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CHCANYS is New York State's Primary Care Association, comprised of all of the Federally Qualified Health Centers (FQHC) and Look-Alikes in New York State. Founded 40 years ago, CHCANYS' mission is to ensure all New Yorkers, including those who are medically underserved, have continuous access to high-quality, community-based health care services, including a primary care home. To do this, CHCANYS serves as the voice of community health centers by leading providers of primary health care in New York State. CHCANYS works closely with more than 60 FQHCs that operate approximately 600 sites across the state.

FQHCs offer a model of patient-centered care that is demonstrably associated with improved outcomes and reduced costs. Our community-based health centers provide comprehensive primary care in: family medicine, pediatrics, obstetrics and gynecology, internal medicine, oral health, laboratory, mental health, substance abuse and pharmacy services. These extensive clinical services are supported by health centers' community-based Board of Directors, where a majority of the members are patients of the health center.

New York State's network of FQHCs ranks second in the number of patients served nationwide. Today, health centers serve 1.6 million New Yorkers annually and are central to New York's health care safety net.

Elizabeth Swain, President & CEO

[www.chcanys.org](http://www.chcanys.org)

**Notes**

<sup>1</sup> National Association of Community Health Centers (NACHC). Fact Sheet: Costs Effectiveness of Care Provided at Health Centers. (December 2011)

<sup>2</sup> Ibid.

**Sources**

This fact sheet was compiled by the Community Health Care Association of New York State from the following sources:

- 2012 FQHC Uniform Data System Reports (FQHC data)
- 2012 Census, American Community Survey (statewide Hispanic and African-American population)
- 2013 Census, Current Population Survey (statewide data on Uninsured and Medicaid coverage)
- National Association of Community Health Centers (NACHC). Fact Sheet: Cost Effectiveness of Care Provided at Health Centers. (December 2011)
- Community Health Care Association of New York State and New York State Health Foundation. A Plan for Expanding Sustainable Community Health Centers in New York. (April 2013)

\* About the Uniform Data System (UDS): To meet federal grant requirements, Federally Qualified Health Centers are required to report administrative, clinical and other information to the Human Resources and Services Administration's Bureau of Primary Health Care ([www.bphc.hrsa.gov](http://www.bphc.hrsa.gov)). These figures do not include data from a category of FQHCs that do not receive these funds, known as FQHC Look-Alikes. This fact sheet therefore may underreport the true volume of patients receiving health care services at FQHCs. UDS data is used to review the operation and performance of FQHCs. This data tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. To view state and national level data, go to: [bphc.hrsa.gov/uds](http://bphc.hrsa.gov/uds).

# Federally Qualified Health Centers:



## HIGH QUALITY, AFFORDABLE HEALTH CARE IN NEW YORK STATE

Federally Qualified Health Centers (FQHCs) are not-for-profit, community-based providers located in medically underserved areas. They provide high quality, cost-effective, patient-centered primary and preventive health services to anyone seeking care, regardless of their insurance status or ability to pay. FQHCs are medical homes, offering a comprehensive model of care that is associated with demonstrated improved outcomes and reduced costs. FQHCs provide **better care** and achieve **better health** outcomes at **lower costs** by:

### BETTER CARE

- **Providing quality, affordable care that is available to all.** FQHCs serve both insured and uninsured patients. Uninsured patients gain access to quality care by paying according to a sliding fee scale based on income and family size.
- **Tailoring their services to their patients.** FQHCs shape their services to fit the special needs of their communities and provide services in a linguistically and culturally appropriate way.
- **Using technology innovations to drive quality.** New York's FQHCs are leaders in using data and health information technology to improve quality.

### BETTER HEALTH

- **Delivering affordable care that improves health outcomes and reduces health disparities.** FQHCs' patient-centered model of primary care delivery reduces the need for more expensive interventions, particularly for patients with chronic illnesses, through care coordination and disease management services and programs.
- **Promoting the integration of behavioral health and primary care services.** FQHCs drive robust activity in primary care for effective diagnosis and management of behavioral and other chronic health disorders. FQHCs' fully-integrated model includes mental health, oral health, and disease prevention as requisite components of a comprehensive primary care setting.
- **Offering comprehensive approaches to care at the local level to address social determinants of health.** Because FQHCs are led by consumer-majority governing boards, they are able to identify and prioritize the programs and services their communities need most.

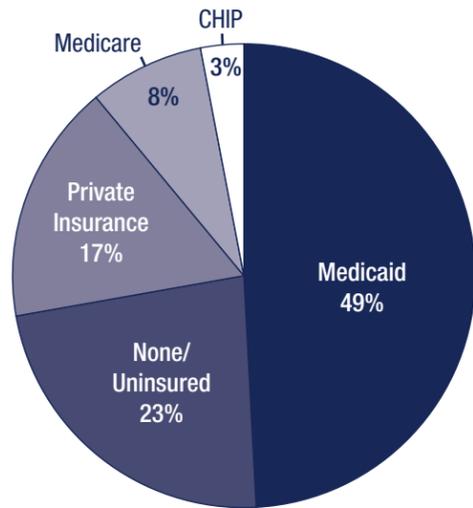
### LOWER COSTS

- **Providing cost-effective care.** FQHCs provide care that is ranked among the most cost-effective.<sup>1</sup>
- **Reducing inappropriate ER usage and unnecessary hospital admissions.** FQHCs are associated with reduced, preventable ER use and hospital admissions by providing effective prevention and disease management services.<sup>2</sup>

# NEW YORK STATE'S FQHCs: VITAL STATISTICS

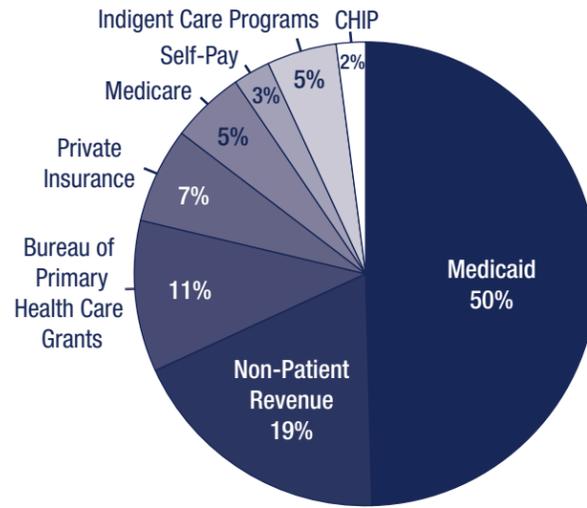
## INSURANCE COVERAGE

A majority of FQHC patients are Medicaid beneficiaries or are uninsured.



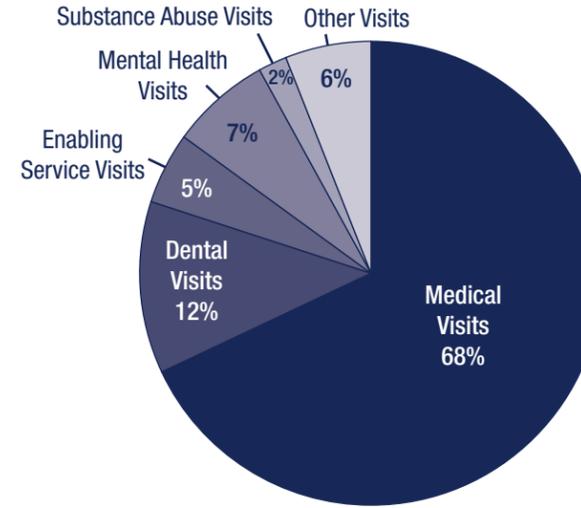
## REVENUE SOURCES

FQHCs draw half their revenue from Medicaid reimbursements.



## COMPREHENSIVE CARE

FQHCs are Medical Homes with integrated care models.



## SNAPSHOT: PATIENTS

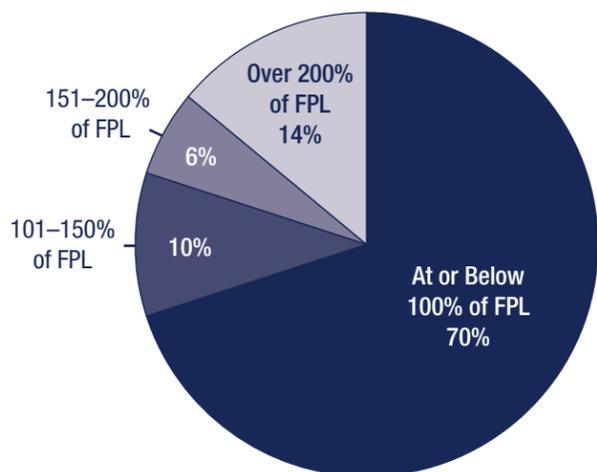
- 1.6 million patients served at about 600 sites
- 397,000 (1 in 4) best served in a language other than English
- 18,500 migrant or seasonal farm workers
- 74,000 homeless patients
- 46,000 seen at school-based centers
- 110,000 elderly patients (aged 65 and over)
- 90,000 received mental health services
- 13,000 received substance abuse counseling or treatment
- 150,000 availed themselves of "enabling services"

### From 2007 to 2012:

- The number of FQHC patients using mental health services increased by 70%;
- the number using substance abuse services increased by 78%;
- and patients requiring various "enabling services" such as case management, translation, and transportation, increased by 29%.

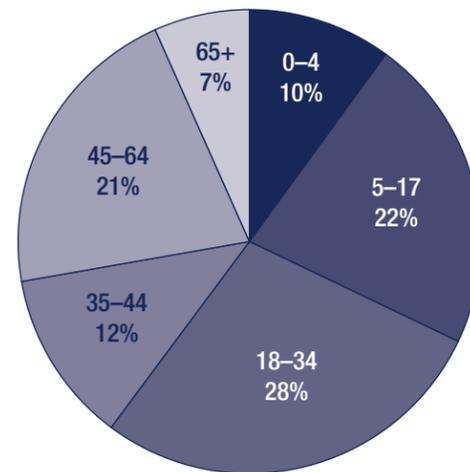
## POVERTY LEVEL

An estimated 88% of FQHC patients live at or below 200% of the Federal Poverty Level (FPL).



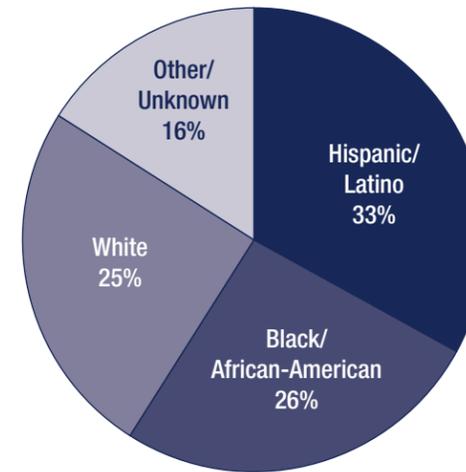
## AGE

FQHCs treat patients of all ages. Nearly one third are under age 18.



## RACE/ETHNICITY

A majority of FQHC Patients are Black or Hispanic.



## FQHCs:

### Serving New York's Most Vulnerable Populations

