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Dear Commissioner Gustafson,

Thank you for the opportunity to provide comment on the recently released State Plan Amendment 17-096, 2b Rural Health Clinic Services/Federally Qualified Health Centers. As a member of Bi-State Primary Care Association, we fully support their submitted comments. At the same time, we felt the following comments would be helpful in the context of our unique service area.

The Community Health Centers of Burlington is Vermont's second oldest FQHC serving Vermont's most populated region of Chittenden and Southern Grand Isle Counties. As such, we serve as the backbone of critical access for low income, Medicaid enrolled recipients and those who have exhausted their Medicaid benefits for oral health services. In the city of Burlington alone (HRSA Mapper data), CHCB serves 55% of low income residents with public health insurance. In the adjacent city of Winooski, we serve 58% of low income enrollees. All told, 47% of the 28,000 Vermonters who accessed our services this year are enrolled in Medicaid. In our school based dental program, 99% of the children we serve are enrolled in Medicaid; over 70% are enrolled across all ages in our general dentistry program.

On behalf of our patients and our commitment to serve the medically underserved, we would like to first extend our appreciation to the dedicated staff at DVHA for working in partnership with Bi-State and the FQHCs to develop the PPS structure, increase the rate to lessen the reimbursement gap and put a long term structure in place for changes in scope. Last but not least, the consideration of an urban rate was an essential acknowledgement of the increased costs of operating in Vermont's only metropolitan area. Thank you.

At the same time, we believe it essential to state that our ability to deliver the most comprehensive primary care model available to Vermonters is possible only through the strength of our Medicaid reimbursement. By original HRSA design, this unique model ensures the mission of FQHCs is to care for our community's residents facing the most barriers to a health care home. Accordingly, this payment model must also ensure the long term sustainability required to bring low income and often medically complex Vermonters into a lifetime health care home. At the same time, this payment model also supports a scope and breadth of services that is unmatched in our local primary care sector. For example, CHCB not only offers primary and preventive care, but a complete array of enabling services, home visiting physician program, comprehensive oral health services including a dentures program for the homeless, a homeless health care program with two walk-in clinics, OB and prenatal program for women with psychosocial barriers to a healthy baby, supportive housing programs, warming shelter, transgender health program and refugee services. We are the largest primary care "spoke" for opiate treatment in Chittenden County and are a substance abuse treatment center.

In addition, the level of integration of behavioral health services at CHCB sets a local standard in access to mental health services in a primary care setting. In an urban population where mental illness, addiction, and trauma are so prevalent, our Medicaid enrolled patients that need to be seen by a mental health clinician are seen before they leave our office, on that same day. We utilize walk-in psychiatry clinics so that these same patients that need to see a psychiatrist, whether they are child or adult, never have to wait more than a week to be seen by one of our child or adult Psychiatric providers. This standard of access and care is possible only because of the federal and state commitment to a payment model that puts the patient first.

Even better, FQHCs deliver value back to Vermonters. There is a proven history of direct savings to Medicaid per patient, when an FQHC is the primary care provider (Bi-State Vermont Primary Care Sourcebook, January 2017, page 13). While integrated services are now health care reform policy, the reality is that integrated service delivery has been the daily practice of FQHCs for many years. With FQHCs now serving 25% of all Vermonters, we offer a critical long term investment in cost effective primary care Vermont needs to succeed in a reform environment.

Together, we are heading into even more challenging economic times. Please know, we are, and are committed to continue to be, your most powerful “health reformers” helping DVHA to reduce the overall cost of care for all Vermonters. At the same time, your investment in cost effective primary and preventive care and a fully funded FQHC model of reimbursement makes this possible. Thank you for the opportunity to comment and we look forward to continuing our partnership and discussions to benefit the health and quality of life of Vermonters we serve together.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Alison Calderara". The signature is written in black ink and is positioned above the typed name and title.

Alison Calderara, CEO
Community Health Centers of Burlington