

COMMUNITY HEALTH CENTER GROWTH AND SUSTAINABILITY  
STATE PROFILES

# NEW YORK

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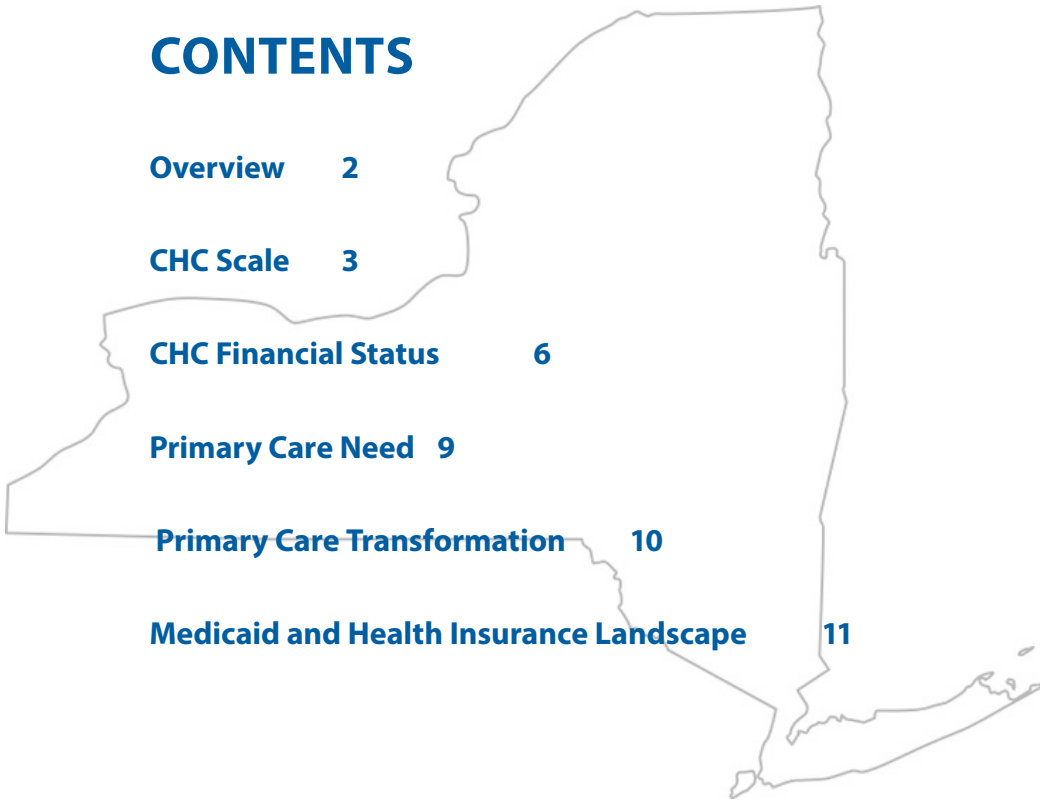
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## OVERVIEW

### Market Share & Growth

- As of 2014, there were 57 CHCs operating 508 permanent clinical service delivery sites throughout the state of New York. CHCs in New York are represented by the Community Health Care Association of New York State (the primary care association for New York State.)<sup>1 2</sup>
- New York CHCs provided 7,449,927 visits to 1,588,439 patients in 2012.<sup>3</sup>
- The number of people served by CHCs increased by an average of 5.9% annually from 2010 - 2012, compared to 4.1% average annual growth experienced by CHCs nationwide.<sup>3</sup>
- CHCs serve approximately 18.8% of New York's Medicaid population (US: 16%) and 8.2% of its overall population (US: 7%). CHCs in New York serve 17.2% of people with incomes <200% FPL, compared with 15.9% nationally.<sup>3</sup>
- New York Medicaid enrollment, currently at 4,421,000, is projected to grow by an additional 1,026,000 people by 2022 (23.2% growth) per the Urban Institute; with the uninsured rate projected to decrease from 16% to 10%.<sup>4</sup>
- There are considerable differences between urban and rural areas of NYS – particularly in the area of primary care workforce shortage, where rural areas struggle to recruit and retain providers.

### Policy & Reimbursement

- New York spends slightly more than \$8,900 per Medicaid enrollee annually– the 2nd highest in the nation, behind only Alaska.<sup>5</sup>
- New York has expanded Medicaid per the ACA and has created its own state health insurance exchange known as “New York State of Health.”<sup>6</sup>
- Through the first enrollment period, individuals who have selected health plans through the exchange reached a total of 370,451, against a goal of 218,000.<sup>7</sup>
- Medicaid reimbursement for New York's CHCs is governed by the federal Prospective Payment System (PPS) requirements, including use of the Medicare Economic Index to adjust CHCs' per-visit rate annually.<sup>8</sup>
- New York is implementing structural reforms to the state's Medicaid program through its Medicaid Redesign Team (MRT) program with the goals of controlling cost and improving quality.<sup>9</sup> The state is currently implementing a five-year 1115 Medicaid Waiver called the “Delivery System Reform Incentive Program.”
- New York's Medicaid enables a broad array of providers (including MD's, DMDs, NPs, RNs, LSWs, Psychologists, Physical Therapists and Dental Hygienists) to bill Medicaid for face-to-face visits.<sup>10</sup>
- New York is participating in several CMS Innovation programs, including the “Multi-Payer Advanced Primary Care Program,” the “Prevention of Chronic Disease in Medicaid Demonstration,” and has several CHCs participating in the “FQHC Advanced Primary Care Demonstration”; additionally, New York has been awarded State Innovation Model “Pre-Testing Award.”<sup>11</sup>

## CHC SCALE

### New York CHCs Compared to CHCs Nationwide

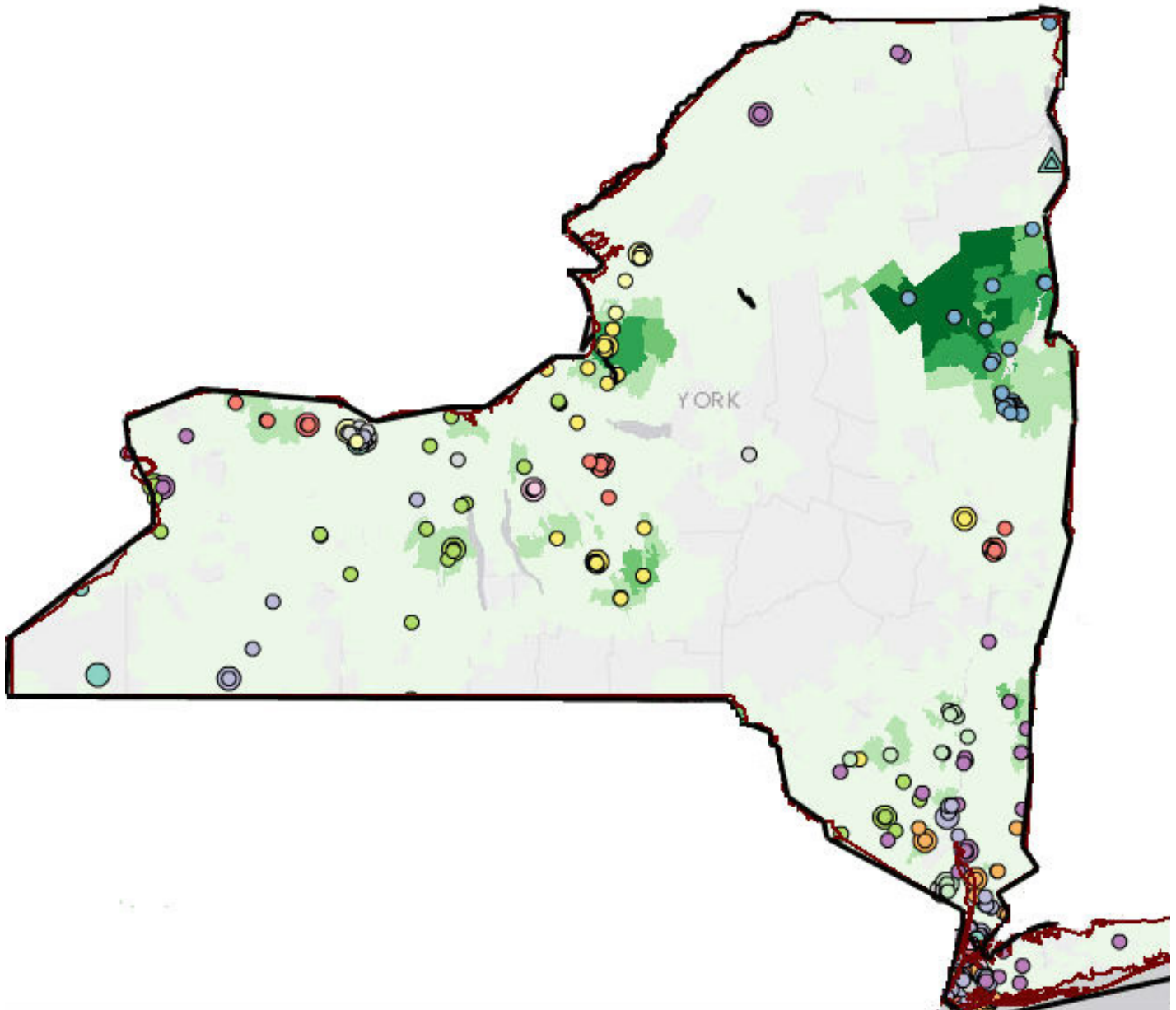
- Greater proportion of the total population served
- Slightly greater proportion of Medicaid enrollees served
- The average CHC, as measured by annual visits, is nearly twice as large as the national average
- Medical, dental & mental health visit mix is close to national average
- Visit growth rate (2010-12) is significantly higher than the national average, attributable mostly to increasing volume of medical and dental visits; however, there has been a significant decrease in the number of visits to case management/enabling services

	NY	US
<b>Population Served (2012)</b>		
Total patients served by CHCs	1,588,439	21,102,391
% of population served by CHCs	8.2%	6.8%
% of under 200% FPL served by CHCs	17.2%	15.9%
% of Medicaid Enrollees Served	18.8%	16.4%
<b>CHC Characteristics and Volume</b>		
Number of CHCs (2014)	59	1284
Total CHC Service Delivery Sites (2014)	508	9509
Average Sites per CHC (2014)	8.6	7.4
Annual Visits (Total) (2012)	7,449,917	83,766,153
Annual Visits per CHC (2012)	130,700	69,922
Annual Visits Per Patient (2012)	4.69	3.97
<b>Visit Mix (% of Annual Visits by Service Type) (2012)</b>		
Medical	74.0%	73.6%
Dental	12.1%	12.8%
Mental Health	8.8%	7.5%
Case Management/Enabling	5.1%	6.2%
<b>Compound Annual Growth Rate (2010-2012)</b>		
Total Patients	5.9%	4.1%
Total Annual Visits	6.5%	4.3%
Medical	7.1%	3.5%
Dental	9.9%	7.6%
Mental Health	10.0%	9.6%
Case Management/Enabling	-10.3%	1.6%

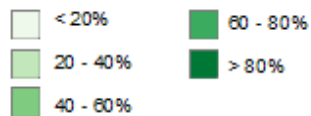
Note: All CHCs are Federally Qualified Health Centers receiving Section 330 grants. Lookalikes not included.

Source: UDS Summary Data 2010-2012, 2014

## Share of Population Served by New York CHCs <sup>12</sup>



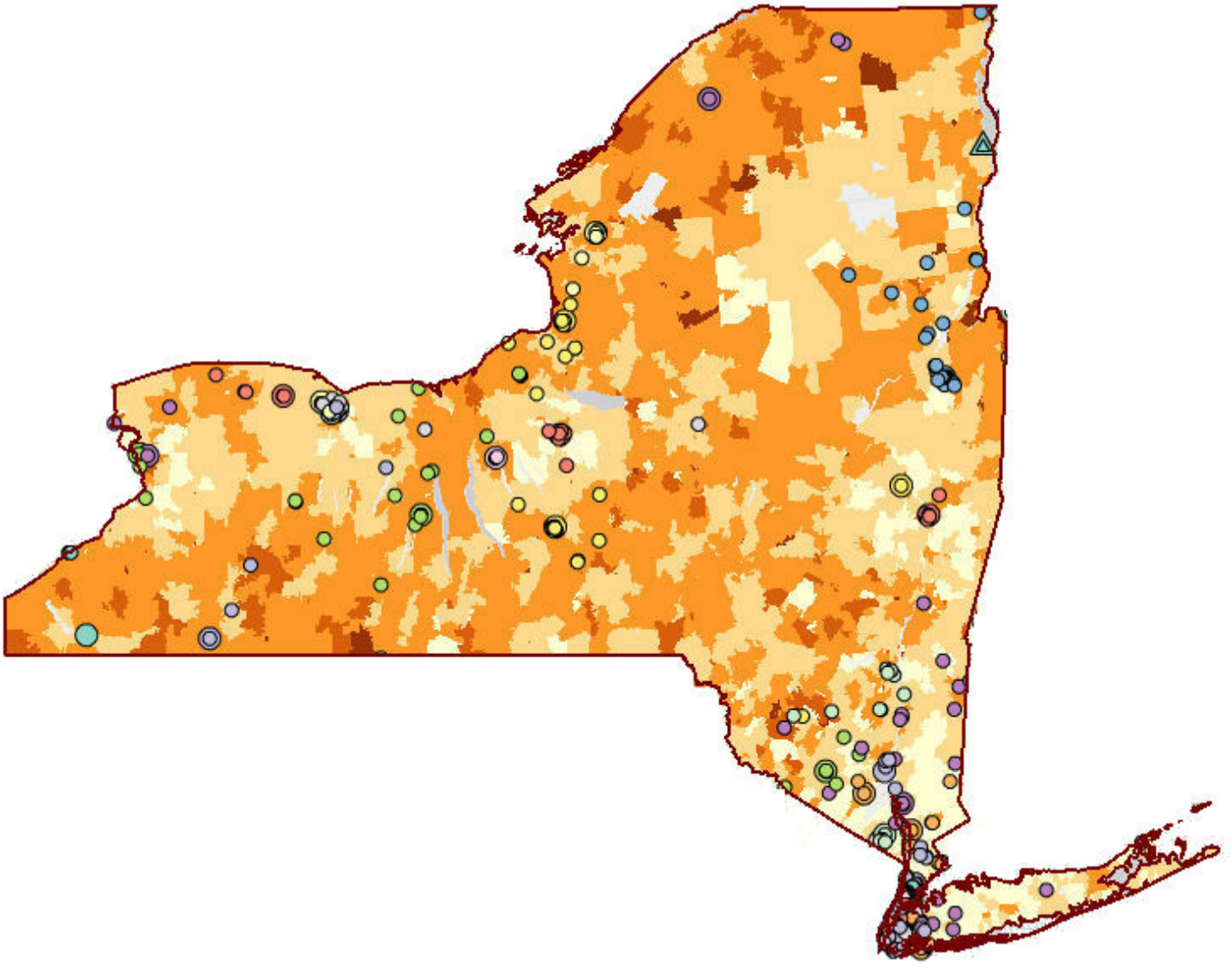
% of Total Population Served by CHCs



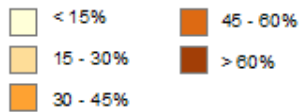
Colored circles represent CHC locations.  
Unique color for each CHC network.

Source: UDS Mapper 2014

## New York Low Income Population <sup>12</sup>



% of Low-income (Pop below 200% FPL)



Colored circles represent CHC locations.  
Unique color for each CHC network.

Source: UDS Mapper 2014

## CHC FINANCIAL STATUS

### New York CHCs Compared to CHCs Nationwide, 2012

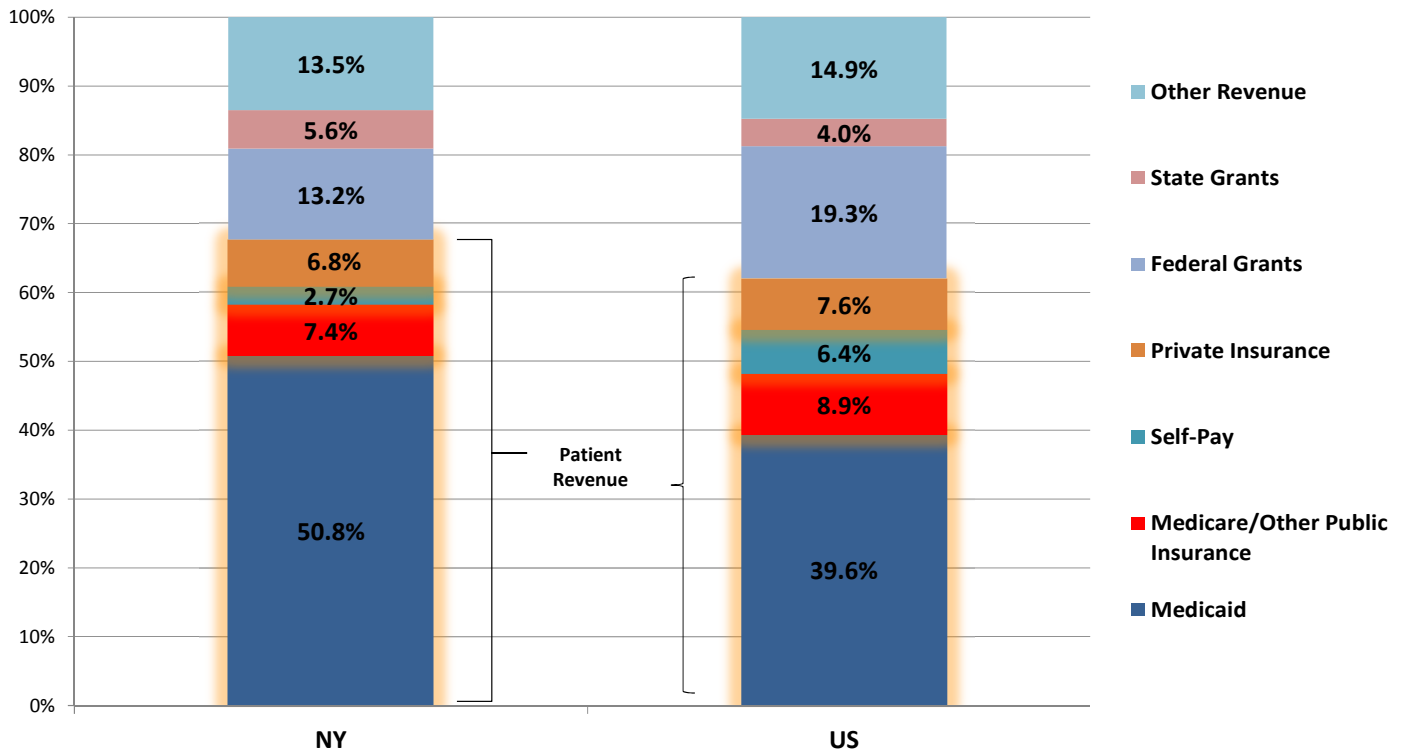
- Greater proportion of revenue from patient services
- Portion of patient revenues from Medicaid is 28% above national average
- Lower proportion of revenues from private insurance
- Less reliance on federal grants than national average

	NY	US
<b>CHC Revenue Mix</b>		
Patient Revenue	67.7%	62.9%
Medicaid	50.8%	39.6%
Medicare/Other Public Insurance	7.4%	8.9%
Self-Pay	2.7%	6.4%
Private Insurance	6.8%	7.6%
Federal Grants	13.2%	19.3%
State Grants	5.6%	4.0%
Other Revenue	13.5%	14.9%

Note: All CHCs are Federally Qualified Health Centers receiving Section 330 grants. Lookalikes not included.

Source: UDS Summary Data 2010-2012, 2014

### Overall CHC Revenue Mix 2012



Source: UDS Summary Data 2012

## CHC FINANCIAL STATUS

### New York CHCs as a Group, 2009-2011 <sup>13</sup>

- Median Total Assets increased by 48%
- Unrestricted Net Assets grew by 76%
- Median Days Cash on Hand decreased by 7%, from 37 to 35 days, but remained within the 30-day benchmark

<b>NY Financial Performance 2009- 2011</b>					
	Statewide CHC Medians			% Change	Benchmark
	2009	2010	2011		
<b>Growth</b>					
Total Assets (\$)	\$6,545,654	\$8,088,818	\$9,669,425	48%	N/A
Total Revenues (\$)	\$11,176,260	\$11,430,219	\$14,377,023	29%	N/A
<b>Profitability</b>					
Total Margin (%)	4.1%	3.6%	6.3%	53%	N/A
Unrestricted Net Assets (\$)	\$2,414,112	\$3,080,665	\$4,260,757	76%	N/A
<b>Liquidity</b>					
Days Cash on Hand	37	32	35	-7%	>30 Days
Days in Accounts Receivable	38	43	42	11%	<60 Days

Note: CHC 990s have limitations, and certain indicators could not be accurately analyzed as a result. For a more complete picture of CHC financials, audited financial statements should be consulted.

Sources: UDS Summary Data 2009-2011 and CHC Form 990s

### New York CHCs Visit Mix Compared to CHCs Nationwide <sup>3</sup>

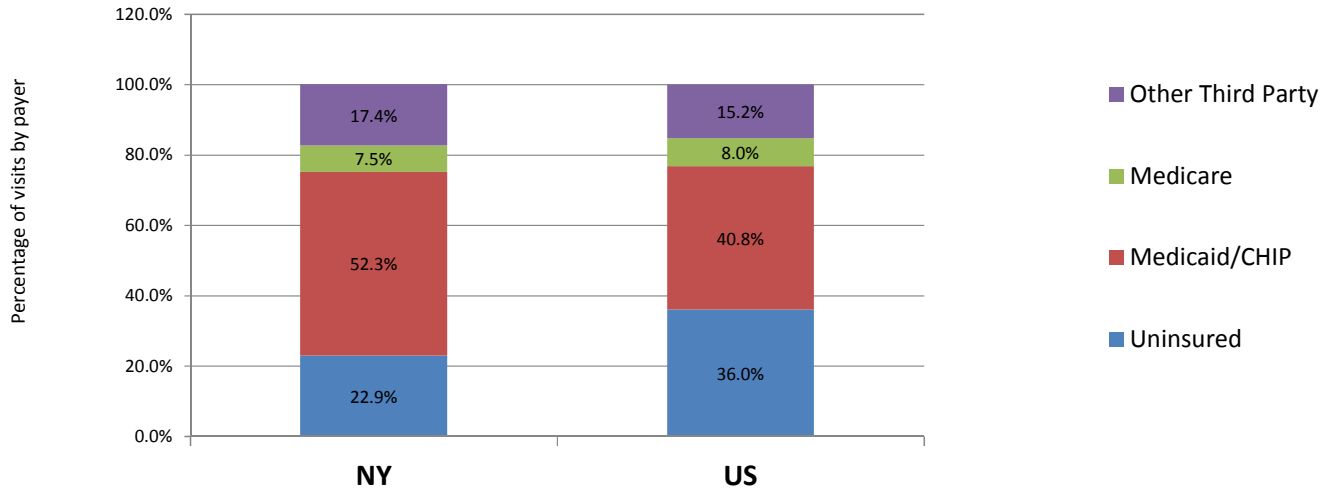
- Slightly lower proportion of patients living at or near poverty level than national average
- Proportion of uninsured patients is 36% below national average
- Medicaid portion of the patient mix is 28% above national average

	<b>NY</b>	<b>US</b>
<b>CHC Visit Mix - 2012</b>		
<u>Income Status</u>		
Patients at or below 200% poverty level	86.3%	92.6%
Patients at or below 100% poverty level	69.8%	71.9%
<u>Coverage Status</u>		
Uninsured	22.9%	36.0%
Medicaid/CHIP	52.3%	40.8%
Medicare	7.5%	8.0%
Other Third Party	17.4%	15.2%

Source: UDS Summary Data 2012

## CHC FINANCIAL STATUS

### Visit Mix by Payer - 2012



Source: UDS Summary Data 2012



## PRIMARY CARE NEED

### Statewide Primary Care & Prevention Clinical Indicators

- Near national average on many primary care & prevention indicators
- Deaths attributable to diabetes 20% below national average; those attributable to heart disease 12% above national average
- Ranked #15 in America's Health Rankings®

### Statewide Primary Care Shortage & Workforce Indicators

- Slightly lower proportion of population is underserved for primary care.
- Underserved population for dental is significantly below national average.
- New York's regional and socioeconomic diversity means there are areas with significant primary care and dental workforce shortages far greater than the national average.
- New York's "Doctor's Across New York" and "Primary Care Service Corps program repays loans for providers who practice in underserved communities.

	NY	US
<b>Primary Care &amp; Prevention Clinical Indicators</b>		
% births to women with late/no prenatal care	5.4%	5.3%
% low birthweights	8.2%	8.1%
% adults diagnosed with diabetes	8.9%	9.3%
Adult diabetes deaths per 100,000	16.7	20.8
Adult heart disease deaths per 100,000	199.9	179.1
Avoidable Hospitalizations per 1,000	66.3	66.6
America's Health Ranking (United Health Foundation)	15	NA
<b>Primary Care Shortage and Workforce Indicators</b>		
Estimated underserved population for primary care	1,840,732	35,057,608
<i>% of total population</i>	9.5%	11.3%
Estimated PCPs needed to achieve target PCP:Population	549	7067
Estimated underserved population for dental	797,525	31,707,007
<i>% of total population</i>	4.1%	10.2%
Estimated dental providers needed to achieve target Practitioner:Population ratio	217	6531

Source: Kaiser State Health Facts 2012

## PRIMARY CARE TRANSFORMATION

### Patient Centered Medical Home <sup>14</sup>

- 68% of New York CHCs have achieved PCMH recognition or certification as of 7/31/14, as compared to 58% nationally.
- New York is directly participating in two medical home demonstrations: the Adirondack Medical Home Demonstration and the Statewide Medicaid Patient-Centered Medical Home Program.
- In February 2012, CMS approved the first of three health home SPAs for “high-cost, high-need” Medicaid enrollees with chronic conditions in 10 counties.
- New York is one of eight states selected to participate in the Medicare Advanced Primary Care Practice (MAPCP) demonstration program.

### Electronic Health Record Adoption <sup>15</sup>

- New York is ahead of national average EHR availability at CHC sites (97% in New York compared to 88% in the U.S.)
- New York performs better than national average in all 12 EHR functionality categories.
- CHCANYS has developed a Center for Primary Care Informatics that serves as a repository for aggregated primary care data.

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

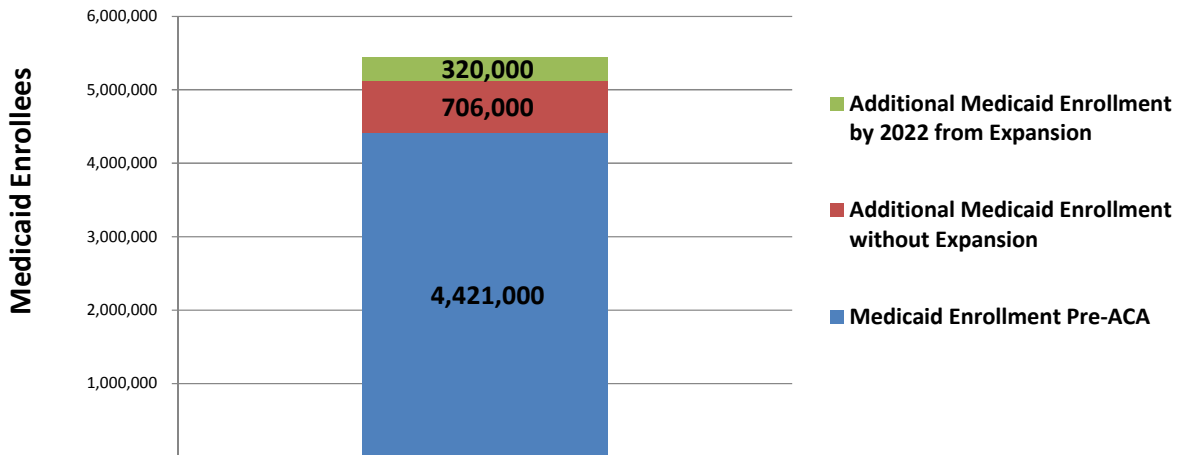
### Medicaid Policies – Highlights

- Per-enrollee Medicaid spending 60% higher than national average.
- State’s Medicaid Redesign program intended to lower costs, improve quality. <sup>16</sup>
- New York’s \$8 billion 1115 Medicaid Waiver seeks to reduce avoidable hospitalizations by 25% in five years and make 90% of Medicaid payments value-based.

	NY	US
<b>Medicaid Policies</b>		
Medicaid Payments Per Enrollee	\$8,910	\$5,563
Federal Medical Assistance Percentage (FMAP)	50.0%	50.0%
<b>Health Insurance &amp; Medicaid Expansion</b>		
Implementing Medicaid Expansion	Implementing	
Health Insurance Exchange	State	
Total Uninsured	2,954,000	53,277,000
<i>% of Uninsured Individuals (all ages)</i>	15.3%	17.2%
Medicaid Enrollment Pre-ACA	4,421,000	52,410,000
<i>% of Total Population</i>	22.9%	16.9%
Additional Enrollment with ACA but no Medicaid Expansion	706,000	5,659,000
Additional Enrollment with ACA and Medicaid Expansion	1,026,000	21,280,000
<i>% Growth in Medicaid Enrollment from ACA + Expansion</i>	23.2%	40.6%
Estimated Number Remaining Uninsured After ACA	1,868,000	27,930,000
<i>Estimated % Uninsured After ACA (2020)</i>	9.5%	8.7%

Source: Kaiser State Health Facts 2012, Urban Institute HIPSM 2012

### IMPACT OF MEDICAID EXPANSION



Source: Kaiser State Health Facts 2012

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Health Insurance & Medicaid Expansion – Highlights

- State has implemented Medicaid expansion and a State-run Health Insurance Exchange, known as “New York State of Health”
- Lower than average uninsured rate
- Proportion of residents who are uninsured is expected to decrease by from 15.3% to 9.5% over the next decade

### New York Medicaid Spending

New York spends more than \$8,900 per Medicaid enrollee annually and is the largest, most extensive, and comprehensive in the country.<sup>17</sup>

New York’s Medicaid spending is projected to total approximately \$54 billion in FY 2013.<sup>18</sup> Long term care accounts for almost half of the State’s Medicaid.<sup>19</sup>

Federal funds account for about 45% of total Medicaid spending (rather than the 50 percent federal match rate), since the state provides some services that are not federally reimbursable.<sup>18</sup>

New York did not see a substantial increase in Medicaid and CHIP insurance eligibility as a result of the Affordable Care Act because the State already offered public health coverage to parents with incomes up to 200% of the Federal Poverty Level (FPL), children up to 400% of FPL, as well as to some childless adults.<sup>20</sup>

New York does require co-payments from Medicaid enrollees for some services and in certain settings. However, co-payments are limited to nominal amounts.<sup>21</sup>

**Medicaid and CHIP Income Eligibility Limits as % of FPL**

	<b>Children Ages 0-19</b>	<b>Pregnant Woman</b>	<b>Parents of Dependent Children</b>	<b>Non-Disabled Adults</b>
2013	200%	200%	150%	100%
2014	405%	223%	138%	138%

\*There is some variability in eligibility limits for children in 2013 under Medicaid based on age; however, the eligibility level chosen reflects the year’s CHIP eligibility and/or highest eligibility level under Medicaid.

Source: Kaiser State Health Facts 2012

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Health Insurance and Medicaid Coverage

New York uses a state-operated health benefits exchange, New York State of Health. Nearly 1 million New Yorkers enrolled in health plans via the Marketplace during the first open enrollment period, including 525,283 who enrolled in Medicaid.

As federally mandated, Qualified Health Plans participating in the Marketplace must include “essential community providers” who serve predominantly low income, including CHCs. The New York Marketplace is using the same network adequacy standards as the New York State Medicaid Plan: at least one CHC per county. While this may be adequate for rural counties, it is not considered so for more populous counties and large urban areas.<sup>20</sup>

### CHC Medicaid Reimbursement Policy

CHCs are reimbursed on an all-inclusive rate basis, governed by the federal Prospective Payment System (PPS) requirements. NY uses the Medicare Economic Index (MEI) to adjust the per visit rate annually. The State pays a wraparound payment to cover the difference between the MCO payments and the PPS rate.<sup>10 22</sup>

New York devotes some funding to CHCs for indigent care, about \$64 million or 5% of revenue in 2012.<sup>23</sup> This funding includes non-CHC diagnostic and treatment centers.

The state lacks a specific scope of service definition, but will adjust rates to accommodate scope of service changes in practice.<sup>24</sup> Adjustments include additional costs associated with capital improvements. State funding is distributed retroactively and there are often long lags between the service year and the dates of disbursement.<sup>20</sup>

More categories of providers are eligible to generate a reimbursable PPS encounter than is typical in other states. An MD, DMD, NP, RN, LCSW, psychologist, physical therapist, dental hygienist, nutritionist, and midwife can all generate a PPS encounter.<sup>10</sup>

New York State policies are generally supportive of CHCs, but the complexity of the State’s regulatory environment poses significant challenges. For example, the Certificate of Need (CON) process, which governs the establishment and licensure of new facilities and programs in New York State, is especially lengthy and cumbersome for capital projects and changes in scope of services. Recent changes expedite CON review process for HRSA-funded projects submitted by CHCs, though most capital projects are not subsidized by federal funds.

#### Primary Providers Eligible for Reimbursement

State	MD	DMD	NP	Psychologist	Other
NY	Yes	Yes	Yes	Yes	Midwives

#### Secondary Providers Eligible for Reimbursement

State	RN	LCSW	Physical Therapist	Dental Hygienist	Nutritionist
NY	Yes	Yes	Yes	Yes	Yes

Source: Update on the Status of the FQHC Medicaid Prospective Payment System in the States. NACHC, 2011

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Medicaid Redesign Plan

In late 2010, New York State began a fundamental restructuring of its Medicaid program to achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure. As part of these efforts, Governor Andrew Cuomo created the Medicaid Redesign Team (MRT), charged with identifying ways to reduce costs and increase quality and efficiency in the Medicaid program. CHCANYS represented the primary care sector on the MRT and continues to participate in key work groups.

The MRT's Medicaid reform plan strives to control costs by improving the health of program participants while avoiding arbitrary benefit reductions or provider rate cuts. The MRT's budget plan saved the State \$4 billion in its first year and has held spending growth to less than 1%. As part of this effort, New York State has all but eliminated fee-for-service Medicaid in favor of Medicaid managed care.

The MRT plan includes a series of innovative solutions designed to better manage care and reward providers for keeping people healthy. Four of the MRT recommendations of particular interest to CHCs that have been adopted are:

- **Office of Primary Care.** The creation of a dedicated Office of Primary Care (now part of the Office of Health Systems Management) has given providers and stakeholders a single point of contact at the New York State Department of Health (NYS DOH) to help reduce regulatory barriers, promote the expansion of primary care and provide leadership on addressing workforce shortages.
- **The Primary Care Service Corps (PCSC).** The PCSC is a service-obligated scholarship program created to increase the supply of midwives, nurse practitioners, physician assistants and others who practice in underserved communities. Eligible clinicians receive loan repayment funding in return for a commitment to practice in an underserved area.
- **Health Home Model for Service Delivery.** This model expands on the traditional medical home, but enhances the focus on linkages to other community and social supports to increase integration of medical and behavioral health care for persons with multiple chronic illnesses. Many CHCs throughout the state have been designated by NYS DOH as lead health homes, and almost all identified health home networks include CHCs.
- **New York State Medicaid Medical Home Program.** This program offers additional dollars to primary care providers who meet national medical home standards. Providers who meet these standards can earn an additional \$6 to \$16.75 per visit per patient through this program, or up to \$6 per member per month.<sup>20</sup>

To support the implementation of the MRT's reform plan, New York State is operating under a n 1115 Medicaid waiver. A central part of the MRT waiver is New York State's **Delivery System Reform Incentive Payment (DSRIP) program**, which will provide \$6.42 billion to support the transformation of the State's health care delivery system aimed at improving care and outcomes and reducing costs for Medicaid beneficiaries. The State's primary objective through DSRIP is to reduce avoidable hospitalizations by 25% statewide over five years.

The State's vision for DSRIP includes coalitions of providers in New York regions coming together under lead safety net applicants to form new integrated delivery systems, called Performing Provider Systems (PPSs), which are expected to be responsible for most, if not all, attributed Medicaid beneficiaries in a given geography or medical market area and be eligible to receive performance-based payments. Participation in a PPS is focused primarily on "safety net" providers as defined by CMS and the State, based on percentage Medicaid volume and other factors.

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

The expectation is that by the end of five years, Medicaid managed care plans will contract directly with Performing Provider Systems to provide care for the majority of Medicaid patients and that 90% of all Medicaid payments will be paid through value-based payments.<sup>20</sup>

### Investment in Primary Care

To accompany the \$8 billion waiver, which does not include capital funding, the State has created a \$1.2 Billion Capital Restructuring Finance Program. Funds will be made available over seven years. The purpose of the pool is to transform the system to be more patient-centered and improve population health.

Although the State has yet to indicate priorities for its capital program, the development of primary care service capacity by CHCs is an eligible use. In addition to CHCs, other eligible applicants include hospitals, assisted living providers, residential health care facilities, home care providers and others.<sup>25</sup>

In 2013, the Community Health Care Association of New York State (CHCANYS) released A Plan for Expanding Sustainable Community Health Centers in New York, which details a statewide plan for community health centers designed to increase their ability to serve more patients. Based on extensive quantitative and qualitative analyses, the plan identifies geographic areas that have the greatest need and potential for sustainable growth, estimates potential increases in capacity within the existing system and highlights strategies for creating more capacity.<sup>26</sup>

### Collaboration with CMS<sup>27</sup>

New York is collaborating with the Centers for Medicare and Medicaid Services (CMS) Innovation Center on a number of different programs aimed to develop and test innovative health care payment and service delivery models.

#### **Comprehensive Primary Care Initiative (CPCI)**

New York is one of eight states participating in the Comprehensive Primary Care Initiative, a multi-payer collaboration between public and private payers aimed at strengthening primary care. In this program, CMS will provide bonus payments to Primary Care practices which better coordinate care for their patients.

#### **Multi-Payer Advanced Primary Care Practice Initiative (MAPCP)**

New York is also one of eight states participating in the Multi-Payer Advanced Primary Care Practice Initiative, which will pay a monthly care management fee for beneficiaries receiving primary care from an Advanced Primary Care (APC) practice.

#### **State Innovation Model**

New York was one of 16 states to receive Model Design funding to produce a State Health Care Innovation Plan. Having successfully produced an Innovation Plan, they have received an additional "Pre-Testing Model Award" to further develop and refine its comprehensive Innovation Plan.

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Health Information Technology

The 2015 New York State budget includes \$65 million for the State Health Information Network of New York (SHIN-NY) to continue its efforts to establish a true statewide electronic medical record system, and establish an All Payer Claims Database (APCD). This investment will leverage up to \$30 million of Federal Medicaid funds for these projects for a total of up to \$95 million.<sup>24</sup>

CHCANYS has also developed a Center for Primary Care Informatics, which combines a data warehouse with extensive reporting capabilities and a wraparound program of technical assistance to support clinical quality improvement, health center planning, participation in delivery system and payment reform initiatives, advocacy and fund development for our members statewide. The data warehouse draws clinical, operational and financial data nightly from health center electronic health records and practice management systems and serves as a comprehensive repository for aggregated primary care data.<sup>2</sup>



## Notes

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