

These appendices are supplemental to a Commonwealth Fund report, Corinne Lewis et al., *The Role of Medicaid Expansion in Care Delivery at Community Health Centers* (Commonwealth Fund, Apr. 2019), available on the Fund’s website at: <https://www.commonwealthfund.org/publications/issue-briefs/2019/apr/role-medicaid-expansion-care-delivery-FQHCs>.

**APPENDIX A. Medicaid Expansion Status of States Included in the Analysis**

Expansion states	Nonexpansion states
Alaska	Alabama
Arizona	Florida
Arkansas	Georgia
California	Idaho
Colorado	Kansas
Connecticut	Maine
Delaware	Mississippi
Hawaii	Missouri
District of Columbia	Nebraska
Illinois	North Carolina
Indiana	Oklahoma
Iowa	South Carolina
Kentucky	South Dakota
Louisiana	Tennessee
Maryland	Texas
Massachusetts	Utah
Michigan	Virginia
Minnesota	Wisconsin
Montana	Wyoming
Nevada	
New Hampshire	
New Jersey	
New Mexico	
New York	
North Dakota	
Ohio	
Oregon	
Pennsylvania	
Rhode Island	
Vermont	
Washington	
West Virginia	

**NOTE**  
 Maine and Virginia were included as nonexpansion states because, although expansion had passed at the time of the survey in both states, expansion coverage did not become effective until January 2019. Idaho, Nebraska, and Utah, which passed Medicaid expansion by ballot measure in November 2018, after our survey was conducted, were counted as nonexpansion states.

**APPENDIX B. Characteristics of Health Centers Surveyed**

	<b>Total (unweighted n=673)</b>	<b>FQHCs in expansion states (unweighted n=435)</b>	<b>FQHCs in nonexpansion states (unweighted n=238)</b>
	<b>%</b>	<b>%</b>	<b>%</b>
<b>Insurance status of patients</b>			
25% or more of patients are insured by . . .			
Medicaid/CHIP	77	87*	58
Medicare	14	13	16
Other public insurance	2	3	1
Private insurance	25	22*	30
Self-pay	32	17*	61
<b>Geography of largest site</b>			
Large city	33	37*	26
Suburb or small city	38	37	39
Rural area	27	24*	34
<b>Percent of Medicaid patients covered by managed care plans</b>			
Less than one-third	21	16*	32
More than one-third	72	78*	61
<b>Race and ethnicity of patient population</b>			
25% or more of patients are . . .			
African American or Black	31	27*	37
Hispanic or Latino	42	43	41
Served in a language other than English	36	38*	30

\* Statistically significant difference compared to nonexpansion states (p≤.05).

**NOTES**

Respondents were asked to think of their largest site if their health center organization operated more than one health center site. Percentages do not always sum to 100 percent because of blank or “not sure” responses.

**DATA**

Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers.

**APPENDIX C. Improvements Since Affordable Care Act Passage**

On the whole, since the Affordable Care Act was passed in 2010, the following are ...	Total (unweighted n=673)			FQHCs in expansion states (unweighted n=435)			FQHCs in nonexpansion states (unweighted n=238)		
	Much improved or improved %	About the same %	Much worse or worse %	Much improved or improved %	About the same %	Much worse or worse %	Much improved or improved %	About the same %	Much worse or worse %
Financial stability	59	27	7	69*	20	6	41	40	10
Funding for service or site expansions and upgrades in facilities	56	31	6	62*	28	4	46	35	9
Patient satisfaction and experiences with care	48	42	3	52*	38	2	40	49	3
Ability to provide affordable care to more patients in the community	68	23	4	76*	17	3	52	34	8
Staff retention	23	59	11	24	58	11	20	60	13
Staff shortages	15	58	20	17	56	20	12	60	20
Provider and staff satisfaction	26	52	14	28	51	12	22	54	17
Ability to provide after-hours care outside normal working hours, including evening and weekends	32	58	4	34	57	3	30	59	5
Ability to provide treatment for mental health and substance use disorder	59	28	7	64*	25	5	50	33	10
Ability to connect patients to social service providers	36	50	7	43*	46	6	24	58	8

\* Statistically significant difference compared to nonexpansion states (p≤.05).

**NOTE**  
Percentages do not always sum to 100 percent because of blank or “not sure” responses.

**DATA**  
Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers.

**APPENDIX D. Participation in Value-Based Payment Arrangements**

Largest site of your health center organization currently . . .	Total (unweighted n=673)	FQHCs in expansion states (unweighted n=435)	FQHCs in nonexpansion states (unweighted n=238)
	%	%	%
Participates in program where provider or center could receive financial incentives for high patient satisfaction ratings	37	38	36
Participates in program where provider or center could receive financial incentives for achieving certain clinical care targets (e.g., performance on HEDIS-like measures)	75	79*	69
Participates in patient-centered medical home	84	86*	80
Participates in an accountable care organization	39	36*	44
Participates in bundled payments	23	21	25
Participates in any other alternative payment models	22	25*	16
Receives enhanced payment for patient-centered medical home recognition	50	53*	45
Receives enhanced payment for accountable care organization participation	23	23	23
Receives enhanced payment for bundled payments	12	12	13
Receives enhanced payment for any other alternative payment models	16	18	13

\* Statistically significant difference compared to nonexpansion states (p≤.05).

**NOTES**

HEDIS = Healthcare Effectiveness Data and Information Set. Respondents were asked to think of their largest site if their health center organization operated more than one health center site.

**DATA**

Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers.

### APPENDIX E. Availability of Onsite Behavioral Health Care

Largest site of your health center organization offers the following for patients with emotional or behavioral health needs . . .	Total (unweighted n=673)		FQHCs in expansion states (unweighted n=435)		FQHCs in nonexpansion states (unweighted n=238)	
	Usually or often %	Sometimes, rarely, or never %	Usually or often %	Sometimes, rarely, or never %	Usually or often %	Sometimes, rarely, or never %
Short-term counseling for mental health problems	87	13	89*	11	82	18
Long-term counseling for mental health problems	68	32	69	31	67	33
Treatment for substance use disorders	54	46	57*	43	48	52
Medication-assisted treatment for opioid addiction	37	63	44*	56	25	75

### APPENDIX F. Identifying and Addressing Social Needs of Patients

Largest site of your health center organization currently . . .	Total (unweighted n=673)		FQHCs in expansion states (unweighted n=435)		FQHCs in nonexpansion states (unweighted n=238)	
	Usually or often %	Sometimes, rarely, or never %	Usually or often %	Sometimes, rarely, or never %	Usually or often %	Sometimes, rarely, or never %
Coordinates patient care with community social service providers	55	45	58*	41	48	51
Offers transportation to and from medical appointments	45	54	48*	51	39	60
Receives a report back from the social service organization about services received	23	76	25	74	20	79

\* Statistically significant difference compared to nonexpansion states (p<.05).

**NOTES**

Respondents were asked to think of their largest site if their health center organization operated more than one health center site. Percentages do not always sum to 100 percent because of blank or “not sure” responses.

**DATA**

Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers.

**APPENDIX G. Ongoing Staffing Needs**

Largest site of your health center organization has budgeted positions that are currently unfilled for ...	Total (unweighted n=673)	FQHCs in expansion states (unweighted n=435)	FQHCs in nonexpansion states (unweighted n=238)
	%	%	%
Primary care physicians	65	67	62
Nurse practitioners (including certified nurse midwives/physician assistants)	39	46*	25
Complex care managers	42	45	38
Medical assistants	49	51	45
Nurses (including RNs and LPNs)	54	56	50
Dentists	42	40	45
Benefit and insurance eligibility counselors	18	18	17
Licensed mental health providers, including psychiatrists and substance use disorder counselors	70	73*	64
Social workers or others to help obtain social services	42	45*	36
Community health workers or other community-based patient advocates	29	30	28

\* Statistically significant difference compared to nonexpansion states (p<.05).

**NOTES**

Respondents were asked to think of their largest site if their health center organization operated more than one health center site.

**DATA**

Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers.

**HOW WE CONDUCTED THIS STUDY**

The Commonwealth Fund 2018 National Survey of Federally Qualified Health Centers was conducted by SSRS from May 16, 2018, through September 30, 2018, among a nationally representative sample of 694 executive directors or clinical directors at Federally Qualified Health Centers (FQHCs). The survey sample was drawn from the Uniformed Data System (UDS) list of all FQHCs in 2016 that have at least one site that is a community-based primary care clinic. The list was provided by the National Association of Community Health Centers (NACHC). All 1,367 FQHCs were sent the questionnaire and 694 responded, yielding a response rate of 51 percent. The survey consisted of a 12-page questionnaire that took approximately 20 to 25 minutes to complete. Data were weighted by number of patients, number of sites, geographic region, and urban/rural location to reflect the universe of primary care community centers as accurately as possible. Expansion status was determined using the FQHC-reported largest site address. If the largest site address was not provided, and the FQHC had only one site, we used UDS data to determine the site's state. We excluded 21 responses because we were unable to determine their largest site through one of these methods, yielding a total sample of 673 responses. We used chi-square tests to assess differences between health centers in expansion states and those in nonexpansion states.