

CALIFORNIA Health Care Almanac



JULY 2024

California's Health Care Safety Net 2024 Edition

Executive Summary

The health care safety net consists of the programs and providers that serve Californians with low incomes. The largest safety-net program in California is Medi-Cal, which provides health insurance coverage to residents earning less than 138% of the federal poverty level. Many Californians earning more than this threshold have gained subsidized insurance through Covered California, the state's health insurance exchange.

Safety-net health care providers have a legal mandate or explicit mission to provide care for patients who have low incomes or are uninsured. These providers include various types of hospitals, clinics, and private doctors, many of whom have seen increased demand for their services in recent years.

California's Health Care Safety Net: Essential Access for Millions presents data on the providers and programs that compose California's safety-net system.

KEY FINDINGS INCLUDE:

- Federally Qualified Health Centers (FQHCs) are a key provider in the state's safety net. The number of patients receiving care at FQHCs increased 31%, from 4.1 million in 2015 to 5.3 million in 2022.
- Two-thirds of FQHC patients were covered by Medi-Cal in 2022.
- Net patient revenues accounted for over two-thirds of total revenue for community clinics in 2021. Government support and other contributions accounted for the remainder.
- Between 2017 and 2021, hospitals experienced a 15% decline in Medi-Cal outpatient visits; the largest decline occurred at city/county hospitals.

See current and past editions of California's Health Care Safety Net at www.chcf.org/collection/californias-safety-net-almanac.

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Defining Safety-Net Programs and Providers

The Programs

Safety-net programs, which typically use income to determine eligibility, include the following:

- **State.** Medi-Cal, Restricted-Scope Medi-Cal, and Children's Health Insurance Program
- **County indigent.** Also known as Medically Indigent Adult programs
- **Episodic.** Breast and Cervical Cancer Treatment Program; Child Health and Disability Prevention Program; Family Planning, Access, Care and Treatment; and California Children's Services
- **Covered California.** The state's health insurance exchange established under the Affordable Care Act
- **Low-income, nongovernment.** Kaiser Permanente Child Health Program

The Providers

The safety net includes health care providers that, by legal mandate or explicit mission, provide care for patients who have low incomes, are uninsured, or both:

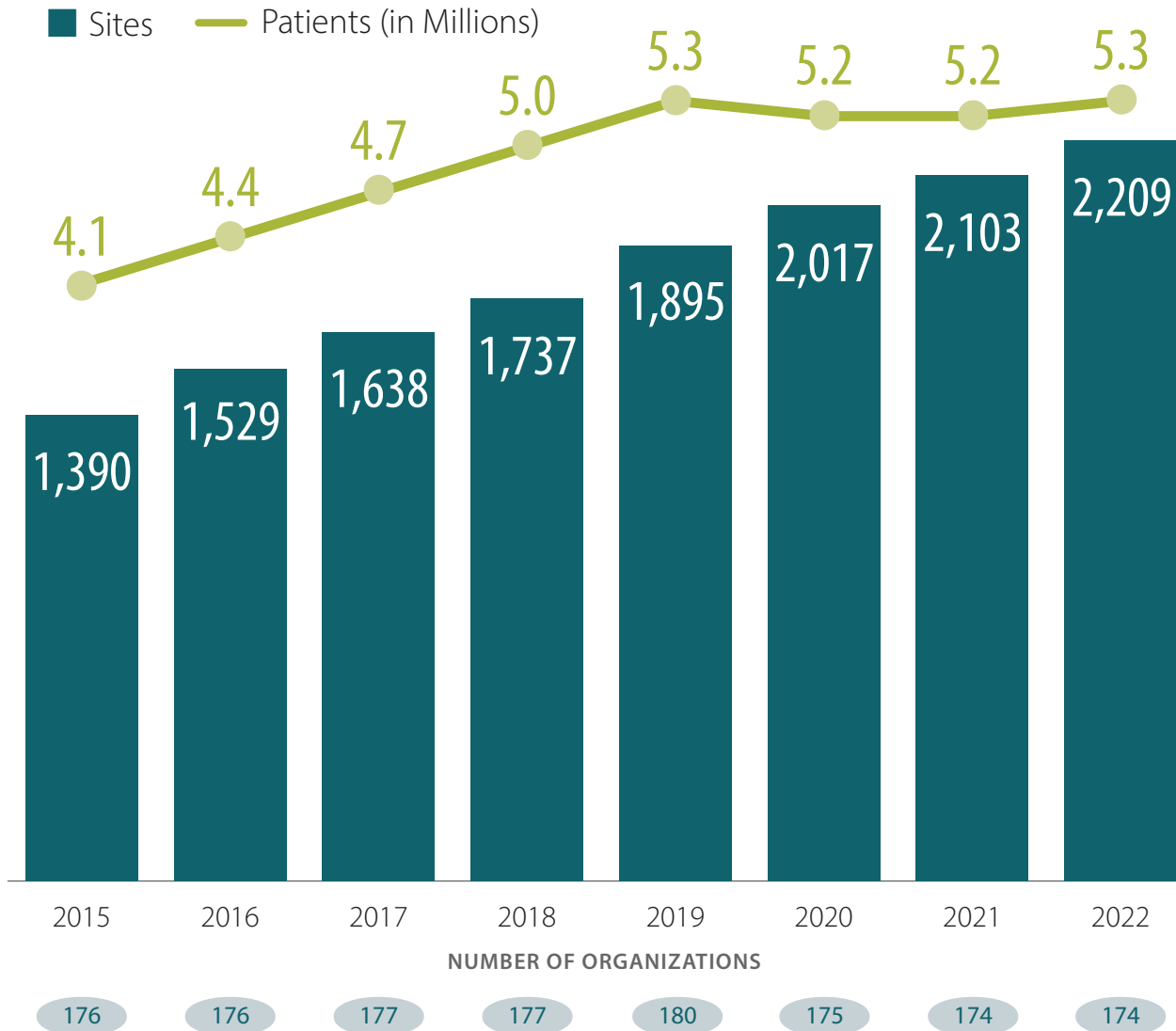
- **Hospitals.** City/county, nonprofit, investor, and district hospitals with county or Medi-Cal contracts and/or designated as critical access or disproportionate share hospitals
- **Clinics.** Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, community clinics, county clinics, free clinics, and other non-FQHC clinics
- **Private doctors.** Contracted care and charity care

The safety net comprises diverse health care programs and providers.

Note: See glossary on [page 30](#) for more detailed information.

Federally Qualified Health Centers

Sites, Patients, and Organizations, California, 2015 to 2022



California's Health Care Safety Net

Federally Qualified Health Centers

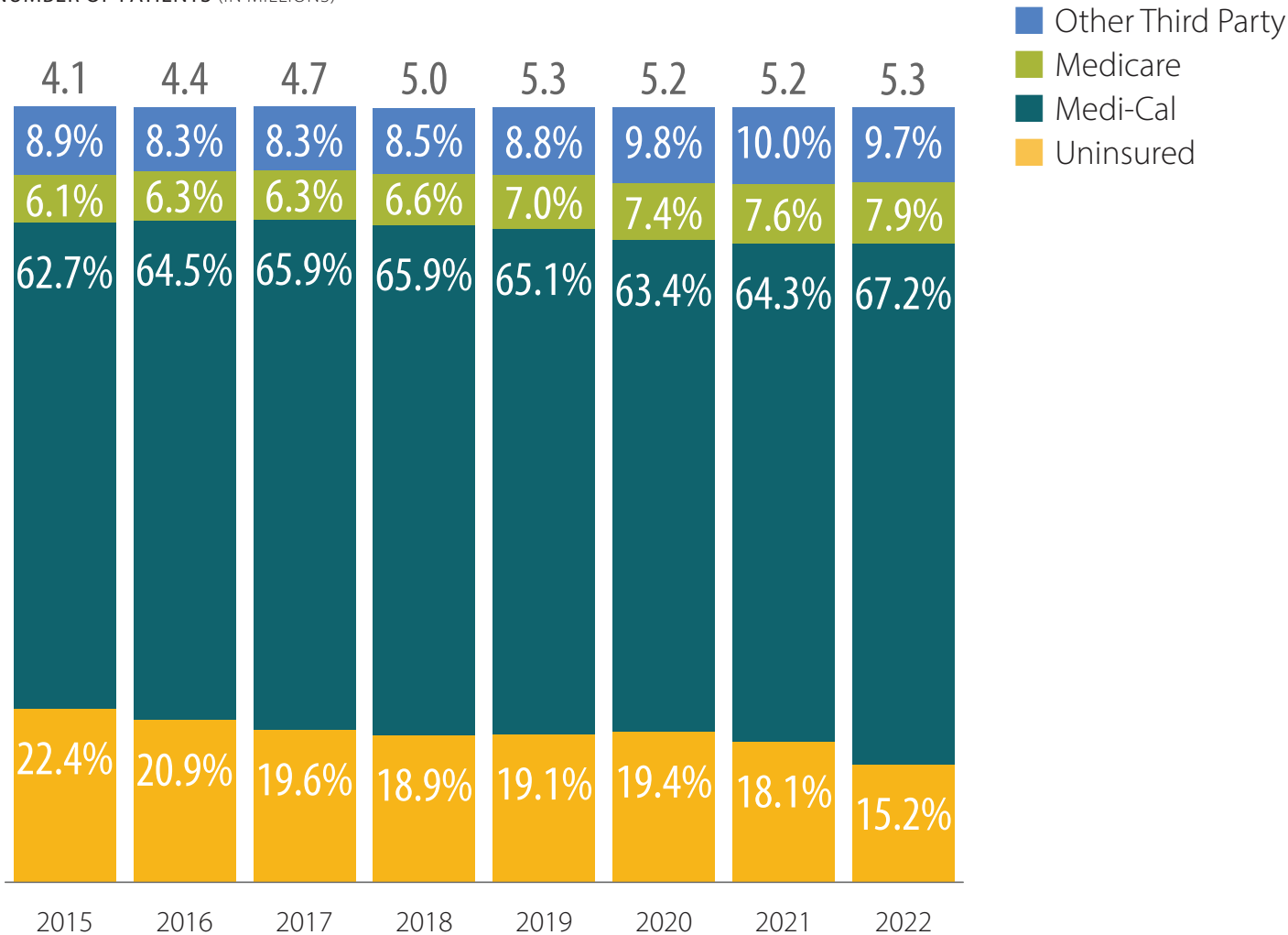
Between 2015 and 2022, the number of Federally Qualified Health Center (FQHC) sites increased by 59%, from 1,390 to 2,209. During the same time, the number of patients increased by 31%. In 2020, the beginning of COVID-19 pandemic, the number of FQHC organizations and patients declined slightly while the number of sites increased.

Notes: Data do not include Federally Qualified Health Center (FQHC) Look-Alikes. *Patients* includes those who visited an FQHC during the relevant time period. Patients who visited multiple clinic networks may be counted more than once. Each FQHC organization provides services at one or more sites; data exclude mobile vans and seasonal locations.

Source: Uniform Data System (2015–22), Health Resources and Services Administration (data for 2015–17 are no longer available).

Federally Qualified Health Center Patients by Payer, California, 2015 to 2022

NUMBER OF PATIENTS (IN MILLIONS)



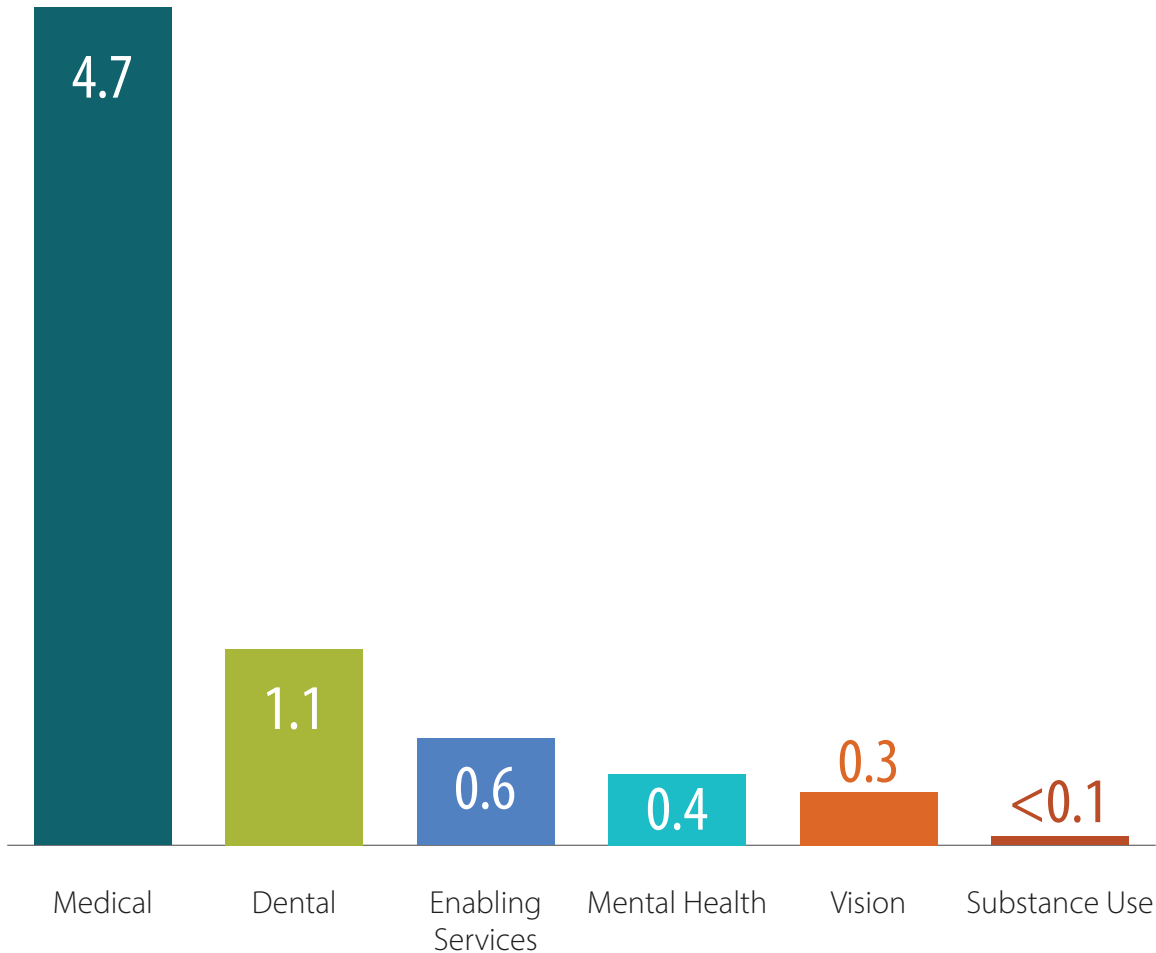
In 2022, Medi-Cal enrollees accounted for two-thirds of Federally Qualified Health Center (FQHC) patients. One in seven patients were uninsured. Those covered by other third-party insurance composed a relatively small share of FQHC patients.

Notes: Data do not include Federally Qualified Health Center (FQHC) Look-Alikes. *Medi-Cal* includes Medicaid and the Children's Health Insurance Program. *Medicare* includes dually eligible (those eligible for both Medicare and Medi-Cal). *Other third party* includes private and other public insurance. Figures may not sum due to rounding.

Source: Uniform Data System (2015–22), Health Resources and Services Administration (data for 2015–17 are no longer available).

Federally Qualified Health Center Patients by Service Type, California, 2022

NUMBER OF PATIENTS (IN MILLIONS)



Notes: Data do not include Federally Qualified Health Center Look-Alikes. *Enabling services* includes case management, patient/community education, eligibility assistance, transportation, interpretation, and other services. Patients may access clinics for more than one service type.

Source: Uniform Data System (2022), Health Resources and Services Administration.

Most patients of Federally Qualified Health Centers received medical services.

Federally Qualified Health Center Patients

Selected Populations, California, 2022

PERCENTAGE OF TOTAL PATIENT POPULATION

Agricultural Workers or Dependents



People Experiencing Homelessness



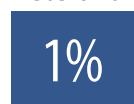
Residents in Public Housing



Students



Veterans



Notes: Data do not include Federally Qualified Health Center Look-Alikes. The categories are not mutually exclusive — a person could be included in multiple categories (e.g., veterans and residents in public housing). *Students* is "school-based service site patients" in the source. *Residents in public housing* is "patients served at a health center located in or immediately accessible to a public housing site" in the source.

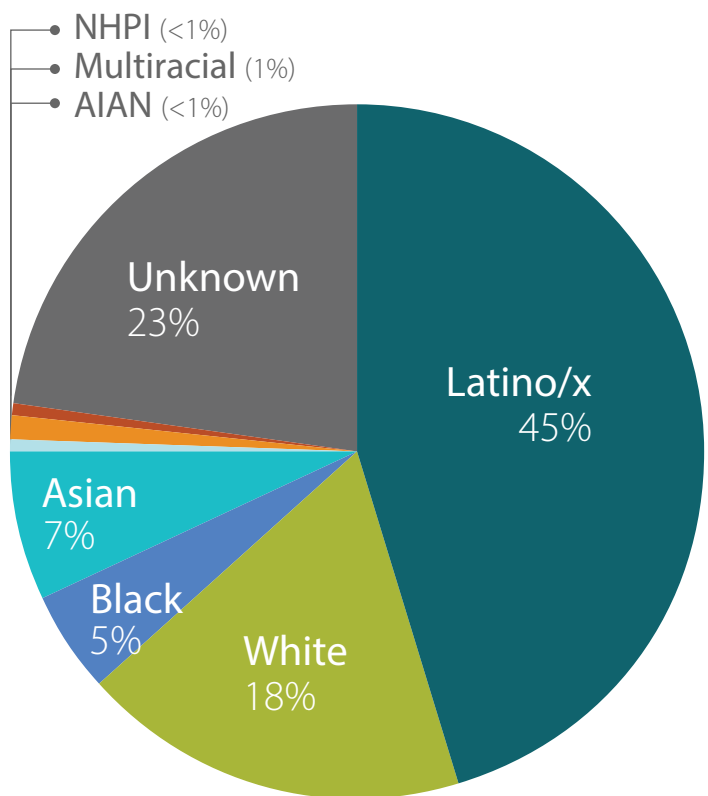
Source: Uniform Data System (2022), Health Resources and Services Administration.

In 2022, 10% of patients served by Federally Qualified Health Centers were agricultural workers or dependents, 8% were served by a clinic accessible to residents living in public housing, and 6% were people experiencing homelessness.

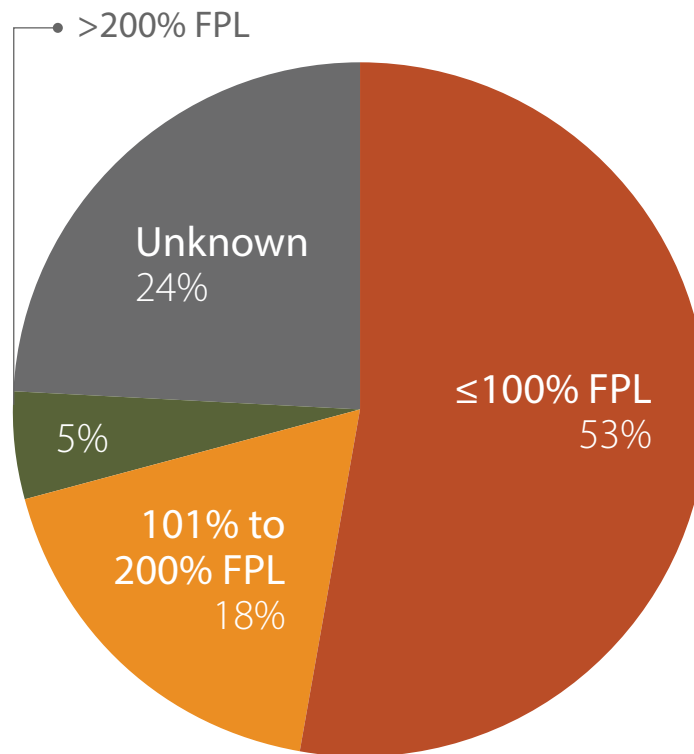
Federally Qualified Health Center Patients

by Race/Ethnicity and Income, California, 2022

Race/Ethnicity



Income



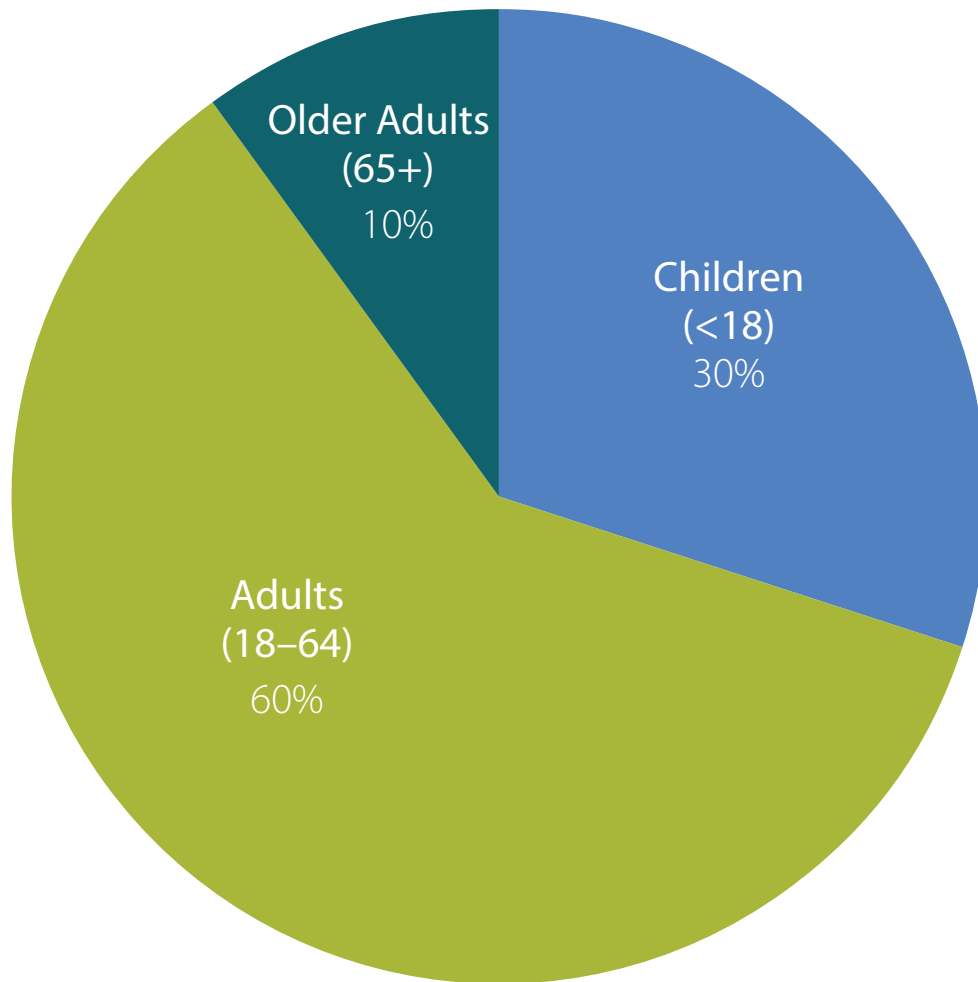
Latino/x patients accounted for 45% of all Federally Qualified Health Center (FQHC) patients in 2022. Slightly more than half of FQHC patients had incomes below the federal poverty level.

Notes: Data do not include Federally Qualified Health Center Look-Alikes. AIAN is American Indian / Alaska Native. NHPI is Native Hawaiian / Other Pacific Islander. Multiracial is more than one race in the source. Unknown is unreported / chose not to disclose in the source. Latino/x patients are not included in the other categories. Source uses Hispanic/Latino and Black / African American. The federal poverty level (FPL) in 2022 was \$13,590 for a single person and \$27,750 for a family of four. Figures may not sum due to rounding.

Source: Uniform Data System (2022), Health Resources and Services Administration.

Federally Qualified Health Center Patients by Age, California, 2022

Six out of 10 Federally Qualified Health Center patients in 2022 were adults age 18 to 64. Three out of 10 were children.

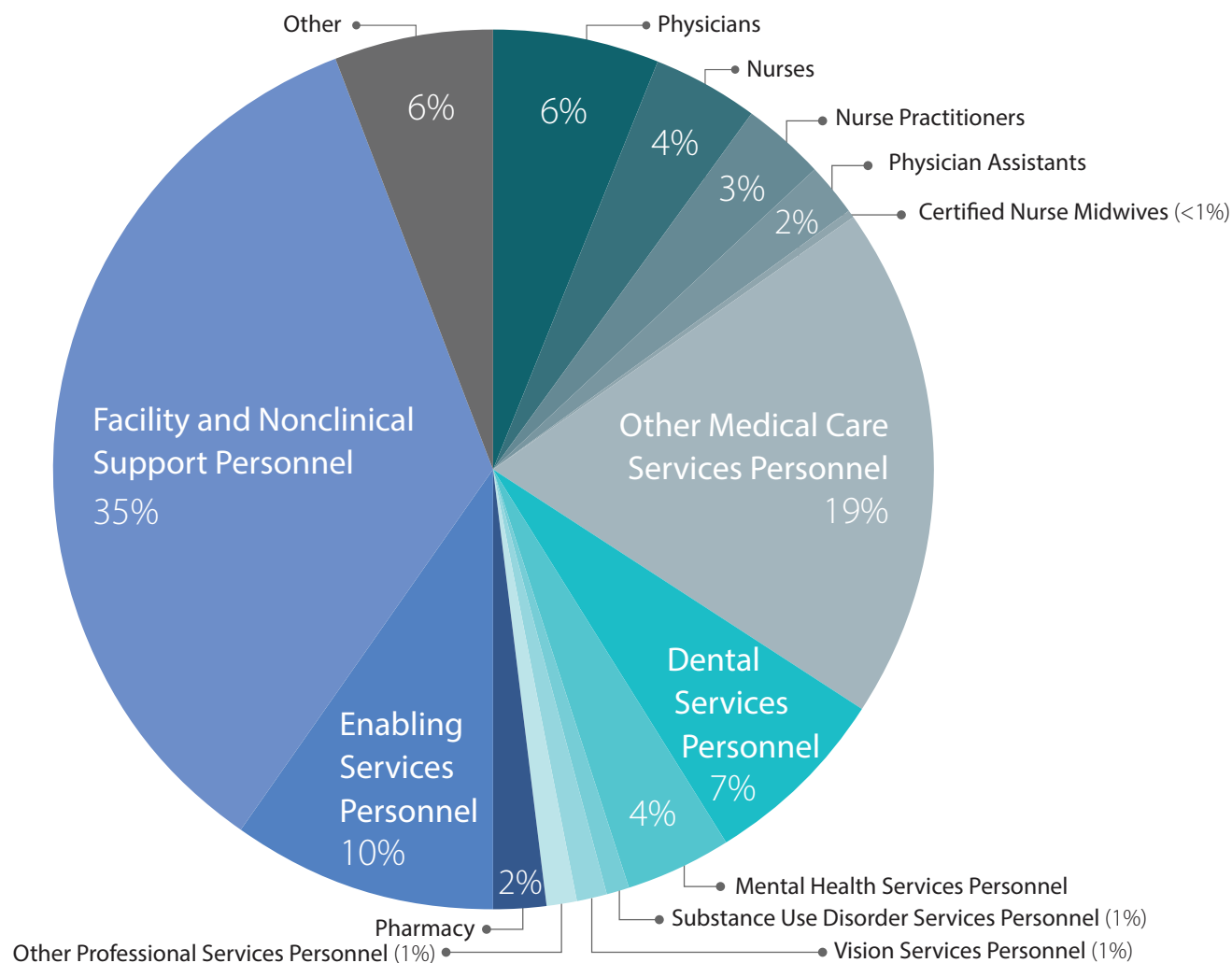


Notes: Data do not include Federally Qualified Health Center Look-Alikes. Figures may not sum due to rounding.

Source: Uniform Data System (2022), Health Resources and Services Administration.

Federally Qualified Health Center Personnel by Position, California, 2022

Over one-third of Federally Qualified Health Center personnel work in a facility or nonclinical support role.

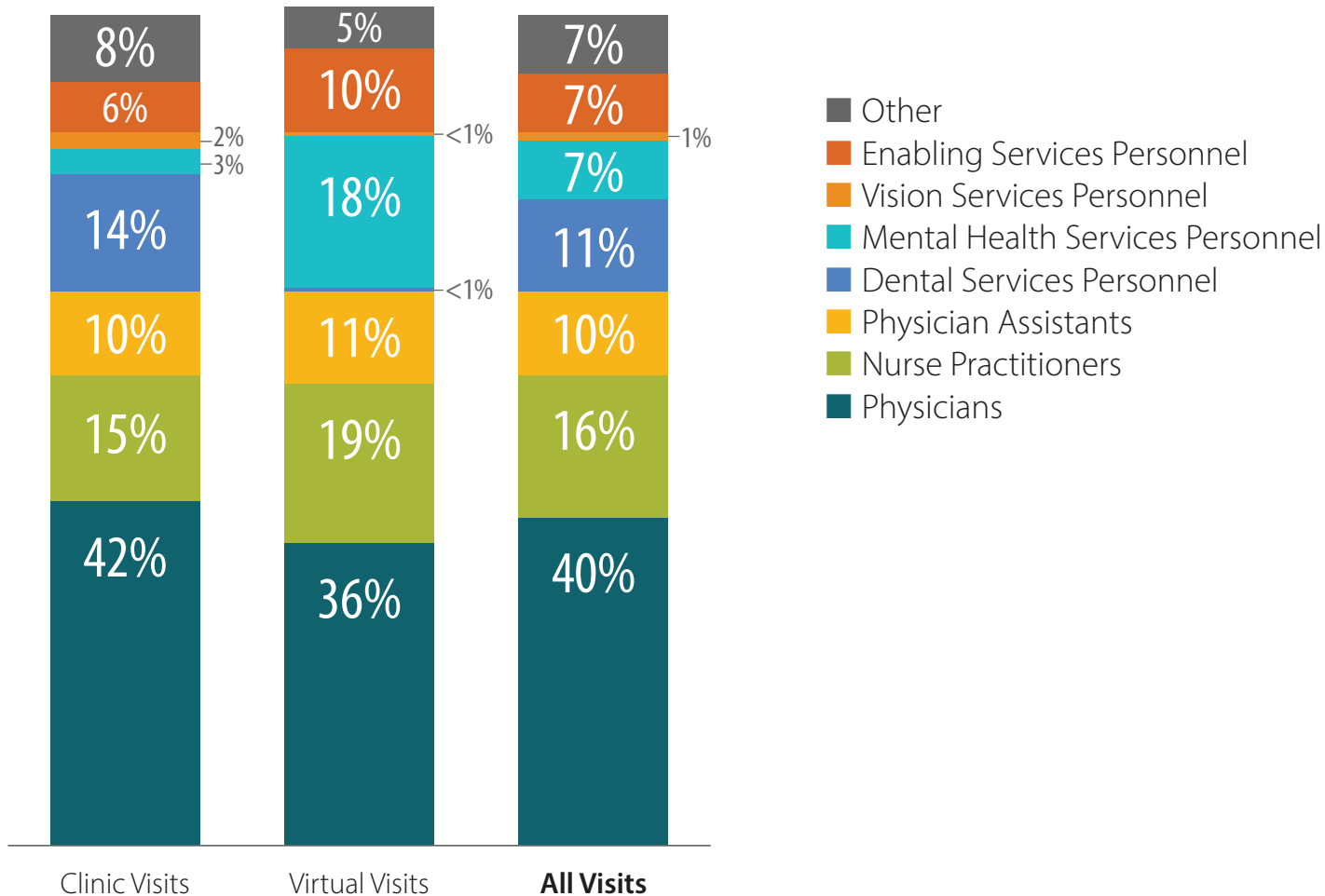


Notes: *Other medical care services* includes other medical personnel, laboratory personnel, and x-ray personnel. *Other* includes other programs and services and quality improvement personnel. *Enabling services personnel* includes case managers, patient and community education specialists, outreach workers, transportation personnel, eligibility assistance workers, interpretation personnel, community health workers, and other enabling services. *Facility and nonclinical support personnel* includes management and support personnel, fiscal and billing personnel, IT personnel, facility personnel, and patient support personnel. Figures may not sum due to rounding.

Source: Uniform Data System (2022), Health Resources and Services Administration.

Federally Qualified Health Center Visits

Clinic vs. Virtual, California, 2022



California's Health Care Safety Net

Federally Qualified Health Centers

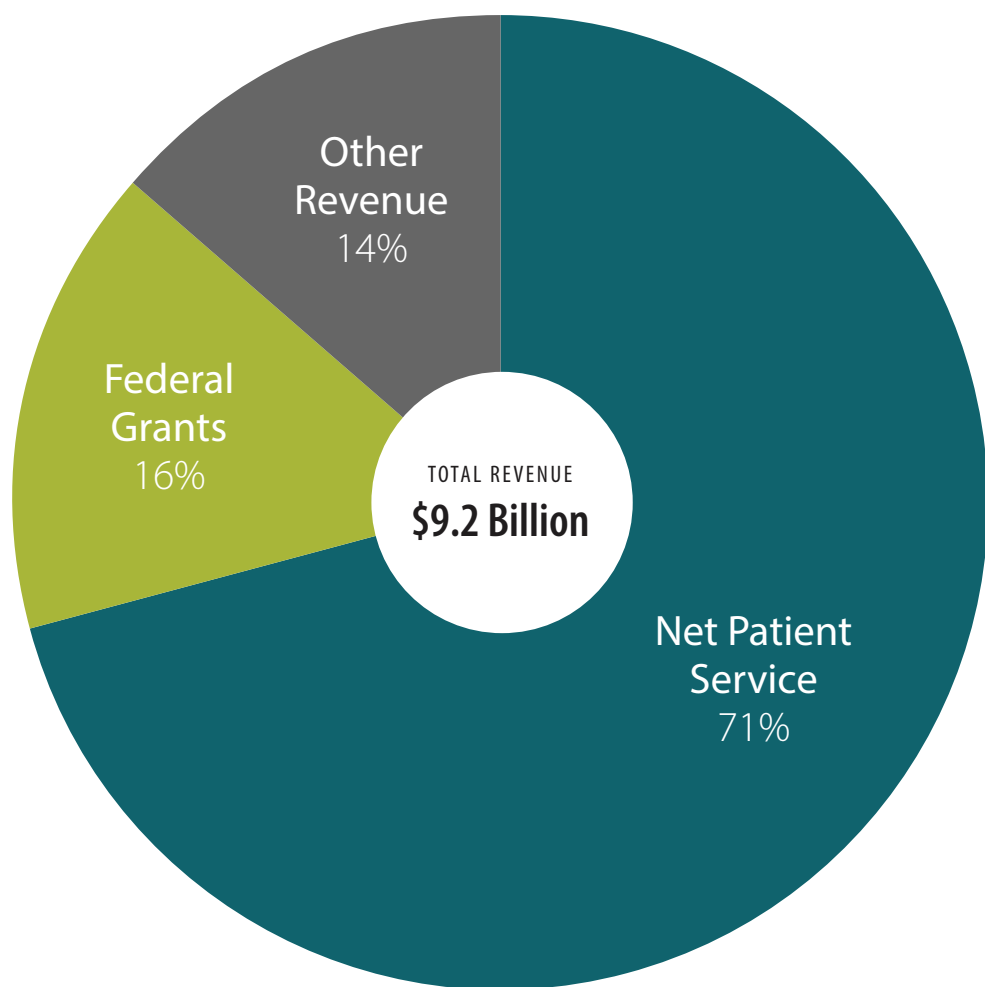
Physicians accounted for 42% of all in-person clinic visits and 36% of virtual visits. Nurse practitioners and mental health services personnel each provided services for about one in five virtual visits.

Notes: Data exclude nonclinical staff. *Other* includes certified nurse midwives, nurses, providers of substance use disorder services, and other professional services. *Enabling services personnel* includes case managers and patient and community education specialists.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2022), Health Resources and Services Administration.

Federally Qualified Health Center Revenue by Source, California, 2022

DOLLARS (IN BILLIONS)



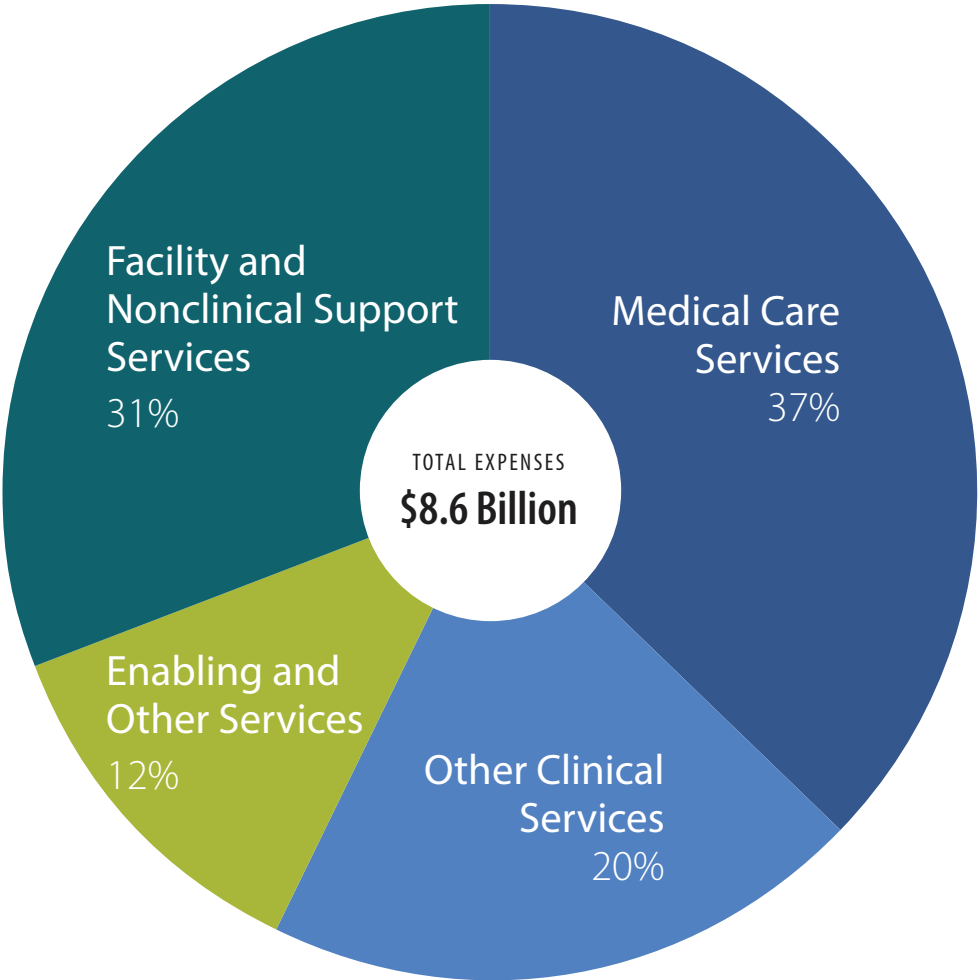
Notes: Data do not include Federally Qualified Health Center Look-Alikes. *Other revenue* includes nonfederal grants and contracts and non-patient-related revenue. Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2022), Health Resources and Services Administration.

Net patient service revenue accounted for 71% of Federally Qualified Health Centers' total revenue in 2022. Federal grants and other revenues composed the remaining source of funding.

Federally Qualified Health Center Expenses

by Type, California, 2022



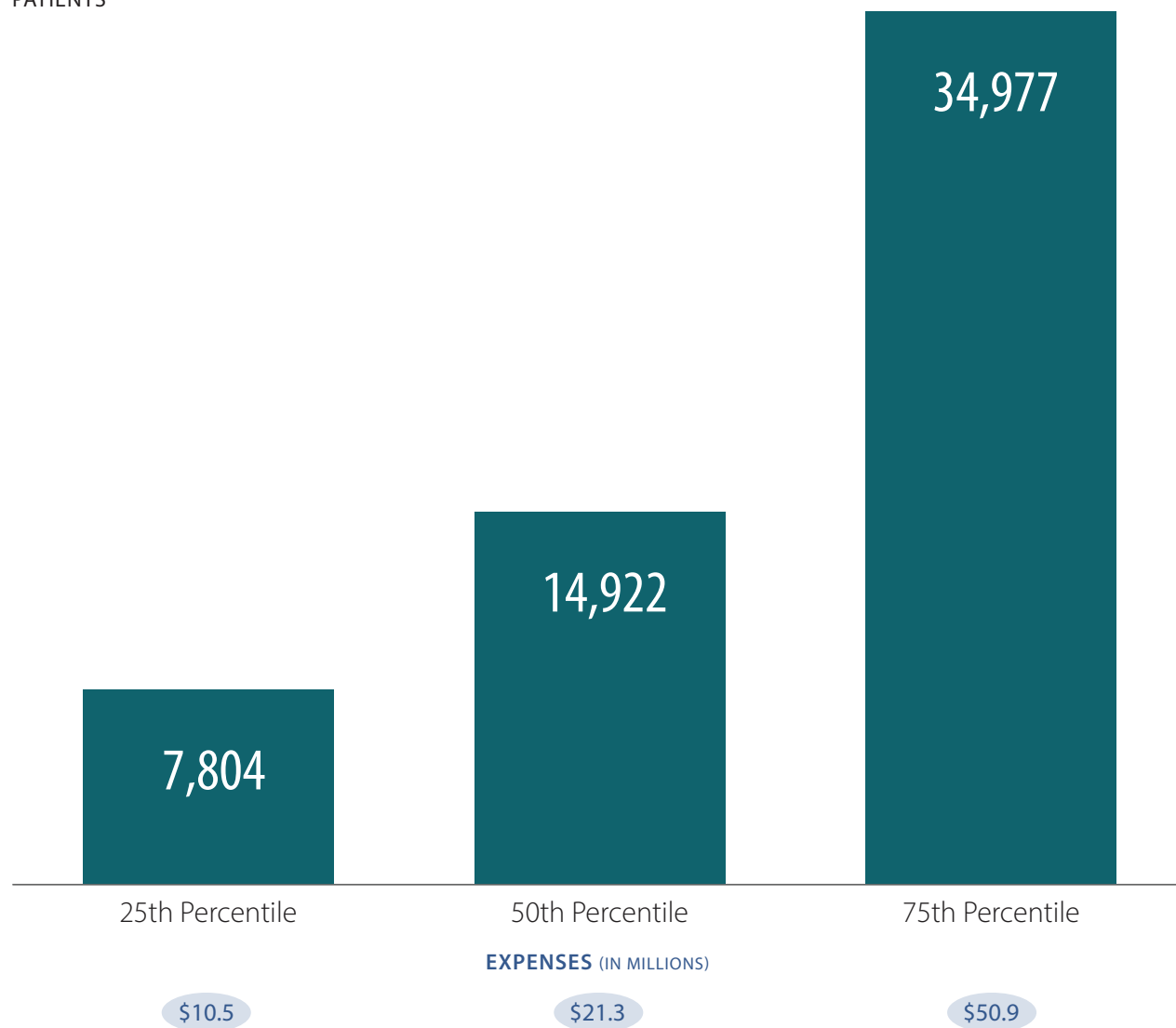
In 2022, medical care services accounted for 37% of total expenses in Federally Qualified Health Centers. Facility and nonclinical support services were 31% of total expenses.

Notes: *Medical care services* includes medical personnel, lab and x-ray, and medical/other direct. *Other clinical services* include dental, mental health, substance use disorder, pharmacy, pharmaceuticals, other professional, and vision. *Enabling and other services* includes case management, patient and community education, outreach, transportation, eligibility assistance, interpretation services, community health workers, other enabling services, other program-related services, and quality improvement. Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2022), Health Resources and Services Administration.

Federally Qualified Health Center Patients and Expenses by Percentile, California, 2022

PATIENTS



Note: Data do not include Federally Qualified Health Center Look-Alikes.

Source: Blue Sky Consulting Group analysis of the Uniform Data System (2022), Health Resources and Services Administration.

California's Health Care Safety Net

Federally Qualified Health Centers

Federally Qualified Health Centers varied in size, from clinics that saw about 1,600 patients in a year to those that saw nearly 240,000 patients (not shown). In 2022 the median was 14,922 patients and \$21.3 million in total expenses.

Federally Qualified Health Center Quality Measures

Selected Measures, California and United States, 2022

PERCENTAGE OF...

Children 2 years of age who received age-appropriate vaccines by their second birthday



Patients 50–74 years of age who had appropriate screening for colorectal cancer



Patients with Early Entry into Prenatal Care (first visit in first trimester)



Patients 12 years of age and older who were (1) screened for depression with a standardized tool and, if screening was positive, (2) had a follow-up plan documented



Women 23–64 years of age who were screened for cervical cancer



Women 51–73 years of age who had a mammogram to screen for breast cancer



Source: Uniform Data System (2022), Health Resources and Services Administration.

Across a range of quality measures, the performance of California's Federally Qualified Health Centers was in line with national averages.

Federally Qualified Health Center Patient Health Outcomes

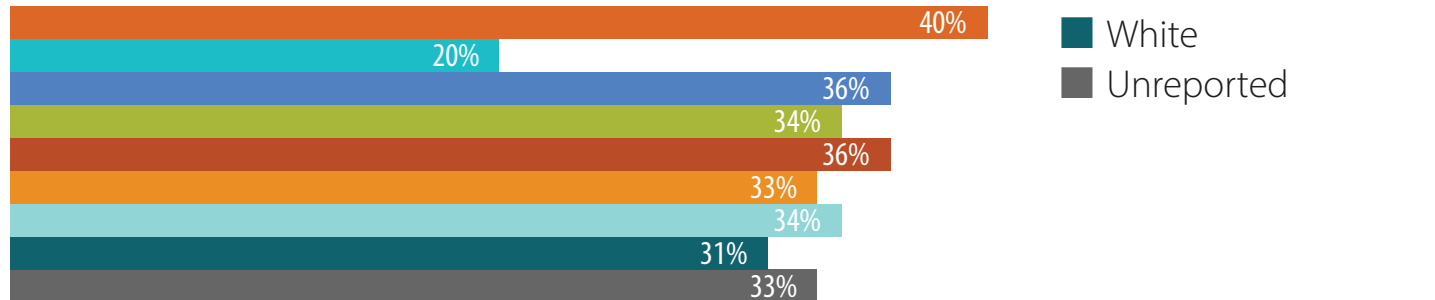
Selected Outcomes, by Race/Ethnic Group, California, 2022

PERCENTAGE OF...

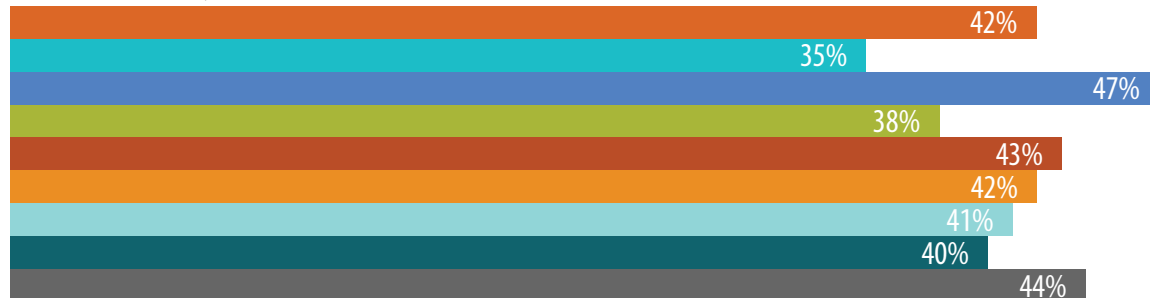
Infants born at low or very low birth weights



Patients with diabetes and poor control of HbA1c



Patients with hypertension without control over blood pressure



Unequal health outcomes exist among racial and ethnic groups for patients served by Federally Qualified Health Centers. About one in five Native Hawaiian infants were born at low or very low birth weight. A lower percentage of Asian patients with diabetes reported having poor control of their blood sugar levels.

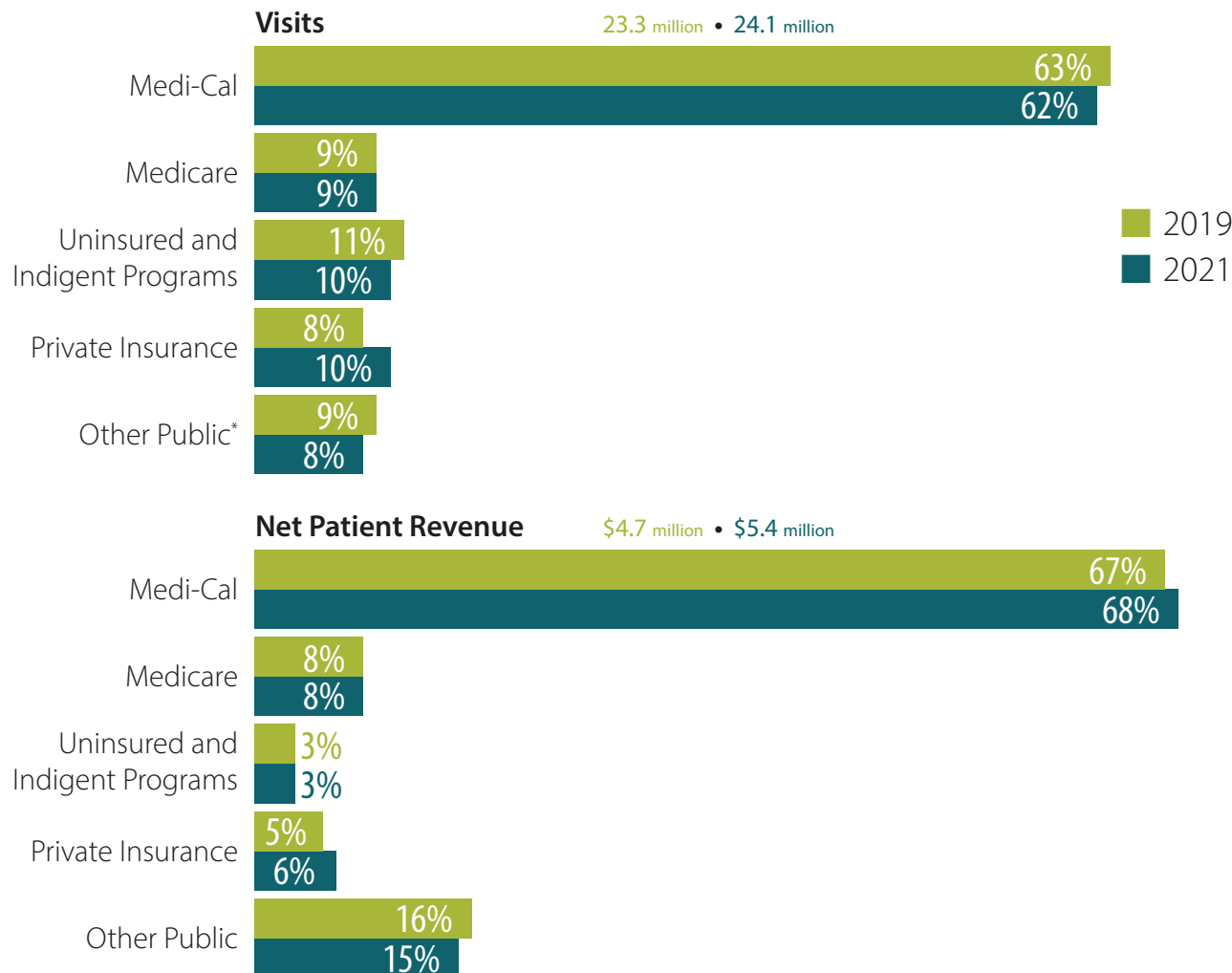
Notes: AIAN is American Indian / Alaska Native. Source uses Black / African American and Hispanic/Latino. The Asian, Black, White, and Other categories include only non-Latinos/x.

Source: Uniform Data System (2022), Health Resources and Services Administration.

Community Clinic Visits and Patient Revenue

by Payer, California, 2019 and 2021

Between 2019 and 2021, community clinics experienced a 4% increase in visits and a 16% increase in net patient revenue. The payer mix of visits and revenue was relatively unchanged during the same time.



* Does not include the PACE program, which reports by patient, not encounter.

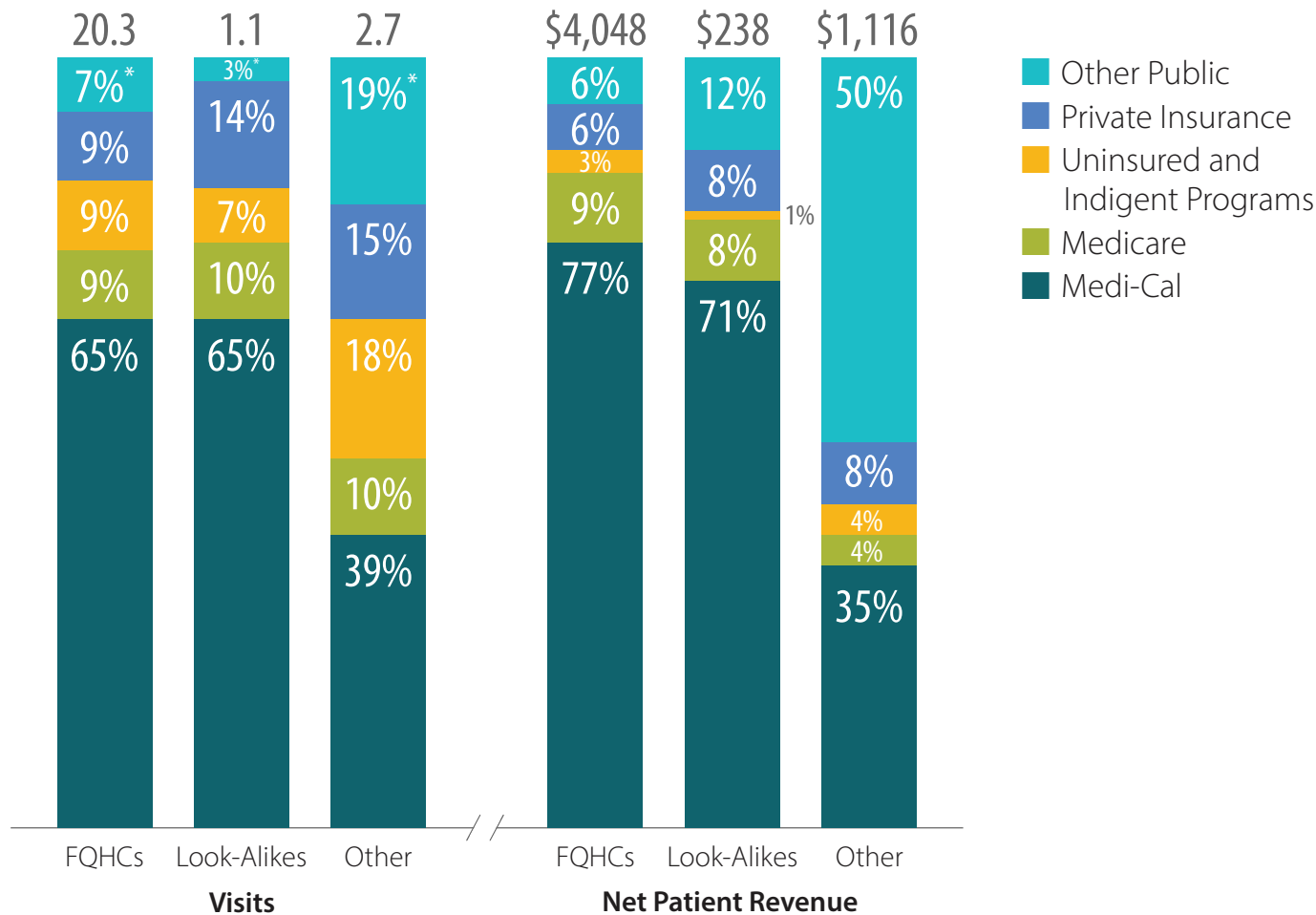
Notes: Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Source uses *encounters*. Excludes county-run clinics and dental clinics (those with more than 90% of procedures for dental services). *Uninsured and indigent programs* includes self-pay / sliding scale, free, and county indigent program patients. Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Primary Care Clinic Utilization (2019 and 2021)*, California Health and Human Services Agency.

Community Clinic Visits and Patient Revenue

by Payer and Clinic Type, California, 2021

TOTALS (IN MILLIONS)



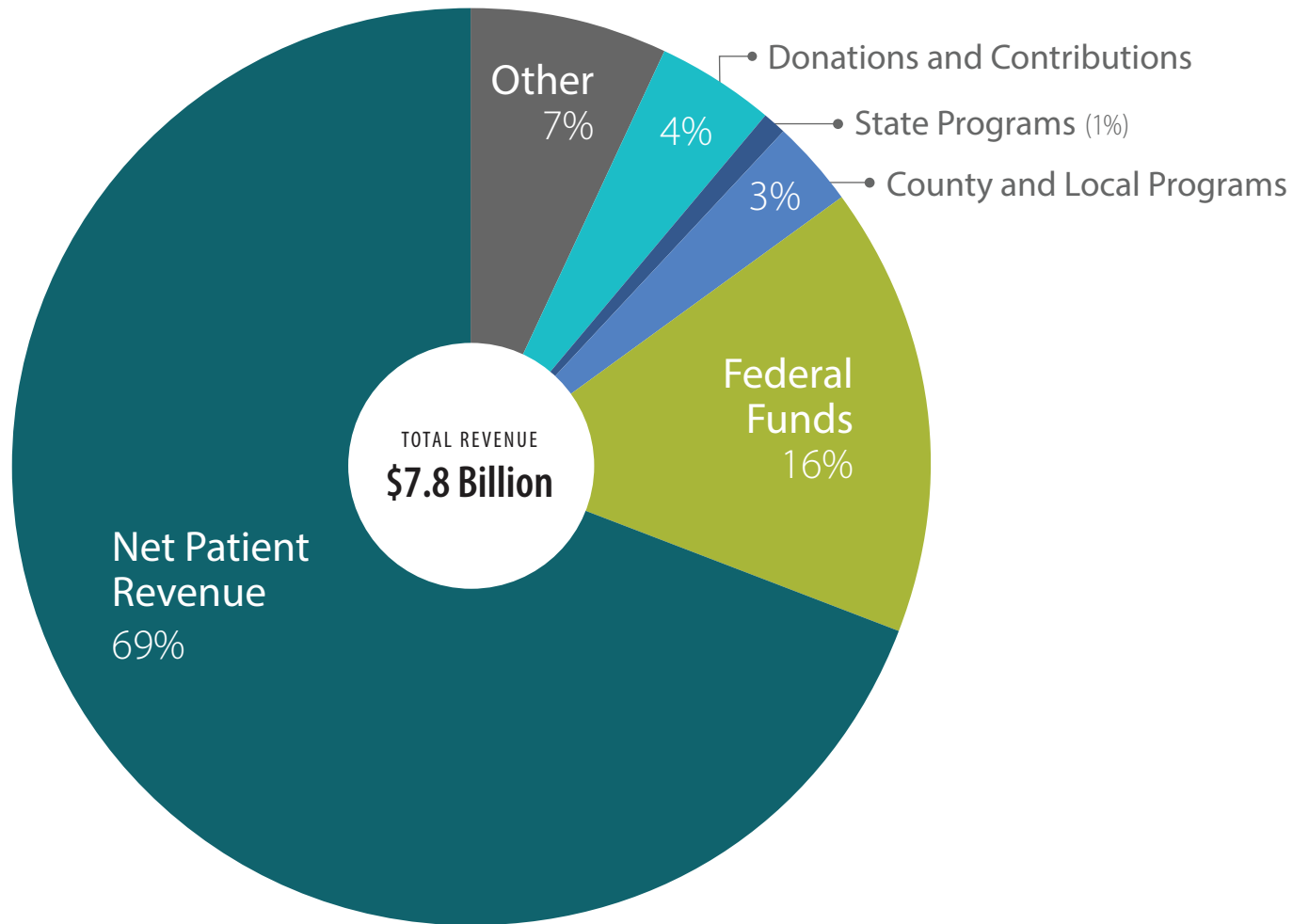
Medi-Cal patients accounted for the majority of visits and net patient revenue for both Federally Qualified Health Centers and FQHC Look-Alike clinics.

* Does not include the PACE program, which reports by patient, not encounter.

Notes: FQHC is Federally Qualified Health Center. Excludes dental clinics (those with more than 90% of procedures for dental services). Uninsured and indigent programs includes self-pay / sliding scale, free, and county indigent program patients. Excludes county-run clinics. Other clinics include community or free clinics that are not FQHCs or Look-Alikes, such as some Planned Parenthood clinics. Figures may not sum due to rounding.

Source: Pivot Table - Primary Care Clinic Utilization (2021), California Health and Human Services Agency.

Community Clinic Revenue by Source, California, 2021



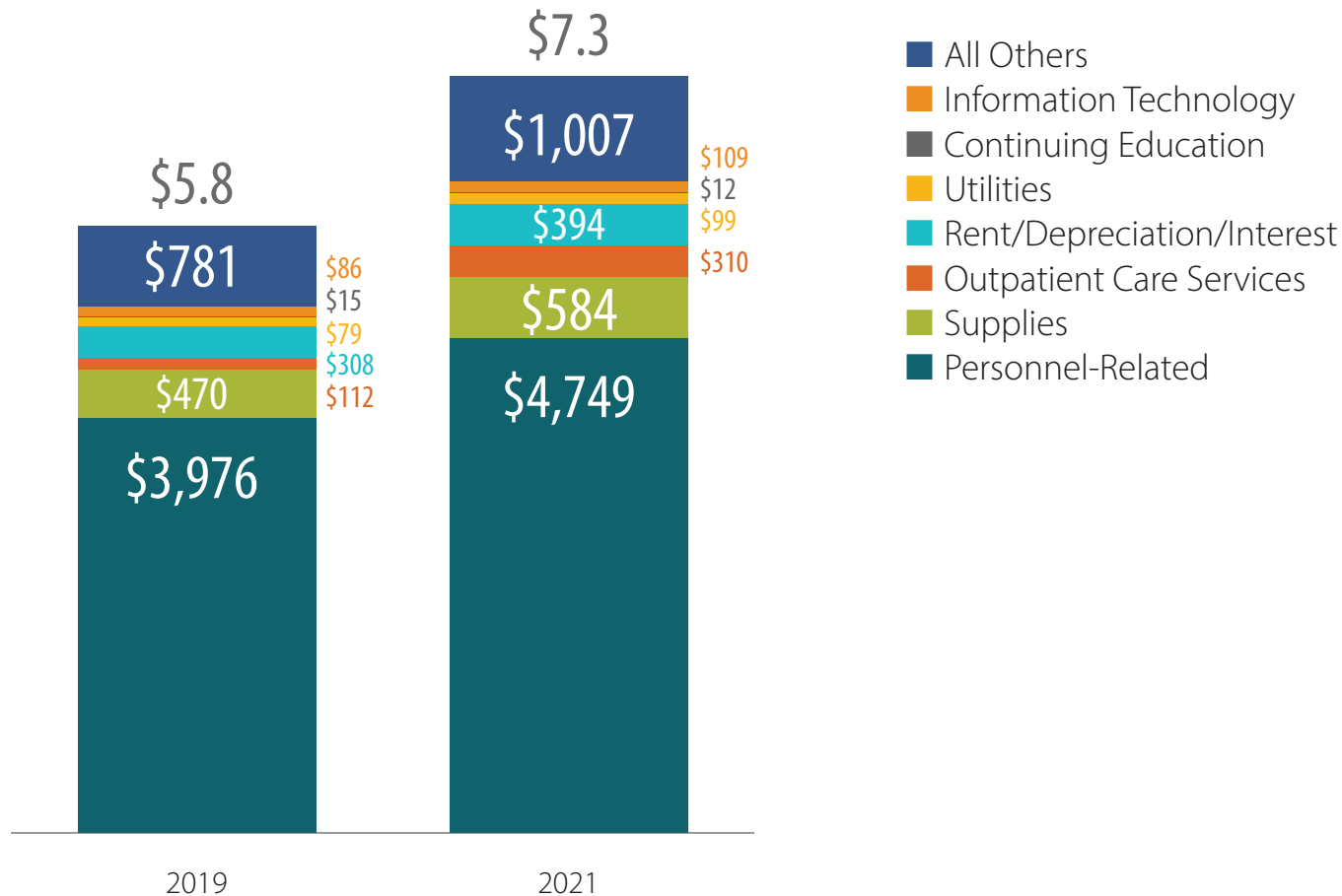
Net patient revenue (\$5.4 billion) made up the majority of total revenue for community clinics. County and local programs, state programs, and donations and contributions combined accounted for just 8% of the total revenue for these clinics.

Notes: Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Excludes county-run clinics, clinics with no patient encounters, and dental clinics (those with more than 90% of procedures for dental services). Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2019 and 2021)*, California Health and Human Services Agency.

Community Clinic Expenses by Category, California, 2019 and 2021

DOLLARS (IN MILLIONS)



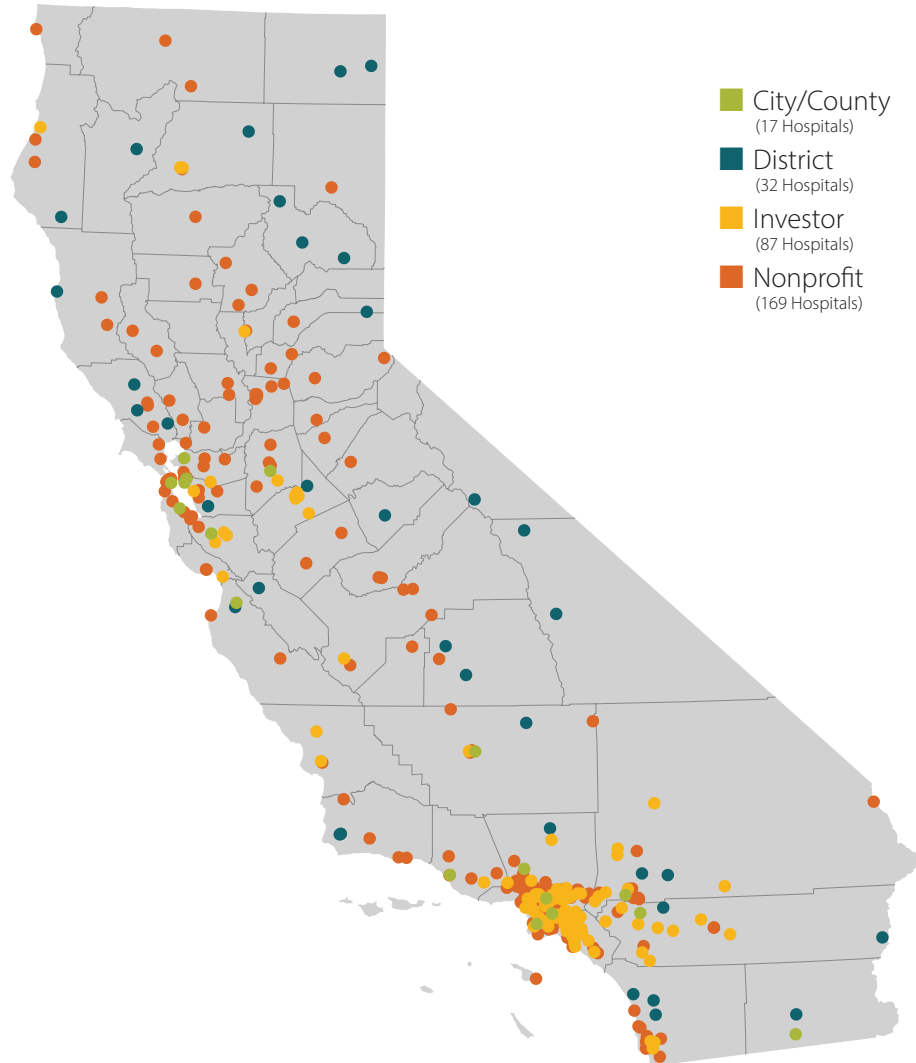
Personnel-related expenses in 2021 accounted for 65% of total clinic expenses, slightly less than the 68% in 2019.

Notes: *Personnel-related* include salaries, wages and benefits, and professional contract services. Includes Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes, and other clinic types. Excludes clinics with no patient encounters, county-run clinics, and dental clinics (those with more than 90% of procedures for dental services). Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2019 and 2021)*, California Health and Human Services Agency.

Hospital Locations

by Ownership Type, California, 2021



California's Health Care Safety Net

Hospitals

California has over 300 general acute hospitals that serve Californians, including those with low incomes.

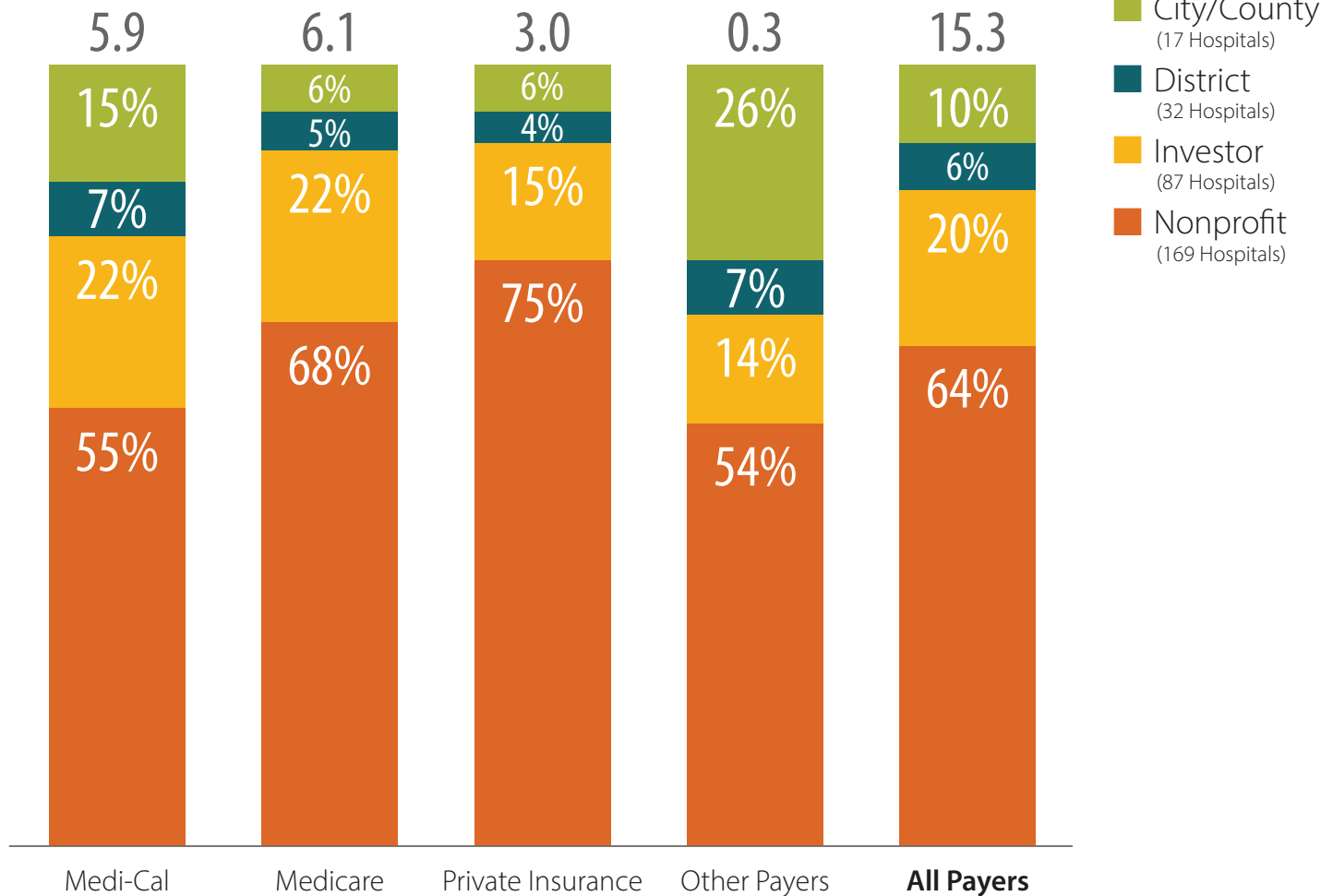
Note: Data are only for institutions classified as general acute and comparable and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2021)*, California Health and Human Services Agency.

Inpatient Hospital Days

by Hospital Ownership Type and Payer, California, 2021

TOTALS (IN MILLIONS)



- City/County (17 Hospitals)
- District (32 Hospitals)
- Investor (87 Hospitals)
- Nonprofit (169 Hospitals)

California's Health Care Safety Net Hospitals

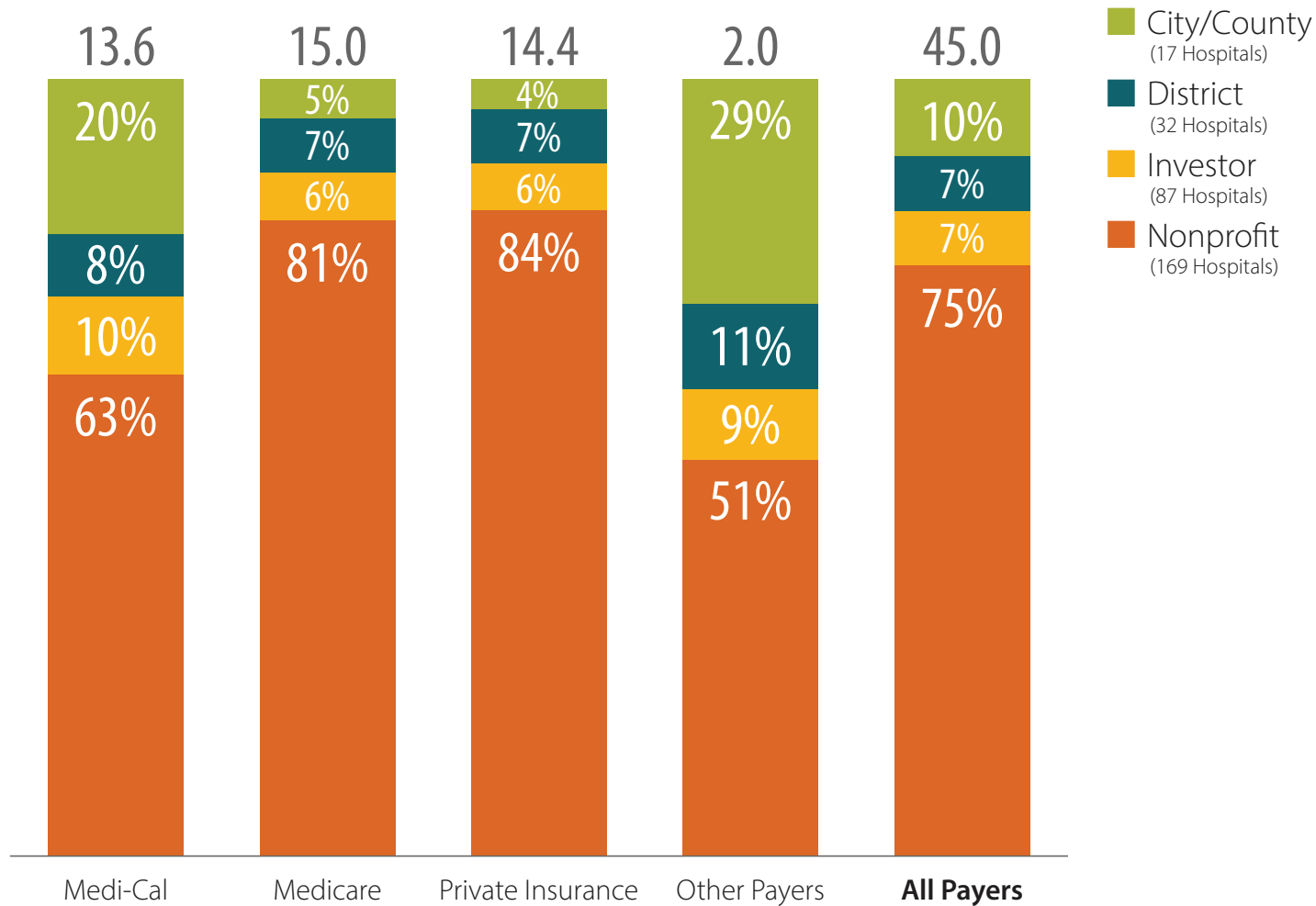
City/county hospitals are often the safety-net hospital in their community. In 2021, the state's 17 city/county hospitals provided 10% of all inpatient days, including 15% of Medi-Cal inpatient days. Nonprofit hospitals accounted for 64% of all inpatient days and 55% of Medi-Cal inpatient days.

Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Private insurance* is *other third parties* in source. *Other payers* includes county indigent programs, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Figures may not sum due to rounding.
 Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2021)*, California Health and Human Services Agency.

Outpatient Hospital Visits

by Hospital Ownership Type and Payer, California, 2021

TOTALS (IN MILLIONS)



California's Health Care Safety Net Hospitals

In 2021, three in four outpatient visits occurred at a nonprofit hospital. One in five hospital outpatient visits by enrollees in Medi-Cal occurred at a city/county hospital.

Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Private insurance* is *other third parties* in the source. *Other payers* includes county indigent programs, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Figures may not sum due to rounding.
 Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2021)*, California Health and Human Services Agency.

Change in Inpatient Days and Outpatient Visits by Payer and Ownership Type, California, 2017 to 2021

	CITY/COUNTY	DISTRICT	INVESTOR	NONPROFIT	ALL HOSPITALS
Inpatient Days					
Medi-Cal	0.8%	-13.8%	9.2%	-3.1%	-0.9%
Medicare	15.0%	-7.3%	1.5%	-0.7%	0.2%
Private Insurance	-11.1%	6.5%	15.5%	3.5%	4.2%
Other Payers	39.1%	-28.9%	-28.4%	-9.2%	-5.8%
All Payers	3.5%	-9.6%	5.9%	-0.7%	0.4%
Outpatient Visits					
Medi-Cal	-24.4%	-14.4%	-17.6%	-10.9%	-14.9%
Medicare	-9.3%	-5.5%	-11.9%	11.0%	6.7%
Private Insurance	-16.3%	15.6%	-6.5%	7.6%	6.1%
Other Payers	-4.4%	6.5%	-17.6%	-22.6%	-14.8%
All Payers	-19.0%	-2.4%	-13.4%	2.2%	-2.1%

Between 2017 and 2021, hospital inpatient days for patients with private insurance increased by 4%. During this time, city/county hospitals had a 39% increase in inpatient days for patients with other payers and a 24% decrease in Medi-Cal outpatient visits.

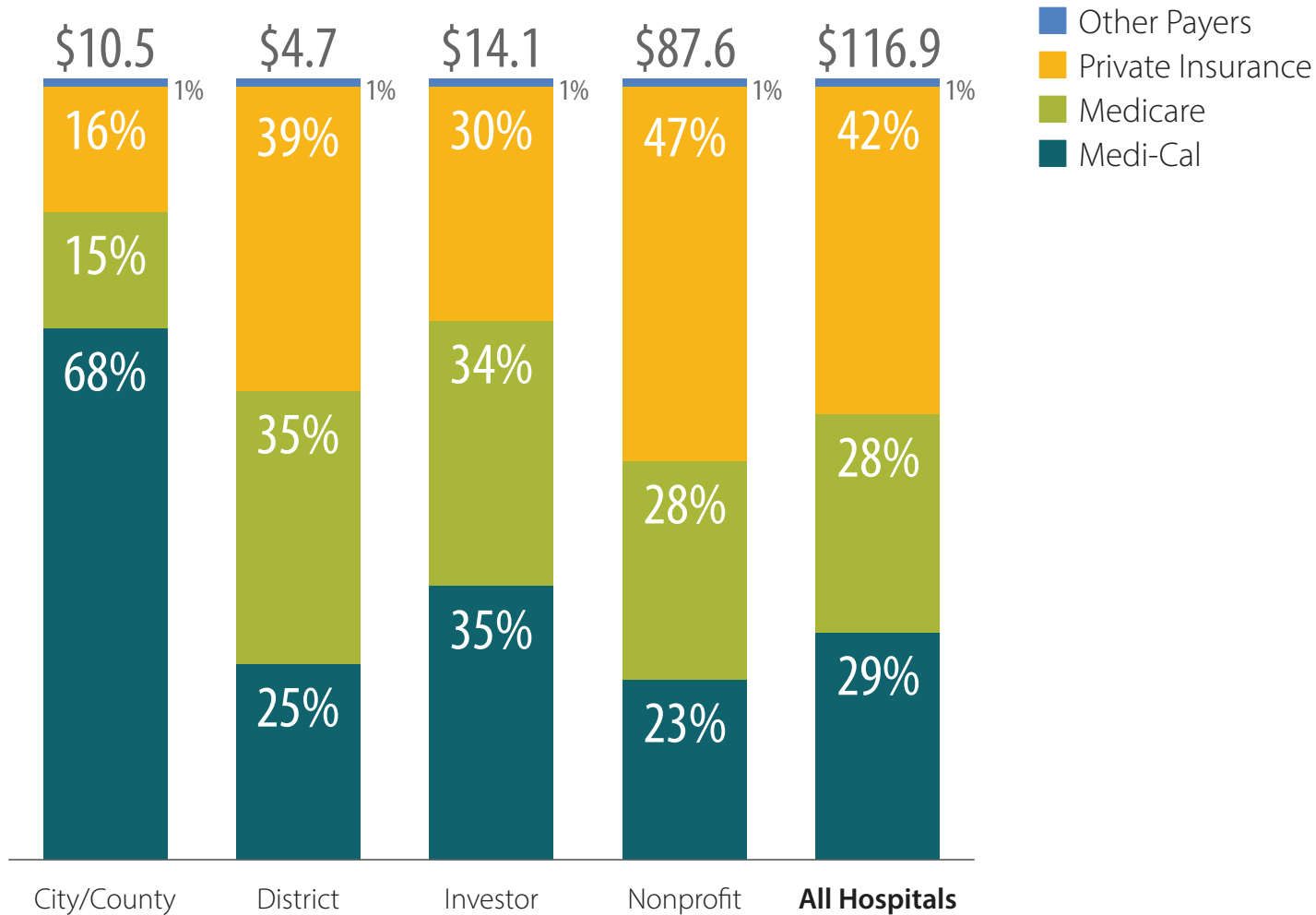
Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Private insurance* is *other third parties* in the source. *Other payers* includes county indigent programs, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2017 and 2021)*, California Health and Human Services Agency.

Net Patient Revenue

by Payer and Hospital Ownership Type, California, 2021

TOTALS (IN BILLIONS)



California's Health Care Safety Net Hospitals

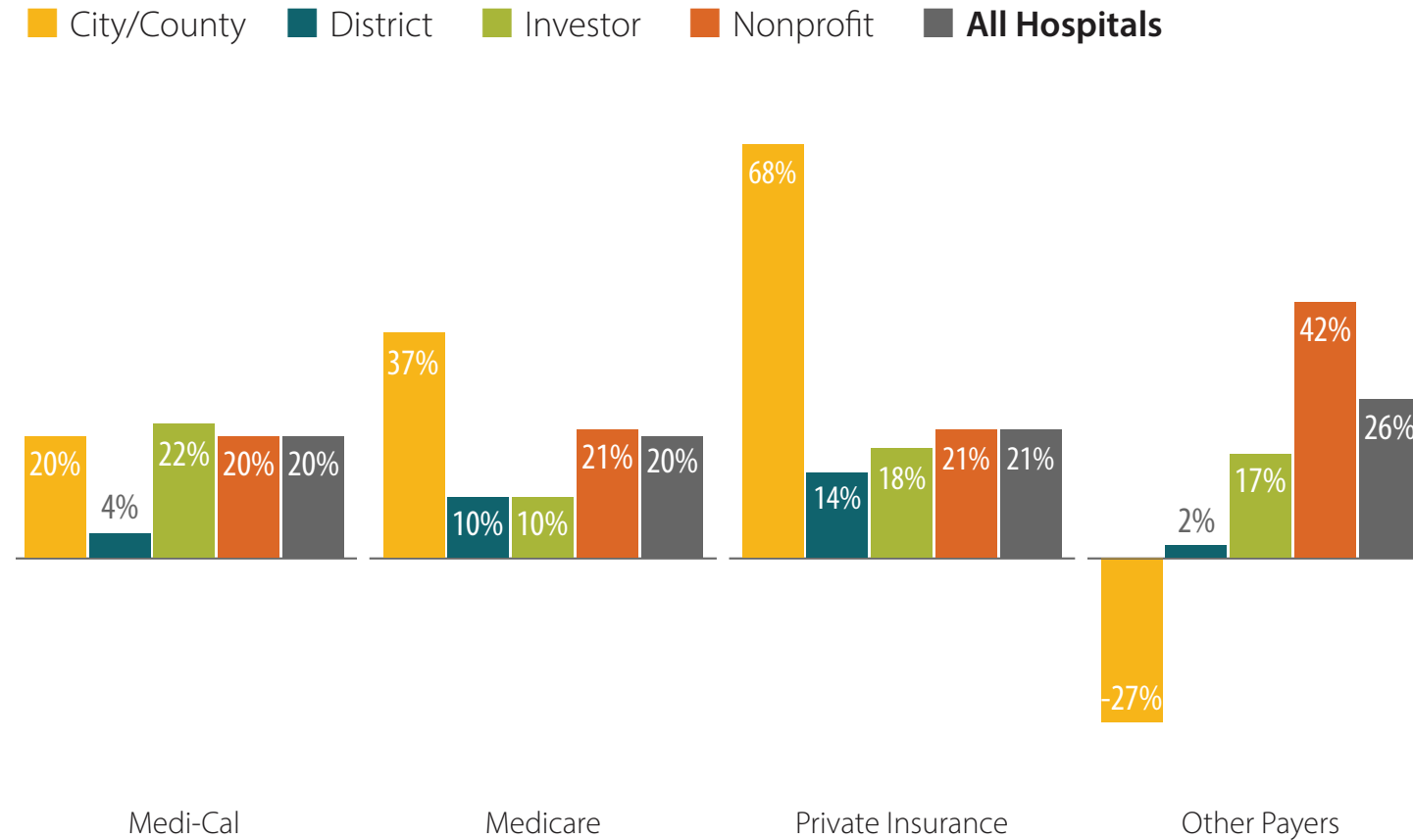
City/county hospitals were heavily reliant on Medi-Cal, which accounted for 68% of net patient revenue at these hospitals. Other hospitals received a larger percentage of their revenue from Medicare and privately insured patients than did city/county hospitals.

Notes: Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Private insurance* is *other third parties* in the source. *Other payers* includes county indigent programs, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2021)*, California Health and Human Services Agency.

Change in Net Patient Revenue

by Hospital Ownership Type and Payer, California, 2017 to 2021



Most hospitals experienced an increase in net patient revenue from all payers between 2017 and 2021.

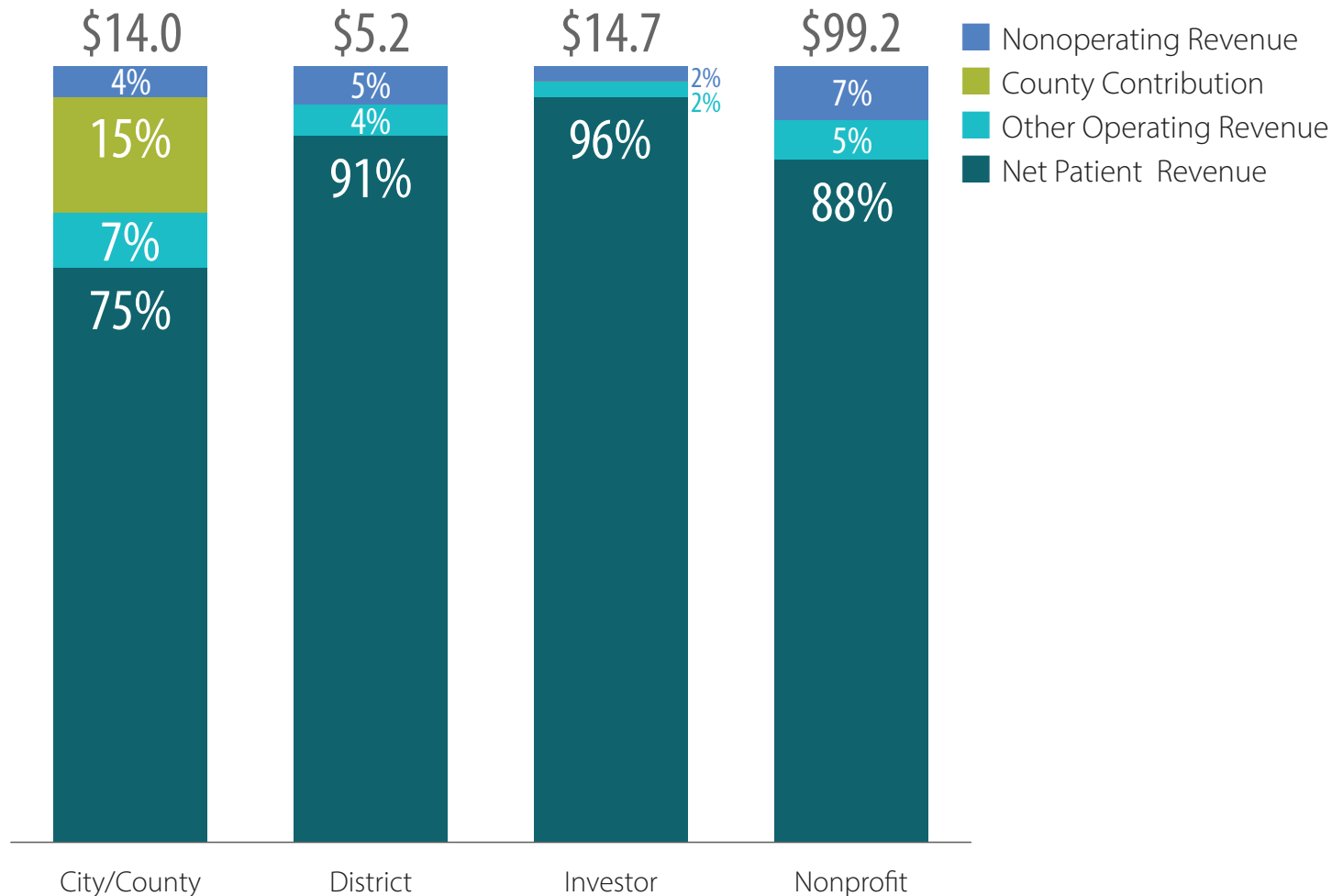
Notes: Data are only for institutions classified as general acute and comparable and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. *Private insurance* is other third parties in the source. *Other payers* includes county indigent programs, hospital-provided charity care, self-pay, and all other payers not included elsewhere. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2017 and 2021)*, California Health and Human Services Agency.

Revenue Sources

by Hospital Ownership Type, California, 2021

TOTALS (IN BILLIONS)



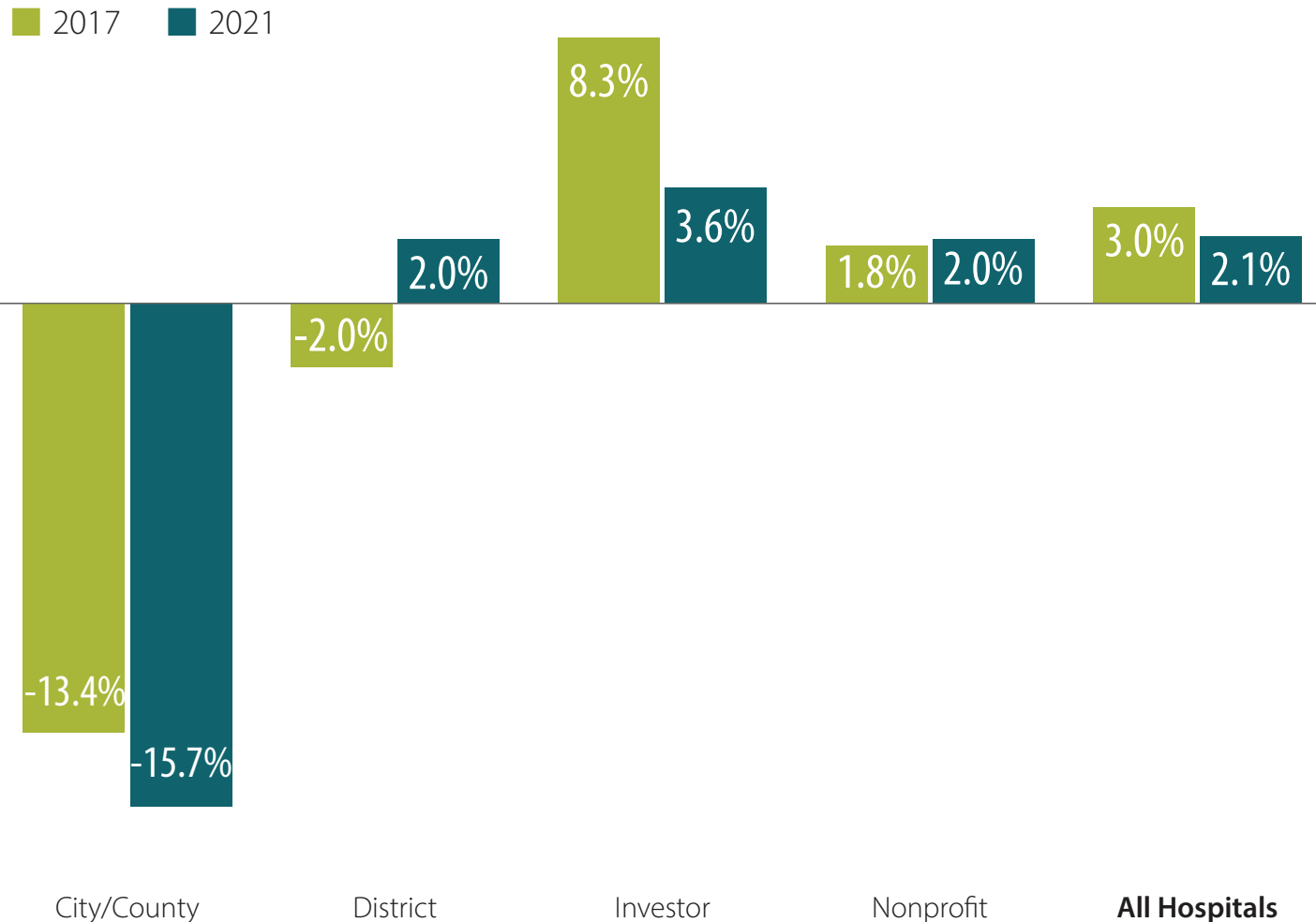
Net patient revenue was the largest revenue source for all hospital ownership types. County contributions accounted for 15% of revenue for city/county hospitals.

Notes: *Nonoperating* includes revenue not related to the provision of health care services, such as investment income and unrestricted contributions. *Other operating* includes revenue generated by health care operations from nonpatient care services, such as cafeteria and supplies sold to nonpatients. *Net patient* includes gross patient revenue plus capitation premium revenue less deductions from revenue such as provisions for bad debts and contractual adjustments. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation. Figures may not sum due to rounding.

Source: Blue Sky Consulting Group analysis of *Pivot Table - Hospital Annual Selected File (2021)*, California Health and Human Services Agency.

Median Operating Margin

by Hospital Ownership Type, California, 2017 and 2021



Between 2017 and 2021, the median operating margins fell by nearly five percentage points at investor hospitals and over two percentage points for city/county hospitals.

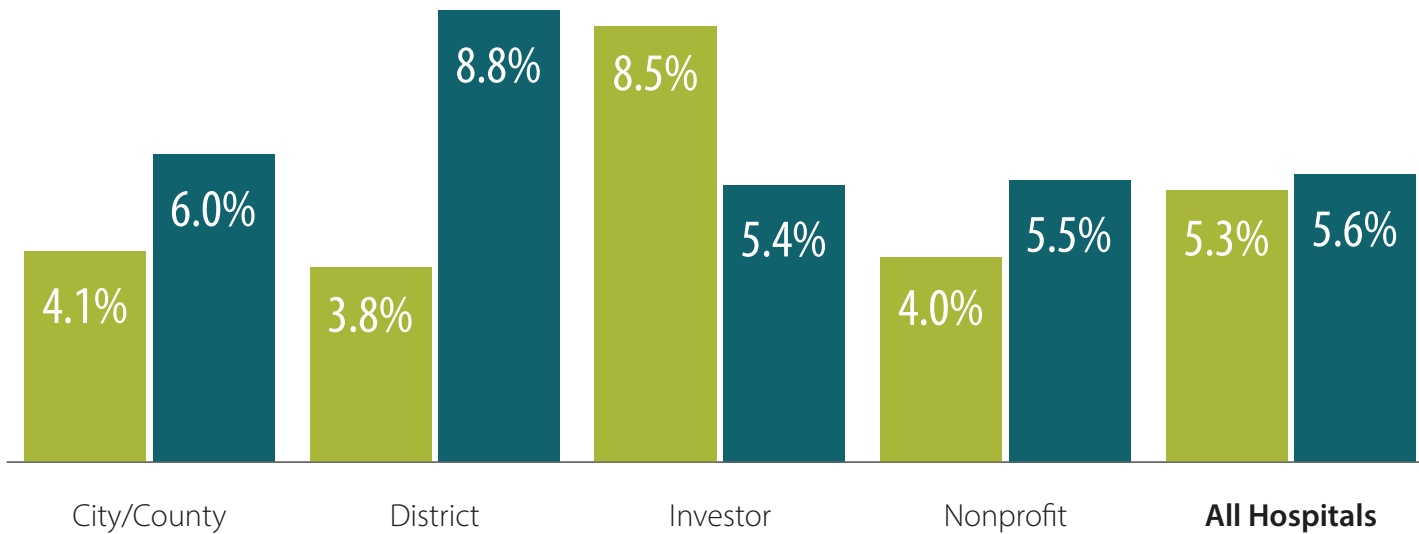
Notes: *Operating margin* equals net income from operations divided by operating revenue (net patient revenue plus other operating revenue). The operating margin does not take into account nonoperating revenue or expenses. Margin calculations include disproportionate share hospital funds. Data are only for institutions classified as general acute and comparable, and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Tables - Hospital Annual Selected File (2017 and 2021)*, California Health and Human Services Agency.

Median Net Income Margin

by Hospital Ownership Type, California, 2017 and 2021

■ 2017 ■ 2021



Notes: Net income margin equals net income divided by total revenue (total operating revenue plus nonoperating revenue). Margin calculations include disproportionate share hospital funds. Data are only for institutions classified as general acute and comparable and thus do not include state and Kaiser hospitals or specialty, long-term care, or psychiatric facilities. Investor hospitals are operated by an investor-individual, investor-partnership, or investor-corporation.

Source: Blue Sky Consulting Group analysis of *Pivot Tables - Hospital Annual Selected File (2017 and 2021)*, California Health and Human Services Agency.

The median net income margin increased by five percentage points for district hospitals while the median net income margin for investor hospitals declined by more than three percentage points between 2017 and 2021.

Glossary

County indigent programs. Programs serving medically indigent adults as required by Welfare and Institutions Code § 17000: “Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives and friends, by their own means, or by state hospitals or other state or private institutions.”

Episodic Programs

- **The Breast and Cervical Cancer Treatment Program** provides cancer treatment to eligible California residents with low income diagnosed with breast and/or cervical cancer who are in need of treatment.
- **The Child Health and Disability Prevention Program** is a preventive program that delivers periodic health assessments and services to children and youth in families with low incomes in California.
- **The Family Planning, Access, Care, and Treatment Program** provides comprehensive planning services to California residents of reproductive age with low incomes.
- **California Children’s Services (CCS)** is a state program for children up to age 21 with certain diseases or health problems. CCS provides diagnostic and treatment services, medical case management, and physical and occupational therapy services.

Disproportionate share hospital (DSH). A Medi-Cal supplemental payment program established to reimburse hospitals for some of the uncompensated care costs associated with furnishing inpatient hospital services to Medi-Cal enrollees and uninsured people. The types of hospitals and/or health facilities eligible to participate in the DSH program consist of general acute care hospitals, acute psychiatric hospitals, and psychiatric health facilities.

Federally Qualified Health Center (FQHC). Community-based health care providers that receive funds from the Health Resources and Services Administration’s Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients. The defining legislation for FQHC (under the Consolidated Health Center Program) is §1905(l)(2)(B) of the Social Security Act.

FQHC Look-Alike. Community-based health care providers that meet the requirements of the Health Resources and Services Administration Health Center Program but do not receive Health Center Program funding. They provide primary care services in underserved areas on a sliding fee scale based on ability to pay, and they operate under a governing board that includes patients.

ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state’s health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at www.chcf.org/almanac.

Explore the full *California’s Health Care Safety Net Almanac* series at www.chcf.org.

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