

LEGISLATIVE BRIEFING BOOK

COMMUNITY HEALTH CENTERS: MAINE'S HEALTHCARE SAFETY NET



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ABOUT MAINE PRIMARY CARE ASSOCIATION

Maine Primary Care Association (MPCA) is a non-profit membership organization representing the collective voices of Maine's 20 Community Health Centers, which provide high quality primary and preventive medical, behavioral, and dental health services for 1 in 6 Maine people at nearly 70 service sites across the state.

Since its founding in 1981, MPCA has provided training and technical assistance (T/TA), housed relevant programs and services, and advocated tirelessly on behalf of Maine's healthcare safety net and the hundreds of thousands of people it serves each year. MPCA's work is geared toward helping health centers improve programmatic, clinical, and financial performance and operations as well as develop strategies to recruit and retain health center staff.

In 2017, Maine Primary Care Association launched the first Primary Care Association-led—and Community Health Center-focused—Patient Safety Organization (PSO) in the country. MPCA and its PSO member health centers are working to strengthen a culture of patient safety--deploying QI, systems improvement, data analysis, and health equity to drive positive outcomes for patients, providers, and communities throughout Maine.

In addition, MPCA also operates a Health Center Controlled Network (HCCN), the Community Health Center Network of Maine (CHCNet), which launched in 2005. Recognized as an important source of HIT- related value, CHCNet has expanded to include 16 participating community health centers. In 2019, MPCA received an additional three years of support for CHCNet under the HRSA Health Center Controlled Network (HCCN) funding. This support allows CHCNet to realize its overarching goal of advancing readiness for health center participation in value-based care models, which demand well-functioning health information technology and data systems.

At its core, Primary Care Associations (PCAs) like MPCA create economies of scale for health centers, maximizing federal Section 330 investments in states, assessing and monitoring policy and regulatory environments, and assisting health centers in adapting to changing demands from an evolving health care environment. PCAs also facilitate collaboration between health centers and Medicaid directors, state health departments, and both state and federal lawmakers to inform them of the health center program and its value to patients, and to work with health centers on the best approaches to meet the needs of their constituents.

Get Social with MPCA



@MainePCA

GETTING TO KNOW MAINE'S COMMUNITY HEALTH CENTERS



On any given morning in Maine, a health center waiting room is filling up. An older woman on Medicare, in need of a flu shot; a young family new in town looking for a provider that takes dad's insurance; a couple with no health coverage waiting for much needed care for their chronic conditions; or a young person, struggling with life's challenges and working hard to get back on track.

And on each one of those mornings, the nearly 2,000 staff at almost 70 Community Health Center service sites - spanning a vast network that reaches north to Fort Kent, south to Springvale, east to Lubec, and west to Rangeley—are there to greet, support, and provide comprehensive primary care (and many other services) to anyone who walks through the door, regardless of health insurance status or ability to pay.



Community Health Centers (CHCs) are patient-driven, led by local Boards, and staffed by professionals dedicated to providing access to high quality health care for all Mainers. On behalf of the patients, volunteer board members, and staff, the Maine Primary Care Association (MPCA) is pleased to share highlights about Maine's statewide network of Community Health Centers, which as the largest primary care network in Maine, proudly cares for 1 in 6 Maine people.

Maine's Community Health Centers Are Experts at Providing High Quality, Cost Effective, and Integrated Care:

- 166,000 patients receive medical care
- 46,777 patients receive dental care
- 21,192 patients receive behavioral health care including treatment for substance use disorder
- 4,815 patients receive vision care
- Patients received over \$7.5 million in free and reduced-price prescriptions

Community Health Centers in Maine Care for Vulnerable Populations Regardless of Health Insurance Status or Ability to Pay:

- 12% are seniors 70+
- 68% are low income
- 5% are veterans
- 3% are people experiencing homelessness
- 9% are people that identify as ethnic or minority populations



Maine's Community Health Centers Are Economic Engines:

- Providing an economic benefit of over \$446 million in direct and community spending
- Supporting nearly 2,000 direct health center jobs and supporting over 1,500 jobs in their communities
- Generating over \$10 million annually in direct and indirect state tax revenue

Community Health Centers in Maine Create Health System Savings:

- Delivering high quality care and saving Maine money at the same time - MaineCare costs are 24% lower at health centers, resulting in over \$111 million in annual savings.
- Providing more than \$16 million in uncompensated care in an average year.

Maine's Community Health Centers Work Collaboratively with Local Agencies:

Maine Mobile Health Program collaborated with DHHS, Maine CDC, Maine Housing, Penobscot Community Health Care, Mano en Mano, CAP agencies, and Northern Light Home Care and Hospice to offer on-arrival COVID testing to all incoming migrant farmworkers. Those arriving "off hours" were provided with housing and food until they could receive testing. If positive, they and their travel companions were housed in local hotels for the isolation and quarantine period, and provided with symptom screening, food, and supplies during the period. MMHP worked with growers to ensure workers received sick pay during isolation/quarantine through FFCRA. This model is also being used in cases where those testing positive do not have suitable housing for quarantine/isolation; it is now the model used statewide for migrant workers.

Maine's Community Health Centers Are Vital to Building/Maintaining Healthy Communities:

Robust communities and effective economic recovery and development require infrastructure. That infrastructure is often perceived as roads, bridges, and businesses. In reality, healthcare, education, and broadband are essential as well. Affordable and local health care is necessary for strong communities; communities dependent on tourism, mill workers, farmers, foresters, fishermen, or those working to attract new residents all need health care services readily available. Maine's network of CHCs is not only the safety net but also the warp and weft connecting people, communities, and the economy.

The foundational guidance of Governor Mills' Economic Recovery Plan identified access to healthcare and the health of Maine's people as fundamental to economic recovery.

"We must ensure Maine has a robust state, regional, and local public health and health care infrastructure to protect the health and safety of all Mainers and ensure access to preventive care and high-quality services."

Further, the plan identified strengthening Maine's public health infrastructure as essential to the success of the economic plan:

"We must ensure that public health resources in each community are responsive, culturally appropriate, and meet the diverse needs of each region of our state. Along with building a stronger public health infrastructure to respond to emergencies, we need a proactive coordinated system to also promote the health of Maine people and prevent disease."¹

Maine's Community Health Centers not only provide tremendous value and impact to their patients, but they are key economic drivers that support the health and well-being of the communities they serve.

¹https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/Maine%20ERC%20Report_FINAL_11242020.pdf

COMMUNITY HEALTH CENTERS AND COVID-19

COVID-19 has challenged every aspect of life, health, and employment worldwide. The most noticeable impacts have been stay-at-home orders, causing social isolation. Many have also faced job losses and business closings, causing economic decline and personal defeat. In the midst of the pandemic, as many businesses were reducing services or closing, Community Health Centers were tasked with addressing revenue shortfalls, staffing shortages, and patient anxiety and fear, while concurrently maintaining services for routine visits as well as preparing for COVID-19 surges.

Maine's Community Health Centers, while they receive some federal funding, are really like any other small business; their bottom line depends on being paid for the services they provide. Soon after COVID-19 took hold, healthcare organizations were directed to cancel all non-urgent medical procedures and appointments. Health centers saw an almost 50% decline in patient visits from April through June - this reduction in visits caused a significant depletion of cash reserves.

Additionally, because Community Health Centers accept all patients, regardless of insurance status or ability to pay, pandemic job losses resulted in many people losing health insurance coverage; this meant that more patients were on a sliding fee scale, which furthered hampered health center operations and overall financial health.

Community Health Center Costs on the Rise

Personal Protective Equipment (PPE): A phrase few of us used prior to April of 2020 is now a part of the common lexicon. PPE is essential to keep health center staff and patients safe from COVID-19. Early in the pandemic PPE became so scarce that some HCs had to resort to purchasing from Amazon and other retail suppliers at a significantly increased price over wholesale, an unexpected and unbudgeted expense.



Telehealth: Rural, isolated patients have always struggled to get to healthcare appointments. The pandemic stay-at-home order exacerbated that experience, and many more people signed up for Telehealth visits. Health centers incurred additional costs for needed upgrades to existing equipment, or in some cases needed to purchase new. Additional revenue was spent to meet the demand of providing much needed outreach and support for the increased volume of patients new to Telehealth.

Longer appointment blocks: In many instances, appointment blocks have been lengthened from 15 to 30 minutes, to accommodate social distancing and exam room disinfecting. As a result, fewer patients are seen in a day, making scheduling an appointment more challenging for patients and resulting in a reduction of patient encounter revenue.

Staffing: Maine is the oldest state in the nation, and within this population, there are a number of chronic conditions that are significant risk factors for patients with COVID-19. Maine health center workers are on the front lines every day, continuing to provide high quality patient care, even while facing the challenges of increased staff illness, absences due to family illness, or lack of childcare during school shutdowns, as well as voluntary leave due to personal safety concerns.

Community Health Centers and the State's COVID-19 Vaccine Distribution Strategy

For many Mainers and those most vulnerable to COVID-19, traveling to mass vaccination sites is neither a realistic nor a medically appropriate option. Mass testing and large scale, urban-focused vaccination sites do not address the needs of rural and isolated Mainers with limited or no transportation. In addition, there are patients who may only accept care from their trusted primary care provider: those who are shut-in, too old, or too ill to travel; immunocompromised patients who will not go to a site with large groups of people; and patients who—even in ordinary times—do not travel far from their home community. These people deserve the same level of care and attention as any others.

Maine's Community Health Centers have played a critical role in supporting our communities during the pandemic. From York to Aroostook counties, our Community Health Centers are doing what they can with the limited vaccine supply they have been given; they will continue to advocate for an increased role as supply increases and adjustments are made to the state's distribution plan.

By limiting the role and throughput that our Community Health Centers can provide, the state is marginalizing the very resource that can provide the most significant support to our rural residents. Community Health Centers can be relied upon to execute effective vaccination efforts in their local communities.

SERVICES AND PROGRAMS PROVIDED BY COMMUNITY HEALTH CENTERS

PRIMARY CARE

Audiology
Care Coordination & Management
Case Management
CHAMP Neonatal Abstinence Syndrome Pgrm.
Chiropractic
Clinical Support
Counseling
Diabetes Management & Education
Diagnostic Laboratory & Radiology Services
Dietitian & Nutrition
Digital X-rays & Radiology Services
DOT Physicals
Eligibility Assistance
Emergencies - During/After Hours
Emergency Shelter
Enabling Support Services
Environmental Health Services
Family Medicine & Medical Care
Family Planning
General Internal Medicine
Geriatric Memory Clinic
Geriatrics
Gynecological Services
Health Care for the Homeless (HCH)
HCH required Substance Abuse Services
Health Education
Housing - permanent & transitional
Immunizations
Integrated Medical/Mental Health
Key Clinic Regional Foster Care Pediatrics Pgrm.
Meals
Medical Specialists
Medication Mgmt. & Assisted Treatment - Suboxone
Men's & Women's Health
Minor Office Procedures
Nephrology
Obstetrical Care
Occupational Health
Optometry Services
Orthopedics
Osteopathic Manipulation Treatment & Therapy
Outreach
Palliative Care
Pediatric Care & Services

Pharmacy, Medication & Prescription Assistance
Physical Therapy
Podiatry Services
Preventive Screenings
Primary and Preventive Care
Referrals
Screenings
Sliding Scale Fee
Specialty Care
Speech
Substance Abuse Services
Support Services
Translation
Transportation
Vision Services
Voluntary Family Planning
Walk-In/Urgent Care
Well Child Services
Wellness Programs
Wrap-Around Services

DENTAL

Cleanings & Fluoride Treatments
Dental Hygiene Services & Sealants
Dental Implants, Crowns & Bridge Work
Dentures (full and partials)
Desensitizing
Extractions
Full Comprehensive Orthodontics
Examinations/Screening
Pediatric Dental Services
Preventive Dental
Prosthodontic Services
Restorations
Root Canals
Space Maintainers

BEHAVIORAL HEALTH

Adult Psychiatric Medication Management
Behavioral Health Counseling & Services
Community Support/Educational Resources/
Employment Programs
Integrated Behavioral Health
Psychiatry
Recovery **.....and so much more!**

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MAINE’S COMMUNITY HEALTH CENTER QUALITY IMPROVEMENT AWARDS

Health Centers Received Awards - August 2020

- Health Center Quality Leaders:** 7 health centers
 Ranked in the top 1-2% of all health centers in one or more of the clinical quality measures (CQMs) that promote behavioral health, diabetes health, and heart health in 2019.
- National Quality Leaders:** 3 health centers
 Achieved the best overall clinical performance among all health centers nationally and were recognized in the following tiers: Gold (top 10%), Silver (top 11-20%), or Bronze top (21-30%) for CQMs in 2019.
- Clinical Quality Improvers:** 9 health centers
 Demonstrated at least 15% improvement for each CQM from 2018 to 2019.
- Access Enhancers:** 7 health centers
 Recognized health centers that increased the total number of patients served and the number of patients receiving comprehensive services between 2018 and 2019.
- Value Enhancers:** 1 health center
 Recognized health centers that improved cost efficient care delivery as compared with the national average, while also increasing quality of care and improving patient access to comprehensive services between 2018 and 2019.
- Health Disparities Reducers:** 6 health centers
 Recognized health centers that met or exceeded the Healthy People 2020 goals or made at least a 10% improvement across different racial/ethnic groups between 2018 and 2019.
- Advancing Health Information Technology (HIT) for Quality:** 18 health centers
 Recognized health centers that optimized HIT services for advancing telehealth, patient engagement, interoperability, and collection of social determinants of health to increase access to care and advance quality of care between 2018 and 2019.
- Patient Centered Medical Home (PCMH) Recognition:** 15 health centers
 Recognized health centers with [patient centered medical home \(PCMH\) recognition](#) in one or more delivery sites.



HOW COMMUNITY HEALTH CENTERS ARE PAID

Community Health Centers, also known as Federally Qualified Health Centers (FQHCs), are required to provide all patients with comprehensive services – from primary care to mental and behavioral health to dental care, as well as a host of other services that include transportation, translation, and case management services. In recognition of the critical role that health centers play and the significant value they deliver for Medicare, Medicaid and CHIP patients, and state programs, Congress created a specific payment methodology for community health centers, called the Prospective Payment System, or PPS. This payment system is crucial to the successful relationship between health centers, Medicaid, and Medicare, and to health centers' continued viability.

Health Centers (FQHCs) are a singular type of Medicaid provider:

- FQHCs are required to offer a full range of primary and preventive services, as well as dental, behavioral and vision services.
- Many services offered by FQHCs are often not covered by Medicaid, such as case management, translation, transportation, and some dental and behavioral health services.
- Each FQHC must be located in an underserved area and care for all, regardless of income or insurance status.
- By law and mission, no FQHC can restrict how many Medicaid patients it treats, even if payment is insufficient.

Congress created FQHC PPS to ensure predictability and stability for health centers while protecting other federal investments:

- Starting in 2001, PPS rates were calculated for each FQHC, based on historical costs of providing comprehensive care to Medicaid patients, to ensure each rate is appropriate and accurate.
- FQHC PPS ensures health centers are not forced to divert their Federal Section 330 grant funds, which support operations and care to the uninsured, to subsidize low Medicaid payments. In Maine, Section 330 funds account for approximately 5-15% of a FQHCs operating budget.

FQHC PPS is a bundled payment that drives efficiency, but is not cost-based reimbursement:

- Rather than being paid fee-for-service, FQHCs receive a single, bundled rate for each qualifying patient visit no matter the intensity of service(s) provided. The bundled, encounter rate includes all services that are "in scope." If a health center provides a service that they did not add to their scope of practice with HRSA, they would bill fee for service. Unlike Rural Health Clinics (RHCs), for example, this rate does not include a facility fee on top of the bundled rate and health centers cannot charge for each service delivered during the encounter.
- Updates to PPS rates have not kept pace with inflation or with changes to the range of services FQHCs provide – indeed on average, PPS only covers 80% of an FQHCs' costs of caring for Medicaid patients. In Maine, 100% of Maine FQHC Medicaid rates are less than actual costs/encounter (based on analysis conducted in early 2020.)
- In 2020, the MaineCare rate was below costs by 15-100%.

FQHCs and PPS cost Medicaid little, and save much:²

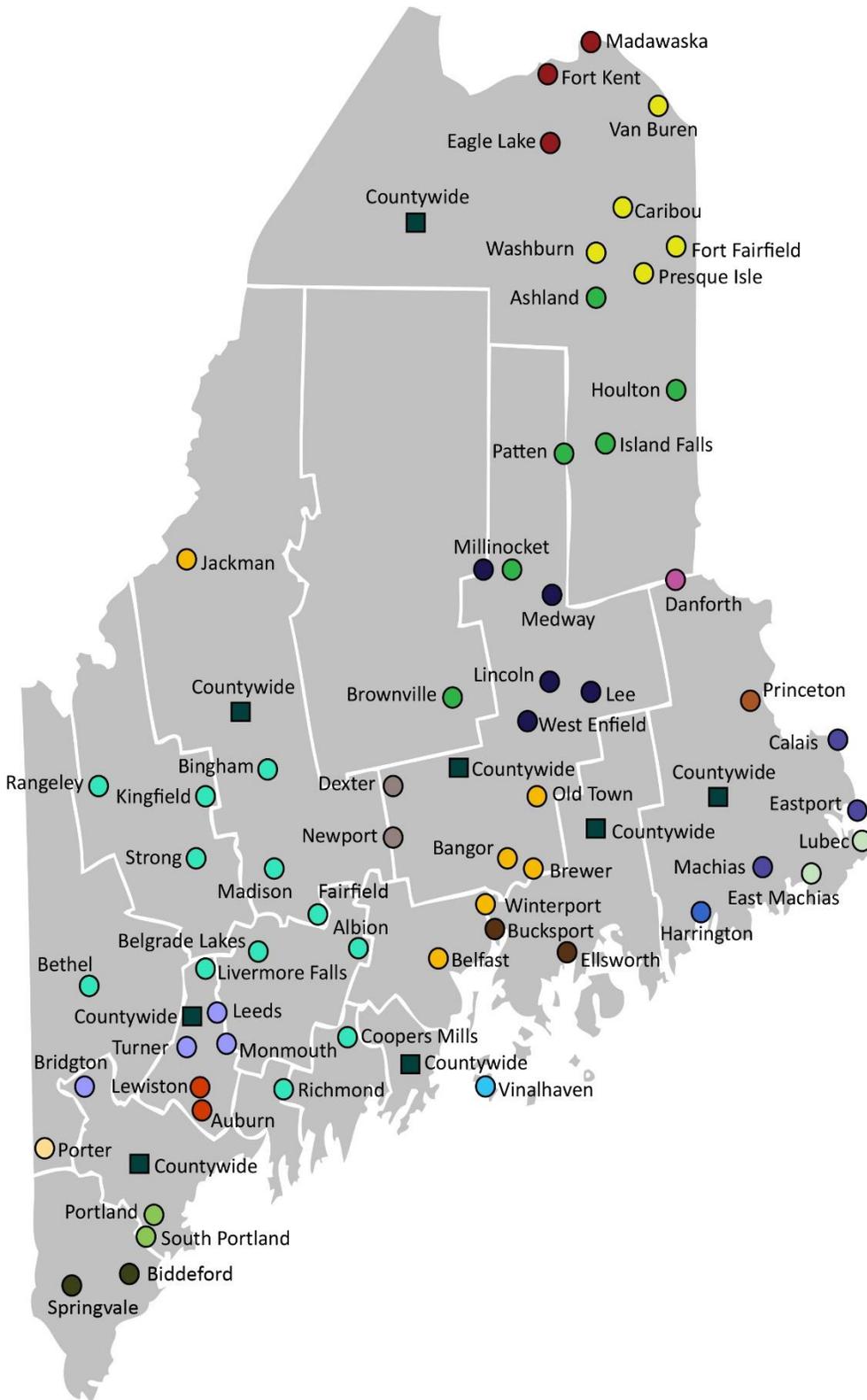
- FQHCs account for less than 2% of total Medicaid spending, yet provide care to one in every six Medicaid beneficiaries nationally.
- FQHC patients have 24% lower total health care costs than similar non-FQHC patients do.

Current law offers states significant flexibility in how to pay FQHCs:

- Instead of PPS, states may implement an Alternative Payment Methodology (APM) to reimburse FQHCs, as long as each affected FQHC agrees and total reimbursement is not less than it would have been under PPS.
- More than 20 states currently use an APM to reimburse FQHCs for services to Medicaid patients.
- States and Managed Care Organizations (MCOs) can - and currently do - incorporate FQHCs into value-based payment arrangements, including those involving financial risk related to quality, outcomes, and cost.

² https://www.nachc.org/wp-content/uploads/2018/05/Medicaid_FS_5.15.18.pdf

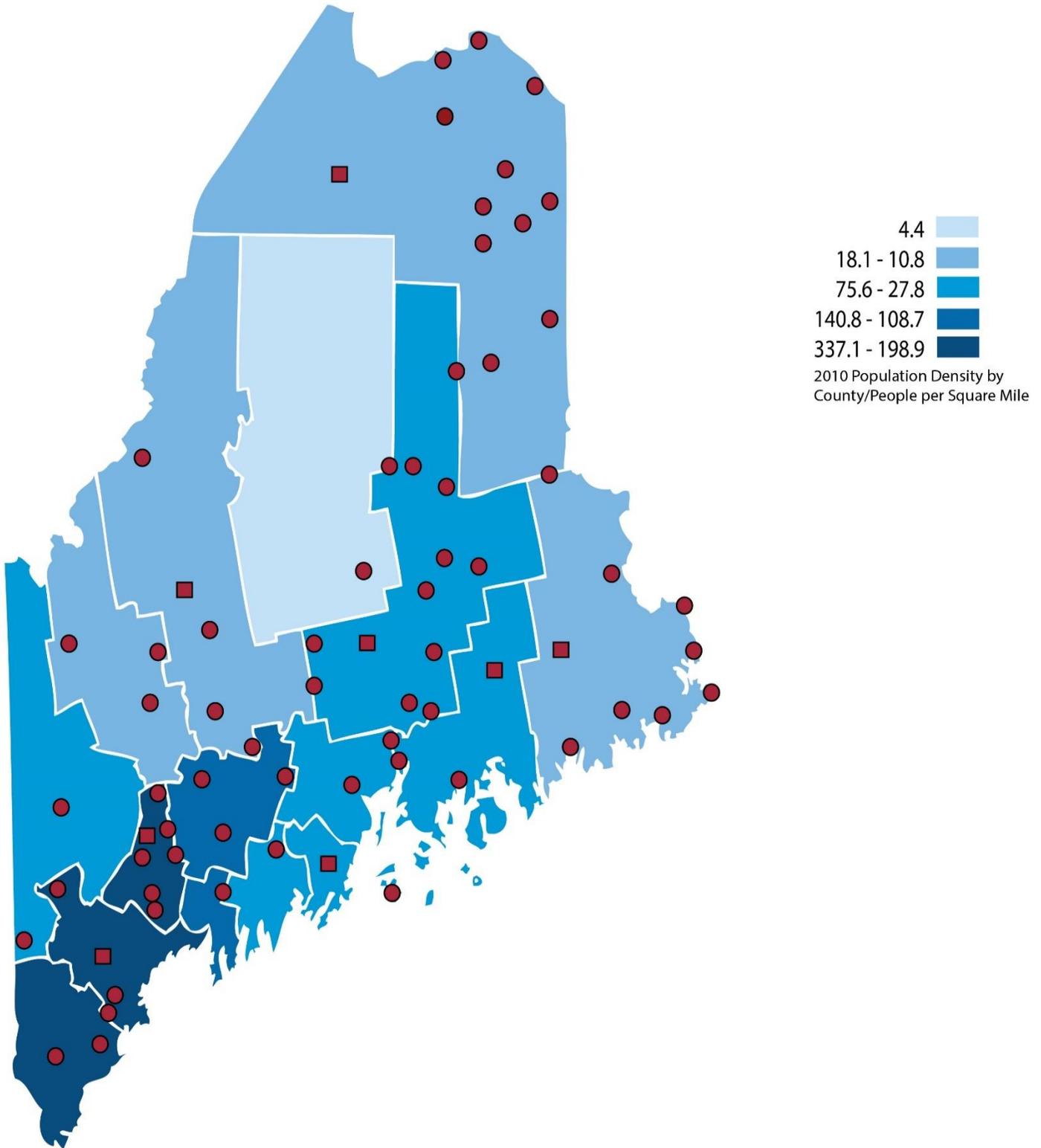
COMMUNITY HEALTH CENTER LOCATIONS



- **Bucksport Regional Health Center**
 - Bucksport
 - Coastal Health Center (*Ellsworth*)
- **Community Clinical Services**
 - B Street Health Center (*Lewiston*)
 - CCS Family Health Center (*Lewiston*)
 - CCS Second Street Health Center (*Auburn*)
- **DFD Russell Medical Centers**
 - Bridgton
 - Leeds
 - Monmouth
 - Turner
- **East Grand Health Center**
- **Eastport Health Care, Inc.**
 - Calais
 - Eastport
 - Machias
 - UMaine Machias Pediatrics
- **Fish River Rural Health**
 - Eagle Lake
 - Fort Kent
 - Madawaska
- **Greater Portland Health**
 - 180 Park Avenue (*Portland*)
 - 63 Preble Street (*Portland*)
 - 59 Riverton Drive (*Portland*)
 - 211 Cumberland Avenue (*Portland*)
 - 68 Popham Street (*Portland*)
 - 100 Brick Hill Avenue (*South Portland*)
- **Harrington Family Health Center**
- **Health Access Network**
 - Lee
 - Lincoln
 - Medway
 - Millinocket
 - West Enfield
- **HealthReach Community Health Centers**
 - Belgrade Regional Health Center
 - Bethel Family Health Center
 - Bingham Area Health & Dental Center
 - Bulldog Health Center, a SBHC at Lawrence Senior High School (*Fairfield*)
 - Lovejoy Health Center (*Albion*)
 - Madison Area Health Center
 - Mt. Abram Regional Health Center (*Kingfield*)
 - Rangeley Family Medicine
 - Richmond Area Health Center
 - Sheepscot Valley Health Center (*Coopers Mills*)
 - Strong Area Health & Dental Center
 - Western Maine Family Health Center (*Livermore Falls*)
- **Hometown Health Center**
 - Dexter
 - Newport
- **Islands Community Medical Services, Inc.**
 - Vinalhaven
- **Katahdin Valley Health Center**
 - Ashland
 - Brownville
 - Houlton
 - Island Falls
 - Millinocket
 - Patten
- **Maine Mobile Health Program**
 - Mobile sites across Androscoggin, Aroostook, Hancock, and Washington Counties; also providing services in Cumberland, Knox, Penobscot, and Somerset Counties
- **Nasson Health Care**
 - 357 Elm Street (*Biddeford*)
 - 15 Oak Street (*Springvale*)
- **Penobscot Community Health Care (PCHC)**
 - Brewer Medical Center
 - Capeheart Community Health Center (*Bangor*)
 - Dental Center (*Bangor*)
 - Helen Hunt Center (*Old Town*)
 - Jackman Community Health Center
 - Penobscot Community Health Center (*Bangor*)
 - Seaport Community Health Center (*Belfast*)
 - Winterport Community Health Center
- **Pines Health Services**
 - Caribou
 - *Fort Fairfield - temp. closed
 - Presque Isle
 - Van Buren
 - *Washburn - temp. closed
- **Regional Medical Center at Lubec**
 - East Machias
 - Lubec
- **Sacopee Valley Health Center**
- **St. Croix Regional Family Health Center**

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COMMUNITY HEALTH CENTER LOCATIONS BY POPULATION DENSITY



STATE AND FEDERAL POLICY PRIORITIES

For over 40 years, MPCA has been an active participant in health policy and quality improvement initiatives that enhance access to affordable and high-quality health care for all. MPCA and its health center members are available to provide subject matter expertise and stories of Maine citizens impacted by the challenging health care issues of the day.

As the largest primary care network in Maine, Community Health Centers (CHCs) strive for health equity, while identifying ways to increase efficiency, improve quality of care, and seek innovations in care delivery. Throughout the COVID-19 pandemic, Maine's CHCs utilized their skills and resources and proved themselves to be vital to state and local efforts to combat the virus and its devastating effects.

CHCs are also an important factor in rural economic development; they provide local jobs, spur local spending, and support local health care access and availability - all of which are critical to robust communities. Community health is not just about health care; as providers of integrated care, Community Health Centers are keenly aware that social determinants of health (SDOH) such as inadequate food, housing, employment, and health care coverage, have a significant impact on patient and community wellness.

As a result, Maine's CHCs also work to find cross-sector opportunities to address these issues. This approach informs our 2022 state and federal policy priorities.

STATE GOALS

Involve the Community Health Center Network in state level planning on COVID-19 response, especially vaccine distribution and testing.

- Take a leadership role in directing care transformation and re-design efforts.
- Expand Mainer's rights to health care coverage and access.
- Support development of healthy people and healthy communities.

STATE POLICY INITIATIVES

- Advocate for health center considerations in state level planning on COVID-19 response, including, but not limited to, implementation of vaccination strategy and sharing best practices.
- Demonstrate the unique attributes of CHCs and emphasize the need for investment in a robust primary care system, as the state works to implement Primary Care Plus, a new value-based approach to MaineCare payment for primary care services.
- Pursue adjustments to Medicaid PPS that allow health centers to build infrastructure to respond to ongoing and emerging needs and to remain viable post-pandemic.
- Advance research and legislation to create a statewide strategy to build primary care workforce through improved recruitment and retention of staff.
- Participate in efforts to expand the integration of Community Health Workers in the health care system by advocating for reimbursement for services.
- Position CHCs as leaders in the state on issues of equity and access in primary care.
- Promote understanding of how the patient-centered approach utilized by CHCs is a unique and valuable component of health care in Maine.

FEDERAL POLICY INITIATIVES

- Continue advocacy to ensure the inclusion of CHCs in all pandemic conversations (testing, vaccine distribution, etc.)
- Monitor and act on policy recommendations to support continued Medicare reimbursement for telehealth after the public health emergency and to add dental and vision benefits to the Medicare program.
- Support efforts to preserve and expand the Affordable Care Act where necessary.
- Advocate for 340B protections for CHCs through legislative action.

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WHEN YOU REALLY NEED TO SEE SOMEONE, YOU ALWAYS CAN AT MAINE'S COMMUNITY HEALTH CENTERS

