Loan Repayment & Community Health Center Meeting

Welcome!

Dr. Terry Dwelle, State Health Officer
Agenda for Today

- Learn about Health Professional Shortage Areas
- Learn about Federal and State Loan Repayment Programs
- Dialogue with the Center for Family Medicine Residency Program Director and Resident
- Learn about the Community Health Center Programs in North Dakota
Shortage Designations

Presented by
Terri Lang, Shortage Designation Analyst
Shortage Designations

• **What are they:**

  A way to identify areas and population groups that are experiencing shortages of health professionals so limited resources can be prioritized and given to those areas most in need.

• **HPSA**
  Health Professional Shortage Area

• **MUA/P**
  Medically Underserved Area/Population
Why Are HPSAs Important?

• HPSAs determine funding priorities
  › NHSC makes awards by descending HPSA score
    ○ Awardees working in sites with HPSA scores of 14 and higher receive higher funding than other awardees
    ○ The State Loan Repayment Program (SLRP) requires participants to work in a HPSA, but are not required to prioritize by HPSA score

• HPSAs guide placement opportunities
  › Students to Service Loan Repayment program participants serve in sites with HPSAs of 14 or higher
  › Scholars have a limited number of placement opportunities and the statute directs them to serve in areas of greatest shortage
Legislation

• Original legislation enacted by Congress in 1970s, Sections 330 MUA/MUP and 332 (HPSA) of Public Health Service Act as amended.

Health Professional Shortage Areas

• Three categories of HPSAs based on health discipline
  ○ Primary Care
  ○ Dental
  ○ Mental Health

• Think three sub-types
  ○ Geographic
  ○ Population
  ○ Facility
HPSA Designation Process

• The rules are very specific in law and regulation

• **Primary factor** -- number of health professionals relative to the population.
  - Primary Care - 3500:1
  - Dental Care - 5000:1
  - Mental Health (psychiatrists only option) - 30,000:1

• **Secondary factor** -- all contiguous areas are deemed over utilized, inaccessible, or excessively distant.

• If it appears the area meets criteria, application is submitted to the Division of Policy and Shortage Designation
Health Professional Shortage Maps

North Dakota Mental Health Professional Shortage Areas

North Dakota Dental Health Professional Shortage Areas
Automatic HPSA Statute

- Legislation in 2002 created a separate type of HPSA designation, “Automatic Facility” (Auto) HPSAs based on the type of facility
- Auto HPSAs are automatically designated by statute
- Auto HPSAs are currently manually scored by the Division of Policy and Shortage Designation
Entities Covered under Auto HPSA Statute

- Certified Rural Health Clinics (RHCs) meeting NHSC-Site Requirement
- Federally Qualified Health Centers (FQHCs)/Community Health Centers (CHCs)
- FQHC Look-A-Likes (LALs)
- Federal Indian Health Service Clinics
- Tribally-run Health Clinics
- Urban Indian Health Clinics
- Dual-funded Community Health Centers/Tribal Health Clinics
To Look Up A HPSA...Go To “HPSA Find” Website

Go to: http://hpsafind.hrsa.gov/
HPSA Scores were developed for use by the National Health Service Corps for prioritization of clinician assignment.

- Primary Health Care score range: 0 to 25
- Dental Health Care score range: 0 to 26
- Mental Health Care score range: 0 to 26
- The higher the score, the greater the chance of obtaining a provider.
Federal Shortage Designation Branch calculates a score (0-25) based on four criteria each on a 0-5 scale:

- Population to Provider Ratio*
- Percent of individuals below 100% poverty level
- Infant health index (infant mortality rate or low birth weight babies)
- Average travel time or distance to nearest source of non-designated accessible care.

* Weighted scale is doubled
HPSA Scoring Dental Health Care

Federal Shortage Designation Branch calculates a score (0-26) based on four criteria:

- Population to Dental Provider Ratio* (0-5)
  - Dentists’ FTE is adjusted based on age range and number of auxiliaries
- Percent of population with incomes below 100% poverty level* (0-5)
- Fluoridated Water (0-1)
- Average Travel Time or Distance to Nearest Source of Non-Designated Accessible Care (0-5)

* Weighted scale is doubled
Federal Shortage Designation Branch calculates a score (0-26) based on seven criteria:

- Population to Provider Ratio (0-8)
- Percent of individuals below 100% poverty level (0-5)
- Youth Ratio (0-3)
- Elderly Ratio (0-3)
- Substance Abuse Prevalence (0-1)
- Alcohol Abuse Prevalence (0-1)
- Average travel time or distance to nearest source of non-designated accessible care. (0-5)
Automatic Facility HPSA Score Criteria

• Same criteria for each discipline as all other designations

• For Multi-Site Entities:
  • one score for the entire entity.
  • score is calculated by averaging the individual site scores.
Applicability of Automatic HPSA Scores

• Any site that is located in a regularly designated HPSA can continue to use the score or the area/population
  - Site must physically be located within the HPSA area/population
  - Other sites of the same entity not located within the designated area must use the automatic score
Medically Underserved Areas/Populations

- Criteria and Weighted Values
  - Percent of Population at 100% Poverty
  - Percent of Population ≥ 65
  - Infant Mortality Rate
  - Primary Care Physicians per 1,000 Population

- Index of Medical Underservice
  - If score is ≤ 62 application is submitted to Shortage Designation Branch for review and determination.
Currently transitioning over to a new Shortage Designation Management System

- Designations are frozen.
- There will be no required updates through 2015.
- New designations can be requested during this period of transition.
- Focus will be for the Primary Care Offices to update provider data for all disciplines.
- Under the new system, it is anticipated to have all designations annually updated rather than every three years.
Thank you - Any Questions
Loan Repayment Programs

Presented by
Erica Grover, NHSC Denver Regional Office
Mary Amundson
Director, Office of Primary Care
Bureau of Health Workforce

• The NHSC is part of HRSA’s Bureau of Health Workforce (BHW).

• The BHW coordinates the recruitment and retention of health professionals to work in medically underserved communities.
1970s
- NHSC created
- First scholarships
- Grew from 181 providers to over 1,800
- Budget 10 times larger by end of decade

1980s
- Loan Repayment Program (LRP) launched
- Predicted physician surplus—budget reduced
- Field strength at 1,500 by 1989

1990s
- Early 1990s — Only 1,000 providers serve
- Mental health disciplines added to LRP
- Over 2,500 providers in service by end of decade

2000s
- Recovery Act and Health Care Reform — increased funding
- Unprecedented growth in field strength
- Nearly 8,900 providers serving at over 5,100 sites*

*As of September 30, 2013
Nearly 8,900 NHSC primary care providers serving at over 5,100 sites.
Fast Facts

✓ NHSC members are currently providing care to more than 9.3 million people in the United States

✓ Networking and other educational resources are available to support NHSC providers during their service

✓ The number of providers in service has more than doubled since 2008
NHSC Support

Primary Care Offices (PCOs) NHSC activities include:

- State level offices that facilitate and participate in activities to improve access to health care services for residents of their state
- Know the needs and barriers to primary care in each state
- Know providers and sites in their state—including NHSC-approved sites
- Help members identify available jobs at NHSC-approved sites
- Assist sites with the NHSC application process
- Conduct HPSA designation analysis
Why Become a NHSC Approved Site
Benefits

- Recruit providers and residents dedicated to working where they are needed most
- Post clinical job openings on the NHSC Jobs Center and participate in Virtual Job Fairs
- Connect with other NHSC-approved sites
- Receive community and site development assistance
- Establish an integrated system of care that includes the uninsured and underinsured
- Develop linkages with academic institutions and other organizations
Eligible Site Types

- Federally Qualified Health Centers (FQHC) ~ FQHC Look-Alikes
- American Indian Health Facilities: Indian Health Service Facilities, Tribally-Operated 638 Health Programs and Urban Indian Health Programs (ITU)
- Correctional or Detention Facilities
- Certified Rural Health Clinics (RHC)
- Critical Access Hospitals (CAH)
- Community Mental Health Centers (CMHC)
- State or County Health Departments
- Community Outpatient Facilities
- Private Practices ~ School-Based Clinics ~ Mobile Units/Clinics ~ Free Clinics
SITE ELIGIBILITY: MUST BE LOCATED IN HEALTH PROFESSIONAL SHORTAGE AREAS

• National Health Service Corps clinicians must complete their service obligation at approved sites with a HPSA designation. Priority funding is given to clinicians working at a site with a HPSA score of 14 or higher.

• Sites must:
  ✓ See all patients regardless of ability to pay
  ✓ Provide services on a discount fee schedule
  ✓ Accept patients covered by Medicare, Medicaid, and the Children’s Health Insurance Program
  ✓ Not discriminate in the provision of services
How to Apply

1. Determine HPSA Status; enlist State Primary Care Office
2. Complete and submit the Site Application
3. Complete and submit the Site Profile Form
Loan Repayment
Provider Eligibility
Providers Must Have

✓ U.S. citizen or national
✓ Currently work, or applying to work, at an NHSC-approved site
✓ Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts
✓ Licensed to practice in state where employer site is located
Eligible disciplines

- Primary Care Allopathic or Osteopathic Physicians (FP, IM, PED, OBGYN, PSY)
- Primary Care Nurse Practitioners
- Primary Care Physician Assistants
- Certified-Nurse midwives
- Dentists/Dental Hygienists
- Clinical Psychologists, Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, and Psychiatric Nurse Specialist
Benefits: Providers receive loan repayment in addition to a competitive salary from their employers.

1. Providers find a job at an NHSC-approved site

2. Apply to the NHSC for loan repayment
NHSC JOBS CENTER

✓ Job seekers search NHSC-approved sites, including those with current job openings

✓ Online site profiles showcase languages spoken by patients, services offered, patients served annually, optional photos and much more

✓ Google based mapping makes it easy for job seekers to find schools and other community amenities near a site
Loan Repayment Award

The NHSC Loan Repayment Program offers two levels of funding, based upon the need of the community in which a provider works, as defined by Health Professional Shortage Area (HPSA) score.

**Award Amounts**

<table>
<thead>
<tr>
<th>HPSA Score</th>
<th>2 Years Full-time</th>
<th>2 Years Half-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sites with HPSA Score of 14+</td>
<td>Up to $50,000</td>
<td>Up to $25,000</td>
</tr>
<tr>
<td>Sites with HPSA Score of 0-13</td>
<td>Up to $30,000</td>
<td>Up to $15,000</td>
</tr>
<tr>
<td>3rd/4th year</td>
<td>Up to $20,000</td>
<td>Up to $10,000</td>
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<tr>
<td>5th/6th year</td>
<td>Up to $10,000</td>
<td>Up to $5,000</td>
</tr>
</tbody>
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Loan repayment is tax free.
Additional Benefits

• A portion of service obligation can be fulfilled by teaching

• Providers receive loan repayment in addition to a competitive salary from their employers
North Dakota Primary Care Health Professional Shortage Areas

HPSA 14+
North Dakota Mental Health Professional Shortage Areas

HPSAs 14+
North Dakota Dental Health
Health Professional Shortage Areas

HPSAs +14
Other Resources

Facebook:  
www.facebook.com/nationalhealthservicecorps

Twitter:  
Twitter.com/NHSCorps

YouTube:  
www.youtube.com/HRSAtube
Scholarship Program
Provider Eligibility

✓ U.S. citizen or national
✓ Full-time student at an accredited school, pursuing a degree in:
  • Medicine (DO or MD)
  • Dentistry (DMD or DDS)
  • Nurse practitioner
  • Certified nurse-midwife
  • Physician assistant (primary care)
Students pursuing careers in primary care can receive a scholarship now and serve later.

The scholarship* includes:

- Payment of tuition and required fees (tax-free)
- Some other tax-free educational costs (books, etc.)
- A monthly living stipend (taxable)

Scholars choose where they will serve from a list of sites in high-need rural, urban, and frontier areas.

*available for up to 4 years
Scholars commit to serve in the Corps upon completion of their training — one year for each year of support (at least 2 years). A portion of their service obligation can be fulfilled by teaching.
Students to Service Loan Repayment Program
The NHSC offers up to $120,000 in tax-free loan repayment for 3 years of full-time or 6 years of half-time service. Loan repayment begins during residency.

Award continuations may be available.
Student Eligibility

- U.S. citizen or national
- Full-time student in the last year at an accredited school, pursuing a degree in Medicine (MD or DO)
- Planning to complete an accredited primary medical care residency in an NHSC-approved specialty (Internal Medicine, Family Practice, Pediatrics, OB/GYN, Psychiatry and Geriatrics)
- Have unpaid government or commercial loans for school tuition, reasonable educational expenses, and reasonable living expenses, segregated from all other debts

http://www.nhsc.hrsa.gov/loanrepayment/studentstoserviceprogram
Nurse Corps Loan Repayment Program

• Available to Registered nurses and advanced practice nurses
• Must work in public or private nonprofit Critical Shortage Facilities
• Must be in a mental health or primary care HPSAs

Award is Taxable
Nurse Corps Loan Repayment Program

Eligibility

- Be a U.S. citizen, U.S. national, or lawful permanent resident;
- Have a current license to practice as a registered nurse and received a diploma, associate’s, bachelor’s, master’s, or doctoral degree in nursing;
- Be employed full time (at least 32 hours per week) at a public or private nonprofit Critical Shortage Facility OR be employed full time at an accredited, public or private nonprofit school of nursing;
- Have completed the education program for which the loan applies.

http://www.hrsa.gov/loanscholarships/repayment/nursing/
Nurse Corps Program

<table>
<thead>
<tr>
<th>Site types:</th>
<th></th>
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| • Federally Qualified Health Center (FQHC)  
• FQHC Look-Alike  
• Rural Health Clinic  
• Hospital-affiliated Primary Care Outpatient Clinic  
• Indian Health Service, Tribal Clinic, Urban Indian Health Clinic (ITU)  
• State or Federal Correctional Facility  
• Private Practice (Solo/Group)  
• State or Local Public Health or Human Services Department  
• Public Hospital  
• Rural Health Clinic  
• Skilled Nursing Facility | • Ambulatory Surgical Center  
• Critical Access Hospital  
• Disproportionate Share Hospital (DSH)  
• Federally Qualified Health Center (FQHC) and FQHC Look-Alike  
• Home Health Agency  
• Hospice Program  
• Indian Health Service Health Center  
• Native Hawaiian Health Center  
• Non-Disproportionate Share Hospital  
• Nursing Home |

www.nhsc.hrsa.gov/scholarships  
www.hrsa.gov/loanscholarships/scholarships/nursing
Nurse Corps Scholarship Program

In exchange for minimum 2-year service commitment at a critical shortage facility located in a HPSA the recipient received:

• Tuition
• Eligible fees
• Other reasonable costs – books, clinical supplies, etc.
• Monthly stipend ($1,302 – 2014-15 school year)
BHW provides matching funds to more than 30 states to operate their own loan repayment programs for primary care providers.

Federal/State Loan Repayment Program
SLRP

• Expands list of participants to include registered nurses, mental/behavioral health and pharmacists

• Expand eligible site types to include critical access hospitals, long-term care facilities, and state mental facilities

• Providers can receive up to $50,000/year for a 2-year service commitment

  ✓ 1:1 match with federal dollars
  ✓ Sites must follow NHSC policies
  ✓ Must work in a HPSA (score doesn’t matter)
State Funded Loan Repayment Programs
State-Funded Physician Loan Repayment Program

Site Preferences

- Communities with defined health professional medical need
- Demonstrated need for the primary care physician or physician trained in Psychiatry
- Communities with populations not more than 15,000
State-Funded Physician Loan Repayment Program

Providers
• Training fits with the specialty need
• 2-year commitment to community
• Match
• Preference for UNDSMHS graduates
• Full unrestricted license

Benefits
• $90,000 in loan repayment
State-Funded Medical Personnel Loan Repayment Program

Site Criteria

- Ratio of physicians and NPs, PAs, CNM, in the community
- Demonstrated need for primary health care
- Assessment of expected number of visits
- Community support
- Communities nor more than 15,000
Medically Personnel Loan Repayment Program

Providers

- Training is needed in the community
- Availability of the provider to begin service
- 2-year commitment to community (full-time) with match
- Preference for application enrolled or graduated for in-state programs
- Licensed or certified to practice in the state

Benefits

- $30,000 in loan repayment
State-Run Dental Loan Repayment Program

Site Preferences

• Community size-preference for communities >2,500
• 4-year commitment to community depending on program
• Number of practicing dentists in the community and access to the dentist
• Demonstrated need for the dentist
• Mix of dental specialties in the community and area
State-Run Dental Loan Repayment Program

Providers

• Training is general dentistry or dental specialty as needed
• Availability of the provider to begin service
• Commitment to community (full-time)
• Willingness to accept Medicare/Medicaid patients
• Licensed to practice in the state

Dentist may not have practiced dentistry full time in the state during the three years immediately preceding the application
State-Funded Dental Loan Repayment Program
Public Health & Nonprofit Clinics

Site Preferences
• Site must use a sliding fee scale for patient billing

Benefits
• $60,000 for a 3-year commitment
Learn More At:

State Programs:  http://www.med.und.edu/family-medicine/workforce.cfm

Federal Programs:  http://nhsc.hrsa.gov

HPSAs:  http://www.hrsa.gov/shortage/

HPSA Find:  http://hpsafind.hrsa.gov
Contact Information

State: Mary Amundson, MA, Assistant Professor
UNDSMHS Department of Family & Community Medicine; 701-777-4018
mary.amundson@med.und.edu
Terri Lang, Project Coordinator (HPSAs)
UNDSMHS Department of Family & Community Medicine; 701-858-6795
terri.lang@med.und.edu

Federal: Erica Grover, MPH
US Department of Health and Human Services
Bureau of Health Workforce
Division of Regional Operations, Denver CO
303-844-7876; egrover@hrsa.gov
Dr. Hostetter
Center for Family Medicine
Loan Repayment Questions
Community Health Centers

Thursday, October 16, 2014
Pioneer Room
State Capital

Linda Ross, CEO
Community Healthcare Association of the Dakotas
About CHAD

- The Community HealthCare Association of the Dakotas (CHAD) is a 501(c)3 membership organization serving as the Primary Care Association (PCA) for North and South Dakota.

- The role of a PCA is to provide support to our Community Health Center (CHC) members in the areas of training, technical assistance and advocacy, as well as assist the CHCs in maintaining compliance with their program requirements, operating grants, and growth planning.
Our Mission

It is our mission to enhance access to quality primary care through services to our members.

We strive to serve the needs of our members and to support their mission to provide quality health care to the people of North and South Dakota.
What is a Federally Qualified Health Center (FQHC)?

- According to the Centers for Medicare and Medicaid Services (CMS), FQHCs are “safety net” providers such as community health centers, public housing centers, outpatient health programs funded by the Indian Health Service, and programs serving migrants and the homeless.

- The main purpose of the FQHC Program is to enhance the provision of primary care services in underserved urban and rural communities.

- Community health centers (CHCs) are non-profit community-driven clinics providing high quality primary and preventive care to all individuals, with or without insurance and regardless of their ability to pay.
What is an FQHC? (cont’d)

- FQHCs must fall under one of the following categories to qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits.
  - Meets requirements of the Health Center Program and **receives a grant** under section 330 of the Public Health Service Act.
  - Meets requirements of the Health Center Program **but does not receive a grant** under section 330 of the Public Health Service Act.
  - Qualifies as an outpatient health program or facility operated by a **tribe or tribal organization**.
FQHC vs. CHC

- FQHC designation comes from CMS and is a payment mechanism

- CHC designation comes from Health Resources and Services Administration (HRSA)

- For the purpose of this conversation, we will use them interchangeably
Types of Health Centers

- **Grant-Supported Federally Qualified Health Centers** are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act) and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

  - **Community Health Centers** serve a variety of underserved populations and areas (Section 330).
  - **Migrant Health Centers** serve migrant and seasonal agricultural workers (Section 330g).
  - **Healthcare for the Homeless Programs** reach out to homeless individuals and families and provide primary care and substance abuse services (Section 330h).
  - **Public Housing Primary Care Programs** serve residents of public housing and are located in or adjacent to the communities they serve (Section 330i).
Types of Health Centers (cont’d)

- **Non-grant-supported Health Centers** are health centers that have been identified by HRSA and certified by the Centers for Medicare and Medicaid Services as meeting the definition of “health center” under Section 330 of the PHS Act, although they do not receive grant funding under Section 330. They are referred to as “Look-Alikes.”

- **Outpatient health programs/facilities operated by tribal organizations** (under the Indian Self-Determination Act, P.L. 96-638) or urban Indian organizations (under the Indian Health Care Improvement Act, P.L. 94-437).
Health Center Program Fundamentals

- Private not-for-profit or public entities that serve a **high-need community or population**
  - Medically Underserved Area (MUA) or a Medically Underserved Population (MUP)
- **Provide comprehensive primary health care** services as well as supportive services (education, translation and transportation, etc.) that promote access to health care
- **Governed by a community board** composed of a majority (51% or more) of health center patients who represent the population served
- **Provide services available to all** with fees adjusted based on ability to pay (Sliding Fee Discount Program)
- **Collaborate** with safety net providers and others (e.g., State and local health departments) in the area
- Held to strict **accountability and performance measures** for clinical, financial and administrative operations by HRSA (19 Key Program Requirements)
Sliding Fee Discount Program

- Applicability to all individuals and families with annual incomes at or below 200 percent of the Federal Poverty Guidelines (FPG).

- Full discount for individuals and families with annual incomes at or below 100 percent of the FPG, or allowance for a nominal charge only, consistent with health center policy.

- Adjustment of fees (partial discount) based on family size and income for individuals and families with incomes above 100 and at or below 200 percent of the FPG.

- No discounts for individuals and families with annual incomes above 200 percent of the FPG.
19 Key Health Center Program Requirements

Need
- Needs Assessment

Governance
- Board Authority
- Board Composition
- Conflict of Interest Policy

Services
- Required and Additional Services
- Staffing Requirements
- Accessible Hours of Operation/Location
- After Hours Coverage
19 Key Health Center Program Requirements

Services (cont’d)
- Hospital Admitting Privileges and Continuum of Care
- Sliding Fee Discount
- Quality Improvement/Assurance Plan

Management and Finance
- Key Management Staff
- Contractual/Affiliation Agreements
- Collaborative Relationships
- Financial Management and Control Policies
- Billing and Collections
- Budget
- Program Data Reporting Systems
- Scope of Project
UDS Reporting

- Every year, CHCs are required to complete a core set of information called the **Uniform Data System (UDS)**.

- This data includes patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

- The data is used to **ensure compliance** with regulatory requirements, **report achievements** of the community health center program, **monitor performance** of the program, and to **identify** areas of technical assistance needs.
Benefits to the Health Center

- Section 330 grant funds to offset the costs of uncompensated care and other key enabling services (Health Center Program grantees receive these grant funds. Look-alikes are eligible to compete for them.)

- Medical malpractice coverage under Federal Tort Claims Act (FTCA) (Look-alikes are not eligible for this benefit.)

- Prospective Payment System (PPS) reimbursement for services to Medicaid patients

- Cost-based reimbursement for services to Medicare patients

- Drug Pricing Discounts for pharmaceutical products under the 340B Program

- Access to Vaccines for Children Program for uninsured children
Benefits to the Health Center (cont’d)

- **Federal loan guarantees** for capital improvements (Look-alikes are not eligible for this benefit.)

- **Automatic** Health Professional Shortage Area (HPSA) Designation

- The **National Health Service Corps (NHSC)** can help health centers, look-alikes, and free clinics recruit and retain qualified providers

- **National network of similar organizations** committed to improving the health of the Nation’s underserved communities and vulnerable populations

- Eligibility for various **other federal grants** and programs
Section 330 Public Health Service Act Health Center Program

- Defines the Federal Health Center Program as the **funding opportunity** for organizations to provide care to underserved populations

  - **New Access Points Grants** provide funding to support **new service delivery sites** that will provide comprehensive primary health care and access to oral and mental health services. Applicants can be existing grantees or new organizations that do not currently receive section 330 grant funds.

  - **Expanded Medical Capacity Grants** provide funding to **expand access to primary health services** in the health center's current service area (e.g. by adding new medical providers or medical services or expanding hours of operation). Only existing grantees are eligible to apply.
Service Expansion Grants provide funding to add new or expand existing mental health/substance abuse, oral health, pharmacy, and enabling services for special populations at existing health centers. Only existing grantees are eligible to apply.

Service Area Competition Grants provide ongoing competing continuation funding for service areas currently served by health center grantees. Both currently funded section 330 grantees whose project periods have expired and new organizations proposing to serve the same areas or populations being served by existing section 330 grantees may apply.
Benefits to the Community

- A **health home for underserved people**, improving public health, reducing the burden on hospital emergency rooms, and providing needed services such as free immunizations for uninsured children.

- A voice (through the **consumer majority Board of Directors**) in the operation of that health home.

- **Broader health insurance coverage** as the health center assists uninsured patients enroll in Medicaid, CHIP, and other assistance programs.

- **Less costly care** for Medicare patients, whose Medicare deductible costs are waived for FQHC-provided services.
Services Provided by CHCs

- All Services Provided to All Ages
  - Primary Health Care
  - Dental Care
  - Behavioral Health
  - Pharmacy
  - Basic Lab
  - Emergency Care
  - Radiological Services
  - Transportation
  - Case Management
  - After Hours Care
  - Hospital/Specialty Care

Note: This is not a complete list of services. All services required on site or through established written arrangements/referrals
North Dakota Community Health Center Snapshot

31,608 Patients
108,478 Visits

9,878 Dental Patients
23,680 Dental Visits

10,105 Uninsured Patients Received Care

Source: 2013 North Dakota UDS Reports
<table>
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<tr>
<th><strong>FQHC / Look-Alike</strong></th>
<th><strong>Rural Health Clinic</strong></th>
<th><strong>Benefits</strong></th>
<th><strong>Benefits Comparison</strong></th>
</tr>
</thead>
</table>
| Must be either a not-for-profit or public facility. | May be either a for-profit or not-for-profit. Can be public or private. | Health Center Program grant funding | FQHC – Yes  
Look-Alike – Eligible to compete  
RHC – No |
| Governed by a Board of Directors of which at least 51% must be patients of the community health center. | Not required to have a Board of Directors. | Medical Malpractice Coverage - FTCA | FQHC – Yes  
Look-Alike – No  
RHC – No |
| Must provide care for all ages. | May be limited to a specific type of primary care practice. (Pediatrics, OB/Gyn) | Prospective Payment System (PPS) - Medicaid patients | FQHC – Yes  
Look-Alike – Yes  
RHC – Yes |
| Must provide primary health care; maternity and prenatal care; preventive care for infants, children, and adults; some emergency care; and pharmaceutical services. | No minimum service requirements. Must provide outpatient primary care services and basic lab service. | Cost-based reimbursement - Medicare | FQHC – Yes  
Look-Alike – Yes  
RHC – Yes |
| Required to provide emergency care on a 24-hour basis. | RHCs have no requirement for after-hour emergency care. | Drug Pricing Discounts - 340B Program | FQHC – Yes  
Look-Alike – Eligible to participate  
RHC – No - However a covered CAH can register their outpatient clinic in the program. |
| Required to serve all residents of their service area with charges on a sliding fee scale based upon ability to pay. | Not required to provide services to low-income patients or to provide sliding fee reductions. If employing a NHSC provider, those services need to be provided on a sliding fee scale. | Vaccines for Children Program | FQHC – Yes  
Look-Alike – Yes  
RHC – Yes |
| Required to have an ongoing quality assurance program that identifies and takes actions necessary to correct problems. | No specific requirements for quality assurance plans. It is a requirement for RHCs to conduct an annual program evaluation to include volume and type and review both current and closed charts. | Federal loan guarantees | FQHC – Yes  
Look-Alike – No  
RHC – No |
| Must be located in a rural or urban area which is underserved or lacking health professionals. (MUAs and HPSAs). | May retain status regardless of the designation of their service area. RHCS must be located in a non-urban rural area with current health care shortage designations. | HPSA Designation | FQHC – Yes  
Look-Alike – Yes  
RHC – Yes |
| Required to be open at least 32 hours per week and provide emergency coverage after normal business hours. | No minimum hours or emergency coverage requirements. | NHSC | FQHC – Yes  
Look-Alike – No  
RHC – Yes as long as the requirements are met |
| Required to submit an annual independent audit as well as regular financial reports. | Must submit an annual audit but have no specific financial reporting requirements. | Grants / Other Programs | FQHC – Yes  
Look-Alike – Eligible to apply  
RHC – Eligible to apply |
| | | New Access Point | FQHC – Yes  
Look-Alike – No  
RHC – No |
| | | Expanded Medical Capacity | FQHC – Yes  
Look-Alike – No  
RHC – No |
| | | Service Expansion | FQHC – Yes  
Look-Alike – No  
RHC – No |
| | | Service Area Competition | FQHC – Yes  
Look-Alike – Eligible to apply  
RHC – Eligible to apply |
Questions?

Thank you!

Linda Ross, MBA
CEO
Community HealthCare Association of the Dakotas

CHAD
Community HealthCare Association of the Dakotas
Community Health Center Panel

Darrold Bertsch
Doug Jaeger
Patrick Butler
Questions and Wrap UP