#### Preserve the FQHC Prospective Payment System (PPS) methodology within a strong Medicaid program.

- Community Health Centers (CHCs) save the Medicaid system money by providing care to patients for 22 percent less cost than other primary care providers. In California CHCs see 1 in 5 of all Medi-Cal beneficiaries for only 2.8 percent of costs. Nationally, CHCs save the health care system \$24 billion every year, a 400 percent ROI.
- **PPS ensures predictability and stability** for CHCs while saving Medicaid money.
- **Legislators must ensure** state and federal policy changes account for the statutory requirements placed on CHCs and the unique needs of our patients.

### 340B Drug Discount Pricing Program

# Community Health Centers need continued, assured access to 340B to sustain their essential model of care.

- **The 340B Program provides CHCs access to outpatient drugs** at reduced prices, ensuring low-income patients have **ACCESS** to **AFFORDABLE** prescription drugs.
- **CHCs reinvest savings** into improving quality of care, extending hours, hiring additional staff and expanding services.
- **CHCs are subjected to detailed programmatic and reporting requirements** and federal oversight which guide their participation in the 340B program.

### Value Community Health Centers

- **Community Health Centers Promote Economic Growth.** In San Diego, Riverside and Imperial Counties Health Center Partners' 17 private, non-profit members generate more than \$1.34 billion in total economic activity each year, and support more than 10,000 jobs.
- **Community Health Centers Respond to Communities.** Whether it be helping fight outbreaks of flu and Zika, dispensing care in disaster-stricken areas, providing opioid addiction treatment or serving veterans, CHCs are on the front lines, serving communities.



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## Integrated Behavioral Health & Substance Use Treatment

## Support CHCs ability to improve access to and delivery of high quality, cost effective behavioral health and SUD treatment.

- CHCs serve 1 in 6 Americans in rural communities, where the opioid epidemic has hit the hardest.
- Since 2010, CHC patient visits for behavioral health services including mental health and SUD services have grown by 83 percent. CHC providers saw nearly 10 million patients for these services in 2016.
- Each CHC is required to serve all patients regardless of ability to pay or insurance status. Uninsured and low-income people often cannot afford SUD treatment. CHCs offer full access to a wide range of affordable, high quality services, including alcohol and drug counseling, pain management and Medication Assisted Treatment (MAT) for opioid addiction.

### Telehealth

#### Pass the <u>CONNECT for Health Act of 2017</u> to allow FQHCs to be eligible for reimbursement in Medicare as both "distant and originating sites" and to allow for reimbursement for remote patient monitoring.

- CHCs are not currently eligible for reimbursement under Medicare as a distant site, where the provider is located. Only CHCs located in a rural Health Professional Shortage Area (HPSA) or outside of a Metropolitan Statistical Area (MSA) are eligible for Medicare reimbursement as an originating site, where the patient is located.
- **Telehealth has proven to result in better outcomes for patients**, making it a crucial tool to deliver comprehensive primary and preventative health care for all populations.
- In 2016, 57 percent of CHCs across the nation had either begun using telehealth, were in the process of implementing a telehealth program, or were actively exploring its feasibility.
- CHCs serve 1 in 6 Americans living in rural communities. Telehealth programs are especially critical in rural areas, where many residents can face long distances between home and health provider, particularly specialized providers. In rural communities, nearly half (46%) of CHCs utilized telehealth for services outside the center.
- Pass the CONNECT for Health Act of 2017 (S. 1016, Schatz/Wicker and H.R. 2556, Black/Welch).



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