Federally Qualified Health Centers and Uninsured Nevadans

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Characteristics of Federally Qualified Health Centers (FQHC)

- Receive funds from the HRSA Health Center Program to provide primary care services in locations of underserved and high-need areas
- Comprehensive health and related services (especially 'enabling' services)
- Open to all residents, regardless of ability to pay, with charges established by an income based sliding fee scale
- Governed by community boards, to assure responsiveness to local needs
- Strict performance/accountability standards for administrative, clinical, and financial operations



Health Center Growth in Nevada

- Federally Qualified Health Centers (FQHCs) in Nevada have seen rapid growth in the period from 2013 to 2016.
- In 2013, Nevada had three FQHCs operating 22 clinic sites and four mobile service vans. By the end of 2016, there were eight FQHCs operating 33 clinic sites and four mobile service vans. Three of these health centers were newly-funded in 2016.
- Over the timeframe, Nevada's FQHCs saw a **27 percent rise in** patients served, from 70,014 to 88,962.



Health Centers in Nevada

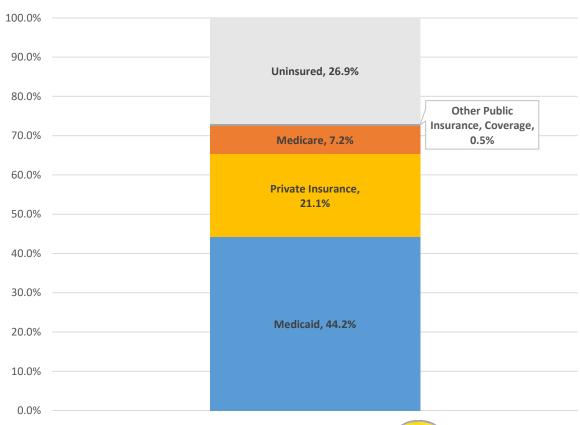
- FQHC clinic sites throughout Nevada
 - Nevada Health Centers 2 clinic locations in Carson City, 7 clinic locations in Clark County, and 7 clinic locations in Rural Nevada
 - Community Health Alliance 5 clinic locations in Reno and 1 in Sparks
 - Northern Nevada HOPES 1 clinic location in Reno
 - First Med Health & Wellness 2 clinic locations in Las Vegas
 - Hope Christian Health Center 2 clinic locations in North Las Vegas
 - First Person Complete Care 4 clinic locations in Clark County
 - All for Health, Health for All 1 clinic location in Las Vegas
 - Silver State Health Services 1 clinic location in Las Vegas



2016 Health Center Patient Insurance Coverage

- 26.9% of patients were uninsured
- 44.2% Medicaid
- 7.2% Medicare
- .5% other Public Insurance
- 21.1% Private Insurance







Nevada's Uninsured

- Nevada has the fourth highest rate of uninsured among states, at 16.2%. This is down from 22% in 2012.
 - Uninsured children under 18 years of age is at 11.2%. This represents more than 74,000 Nevada children
 - Adults under age 64 at 21.3%, adults 19-25, the Young Invincibles, are uninsured at a rate of 25.7% this represents more than 65,000 young Nevadans
 - Seniors 65 and older 2% or approximately 8,000 individuals
 - Males (17.2%) are more likely than females (15.2%) to be uninsured, as in the nation. However, **Nevada does better than most states in insurance equity between sexes**, with a 2 percentage point difference



Nevada's Uninsured

- 28.6% of Nevadans earning less than 138% of FPL are uninsured, the 3rd highest in the nation
 - National average: 19.2%
 - Represents a large population that should be Medicaid-eligible



FQHC initiatives to increase enrollment

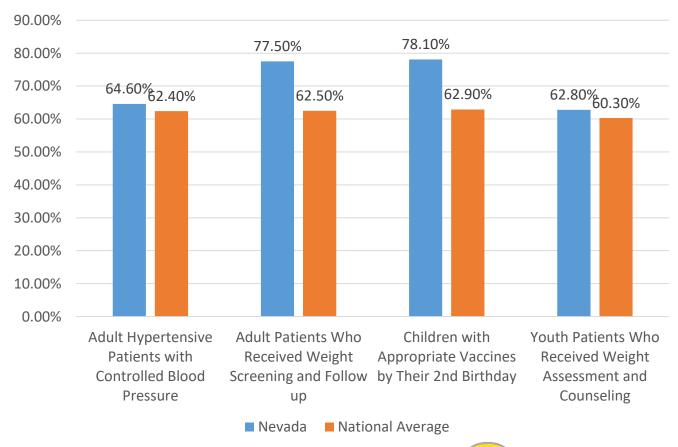
- FQHCs are required to provide enrollment assisters to help their patients obtain appropriate insurance. Any uninsured person who qualifies for a subsidy would be enrolled.
- FQHCs report that many of their patients experience Medicaid "churn" whereby their families fall in and out of eligibility throughout the year due to changes in family income.
- The NVPCA and three FQHCs are contracted with The Silver State Health Insurance Exchange to provide navigators for **outreach** activities and enrollment assistance to their communities.



Health Center Clinical Results

In 2016, NV FQHCs performed better than the national average on several important health measures

2016 NV CHCs compared to National Average

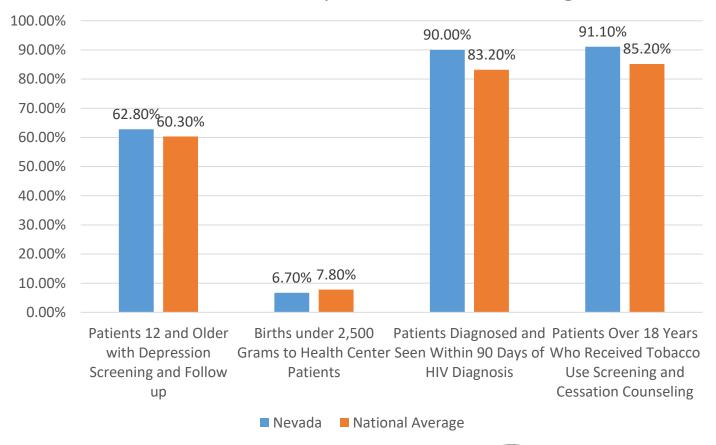




Health Center Clinical Results

In 2016, NV
FQHCs performed better than the national average CHC on these measures

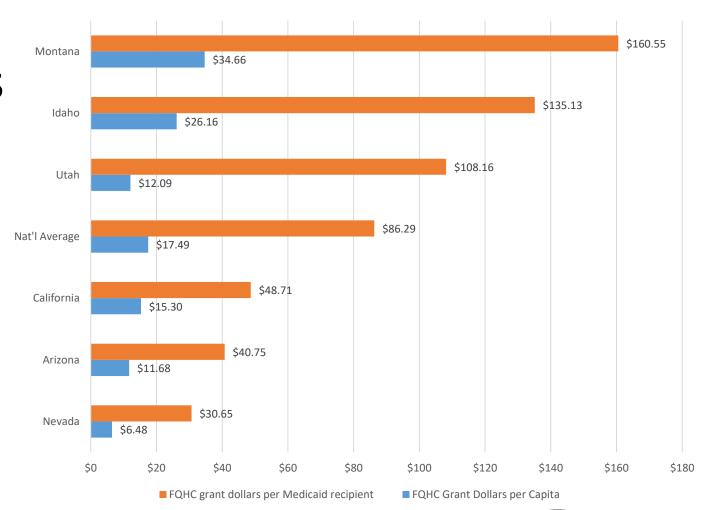
2016 NV CHCs compared to National Average





FQHC comparison with nearby states

Nevada receives fewer HRSA FQHC grant dollars per capita than any other state. It also receives the fewest grant dollars per Medicaid recipient.

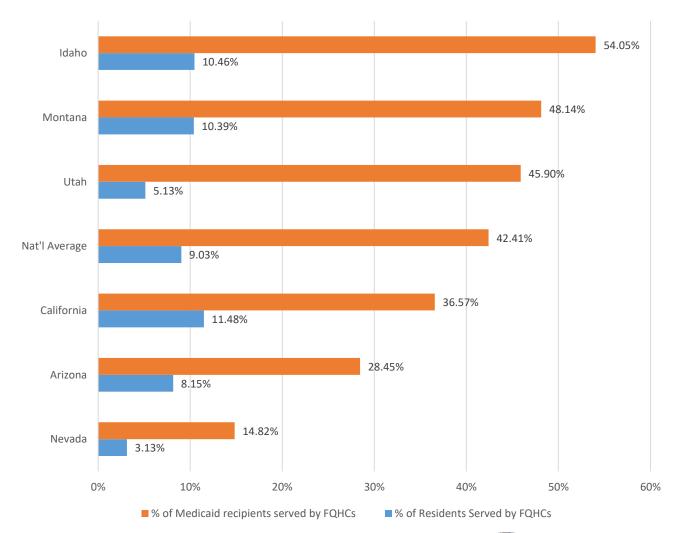




FQHC comparison with nearby states

Nevada has:

- the second smallest share of residents served by an FQHC
- smallest share of Medicaid recipients served by an FQHC





Funding Concerns

 Without Congressional action this month, FQHCs stand to lose 70% of their federal grant funding, resulting in possible closures of clinic sites and reduced access to care

 A Public Health Insurance Option would help offset federal funding to treat the uninsured and improve access to care



Comparative State Spending on FQHCs

- Nevada invested in FQHCs in 2017 \$500,000 per annum for expanded access to care
- 11 states required FQHC funding to go to expanded access, including Nevada's \$500,000
 - Average expenditures among these 11 were \$2.8M
 - The only other inter-mountain state in this group was CO with \$2.3M
 - Virginia was the lowest at \$170K
 - Kansas was the highest at \$8.2M
- 18 states did not spend on FQHCs in 2016 including AZ, CA, ID, MT, UT, and WY.
- The average state spent \$9.3M.

Summary

- Health centers are often the only place where uninsured low-income residents can access primary care
 - Federal grant dollars
 - Cost-based Medicaid reimbursement
- Health centers provide high-quality, integrated care
 - Cancer screening
 - Chronic disease management
 - Care coordination
 - Enrollment assistance



Thank you

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