

COMMUNITY HEALTH CENTER GROWTH AND SUSTAINABILITY  
STATE PROFILES

# PENNSYLVANIA

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## OVERVIEW

### Market Share & Growth

- As of 2014, there were 43 CHCs operating 251 permanent clinical service delivery sites throughout the state of Pennsylvania. CHCs are represented by the Pennsylvania Association of Community Health Centers.<sup>1 2</sup>
- Pennsylvania CHCs provided 2,341,334 visits to 671,139 patients in 2012.<sup>3</sup>
- The number of people served by CHCs increased by an average of 4.2% annually from 2010 - 2012, compared to 4.1% average annual growth nationwide.<sup>3</sup>
- CHCs serve approximately 15.8% of Pennsylvania's Medicaid population (US: 16.4%) and 5% of its overall population (US: 7%). Pennsylvania CHCs serve 13.6% of individuals with incomes <200% FPL, compared with 15.9% nationally.<sup>3</sup>
- Medicaid enrollment is currently at 1,904,000. The State estimates that the proposed "Healthy Pennsylvania" plan will enable approximately 520,000 additional people to access affordable health coverage.<sup>4</sup> The existing Medicaid program, without an ACA expansion, is currently projected to grow by 178,000 enrollees by 2022.<sup>5</sup>

### Policy & Reimbursement

- Pennsylvania spends nearly \$7,300 per Medicaid enrollee annually – the 9th highest in the nation.<sup>6</sup>
- Pennsylvania's Medicaid reimbursement for 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>7</sup> Pennsylvania permits rate adjustments only for HRSA-approved change in services offered.
- Pennsylvania is not implementing the ACA Medicaid expansion, but is instead seeking federal approval for an alternative "Healthy Pennsylvania" proposal.<sup>4</sup>
- As of January 2014, Pennsylvania has continued to set low eligibility limits for Medicaid to parents (38% FPL) and has not extended benefits to childless adults.<sup>8</sup> Pregnant women are currently eligible up to 220% FPL and children are eligible in families with income up to 319% FPL.<sup>9 10</sup>
- Pennsylvania is currently allowing the Federal Government to run the ACA-mandated insurance exchange through healthcare.gov.<sup>11</sup>
- Through the first enrollment period, 318,077 individuals have selected health plans through the exchange, exceeding a goal of 206,000.<sup>12</sup>
- Pennsylvania is participating in several CMS Innovation programs, including the "Multi-Payer Advanced Primary Care Program," and has several FQHCs participating in the "FQHC Advanced Primary Care Demonstration"; additionally, Pennsylvania has been awarded a State Innovation Model Design Award.<sup>13</sup>

## CHC SCALE

### Pennsylvania CHCs Compared to CHCs Nationwide

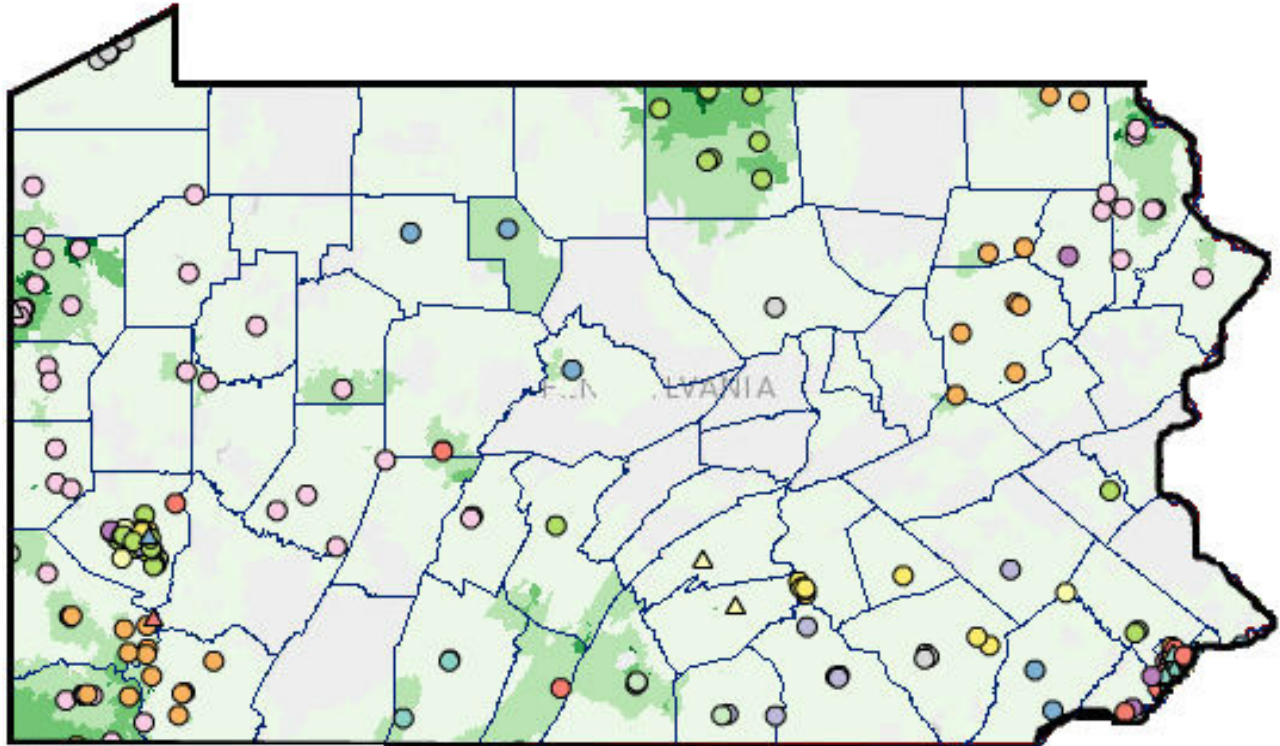
- Lower proportion of the total population served
- Slightly lower proportion of Medicaid enrollees served
- Slightly lower than national average in visits per CHC
- Growth rate near national average

	PA	US
<b>Population Served (2012)</b>		
Total patients served by CHCs	671,139	21,102,391
% of population served by CHCs	5.3%	6.8%
% of under 200% FPL served by CHCs	13.6%	15.9%
% of Medicaid Enrollees Served	15.8%	16.4%
<b>CHC Characteristics and Volume</b>		
Number of CHCs (2014)	43	1284
Total CHC Service Delivery Sites (2014)	251	9509
Average Sites per CHC (2014)	5.8	7.4
Annual Visits (Total) (2012)	2,341,334	83,766,153
Annual Visits per CHC (2012)	58,533	69,922
Annual Visits Per Patient (2012)	3.49	3.97
<b>Visit Mix (% of Annual Visits by Service Type) (2012)</b>		
Medical	70.9%	73.6%
Dental	16.2%	12.8%
Mental Health	9.0%	7.5%
Case Management/Enabling	4.0%	6.2%
<b>Compound Annual Growth Rate (2010-2012)</b>		
Total Patients	4.2%	4.1%
Total Annual Visits	4.8%	4.3%
Medical	2.6%	3.5%
Dental	14.3%	7.6%
Mental Health	10.2%	9.6%
Case Management/Enabling	-1.3%	1.6%

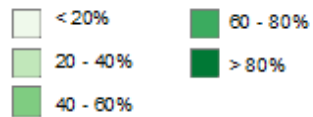
Note: All CHCs are Federally Qualified Health Centers receiving Section 330 grants. Lookalikes not included.

Source: UDS Summary Data 2010-2012, 2014

## Share of Population Served by Pennsylvania CHCs <sup>14</sup>

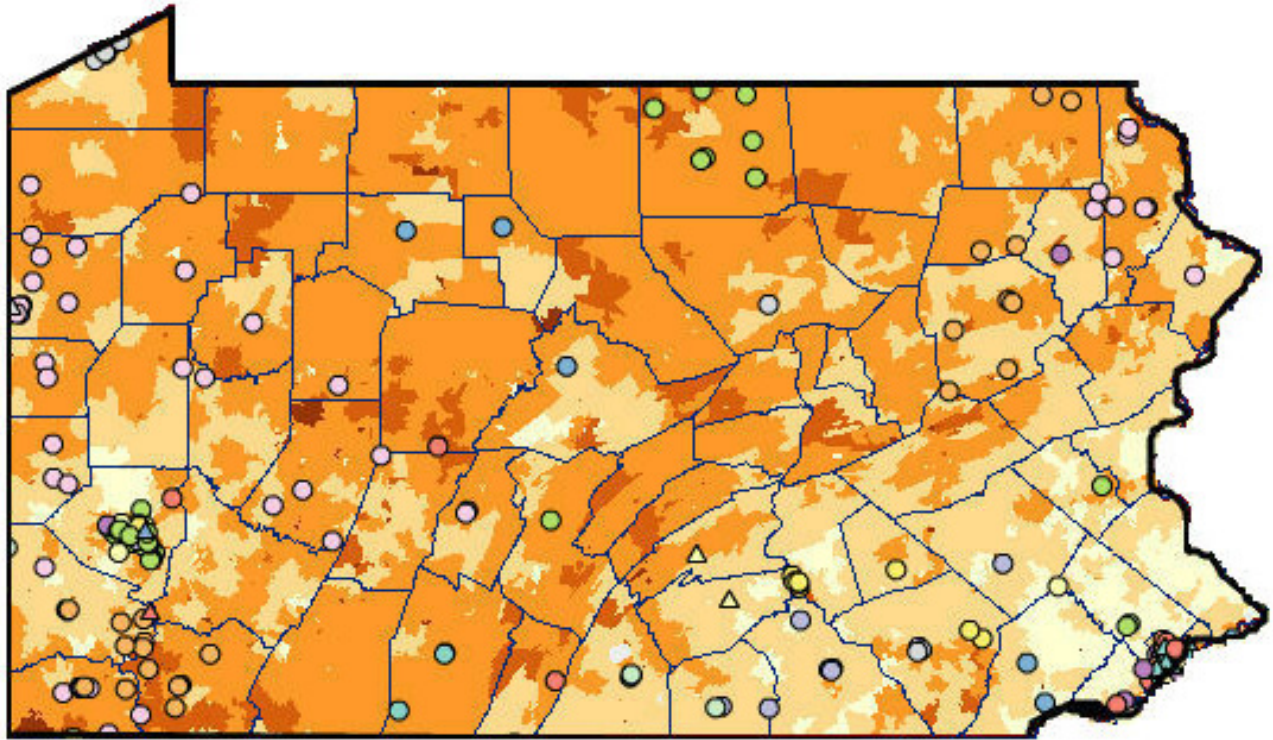


% of Total Population Served by CHCs

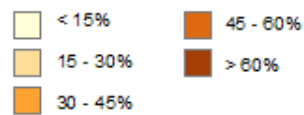


Colored circles represent CHC locations.  
Unique color for each CHC network.

## Pennsylvania Low Income Population <sup>14</sup>



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



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

## CHC FINANCIAL STATUS

### Pennsylvania CHCs Compared to CHCs Nationwide, 2012

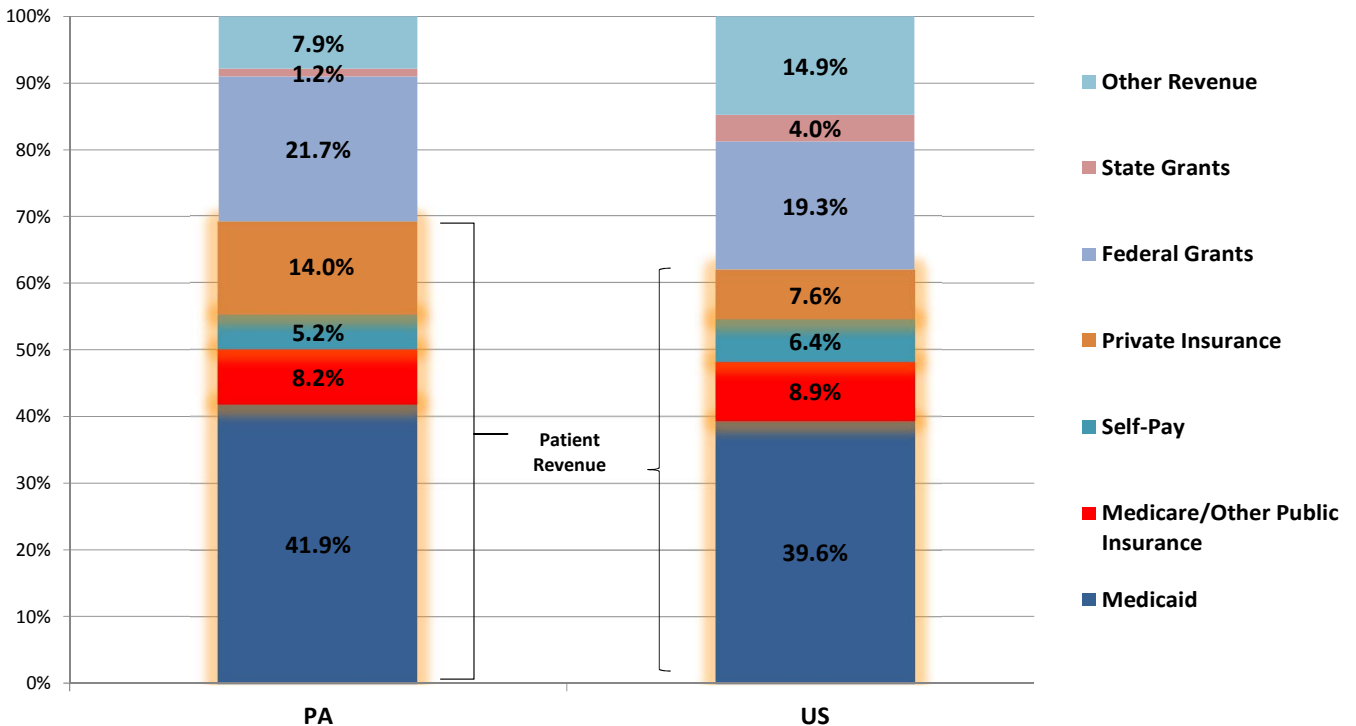
- Greater proportion of revenue from patient services
- Slightly greater portion of patient revenue from Medicaid
- Double the proportion of revenue from private insurance

	PA	US
<b>CHC Revenue Mix</b>		
Patient Revenue	69.3%	62.9%
Medicaid	41.9%	39.6%
Medicare/Other Public Insurance	8.2%	8.9%
Self-Pay	5.2%	6.4%
Private Insurance	14.0%	7.6%
Federal Grants	21.7%	19.3%
State Grants	1.2%	4.0%
Other Revenue	7.9%	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

### Pennsylvania CHCs as a Group, 2009-2011 <sup>15</sup>

- Median Total Assets increased by 51%
- Unrestricted Net Assets grew by 29%
- Median Days Cash on Hand decreased by 28%, from 32 to 23 days, falling below the 30-day benchmark
- Median Days Payable increased by 8%, from 79 to 85 days, well above the benchmark range

PA Financial Performance 2009- 2011					
	Statewide CHC Medians			% Change	Benchmark
	2009	2010	2011		
<b>Growth</b>					
Total Assets (\$)	\$2,742,156	\$3,531,532	\$4,144,071	51%	N/A
Total Revenues (\$)	\$5,758,363	\$6,886,636	\$7,349,335	28%	N/A
<b>Profitability</b>					
Total Margin (%)	0.6%	6.3%	4.7%	717%	N/A
Unrestricted Net Assets (\$)	\$1,887,676	\$2,179,314	\$2,440,097	29%	N/A
<b>Liquidity</b>					
Days Cash on Hand	32	27	23	-28%	>30 Days
Days in Accounts Receivable	32	31	29	-10%	<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

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

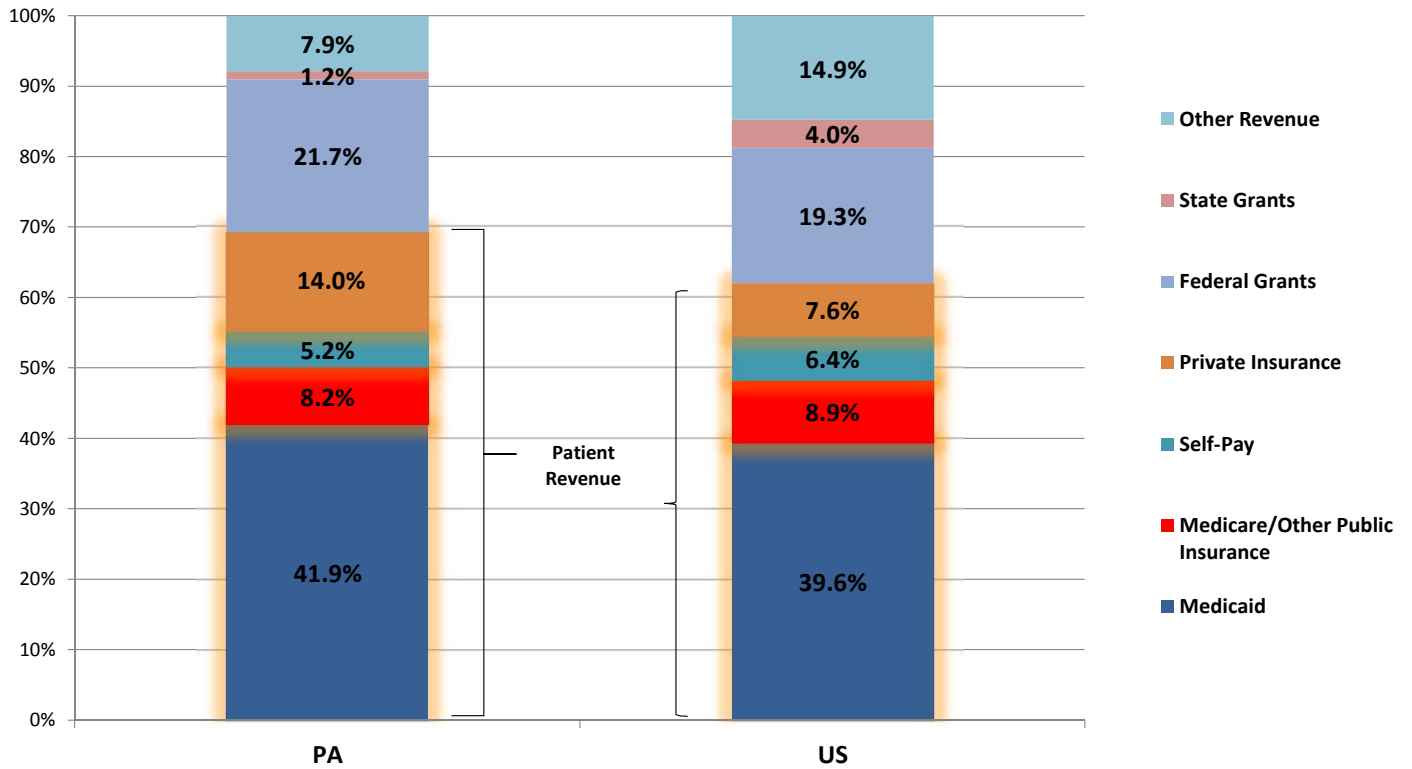
- Uninsured proportion of visit mix is 25% lower than national average
- Slightly higher proportion of visit mix is recipients of Medicare and Medicaid
- Proportion of patients seen living at or near poverty level is in line with national averages

	PA	US
<b>CHC Payer and Revenue Mix</b>		
Patient Revenue	69.3%	62.9%
Medicaid	41.9%	39.6%
Medicare/Other Public Insurance	8.2%	8.9%
Self-Pay	5.2%	6.4%
Private Insurance	14.0%	7.6%
Federal Grants	21.7%	19.3%
State Grants	1.2%	4.0%
Other Revenue	7.9%	14.9%

Source: UDS Summary Data 2012

## CHC FINANCIAL STATUS

### Overall CHC Revenue and Payer Mix 2012



Source: UDS Summary Data 2012



## PRIMARY CARE NEED

### Statewide Primary Care & Prevention Clinical Indicators

- Near national average on most primary care & prevention indicators
- Ranked #29 in America's Health Rankings®

### Statewide Primary Care Shortage & Workforce Indicators

- Pennsylvania has a significantly lower proportion of population underserved for primary care
- Population underserved for dental at about the national average

	PA	US
<b>Primary Care &amp; Prevention Clinical Indicators</b>		
% births to women with late/no prenatal care	6.5%	5.3%
% low birthweights	8.3%	8.1%
% adults diagnosed with diabetes	9.5%	9.3%
Adult diabetes deaths per 100,000	20.0	20.8
Adult heart disease deaths per 100,000	187.0	179.1
Avoidable Hospitalizations per 1,000	69.6	66.6
America's Health Ranking (United Health Foundation)	29	NA
<b>Primary Care Shortage and Workforce Indicators</b>		
Estimated underserved population for primary care	184,750	35,057,608
<i>% of total population</i>	1.5%	11.3%
Estimated PCPs needed to achieve target PCP:Population Ratio	86	7067
Estimated underserved population for dental	1,252,724	31,707,007
<i>% of total population</i>	9.9%	10.2%
Estimated dental providers needed to achieve target Practitioner:Population ratio	276	6531

Source: Kaiser State Health Facts 2012

## PRIMARY CARE TRANSFORMATION

### Patient Centered Medical Home <sup>3 16</sup>

- 43% of Pennsylvania CHC sites have achieved PCMH sites recognition or certification as of 7/31/14.
- Pennsylvania's Chronic Care Initiative (CCI), including patient-centered medical home adoption, was staged in seven regional rollouts. Four of the seven rollouts featured ongoing enhanced reimbursement from multiple payers; three offered more limited assistance, without ongoing payment for medical home expenses
- Pennsylvania is one of eight states selected to participate in the Medicare Advanced Primary Care Practice (MAPCP) demonstration program

### Electronic Health Record Adoption <sup>17</sup>

- Pennsylvania is at the national average with EHR availability at CHC sites (85% in Pennsylvania vs. 88% in U.S.)
- Pennsylvania performs better than national average in 7 of 12 EHR functionality categories

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Medicaid Policies – Highlights

- 9th highest per-enrollee Medicaid spending in US
- Has not implemented ACA Medicaid expansion, but has developed alternative expansion proposal
- Medicaid coverage in Pennsylvania is currently limited to children, pregnant woman and disabled adults
- Under current policies, with no expansion of eligibility limits, Medicaid enrollment is expected to grow 9% over the next 10 years. Alternatively, growth will be substantially higher, at an additional 27% through the Healthy Pennsylvania proposal and/or 28% through an ACA-style expansion.

	PA	US
<b>Medicaid Policies</b>		
Medicaid Payments Per Enrollee	\$7,288	\$5,563
Federal Medical Assistance Percentage (FMAP)	54.3%	50.0%
<b>Health Insurance &amp; Medicaid Expansion</b>		
Implementing Medicaid Expansion	Open Debate	
Health Insurance Exchange	Federal	
Total Uninsured	1,357,000	53,277,000
<i>% of Uninsured Individuals (all ages)</i>	10.7%	17.2%
Medicaid Enrollment Pre-ACA	1,904,000	52,410,000
<i>% of Total Population</i>	15.0%	16.9%
Additional Enrollment with ACA but no Medicaid Expansion	178,000	5,659,000
Additional Enrollment with ACA and Medicaid Expansion	719,000	21,280,000
<i>% Growth in Medicaid Enrollment from ACA + Expansion</i>	37.8%	40.6%
Estimated Number Remaining Uninsured After ACA	652,000	27,930,000
<i>Estimated % Uninsured After ACA (2020)</i>	5.1%	8.7%

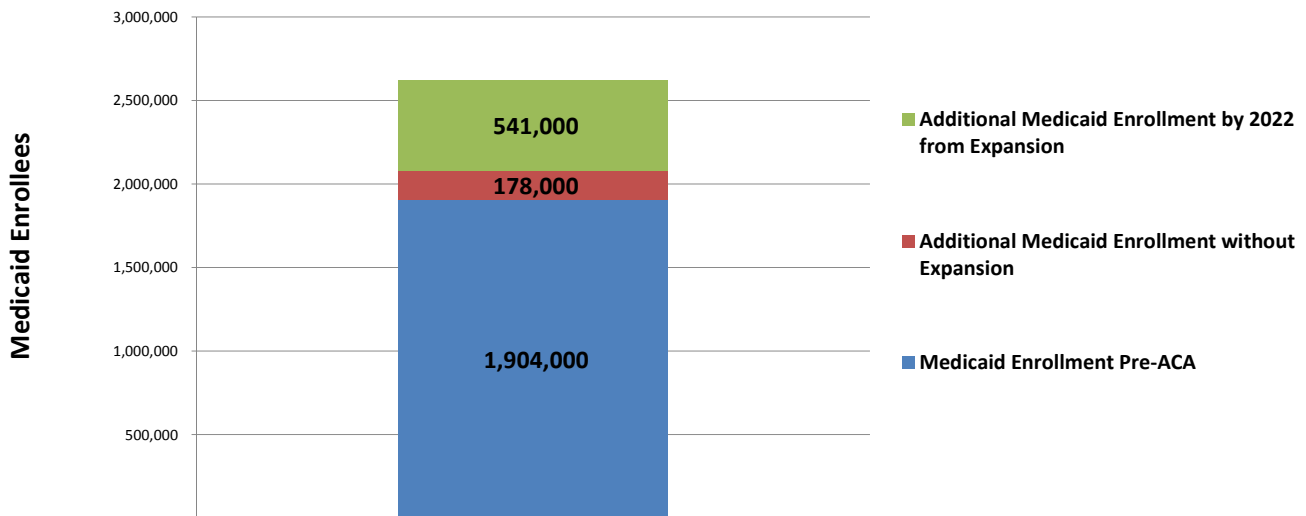
Source: Kaiser State Health Facts 2012, Urban Institute HIPSM 2012

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Health Insurance & Medicaid Expansion – Highlights

- Pennsylvania is seeking approval from HHS for a modified Medicaid expansion program (“Healthy Pennsylvania” proposal)
- Pennsylvania is allowing Federal Government to run health exchange
- Uninsured rate 28% lower than national average
- Coverage growth under Healthy Pennsylvania plan is estimated by Pennsylvania at 500,000, vs. estimated 719,000 if state chooses to expand Medicaid per ACA.
- Proportion of residents who are uninsured is projected to decrease from 10.7% to 5.2% as a result of the Healthy Pennsylvania plan.

### IMPACT OF MEDICAID EXPANSION



Source: Kaiser State Health Facts 2012

### Pennsylvania Medicaid Spending

Pennsylvania spends nearly \$7,300 per Medicaid enrollee annually – the 9th highest in the nation for all health care services provided.<sup>6</sup> In total, Pennsylvania spends nearly \$24 Billion on Medicaid annually, including state and federal contributions.<sup>4</sup>

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Medicaid Coverage & Administration

Pennsylvania is one of 25 states that have chosen (as of April 2014) to not expand its Medicaid program under the ACA. Pennsylvania’s Medicaid Program went to Statewide Medicaid Manual Care, HealthChoices, last year. Few people are still eligible for Medicaid fee-for-service.<sup>18</sup>

Under the HealthChoices program, eligible Medicaid recipients also have the option to sign up for plans with Managed Care Organizations (MCOs). HealthChoice divides MCOs into five “Regional Zones” of the state, with each region including three to five different Medicaid Managed Care plans and includes options from major carriers such as AETNA and United Healthcare to smaller local plans such as Health Partners of Philadelphia, Inc. and Keystone Health.<sup>19</sup>

Medicaid eligibility limits are:

- Parents – up to 38% FPL
- Children – family incomes up to 319% FPL through the state’s CHIP program.
- Pregnant women – up to 220% FPL.
- Childless adults are not currently eligible in Pennsylvania Medicaid but are eligible for one of two state-funded General Assistance (GA) programs, the “Categorically Needy” and “Medically Needy” for adults living with chronic illnesses and who cannot afford to pay out-of-pocket.<sup>20</sup>
- In addition to providing coverage to those eligible as shown in the table below, the State offers Medicaid coverage to disabled adults and to Dual-eligible adults 65 and older through its Healthy Horizons program.<sup>21</sup>
- Other specialized Medicaid services offered include Case Management for individuals with HIV/AIDS; Transportation for those with no means of travel; and hospice care for end-of-life treatment.<sup>22</sup>
- Pennsylvania Medicaid has a limited cost-sharing structure as co-pays are only required for certain services such as pharmacy, selected physician and hospital visits, Diagnostic radiology and Nuclear Medicine. Co-payments typically range between \$1 and \$3.<sup>19</sup>

Behavioral health services are administered primarily by the HealthChoices Behavioral Health program which contracts with MCOs to manage the mental health of patients placed onto health plans.<sup>23 24</sup> MCOs must assure that Members are provided reasonable access to Behavioral Health Services provided by CHCs, wherever CHC Behavioral Health Services are available.<sup>23</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>
<b>2013</b>	N/A	185%	58%	N/A
<b>2014</b>	0%	258%	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

### Pennsylvania CHC Reimbursement Policies

Medicaid reimbursement is governed by the federal Prospective Payment System (PPS) requirements (i.e., not an alternative payment methodology though this is permitted under federal regulations.) PPS requires that the rate be escalated by a cost inflation factor. Pennsylvania uses the Medicare Economic Index (MEI) to adjust the per visit rate annually.<sup>7</sup>

A change of the state’s scope of service definition is described as a change that “involves the addition of a service that was never provided before or the discontinuance of an existing service.” For a rate change triggered by a HRSA-approved change of scope, health centers must submit a cost report after completion of two years of operations at the relevant site, capturing all costs including new capital costs such as interest and depreciation.<sup>7</sup>

Pennsylvania does not provide funding to CHCs for indigent care.

The Pennsylvania PROMISe Provider Portal allows providers, alternates, billing agents and out-of-network providers with the proper security access to submit claims, verify recipient eligibility, check on claim status and update enrollment information.<sup>19</sup>

The Department of Public Welfare uses a quarterly reconciliation process to connect reimbursement to a CHC by managed care organizations with the health center’s PPS rate. If the MCO reimburses the CHC through monthly capitation checks or a fee schedule that is below what the PPS rate per encounter reimbursement would represent, CHCs are “made whole” to their full PPS rate by DPW through submission of quarterly MCO Settlement Reports.<sup>7</sup>

Pennsylvania Medicaid allows for one medical, dental, and behavioral visit per day. There are no limits on the number of Billable Visits per year.<sup>13 14</sup>

Categories of providers eligible to generate a reimbursable PPS encounter are typical to most states. MDs, DMDs, NPs, LCSWs, psychologists, and expanded scope dental hygienists are allowed to generate a PPS encounter.<sup>13 14</sup>

Managed care plans in Pennsylvania provide incentive payments for preventive services such as immunizations, cancer screenings and smoking cessation, as well as for improved outcomes for chronically ill patients. The size of these payments varies depending on the contracts negotiated between the CHC and the MCO.<sup>25</sup>

#### Primary Providers Eligible for Reimbursement

State	MD	DMD	NP	Psychologist	Other
PA	Yes	Yes	Yes	Yes	Expanded Scope Dental Hygienists

#### Secondary Providers Eligible for Reimbursement

State	RN	LCSW	Physical Therapist	Dental Hygienist	Nutritionist
PA	No	Yes	No	No	No

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

## MEDICAID AND HEALTH INSURANCE LANDSCAPE

### Collaboration with CMS <sup>26</sup>

Pennsylvania has been collaborating with the Centers for Medicare and Medicaid Services (CMS) Innovation Center on a number of programs intended to develop and test service delivery models. The models typically provide incentive payments to participating providers, and include:

- **FQHC Advanced Primary Care Demonstration** – Select FQHC Grantees will receive funding to demonstrate how the patient-centered medical home (PCMH) model improves quality of care, promotes better health and lowers costs. There are 12 grantees and 14 total health centers participating in the demonstration in Pennsylvania.
- **Multi-Payer Advanced Primary Care Practice Initiative (MAPCP)** – a Medicare program promoting Advanced Primary Care (APC) practices.
- **State Innovation Model** – Pennsylvania was one of 16 states to receive Model Design funding to produce a State Health Care Innovation Plan. The Pennsylvania plan places strong emphasis on the need for innovative models on transitions of care, telemedicine and care management. The state aims to develop a model that deploys community-based care teams to provide more appropriate services to “super-utilizers” and enhance access to public health preventive services by better integrating the services into the provider community.



## Notes

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