



Strengthening Colorado's Health Care Safety Net

ClinicNET affiliated clinics are Community-Funded Safety Net Clinics (CSNCs) and Rural Health Clinics (RHCs) throughout Colorado providing primary health care services to low-income, uninsured and underinsured Coloradans.

- Currently, there are 25 CSNCs that have been identified and 45 RHCs operating 75 clinics in 33 counties. In 2008, these clinics provided an estimated 700,000 clinic visits to 250,000 patients.

Community Health Centers (CHCs), also referred to as Federally Qualified Health Centers (FQHCs), CSNCs and RHCs are part of the health care safety net. All provide primary care and preventive services to patients who are uninsured, underinsured and otherwise in need. Although they share a mission to provide care, regardless of the patient's ability to pay, CSNCs and RHCs are not federally qualified as are CHCs which makes them ineligible to receive federal funding for start-up costs and to support the provision of patient care services.

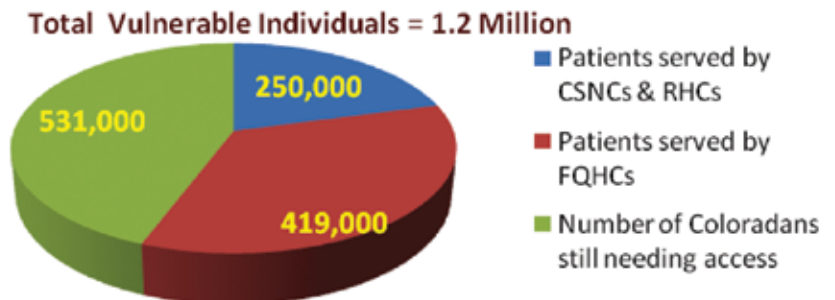
Centralized Voice

ClinicNET provides a centralized voice for the CSNCs and RHCs with policy-makers and in state and national initiatives to help insure that ALL clinics serving medically vulnerable Coloradans are given due consideration by legislators and government officials. Inclusion is a challenge as evidenced by the American Reinvestment and Recovery Act (ARRA) which nationally provides \$2 billion in grants to Community Health Centers to support new sites and services, support increased services at existing sites and to purchase Health Information Technology (HIT). **Unfortunately, these dollars are exclusively for FQHCs, not CSNCs and RHCs.**

Serving Colorado's Vulnerable Population

CSNCs and RHCs evolved from grassroots efforts that responded to needs identified by each of their communities. It's estimated that there are 1.2 million vulnerable Coloradans¹ who are uninsured, underinsured, geographically isolated, lack regular primary, dental and mental health and/or have cultural, language and other social barriers. Approximately, 250,000² were served by CSNCs & RHCs, 419,000³ by FQHCs, leaving 531,000 still needing access to care. Those numbers have been growing by 1-2% each year as insurance premiums and large deductible plans push those previously insured into the uninsured or underinsured categories.

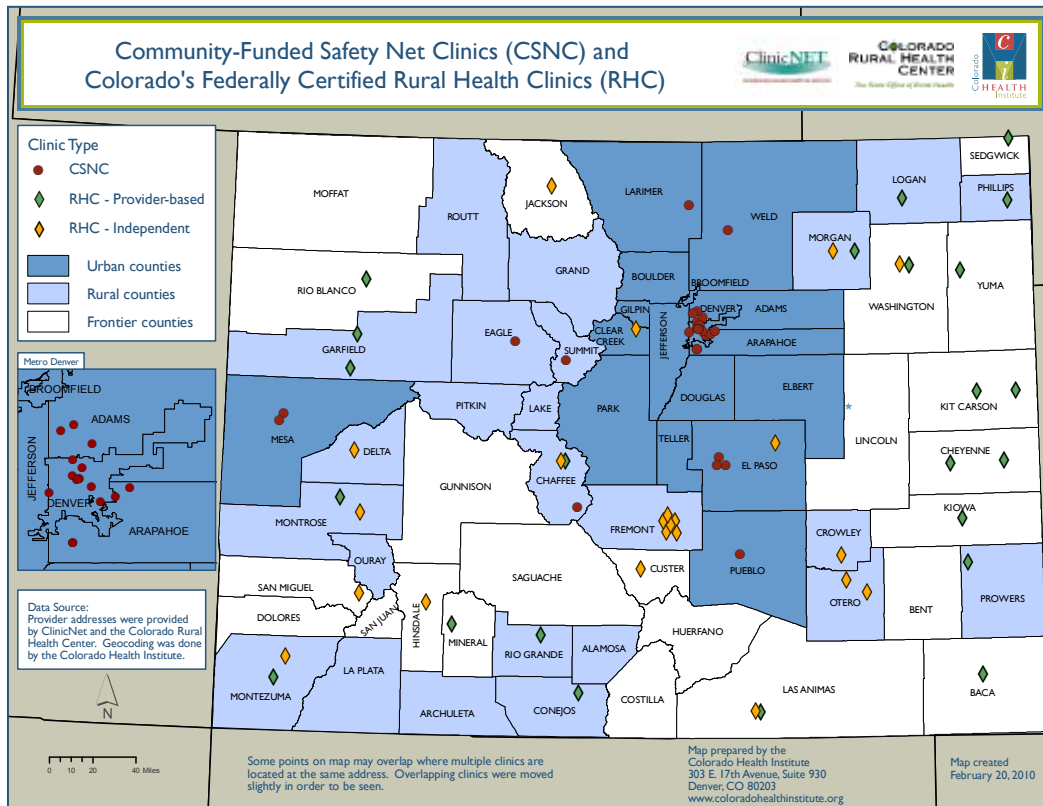
Vulnerable Coloradans Estimates (2008 Data)



¹ Colorado Health Institute Center for the Study of the Safety Net. *Colorado's Health Care Safety Net Primer*. February 2009
² Corona Insights. *Community-Funded Safety Net Clinic Research: Top-level Findings, ClinicNET*. (Pg. 26) December 2009 and Rural Health Center: (2009) <http://www.coruralhealth.org/programs/rhc/documents/2009rhcreport.pdf>
³ Colorado Community Health Network. CCHN Fact Sheet (2008 data) http://www.cchn.org/pdf/about_cchn/news_room/2009_Fact_Sheet.pdf

Community-Funded Safety Net Clinics (CSNCs)

- 25 community non-profit, rural and urban clinics and programs (a number of them faith-based), family medicine residency programs and school-based health centers are currently identified in Colorado as ClinicNET affiliates.
- Funded by foundation and corporate grants, patient revenue, public grants, private contributions, donated services and fundraising events.
- Not federally certified or qualified.
- Eligible for Amendment 35 Primary Care Funding if able to demonstrate they meet criteria.
- Do not receive enhanced reimbursement rates from Medicare, which for some office visits and procedures can be up to 50% less than FQHCs and 30% less than RHCs.
- Provide their own malpractice insurance coverage (a significant expense) unlike FQHCs that are eligible for coverage under the Federal Tort Claims Acts which provides free coverage for most services.
- Patients who are not privately insured and do not qualify for Medicare, Medicaid or other government insurance are asked to pay for services on a sliding fee scale, if possible, or they may receive free services.



Rural Health Clinics (RHCs)

- 45 rural outpatient primary care clinics.
- Funded by foundation and corporate grants, patient revenue, public grants, private contributions, donated services and fundraising events.
- RHCs are federally *certified*. To be certified, a RHC must be located in a rural area that is designated as a Health Professional Shortage Area (HPSA) or Medically Underserved Area (MUA).
- Eligible for Amendment 35 Primary Care Funding if able to demonstrate they meet criteria.
- Receive enhanced reimbursement rates from Medicare and Medicaid, which for some office visits and procedures can be up to 30% less than FQHCs.
- Provide their own malpractice insurance coverage (a significant expense) unlike FQHCs that are eligible for coverage under the Federal Tort Claims Acts which provides free coverage for most services.
- Patients who are not privately insured and do not qualify for Medicare, Medicaid or other government insurance are asked to pay for services on a sliding fee scale, if possible, or they may receive free services.

Community Health Centers (CHCs) or Federally Qualified Health Centers (FQHCs)

- 15 Community Health Centers with 138 rural and urban clinic sites.
- Federally *qualified* under the Health Center Program, Section 330 of the Public Health Service Act. These clinics receive federal funding to subsidize the cost of serving the uninsured and for clinic start-up and expansion.
- Automatically eligible for Amendment 35 Primary Care Fund.
- Receive enhanced Medicare and Medicaid reimbursement rates of up to 50% higher than CSNCs and 30% higher than RHCs.
- FQHCs are eligible for coverage under the Federal Tort Claims Acts which provides free coverage for most services.
- Patients who are not privately insured and do not qualify for Medicare, Medicaid or other government insurance are asked to pay for services on a sliding fee scale.
- Clinics are not affiliated with ClinicNET.
- Federal requirements prohibit more than one clinic in the same medically underserved area (MUA), serving the same medically underserved population (MUP), from becoming a qualified FQHC regardless of the existing FQHCs capacity to provide services to the entire patient population.
- Other statutory requirements may be inconsistent with the mission or values of some clinics.

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