

Montana's Community Health Centers



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Mary Beth Frideres
Montana Primary Care Association
406-442-2750



Access to healthcare – do you have it?

Many Montana residents do not.

They have "fallen through the cracks" in our healthcare system.

Not only does access mean "getting in the door" but it means "getting in the most appropriate door."

Why doesn't everyone have healthcare access?

- Poor financial situation
- Have no health insurance
- Don't have enough or have the wrong type of health insurance
- Judged "undesirable" - addictions, mental health problems, homeless, missed appointments, etc.
- Don't speak English
- Don't feel accepted because of race, religion, culture, sexual orientation, etc.
- Live in an area where healthcare providers are scarce
- Must travel long distances to care

What is the "healthcare safety net?"

In Montana:

- Federally Qualified Health Centers, including Community and Migrant Health Centers, Healthcare for the Homeless Clinics
- Certified Rural Health Clinics
- National Health Service Corps providers
- Hospital emergency departments



The Safety Net In Montana (cont.)

- Indian Health Service and Urban Indian Clinics
- Public Health Departments
- Community Mental Health Centers
- Family Planning Clinics
- Critical Access Hospitals
- Free Clinics



What is the "healthcare safety net?" (cont.)

- Typically located in close proximity to vulnerable populations
- Offer access to services without regard to health insurance, ability to pay, or both
- Receive some type of benefit for serving impoverished or disadvantaged populations from county, state, or federal government.

Federally-funded **Community Health Centers (CHCs)** are an increasingly important part of the Healthcare Safety Net in Montana.



Montana Migrant Program Dental Van



Lincoln County CHC, Libby, MT

What are "Community Health Centers (CHCs)?"

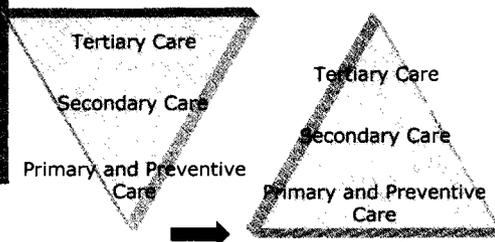
- Local, non-for-profit consumer-directed health care corporations serving low income and medically underserved communities
- Receive a federal grant to provide comprehensive primary (family doctor/dentist) and preventive care
- Clinic fees are based on the patient's ability to pay (sliding scale)
- Multidisciplinary staff

What are "Community Health Centers (CHCs)?"

- Services include primary care visits, health education, disease screening, case management, laboratory services, dental care, pharmacy services, mental health and substance abuse counseling, social services, and "enabling" services
- Some offer evening and weekend hours, provide care at multiple sites, use mobile clinics, and employ multi-lingual staff
- Have 24 hour system for after-hours call and emergencies

CHCs are "all about" access.

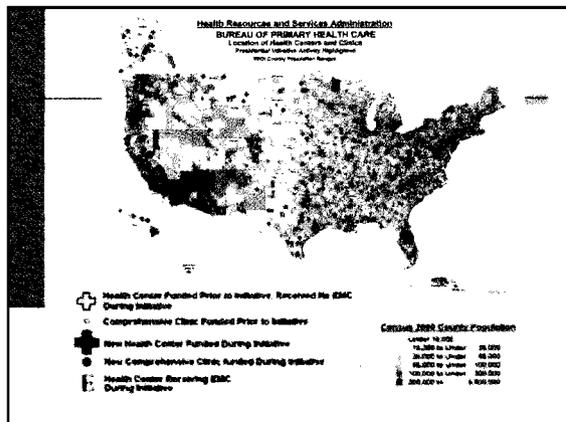
Changing Our Health Care System



Nationally, CHCs...

- Serve 15 million patients in over 3,600 delivery sites
- 70% of the patients have incomes at or below 100% of poverty
- 90% of the patients have incomes <200% of poverty
- 40% are uninsured (one of every 10 uninsured persons receives care from a Community Health Center)

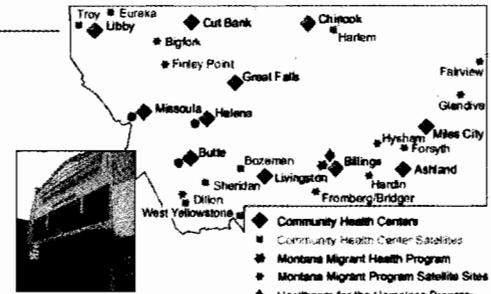
CY 2004



What does the State data say?

- 37% of Montanans have incomes below 200% of poverty
- 19% are uninsured (22% under age 64), 4th highest rate in nation
- More than 50,000 (22%) Montana children live in poverty, more likely in rural areas
- Two counties, Big Horn and Blaine, rank in the top 100 poorest counties in the nation (% population below 100% poverty)
- Montana ranks 1st in the nation in the percentage of Medicare beneficiaries residing in rural areas (76% vs. 23%)
- Montana Medicaid population is growing – serves 32% more Montanans than four years ago
- Montana CHCs saw an increase between 14 – 46% in the number of uninsured patients served between 2001 and 2003

Montana Community Health Centers 3/2006



Community Health Partners
CHC, Livingston, MT

Montana Health Center Statistics Calendar Year 2005

Payer Mix

> 76,520 patients
(unduplicated)

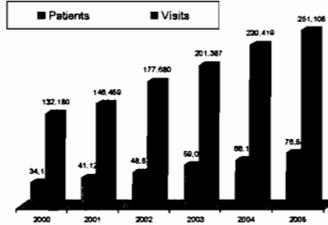
> 251,108 visits
(medical, dental, MH, SA,
pharmacy, and special
enabling services –
education, case
management, home
visiting)

Uninsured	55%
Medicaid	16%
Medicare	8%
CHIP	1%
Private Insurance	19%
	100%

Patient Income

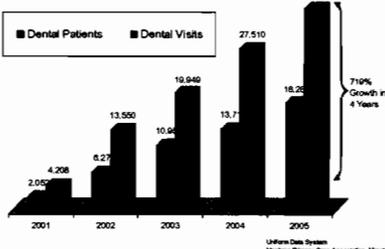
≤100% of poverty	61%
101-150%	16%
151-200%	7%
≥200%	18%
	100%

UTILIZATION GROWTH IN MONTANA HEALTH CENTERS 2000-2005



Uniform Data System
Montana Primary Care Association, March 2006

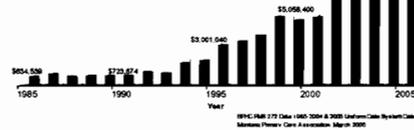
DENTAL UTILIZATION GROWTH IN MONTANA HEALTH CENTERS 2001-2005



Uniform Data System
Montana Primary Care Association, March 2006

FEDERAL GRANT FUNDING RECEIVED BY MONTANA HEALTH CENTERS, 1985-2006

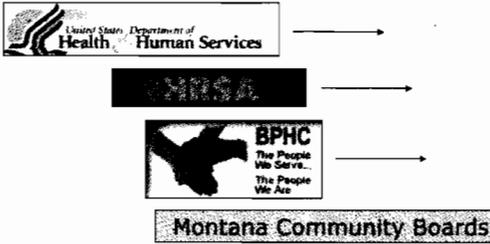
Montana Health Centers have received a
total of \$90,292,721
in Federal Grant Funding
since 1985.



PHC/FAC 173 Data 1985-2004 & 2005 Uniform Data System/Case
Montana Primary Care Association, March 2006

Community Health Centers are described and funded under the Health Center Consolidation Act of 1996.

Flow of CHC funds...



The HRSA Bureau of Primary Health Care

Mission

To provide comprehensive primary and preventive health care and to improve the health care status of underserved and vulnerable populations.



Deering Community Health Center, Billings, MT

HRSA/BPHC Expectations

- ❑ CHCs must survive through health care reforms, marketplace changes and advances in clinical care.
- ❑ CHCs must design programs and services which are culturally and linguistically appropriate.
- ❑ CHCs must evolve and improve their programs to achieve the greatest impact.
- ❑ CHCs must operate efficiently.
- ❑ CHCs must collaborate with other organizations.
- ❑ CHCs must comply with applicable law and regulation.

CHC Program Requirements

- ❑ Must provide services to all residents of the service area regardless of ability to pay
- ❑ Must have a schedule of charges and corresponding schedule of discounts based on a person's ability to pay for persons below 200 percent of poverty (full discounts for persons below 100 percent of poverty)

ABC Community Health Center Sliding Scale (example only)

Family Size	Billed % of charges					
	0%	20%	40%	60%	80%	100%
1	\$0 - \$9,800	\$9,801 - \$12,250	\$12,251 - \$14,700	\$14,701 - \$17,150	\$17,151 - \$19,600	\$19,601 and above
2	\$0 - \$13,200	\$13,201 - \$16,500	\$16,501 - \$19,800	\$19,801 - \$23,101	\$23,101 - \$26,400	\$26,401 and above
3	\$0 - \$16,600	\$16,601 - \$20,750	\$20,751 - \$24,900	\$24,901 - \$29,050	\$29,051 - \$33,200	\$33,201 and above
4	\$0 - \$20,000	\$20,001 - \$25,000	\$25,001 - \$30,000	\$30,001 - \$35,000	\$35,001 - \$40,000	\$40,001 and over
For each additional family member	+\$3,400	+\$4,250	+\$5,100	+\$5,750	+\$6,600	
CHC Target population	to 100% of poverty	to 125% of poverty	to 150% of poverty	to 175% of poverty	to 200% of poverty	Over 200% of poverty

Based on Federal poverty guidelines released January 24, 2006.

Governance

CHCs must have a governing body which assumes FULL authority and oversight responsibility for the health center.



Governing Board of the Ashland Community Health Center

Board Composition



- At least 51% of the board members must be consumers of health center services.
- As a group, the consumer board members must reasonably represent the individual's served by the health center in terms of race, ethnicity, and gender.
- No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health care industry.

What is an FQHC?

- Federally Qualified Health Center
- Medicare reimbursement terminology
- All Community Health Centers are FQHCs
- In Montana, Urban Indian Clinics (Helena, Great Falls, Billings) are FQHCs
- An "FQHC Lookalike" (looks like a Community Health Center – consumer board, sliding scale - but does not receive a federal grant) is an FQHC

Community Health Center Benefits Can Strengthen Montana Community Healthcare Systems

- CHCs, Migrant, Homeless Programs:
 - Access to Federal grants to support the costs of otherwise uncompensated comprehensive primary and preventive health care and "enabling services" delivered to uninsured and underinsured populations
 - Access to loan guarantees for capital improvements
 - Access to Federal Tort Claims Act (FTCA) coverage in lieu of purchasing malpractice insurance

Health Center Benefits (cont.)

- CHCs, Migrant, Homeless Programs and FQHC Lookalikes:
 - Access to very favorable drug pricing under Section 340B of the PHS Act
 - Access to a Prospective Payment System (PPS) for Medicaid services
 - Access to a cost-based reimbursement system for services provided under Medicare
 - Right to have State Medicaid agencies outstation Medicaid eligibility workers on FQHC site (or right to contract with Medicaid for FQHC staff to carry out eligibility activities)

Health Center Benefits (cont.)

- CHCs, Migrant, Homeless Programs and FQHC Lookalikes (cont.):
 - Can slide Medicare co-payments of patients under 200% of Federal income poverty guidelines and the Part B annual deductible is waived
 - Access to providers through the National Health Service Corps and loan repayment (automatic HPSA designation)
 - Access to the Federal Vaccine For Children Program and eligibility to participate in the Pfizer Share the Care Program

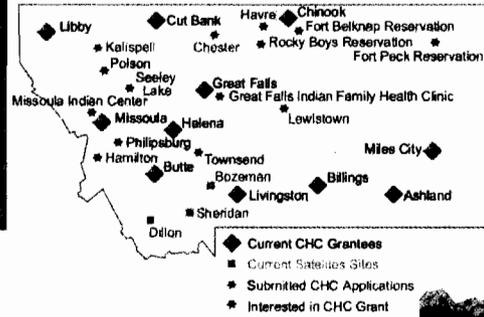
Recent National Studies of CHCs

- Improve access to primary/preventive care
- Effectively manage chronic illness
 - IOM and GAO have recognized health centers as models for screening, diagnosing, and managing chronic conditions
- Reduce health disparities
- Provide cost effective care
 - Save the Medicaid program at least 30% in annual spending for health center Medicaid beneficiaries due to reduced specialty care referrals and fewer hospital admissions.

Recent National of Studies of CHCs (cont.)

- Provide a high quality of care
 - Equal to or greater than the quality of care provided elsewhere
 - 99% of surveyed patients report that they were satisfied with the care they receive at health centers
- "The American health care system and taxpayers could save up to \$8 billion per year if non-urgent emergency room visits were redirected to health centers."
- Communities have fewer infant deaths
- Provide jobs and stimulate economic growth
- Cited by GAO as one of the "10 most successful federal programs"

Montana Communities Interested in a CHC 3/2006



Montana CHC Mental Health Data

Montana Community Health Centers were asked to query their systems for this data:

How many visits generated a mental health diagnosis code from the DSM-IV-TR (2000) in Calendar Year 2005?

23,100 visits
(~10% of total CHC visits/year)

Montana CHC Mental Health Data

The health centers were asked to submit a list of 100 diagnosis codes by frequency in Calendar Year 2005.

Review of the data:

Depressive Disorders – Typically in the top 5-10 most frequent codes
 Bipolar Disorders – Top 20
 Anxiety Disorders – Top 20
 Personality Disorders – top 50
 Substance Related Disorders – Top 50
 Psychotic Disorders – Top 50 - 75 depending on site

Montana (pop. 926,865) Projected Underserved (2004 data)

- People living in Medically Underserved Areas and Medically Underserved Populations
- +
- Those people living in larger populated counties who have incomes less than 200% of poverty and are not currently being served

~ 352,000 people
(38% of total MT population)



MPCA Helps Community Groups/Boards –

- Evaluate their primary care delivery system
- Get ready to apply for RHC certification, an FQHC Lookalike, or CHC grant
- Apply
- Start Up
- Do Well
- Expand

www.mtpca.org