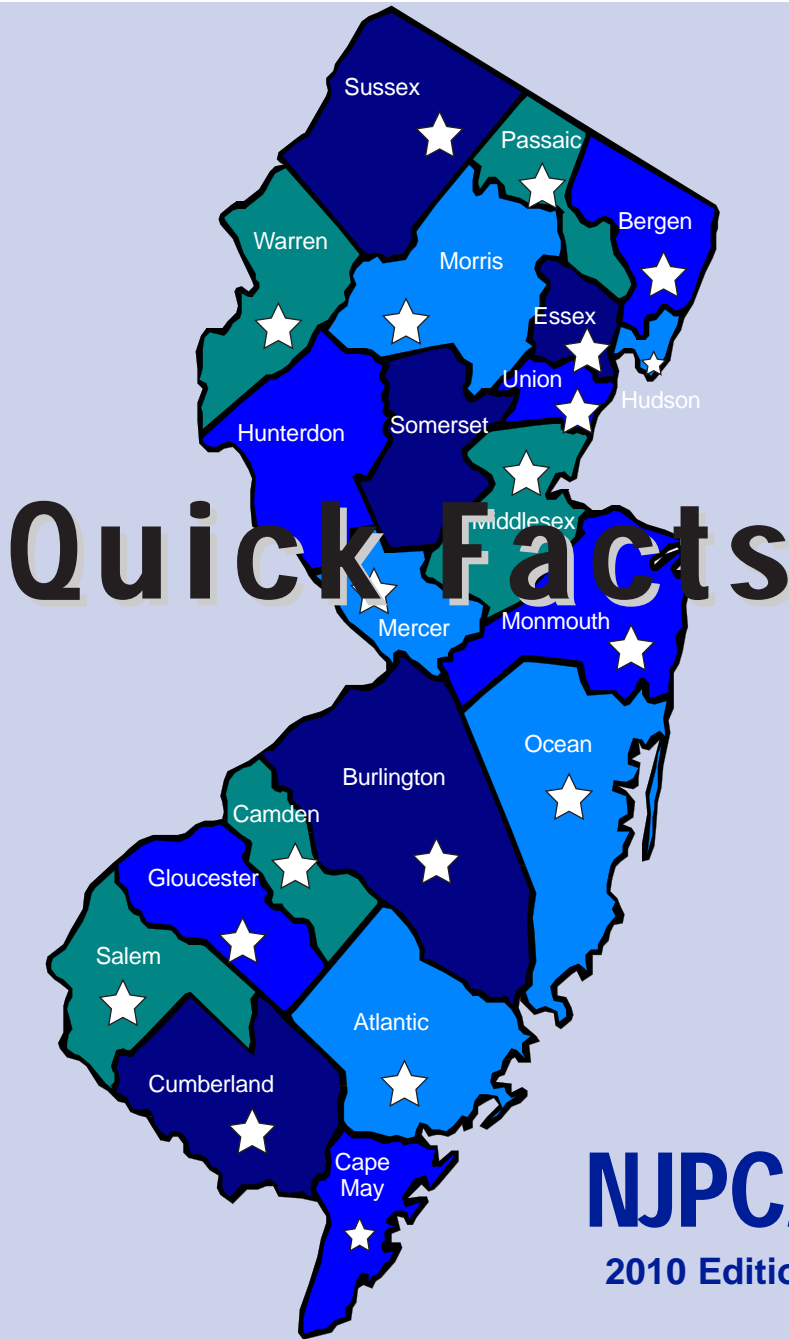


New Jersey's Federally Qualified Health Centers

"Your Community, Your Health, Our Commitment."



**Health Center Costs of Care
Annual Average Cost per patient**

	<u>Cost</u>
Medical Costs per Medical Patient	\$425
Dental Cost per Dental Patient	\$297



**Percent of Health Centers Providing
Select Services Onsite***

Professional Services

General Primary Medical Care	100%
Prenatal Care	78%
Preventive Dental Care	72%
Mental Health Treatment/Counseling	89%
Substance Abuse Treatment/ Counseling	56%
Hearing Screening	94%
Vision Screening	100%
Pharmacy	6%

Preventive Services

Smoking Cessation Program	56%
HIV Testing and Counseling	94%
Glycosylated Hemoglobin Measurement, Diabetes	89%
Blood Pressure Monitoring	100%
Blood Cholesterol Screening	67%
Weight Reduction Program	61%

Enabling Services

Case Management	94%
Eligibility Assistance	100%
Health Education	100%
Interpretation/Translation Services	94%
Transportation	50%
Outstationed Eligibility Workers	78%

Average Cost per Patient Visit

Medical Cost per Medical Patient Visit	\$138
Dental Cost per Dental Patient Visit	\$135

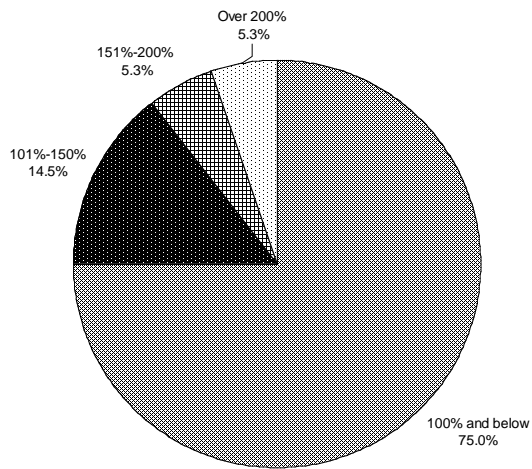
**Patient Visits and Patients by Selected
Primary Diagnoses and Services**

	<u>Patient Visits</u>	<u>Patients</u>
Medical Conditions		
Hypertension	63,348	29,013
Diabetes mellitus	51,348	16,441
Heart Disease (Selected)	6,226	2,914
Asthma	19,148	11,046
Depression & Other Mood Disorders	16,765	6,273
All Mental Health & Substance Abuse	52,406	N/A
Preventive Services		
Health Supervision Ages 0-11*	132,573	61,583
Selected Immunizations#	113,082	63,674
Pap Test	55,836	42,713
Mammogram	6,254	5,996
HIV Test	15,387	12,253
Oral Dental Exams	93,013	60,088

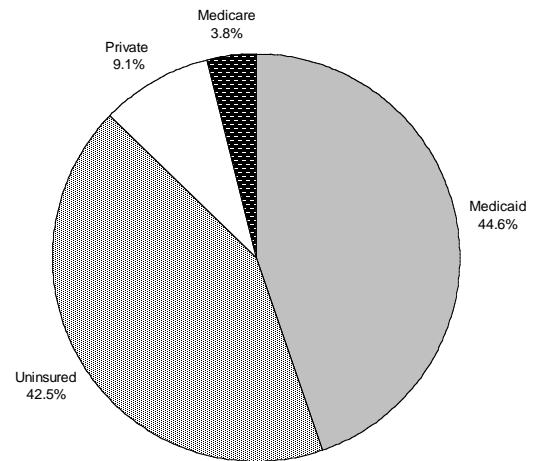
*Well child visits: # includes DPT, MMR, oral polio vaccine, influenza, Hepatitis B, HIB.

New Jersey's Key Health Center Statistics ²

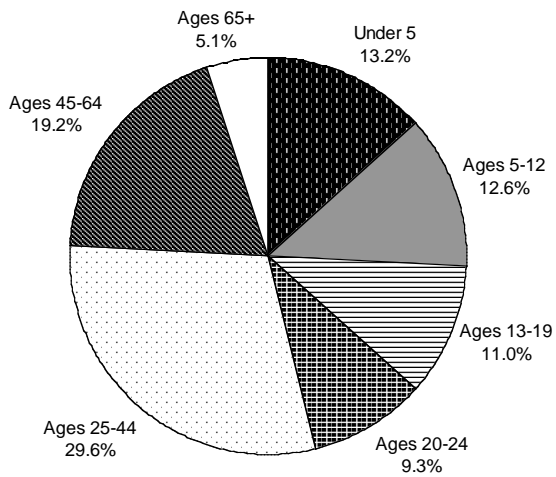
Health Center Patients by Income Levels, 2008



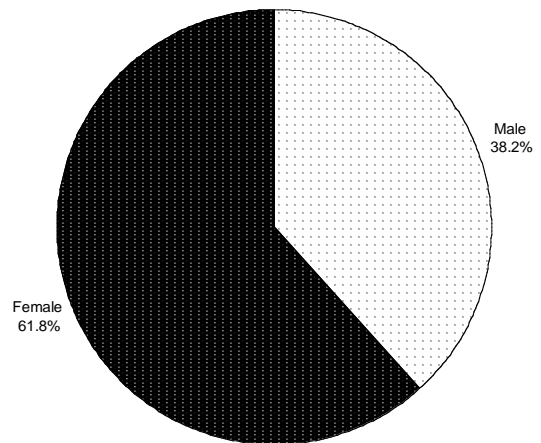
Health Center Patients by Insurance Status, 2008



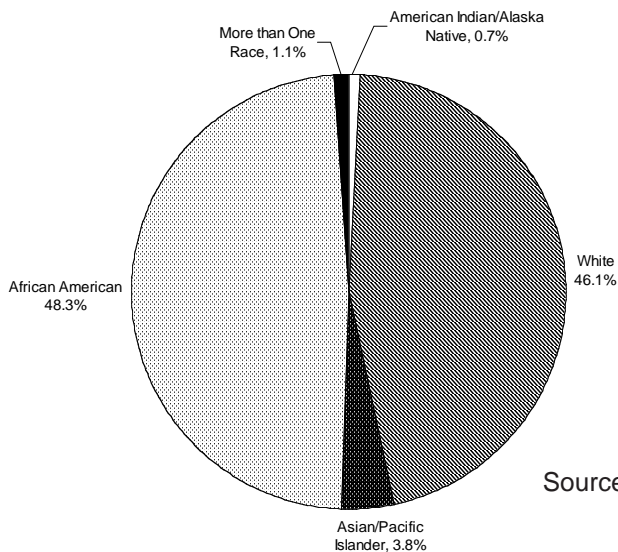
Health Center Patients by Age, 2008



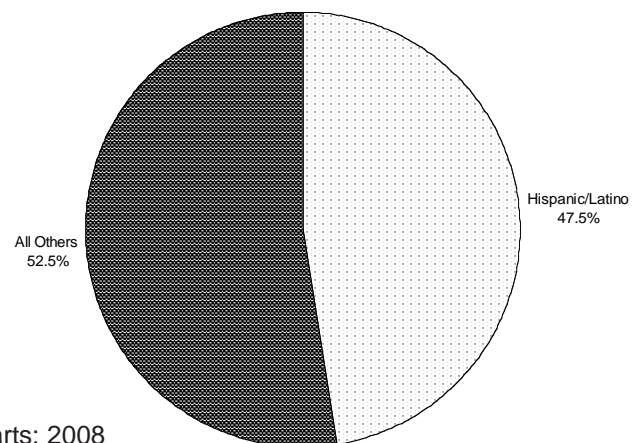
Health Center Patients by Gender, 2008



Health Center Patients by Race, 2008



Health Center Patients by Ethnicity, 2008



Source for all charts: 2008 UDS Data

New Jersey's FEDERALLY QUALIFIED HEALTH CENTERS



“QUICK FACTS”

- Number of Health Centers 20
- Number of Health Center Sites 100
- Number of Primary Care Sites 76
- Number of School Based 16
- Mobile Unit(s) 8

County Locations:

Atlantic, Bergen, Burlington, Camden, Cape May, Cumberland, Essex, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Union, Sussex, Warren

- Number of Persons Served 422,812
- Total Health Center Patient Visits 1,306,489
- Number of Health Center Staff 1,864
- Number of Physicians 180
- Number of dentists 57

□ Revenue by Source

-Bureau of Primary Health Care	\$32,731,717
-Medicare	\$4,546,157
-Medicaid	\$74,455,369
-State Uncompensated Care Funds	\$40,000,000
-Other Third Party Funds	\$4,183,382
-Other	<u>\$27,342,226</u>

Total Revenues

\$183,258,851



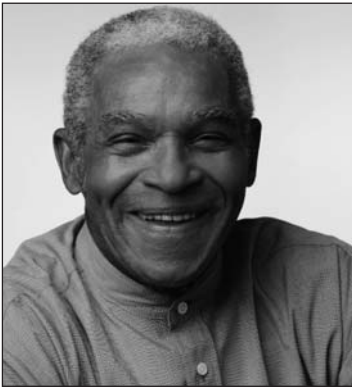
In 2009, health centers were the family doctor and medical home for 422,812 individuals in the state of New Jersey.

For more than 40 years, health centers have provided high-quality, affordable primary care and prevention services to the nation’s most vulnerable populations - people who even if insured would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak and their greater levels of complex health care needs. Health centers improve access to care for millions of

Americans regardless of their insurance status or ability to pay. They offer services that many other providers do not, such as transportation, translation, and culturally sensitive health care that can overcome common barriers. Their costs of care rank among the lowest, and they reduce the need for more expensive hospital in-patient and specialty care, saving billions of dollars for taxpayers.

WHAT IS A HEALTH CENTER?

Community health centers: Originally known as neighborhood health centers in the mid-1960's, community health centers are authorized under Section 330(A) of the Public Health Services Act. Community health centers provide comprehensive primary medical care services with a culturally sensitive, family-oriented focus to anyone needing care regardless of ability to pay. These centers tailor their services to meet the specific needs of the community and its special populations that for the most part include the homeless, migrant and seasonal farm workers, HIV/AIDS patients, the underserved and the uninsured. In addition, users of health center services make up a majority of centers' governing boards. There are 19 health centers in New Jersey.



Migrant health centers: The Migrant Health Act was passed in 1962 to provide a broad array of medical and support services to migrant and seasonal farm workers and their families. Migrant centers are linked with existing social services organizations, and normally provide bicultural/bilingual health services based on culturally appropriate protocols. There are two community health centers in New Jersey that also qualify as migrant health centers.

Health Care for the Homeless (HCH) programs: Established under the Homeless Assistance Act of 1987 and also authorized under the Public Health Service Act, the HCH programs are intended to improve health access for homeless people to primary health care. HCH programs deliver services in shelters and soup kitchens, on the streets, and in other places where homeless individuals are found. In New Jersey, there are currently five health centers that qualify as a homeless health center program.

Federally Qualified Health Center "look-alikes": Some centers meet the same basic qualifications as regular FQHCs. But these centers are not funded FQHCs. However, because they look like FQHCs, they receive the same Medicaid and Medicare reimbursement structure.

HISTORY OF NEW JERSEY'S HEALTH CENTERS

New Jersey has 20 Federally Qualified Health Centers (FQHCs) with 100 satellites located throughout the State of New Jersey. These centers provide comprehensive, community-based, preventive, and primary care services in high need urban and rural areas. In 2009 they provided over 1,306,489 medical and dental visits. They are federally mandated to provide 24-hour coverage for their patients and FQHCs' physicians are required to have admitting privileges at local hospitals to provide continuity of care for the high-risk populations served by the centers.

According to 2008 data, 42.5% of the FQHC users are uninsured, and 44.6% are covered by Medicaid. These centers serve as the essential safety net for more than 422,812 people in New Jersey, who are, for the most part, uninsured, vulnerable and medically underserved. Without these centers and programs, many citizens in New Jersey would face major social, financial, geographic, and language barriers in obtaining health care. In the early 90's, health centers began to see declines in their Medicaid populations, but steady increases in the uninsured population. Many providers are now competing to provide care to the Medicaid population, but no other provider besides the FQHC has stepped to the forefront to take on the challenge of care to the uninsured. In the last four years, the FQHCs in New Jersey have seen a steady increase in their uninsured patients.

Around the country, the number of uninsured has grown from just under 45.7 million in 2007 to 46.3 million by 2008. But analysts caution that these figures do not fully reflect the impact of the recession and the real number of uninsured may be closer to 50 million.¹ Over 14.9% of those uninsured reside in New Jersey² and need basic primary and preventive care. Many of the other characteristics of the health centers in New Jersey are:

- Health centers are all located in medically underserved communities which have been designated as such by the federal government. In New Jersey, these are in mostly isolated rural areas and inner-city communities.
- The majority of the patients seen at the health centers (more than 70%) are children and women of childbearing age. Many are members of families that lack any type of health insurance.
- Health centers provide a broad array of services...dental...well baby care...school-based services...preventive screenings for cancer and other chronic illnesses...confidential testing services...family planning services and health education services. In fact, FQHCs are the models for successful one stop shopping facilities.
- Approximately 422,812 health center patients flow through FQHCs in a given year.

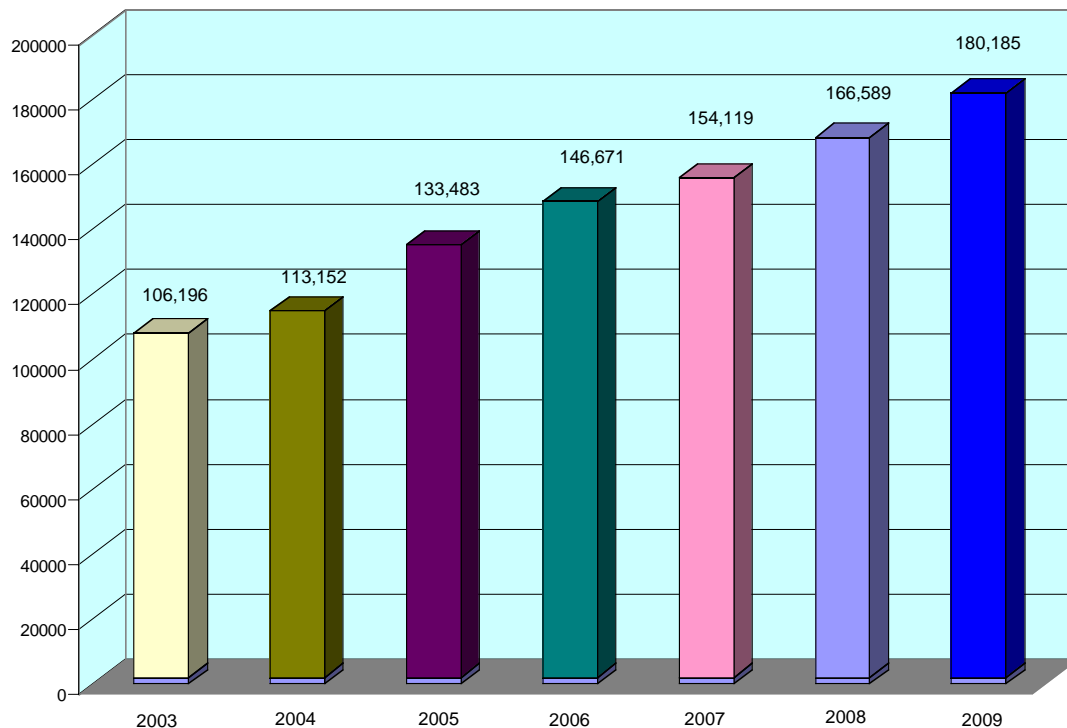
HOW ARE FQHCs FUNDED?

Medicaid funds account for more than one-third of FQHC budgets. Other sources include federal categorical program, state and local funding, third party payments, patient fees and Medicare. The NJPCA along with other primary care associations around the country are working with federal legislators to ensure that any new Medicaid reform recognize and preserve the safety net infrastructure for low-income families.

WHAT SERVICES DO FQHCs PROVIDE?

Health centers provide a wide range of preventive, primary, and acute care medical services. Because centers serve low-income people who face a variety of barriers to care, health centers often provide ancillary services,

Growth in Services to Medicaid Enrollees (2003-2009)



¹AARP Bulletin today. "Number of Americans Without Health Insurances Rises," available at <http://bulletin.aarp.org/>.

²Kaiser State Health Facts 2007-2008, available at www.statehealthfacts.org.

such as transportation, outreach, and translation. The following services are commonly offered by health center programs:

- Primary and preventive health care services such as treatment for medical problems, immunizations, prenatal care, cancer screening, well-child check-ups, and dental exams and services.
- Disease screening and control.
- Diagnostic laboratory and radiological services.
- Emergency medical services.
- Referrals to other providers of health and social services, such as substance abuse and mental health services.
- Services that reduce access barriers, including transportation, outreach, patient education, and translation.
- Case management of specialty and inpatient services.
- Pharmaceutical services, as appropriate.
- Patient education and outreach for services such as childhood immunization and prenatal care.
- Other services, as appropriate, for the population served such as bilingual providers, and HIV screenings, social services and vision.



DO FEDERALLY QUALIFIED HEALTH CENTERS IMPROVE PATIENT'S HEALTH?

The effectiveness and quality of care provided by community health centers have been well documented in the literature. A report issued in late 2002 by the National Academy of Sciences' Institute of Medicine praised health centers for their "strong track record in chronic care management, electronic patient registries, and performance measurement [that] contribute to providing care that is at least as good as, and in many cases superior to, the overall health system in terms of better quality and lower costs," and recommended them as models for delivery of primary health care.

Health center uninsured and Medicaid patients report better primary care experiences in terms of access, having a regular source of care, and comprehensiveness than uninsured and Medicaid patients nationally.³ A study of Medicaid beneficiaries in 4 states found that beneficiaries who received care at the health centers had one third less emergency department (ED) visits and hospitalizations for ambulatory care sensitive (ACS) conditions than patients who received care from other providers.⁴ Also, communities with a health center site are likely to have fewer (33% less) visits to the ED than communities that do not have a health center.⁵

Several of our FQHCs have been accredited by JCAHO (Joint Commission on Accreditation of Healthcare Organizations). This accreditation attests to the high level of quality that is provided in these centers. More centers will apply to go through the accreditation process this year. The evidence is compelling that health centers provide quality primary and preventive health care to their communities. Hospitals, HMOs and other organizations interested in serving low-income clients should see the advantages, fiscal and otherwise, of partnering with health centers to provide clients with a comprehensive scope of health care services.

³Shi L. and Stevens GD. "The Role of Community Health Centers in Delivering Primary Care to the Uninsured." April-June 2007. *Journal of Ambulatory Care Management*, 30(2):159-170.

⁴Falik M. et al. "Comparative Effectiveness of Health Centers as Regular Source of Care." Jan-March 2006. *Journal of Ambulatory Care Management*. 29(1): 24-35.

⁵Rust George, et al. "Presence of a Community Health Center and Uninsured Emergency Department Visit Rates in Rural counties." *Journal of Rural Health*. Winter 2009, 25(1):8-16.

ARE FEDERALLY QUALIFIED HEALTH CENTERS COST EFFECTIVE?

7

Several recent studies show that Medicaid patients who use health centers regularly cost states significantly less than patients treated by private primary care doctors, health maintenance organizations, and hospital outpatient departments. Cost savings come from decreased hospital outpatient departments, decreased hospital admissions rates and inpatient days, lower prescriptions drug costs, fewer laboratory tests, and few emergency room visits. Several studies have found that health centers save the Medicaid program more than 30% in annual spending per beneficiary due to reduced specialty care referrals and fewer hospital admissions. Diabetic and asthmatic patients who were regular health center users had 62 percent and 44 percent lower inpatient costs, respectively.

WHO ARE OUR CLIENTS?

Community health centers are built around the needs of our patients. Our populations come from many different backgrounds, speak many different languages, and have many different needs.

SOME CLIENTS SHARE THEIR STORIES. . .



April Kmiechick, a 31 year old sales clerk at a department store, was two months pregnant when she relocated from New Mexico back to her hometown in Ocean County, New Jersey. Feeling desperate and unsure of what to do, she “stumbled” upon the telephone number of Ocean Health Initiatives, Inc. in the yellow pages of the phone book. When April contacted the health center, she was not sure what an “FQHC” meant, but she was reassured that she could get the services she needed regardless of her ability to pay.

April first went to the health center in October 2008. She was pleasantly surprised to find that everyone – from the registration staff to the doctors and nurses – were kind, helpful and supportive. But what sold April on the health center was that the services were all located in one place, or what is commonly referred to as “one-stop” shopping. During her first visit, April saw a doctor and a nurse for prenatal care; met with a financial counselor; enrolled in Medicaid and WIC; and met with a social worker for counseling. April described feeling relieved that all of her needs were being met at one location and by people who seemed to care about her.

“I am so thankful I found Ocean Health,” she said tearfully as she looked lovingly at her little girl. Both April and her daughter are now patients at the health center. The baby is seen for all of her care in pediatrics, and April continues to avail herself of the social work services, and most recently the dental services at the health center. April does recommend Ocean Health Initiatives to friends, family members and people at her job at the department store. “Many people don’t know about these health centers and those that do must get the word out,” she said. “I am now the biggest advocate of health centers!”



Daniel “Danny” Brewer found himself homeless following his release from prison in 2006. A spinal injury landed him in the hospital followed by extensive spinal surgery. It was through the hospital social work program that Danny was referred to Newark Homeless Health Care, the only federally qualified health center in Newark that serves the homeless population. “Newark Homeless Health Care really saved my life,” he states. He describes the social workers and outreach workers at Newark Homeless Health Care as a wonderful group of people who showed care and compassion for his predicament. Through the health center, he was placed in a weekly support group where he was able to speak openly and honestly about his life situation and the positive changes he was seeking to make. Additionally, the providers helped him secure dis-

ability, Medicaid, food stamps, and housing. He attributes his motivation to follow through with referrals to the compassionate care shown him by the providers at Newark Homeless Health Care.

Today, at age 58, Danny lives in affordable housing in Elizabeth, New Jersey. It was the Newark Homeless Health Care gently guiding him through the maze of social services that ultimately helped him get on his feet. "My goal is to make sure that every homeless person in Newark knows about the homeless program and can access the services." As a way of giving back, he serves as a spokesperson for the homeless and the mentally ill at events around the state. He frequently travels with representatives of Newark Homeless Health Care to meetings and other events where he provides input into program planning.



Zufall Health Center has always been the preferred source of medical care for 55-year Maria Rebellon and her family. Her family includes not only her husband Walter and her three daughters, but a string of foster children that she has lovingly taken care of from time to time, and the ones she cares for now. So her bond with the health center is strong and longstanding. The first time she visited the Zufall Health Center was in 1991. Back then, the center was known as Dover Community Clinic and shared office space with the Office of Hispanic Affairs. Dr. Robert Zufall, founder and the sole provider at the clinic then, provided medical care for her older daughter Dahiana. He detected some health problems which treated in a timely manner, ensured a normal and healthy life for Dahiana. Now at 25, Dahiana has completed her education and works as a social worker at the Zufall Health Center. The primary inspiration behind Dahiana's choice of profession was the care she received from Dr. Zufall when she was only eight years old.

Maria's younger daughters, Nicole 12 and Ebony 10, and her foster children continue to get their well and sick care visits at the center. Maria is very satisfied with the care she herself and her family receive at the Center. According to Maria, the Health Center treats her with respect; she gets proper treatment, and the services are fast and affordable.



Latasha Barnes (22) and her boyfriend James (25) always visit the Henry J. Austin Health Center for their primary care needs. Latasha was referred to the center by her mother, Elaine Jenkins, who is an employee at the health center. Latasha started coming to the health center two years ago (2004) for routine gynecological and dental care visits. She was also suffering from stomach ulcer at that time which was diagnosed at the center. Latasha speaks very highly of the doctors that took care of her ulcer, especially the one that found her the right doctor and took care of everything when her ulcer was diagnosed. Since then, she has been ulcer free, and recently became pregnant and received her pre-natal care at Henry J. Austin. Now a

new Mom at the age of 22, Latasha and her boyfriend bring their newborn son (Ja'quaye) to the center for his well care and other visits. According to James, Latasha's boyfriend, he likes to come to the center because "you don't feel any hostility when you come here." He had gone to private doctors before visiting Henry J. and did not feel very comfortable there.



Victor Guasp, 52, first came to Southern Jersey Family Medical Centers sometime in 2005. He currently lives in a migrant camp in southern Jersey and had first learned about the Center through the Center's Outreach Program. Initially, Victor came to the Center for eye screenings for his children. Shortly after seeking care for his children, Victor was hospitalized with heart problems. It was determined that he would require surgery. Until surgery can be arranged, Victor is under the care of the SJFMC and his primary course of treatment is medication. He has been concerned about the medicine he requires as it is quite expensive. The outreach worker at the Center's Elmer site has been extremely helpful in helping Victor with his medications. She has filed applications for assistance. In the meantime, she sees that his medication is paid for with funds raised through the Center's fundraising activities. Victor has never had to go without his medicine.

When asked what he likes most about the Center, Victor says he likes everything. He is the most agreeable man with a twinkle in his eye and a smile for everyone. Victor has made a point to tell some of the other workers that he lives with about the Center. He is grateful for all that the Center has done for him and would like others to know that such a place exists.

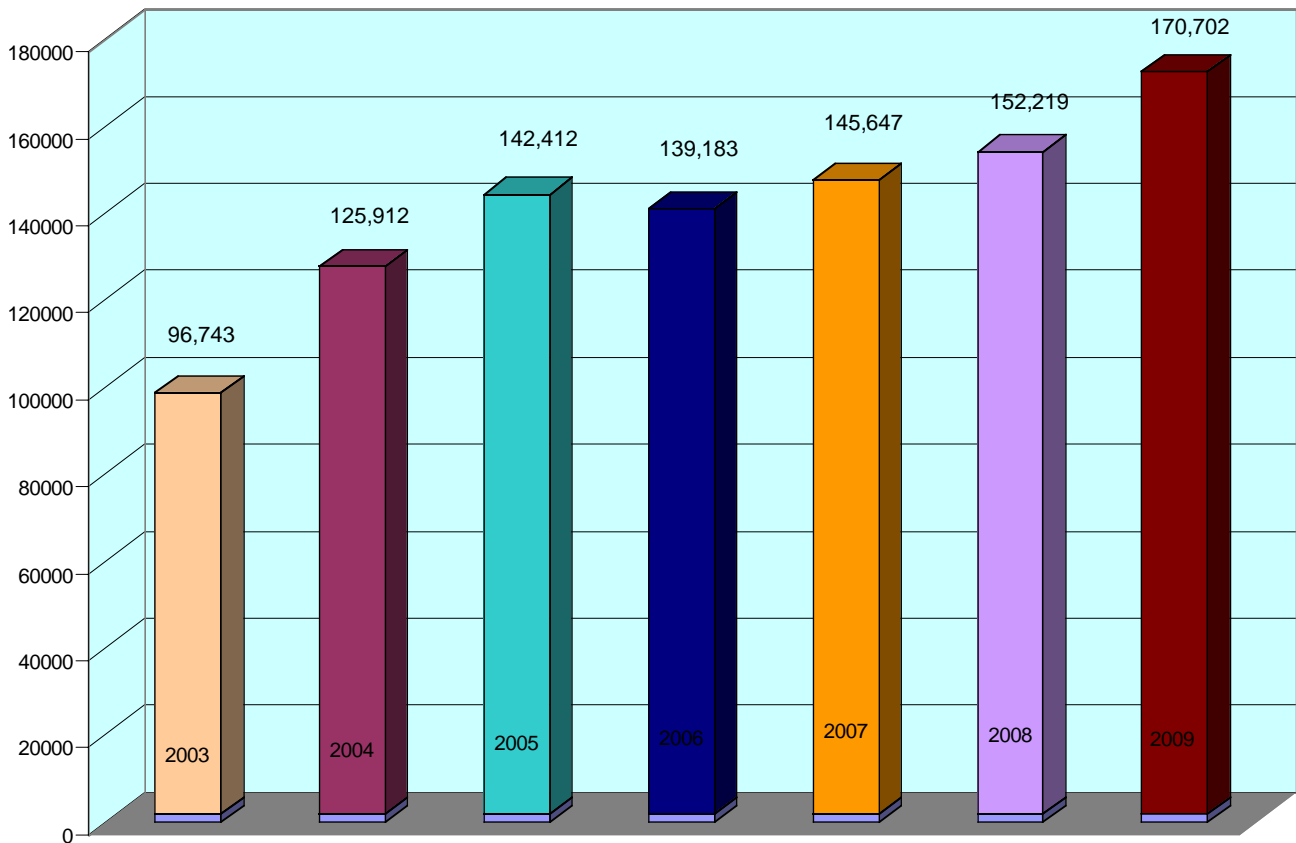


Luberta Wade has had a long standing relationship with the Eric B. Chandler Health Center (EBC). She became a patient of the center when she was only 18 years old and the relationship hasn't been severed since. In the early 70's, she became severely overweight and needed a bypass surgery. The first surgery wasn't successful; so her physician at EBC convinced her to have a gastric bypass surgery. Luberta believes this second surgery changed her life; it made her live again. Now at 61, mother of 5 children and grandmother to 21, Luberta continues to be a patient at the Center. All her grand children receive their dental care and treatment at the Center just as her children did when they were young. Luberta can not stop talking about the quality dental care she receives at the Center. According to Luberta, the dentist at EBC and her two assistants take excellent care of her; the quality of care is such that most of Luberta's friends believe that her dentures are her own teeth.

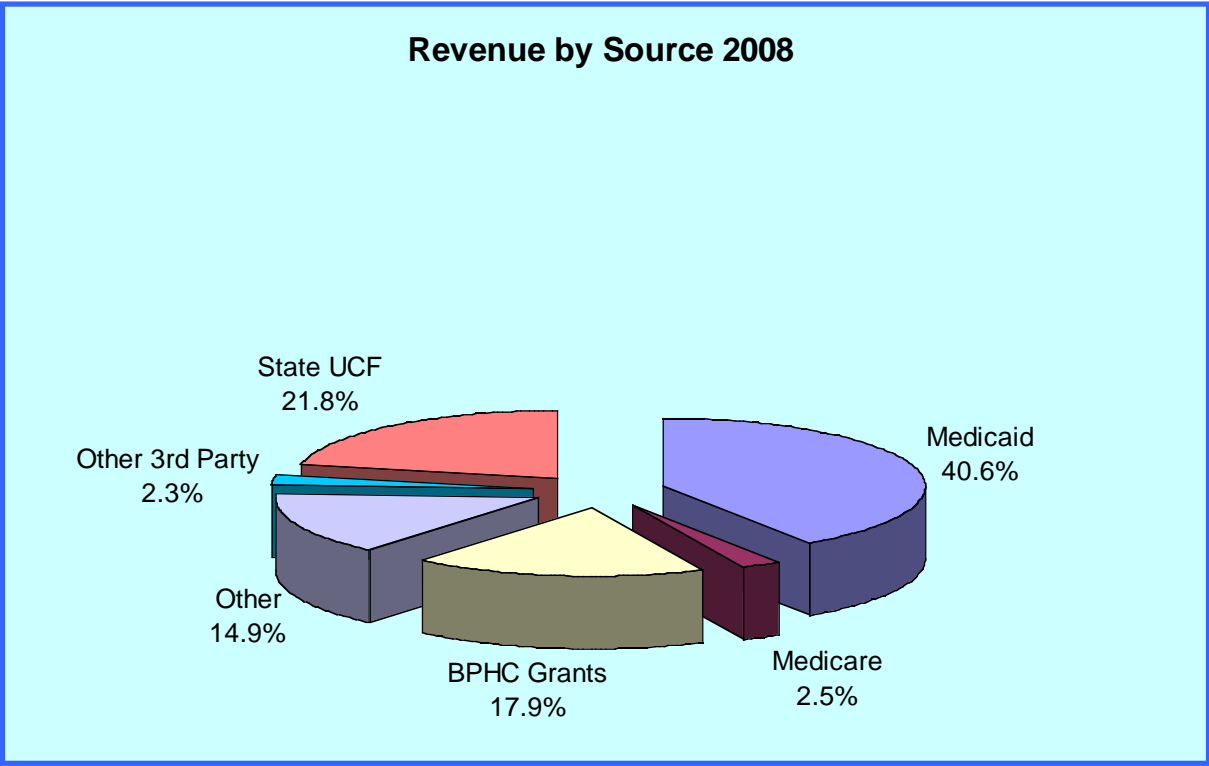
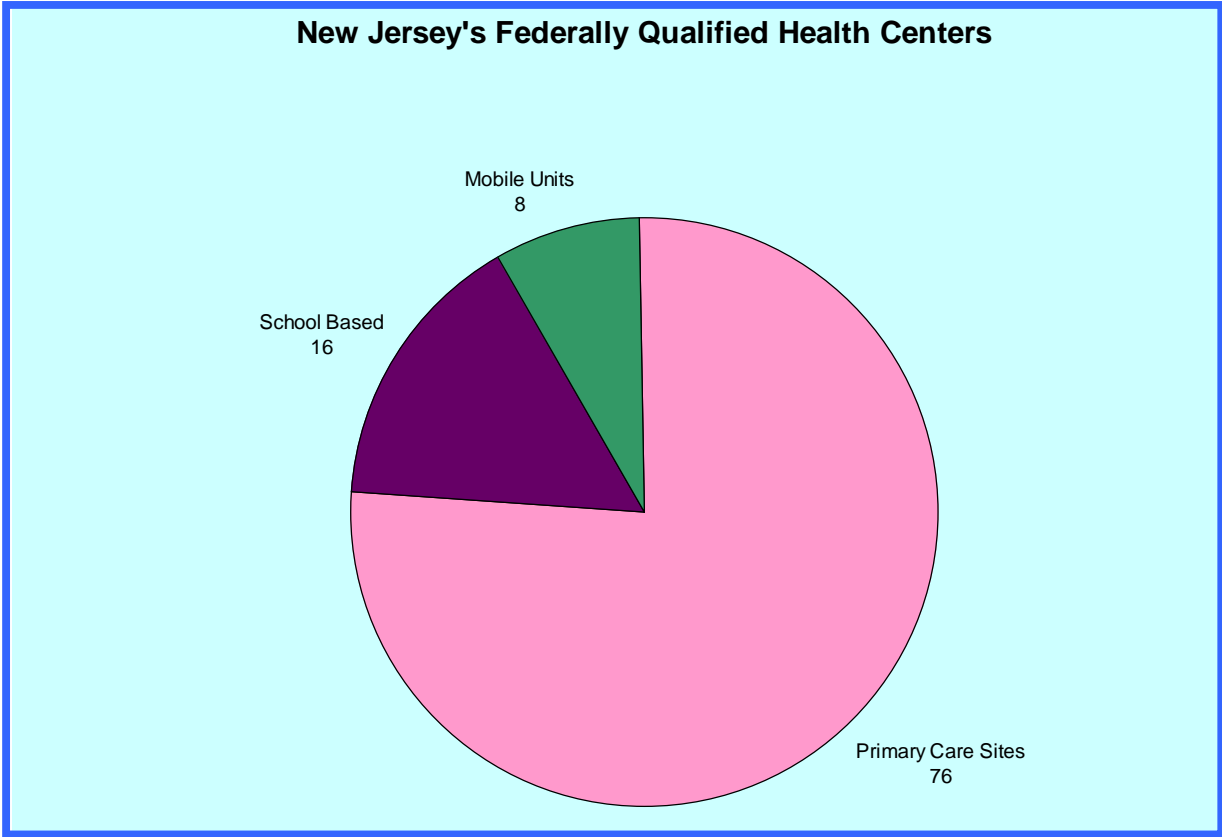


Sixty one year old Richard Hagen is single and currently works as a part-time school guard. He has been on SSI and Medicaid for the last 10 years. He was diagnosed with liver cirrhosis and Hepatitis C 10 years ago in Virginia. He moved to New Jersey in 1999 and currently resides in the Atlantic City area. Richard heard about AtlantiCare Health Services at his local church and decided to come here for his medical problems. He recalls visiting AtlantiCare Health services for the first time on December 2nd, 2004, and he has been a patient ever since. Now, looking forward to a liver transplant as soon as a match is found he says, "if it wasn't for this place, it wouldn't happen." He speaks very highly of the healthcare staff at AtlantiCare who has taken wonderful care of him ever since he started coming to the center.

Uninsured Patient Population Trend (2003-2009)



New Jersey's Federally Qualified Community Health Centers



New Jersey Primary Care Association FQHC Sites and Patients Served List (2009)

CENTER	TOTAL MEDICAID (FAMILY CARE INCLUDED)	TOTAL MEDICARE	TOTAL UNINSURED	ALL OTHER	TOTALS
AtlantiCare Health Services	927	229	2,585	645	4,386
CAMCare Health Corporation	18,776	1,623	8,788	3,293	32,480
Community Health Care , Inc.	20,893	2,693	16,985	8,043	48,614
Eric B. Chandler Health Center	5,386	446	6,624	644	13,100
Henry J. Austin Health Center	6,374	1,032	6,555	4,947	18,908
Horizon Health Center	7,023	339	4,544	1,212	13,118
Jewish Renaissance Medical Ctr.	8,393	446	7,856	2,159	18,854
Lakewood Resource and Referral Center	5,255	88	2,190	2,220	9,753
Metropolitan Family Health Ntwk.	2,087	632	3,672	8,929	15,320
Monmouth Family Health Center	6,242	526	5,415	558	12,741
Neighborhood Health Services Corporation	11,420	806	11,086	2,321	25,633
Newark Community Health Centers, Inc.	9,054	991	11,067	1,504	22,616
Newark Homeless Health Care	437	14	2,636	16	3,103
North Hudson CACHC	28,100	1,963	34,985	3,907	68,955
Ocean Health Initiatives, Inc.	9,468	859	7,908	631	18,866
Paterson Community HC	8,574	7,637	7,753	1,405	18,495
Southern Jersey FMC	23,878	1,509	19,678	6,020	51,085
VNA of Central Jersey CHC	4,758	460	3,195	414	8,827
Project H.O.P.E.	869	60	572	8	1,509
Zufall Health Center	2,271	220	6,608	476	9,575
TOTALS	180,185	22,573	170,702	49,352	422,812

Source: Self reporting by health centers

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