Improvement/Quality Assurance (QI/QA) program that includes clinical services and management, and maintains the confidentiality of patient records.
9. Maintain a fully staffed management team as appropriate for the size and needs of the center.
10. Exercise appropriate oversight and authority over all contracted services, including assuring that any subrecipient(s) meets Health Center Program Requirements.
11. 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.
12. Maintain accounting and internal control systems appropriate to the size and complexity of the organization to safeguard assets and maintain financial stability.
13. Have systems in place to maximize collections and reimbursement for costs in providing health services, including written billing, credit, and collection policies and procedures.
14. Develop annual budgets that reflect the cost of operations, expenses, and revenues (including the federal grant) necessary to accomplish the service delivery plans.
15. Have systems which accurately collect and organize data for program reporting and which support management decision-making.
16. Maintain their funded scope of project (sites, services, service area, target population, and providers).
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.

What is the FQHC Sliding Fee Scale?

Federally qualified health centers (FQHCs) that receive Health Resources and Services Administration (HRSA) funding must provide patients access to services without regard for their patient’s ability to pay. FQHCs must develop a schedule of fees or payments (often called a sliding fee scale) for the services they provide to ensure that the cost of services not covered by insurance are discounted on the basis of the patient’s ability to pay, for incomes below 200% of the Federal Poverty Level (FPL). Ability to pay is determined by a patient’s annual income and family size according to the most recent U.S. Department of Health & Human Services Federal Poverty Guidelines.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Below 100% FPL</th>
<th>101 – 125% FPL</th>
<th>126 – 150% FPL</th>
<th>151 – 175% FPL</th>
<th>176 – 200% FPL</th>
<th>Over 200% FPL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discount Applied</td>
<td>$20 flat fee</td>
<td>80% discount</td>
<td>60% discount</td>
<td>40% discount</td>
<td>20% discount</td>
<td>0% discount</td>
</tr>
</tbody>
</table>

1. Vermont FQHCs wrote off $2,353,737 in bad debt in 2013.
2. To ensure that federal funding targets those who most need services, FQHCs have systems in place to maximize collection and reimbursement for the costs of providing health services.

Vermont FQHC discounts exceeded $3 million in 2013.

Each FQHC’s sliding fee scale is different and the "slide" must be based on prevailing rates in the local community and approved by the FQHC board. Information that this discount is available should be posted in a prominent location.

Vermont FQHCs wrote off $2,353,737 in bad debt in 2013.

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2. Bi-State Primary Care Association FQHC Financial Analysis, July 2014. Data is for 8 of the 11 Vermont FQHCs.
Federally Qualified Health Centers Ensure Access in their Communities

Federally qualified health centers (FQHCs) offer services to all residents of their service areas and determine charges using a sliding fee scale, which is based upon the resident’s ability to pay.

In many communities, FQHCs are the only provider open to new patients without restrictions, especially uninsured and Medicaid patients (statewide, 72% of primary care physicians accept new Medicaid patients).

Vermont FQHCs provide care to 1 in 4 Vermonters, including more than:

- 1 in 3 Vermont Medicaid enrollees
- 1 in 4 Vermont Medicare enrollees
- 1 in 5 commercially insured Vermonters
- 2 in 5 uninsured Vermonters

2 FQHC data from UDS 2014 Vermont Roll-up; Statewide data from 2014 DFR Vermont Household Health Insurance Survey.
Federally Qualified Health Centers Provided Primary Care to 152,000+ Vermonters in 2014

Vermont’s FQHCs saw 152,918 individual patients in 2014. Collectively, those patients made 613,768 visits to the FQHCs.¹ From 2011 through 2014, Vermont FQHCs served as a medical home for more than 197,000 Vermonters.²

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¹ Data is self-reported by FQHC.
²Bi-State extrapolation based on self-reported data.
³Data Source: 2014 Vermont Household Health Insurance Survey
Vermont Primary Care Sourcebook
January 2016

Vermont Member Legislative Representation List by Legislator
2015-2016 Biennium

1. The Health Center

Sen. Tim Ashe (D/P) Chittenden District
1. Community Health Centers of Burlington

Sen. Claire Ayer (D) Addison District
1. Community Health Centers of the Rutland Region
2. Mountain Health Center

Sen. Becca Balint (D) Windham District
1. Springfield Medical Care Systems, Inc.

Rep. Robert Bancroft (R) Chittenden-8-3
1. Community Health Centers of Burlington

Rep. John Bartholomew (D) Windsor-1
1. Springfield Medical Care Systems, Inc.

Sen. Phillip Baruth (D) Chittenden District
1. Community Health Centers of Burlington

Rep. Fred Baser (R) Addison-4
1. Mountain Health Center

Rep. Lynn Batchelor (R) Orleans-1
1. Northern Counties Health Care
2. North Country Health Systems

Rep. Scott Beck (R) Caledonia-3
1. Northern Counties Health Care

Sen. Joe Benning (R) Caledonia District
1. Little Rivers Health Care
2. Northern Counties Health Care

Rep. Steven Berry (D) Bennington-4
1. Battenkill Valley Health Center

Rep. Steve Beyor (R) Franklin-5
1. Northern Tier Center for Health

Rep. Clem Bissonnette (D) Chittenden-6-7
1. Community Health Centers of Burlington

Rep. Bill Botzow (D) Bennington-1
1. Battenkill Valley Health Center

Rep. Carolyn Whitney Branagan (R) Franklin-1
1. Northern Tier Center for Health

Sen. Christopher Bray (D) Addison District
1. Community Health Centers of the Rutland Region
2. Mountain Health Center

1. Community Health Centers of Burlington

Rep. Timothy Briglin (D) Windsor-Orange-2
1. Gifford Health Care

Rep. Cynthia Browning (D) Bennington-4
1. Battenkill Valley Health Center

Rep. Tom Burditt (R) Rutland-2
1. Community Health Centers of the Rutland Region

1. Closest is Springfield Medical Care Systems, Inc.

Rep. Sarah E. Buxton (D) Windsor-Orange-1
1. Gifford Health Care

Sen. John F. Campbell (D) Windsor District
1. Closest is Springfield Medical Care Systems, Inc.

Sen. Brian Campion (D) Bennington District
1. Battenkill Valley Health Center

Rep. Bill Canfield (R) Rutland-3
1. Community Health Centers of the Rutland Region

Rep. Steve Carr (D) Rutland-6
1. Community Health Centers of the Rutland Region
Vermont Member Legislative Representation List by Legislator (Page 2)
2015-2016 Biennium

Rep. Robin Chesnut-Tangerman (P) Rutland-Bennington
1. Community Health Centers of the Rutland Region

1. Closest is Little Rivers Health Care

1. Closest is Springfield Medical Care Systems, Inc.

Rep. Joanna Cole (D) Chittenden-6-1
1. Community Health Centers of Burlington

Sen. Brian Collamore (R) Rutland District
1. Community Health Centers of the Rutland Region

Rep. Jim Condon (D) Chittenden-9-1
1. Community Health Centers of Burlington

Rep. Dan Connor (D) Franklin-6
1. Northern Tier Center for Health

Rep. Chip Conquest (D) Orange-Caledonia
1. Little Rivers Health Care
2. Northern Counties Health Care

Rep. Sarah Copeland-Hanzas (D) Orange-2
1. Little Rivers Health Care

Rep. Timothy R. Corcoran (D) Bennington-2-1
1. Battenkill Valley Health Center

Sen. Ann Cummings (D) Washington District
1. The Health Center

Rep. Larry Cupoli (R) Rutland-5-2
1. Community Health Centers of the Rutland Region

Rep. Leigh Dakin (D) Windsor 3-1
1. Springfield Medical Care Systems, Inc.

1. Community Health Centers of Burlington

Rep. Paul Dame (R) Chittenden-8-2
1. Community Health Centers of Burlington

Rep. Susan Davis (P) Orange-1
1. Gifford Health Care
2. Little Rivers Health Care

Rep. David L. Deen (D) Windham-4
1. Springfield Medical Care Systems, Inc.

Sen. Dustin Degree (R) Franklin District
1. Northern Tier Center for Health

Rep. Dennis J. Devereux (R) Rutland-Windsor-2
1. Community Health Centers of the Rutland Region
2. Springfield Medical Care Systems, Inc.

Rep. Eileen “Lynn” Dickinson (R) Franklin-3-2
1. Northern Tier Center for Health

Rep. Anne B. Donahue (R) Washington-1
1. The Health Center

1. Community Health Centers of Burlington

Sen. Bill Doyle (R) Washington District
1. The Health Center

Rep. Alyson Eastman (I) Addison-Rutland
1. Community Health Centers of the Rutland Region
2. Mountain Health Center

Rep. Alice M. Emmons (D) Windsor-3-2
1. Springfield Medical Care Systems, Inc.

Rep. Debbie Evans (D) Chittenden-8-1
1. Community Health Centers of Burlington
Vermont Member Legislative Representation List by Legislator (Page 3)
2015-2016 Biennium

Rep. Peter J. Fagan (R) Rutland-5-1
1. Community Health Centers of the Rutland Region

Rep. Marty Feltus (R) Caledonia-4
1. Northern Counties Health Care

Rep. Rachael Fields (D) Bennington-2-1
1. Battenkill Valley Health Center

Rep. Larry Fiske (R) Franklin-7
1. Northern Tier Center for Health

Sen. Peg Flory (R) Rutland District
1. Community Health Centers of the Rutland Region

Rep. Robert Forguites (D) Windsor-3-2
1. Springfield Medical Care Systems, Inc.

Rep. Bill Frank (D) Chittenden-3
1. Community Health Centers of Burlington

Rep. Patsy French (D) Orange-Washington-Addison
1. Gifford Health Care

Rep. Doug Gage (R) Rutland-5-4
1. Community Health Centers of the Rutland Region

Rep. Marianna Gamache (R) Franklin-4
1. Northern Tier Center for Health

Rep. Diana Gonzalez (P) Chittenden-6-7
1. Community Health Centers of Burlington

Rep. Maxine Jo Grad (D) Washington-7
1. The Health Center

Rep. Rodney Graham (R) Orange-1
1. Little Rivers Health Care
2. Gifford Health Care

1. The Health Center

Rep. Sandy Haas (P) Windsor-Rutland
1. Gifford Health Care

Rep. Helen Head (D) Chittenden-7-3
1. Community Health Centers of Burlington

Rep. Michael Hebert (R) Windham-1
1. Closest is Springfield Medical Care Systems, Inc.

Rep. Bob Helm (R) Rutland-3
1. Community Health Centers of the Rutland Region

Rep. Mark Higley (R) Orleans-Lamoille
1. Community Health Services of Lamoille Valley

Rep. Mary S. Hooper (D) Washington-4
1. The Health Center

Rep. Ronald E. Hubert (R) Chittenden-10
1. Community Health Centers of Burlington

Rep. Mark Huntley (D) Windsor -2
1. Springfield Medical Care Systems, Inc.

Rep. Tim Jerman (D) Chittenden-8-2
1. Community Health Centers of Burlington

Rep. Willem Jewett (D) Addison-2
1. Community Health Centers of the Rutland Region

Rep. Mitzi Johnson (D) Grand Isle-Chittenden
1. Community Health Centers of Burlington
2. Northern Tier Center for Health

Rep. Bernie Juskiewicz (R) Lamoille-3
1. Community Health Services of Lamoille Valley

Rep. Kathleen C. Keenan (D) Franklin-3-1
1. Northern Tier Center for Health
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2015-2016 Biennium

Sen. Jane Kitchel (D) Caledonia District
1. Little Rivers Health Care
2. Northern Counties Health Care

1. The Health Center

1. The Health Center

Rep. Patricia Komline (R) Bennington-Rutland
1. Community Health Centers of the Rutland Region

Rep. Bob Krebs (D) Grand Isle-Chittenden
1. Community Health Centers of Burlington
2. Northern Tier Center for Health

Rep. Jill Krowinski (D) Chittenden-6-3
1. Community Health Centers of Burlington

1. Community Health Centers of Burlington

Rep. Martin LaLonde (D) Chittenden 7-1
1. Community Health Centers of Burlington

Rep. Diane Lanpher (D) Addison-3
1. Community Health Centers of Burlington
2. Community Health Centers of the Rutland Region
3. Mountain Health Center

Rep. Richard Lawrence (R) Caledonia-4
1. Northern Counties Health Care

Rep. Paul Lefebvre (R) Essex-Caledonia-Orleans
1. Northern Counties Health Care
2. North Country Health Systems

1. Community Health Centers of Burlington

Rep. Patti J. Lewis (R) Washington-1
1. The Health Center

Rep. Bill J. Lippert (D) Chittenden-4-2
1. Community Health Centers of Burlington

Rep. Emily Long (D) Windham-5
1. Closest is Springfield Medical Care Systems, Inc.

Rep. Gabrielle Lucke (D) Windsor-4-2
1. Closest is Little Rivers Health Care

Rep. Terry Macaig (D) Chittenden-2
1. Community Health Centers of Burlington

Sen. Mark A. MacDonald (D) Orange District
1. Gifford Health Care
2. Little Rivers Health Care

1. Closest is Battenkill Valley Health Center

Rep. Michael Marcotte (R) Orleans-2
1. Newport Pediatrics and Adolescent Medicine
2. North Country Health Systems

Rep. Marcia Martel (R) Caledonia-1
1. Little Rivers Health Care
2. Northern Counties Health Care

Rep. Linda J. Martin (D) Lamoille-2
1. Community Health Services of Lamoille Valley
2. Northern Counties Health Care

1. Gifford Health Care
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Rep. Ann Pugh (D) Chittenden 7-2
1. Community Health Centers of Burlington

Rep. Joey Purvis (R) Chittenden-9-1
1. Community Health Centers of Burlington

Rep. Connie Quimby (R) Essex-Caledonia
1. Northern Counties Health Care

Rep. Barbara Rachelson (D) Chittenden-6-6
1. Community Health Centers of Burlington

Rep. Kesha K. Ram (D) Chittenden-6-4
1. Community Health Centers of Burlington

Sen. John Rodgers (D) Essex-Orleans District
1. Northern Counties Health Care
2. North Country Health Systems

Rep. Herb Russell (D) Rutland-5-3
1. Community Health Centers of the Rutland Region

Rep. Marjorie Ryerson (D) Orange-Washington-Addison
1. Gifford Health Care

Rep. Brian K. Savage (R) Franklin-4
1. Northern Tier Center for Health

Rep. Heidi E. Scheuermann (R) Lamoille-1
1. Community Health Services of Lamoille Valley

Sen. Dick Sears (D) Bennington District
1. Battenkill Valley Health Center

Rep. Dave Sharpe (D) Addison-4
1. Mountain Health Center

Rep. Butch Shaw (R) Rutland-6
1. Community Health Centers of the Rutland Region

Rep. Loren Shaw (R) Orleans-1
1. Northern Counties Health Care
2. North Country Health Systems

Rep. Amy Sheldon (D) Addison-1
1. Community Health Centers of Burlington

Rep. Laura Sibilia (I) Windham-Bennington
1. Battenkill Valley Health Center

Sen. Michael Sirotkin (D) Chittenden District
1. Community Health Centers of Burlington

Rep. Harvey Smith (R) Addison-5
1. Mountain Health Center

Rep. Shap Smith (D) Lamoille-Washington
1. Community Health Services of Lamoille Valley
2. The Health Center

Sen. Diane Snelling (R) Chittenden District
1. Community Health Centers of Burlington

Sen. Bobby Starr (D) Essex-Orleans District
1. Northern Counties Health Care
2. North Country Health Systems

Rep. Tom Stevens (D) Washington-Chittenden
1. Community Health Centers of Burlington
2. The Health Center

Rep. Vicki Strong (R) Orleans-Caledonia
1. Northern Counties Health Care
2. North Country Health Systems

Rep. Valerie Stuart (D) Windham-2-1
1. Closest is Battenkill Valley Health Center

Rep. Mary Sullivan (D) Chittenden-6-5
1. Community Health Centers of Burlington

Rep. Job Tate (R) Rutland-Windsor-1
1. Community Health Centers of the Rutland Region
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<td>Rep. Teo Zagar (D) Windsor-4-1</td>
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</table>
Family Practice Payer Mix, Calendar Year 2014*

Barre

FQHC

- Medicaid: 31%
- Commercial: 45%
- Medicare: 24%

Non FQHC

- Medicaid: 17%
- Commercial: 60%
- Medicare: 23%

Data source: 2014 Blueprint Service Area Profiles
Bennington

FQHC

- Medicaid: 26%
- Commercial: 33%
- Medicare: 41%

Non-FQHC

- Medicaid: 30%
- Commercial: 25%
- Medicare: 45%

Data source: 2014 Blueprint Service Area Profiles
Burlington

Data source: 2014 Blueprint Service Area Profiles
Middlebury

**FQHC**
- Medicaid: 13%
- Commercial: 64%
- Medicare: 23%

**Non-FQHC**
- Medicaid: 17%
- Commercial: 55%
- Medicare: 28%

Data source: 2014 Blueprint Service Area Profiles
Morrisville

FQHC

- Medicaid: 30%
- Commercial: 49%
- Medicare: 21%

Non-FQHC

- Medicaid: 22%
- Commercial: 57%
- Medicare: 21%

Data source: 2014 Blueprint Service Area Profiles
Newport

FQHC

- Medicaid: 30%
- Commercial: 37%
- Medicare: 33%

Non-FQHC

- Medicaid: 30%
- Commercial: 40%
- Medicare: 30%

Data source: 2014 Blueprint Service Area Profiles
Randolph

FQHC

- Medicaid: 29%
- Commercial: 50%
- Medicare: 21%

Data source: 2014 Blueprint Service Area Profiles
Rutland

FQHC

- Medicaid: 25%
- Commercial: 28%
- Medicare: 47%

Non-FQHC

- Medicaid: 10%
- Commercial: 30%
- Medicare: 60%

Data source: 2014 Blueprint Service Area Profiles
Springfield

FQHC

Data source: 2014 Blueprint Service Area Profiles
St. Albans

Data source: 2014 Blueprint Service Area Profiles
St. Johnsbury

FQHC
- Medicaid: 32%
- Commercial: 42%
- Medicare: 26%

Non-FQHC
- Medicaid: 15%
- Commercial: 45%
- Medicare: 40%

Data source: 2014 Blueprint Service Area Profiles
White River Junction

FQHC

- Medicaid: 26%
- Commercial: 32%
- Medicare: 42%

Non-FQHC

- Medicaid: 18%
- Commercial: 25%
- Medicare: 57%

Data source: 2014 Blueprint Service Area Profiles
Statewide

Data source: 2014 Blueprint Service Area Profiles