

Financial Impact of COVID-19 on Federally Qualified Health Centers

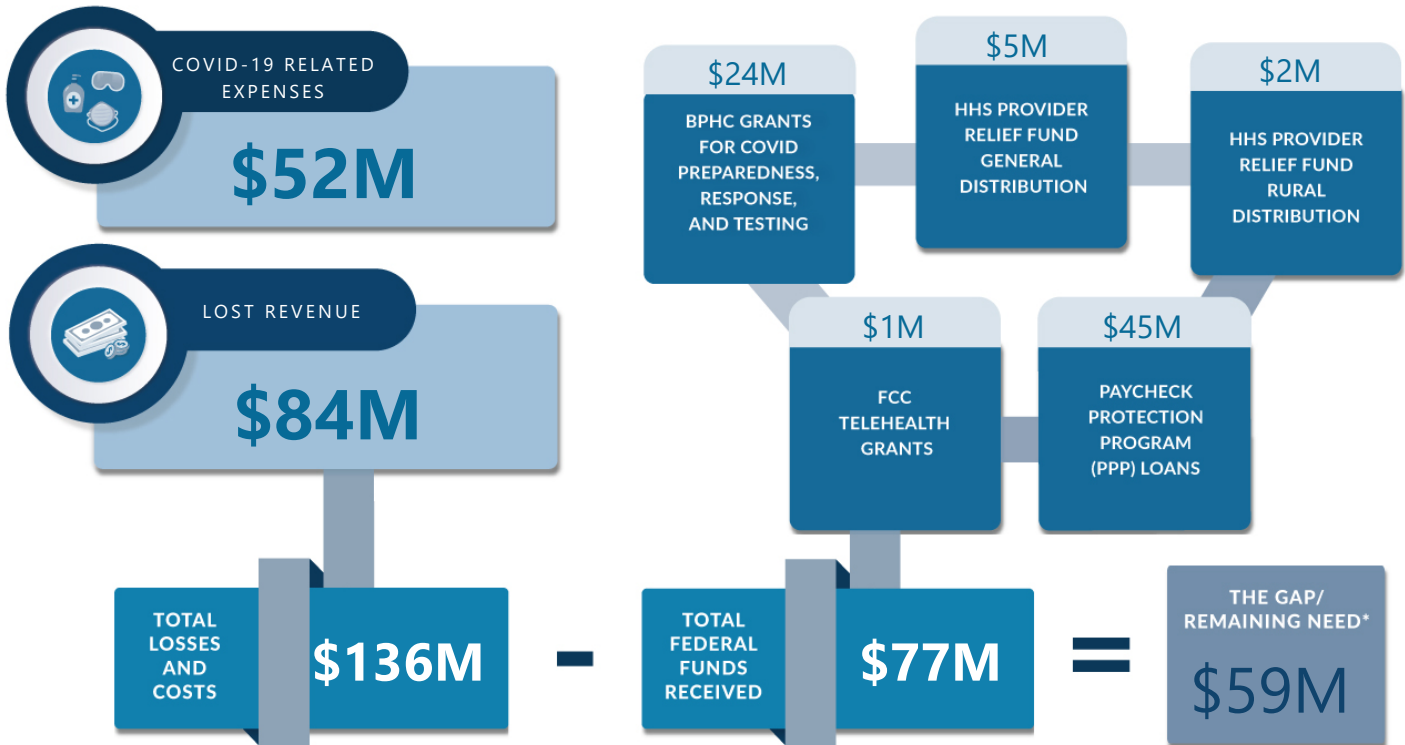
STATE ESTIMATE: APRIL 2020 – JUNE 2021



As a result of the COVID-19 pandemic, the **17 MARYLAND** Federally Qualified Health Centers (FQHCs) experienced a **27%** decline in patient visits between **April and December 2020**, as patients complied with stay-at-home orders. They pivoted quickly to providing care virtually, with **40%** of visits delivered via telehealth. However, the loss in patient visits severely impacted health centers' revenue, jeopardizing their financial viability even as they continue to play a critical role in the pandemic fight. The data below highlight FQHCs' net projected losses from **April 2020 through June 2021**, after taking into account critical federal support made available **through December 2020**.

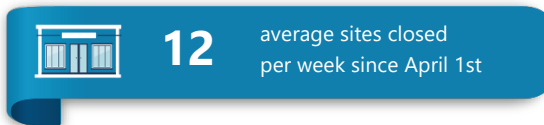
FQHCs Projected Losses and Costs

COVID-19 Relief Funding Received

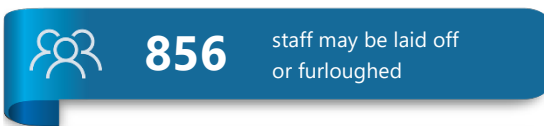


Impact on FQHCs

To address the funding gap, health centers nationally have been forced to close sites...

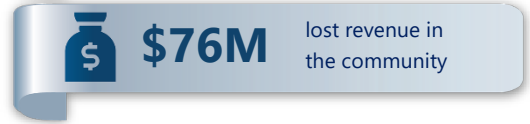
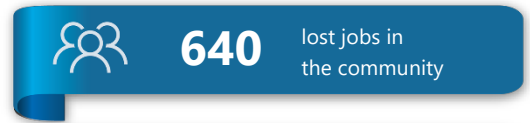


Without additional support to cover the identified shortfall through June 2021, many health center sites will remain closed, and...

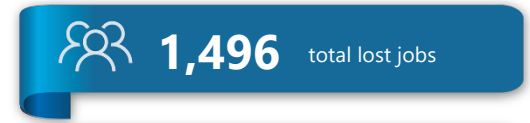


Additional Impact on Communities

Health center closures, and job and revenue losses ripple through local economies compounding the crisis in communities that can least afford it...



Total FQHC and Community Impact



*This estimate assumes that all PPP loans will be forgiven, which may not ultimately be the case. It also does not account for major capital needs, costs related to vaccine deployment or increased capacity to meet pent up patient demand.

The data analysis contained in this report is based on information for Federally Qualified Health Centers (both Section 330 grantees and Look-Alikes) from the following sources:

1. Audited financial statements of 1,307 FQHCs for FY2019, collected by Capital Link;
2. 2019 Uniform Data System (UDS) reports for 1,457 FQHCs submitted to the Health Resources and Services Administration (HRSA);
3. HRSA's Data Warehouse for the number of National FQHC sites and the amount of COVID-19 grants issued to FQHCs as of December 31, 2020. HRSA grants for COVID preparedness, response, and testing (\$2.0B) were awarded as follows:
 - H8C = <https://bphc.hrsa.gov/program-opportunities/coronavirus-disease-2019> (March 24, 2020)
 - H8D = <https://bphc.hrsa.gov/program-opportunities/cares-supplemental-funding> (April 8, 2020)
 - H8E (Section 330) = <https://bphc.hrsa.gov/program-opportunities/expanding-capacity-coronavirus-testing-supplemental-funding> (May 7, 2020)
 - H8E (Look Alike) = <https://bphc.hrsa.gov/program-opportunities/expanding-capacity-coronavirus-testing-health-care-look-alikes> (July 9, 2020)
4. HRSA's Health Center COVID-19 Survey, including weekly responses from health centers from April 3, 2020 through January 1, 2021.
5. U.S. Department of Health & Human Services (HHS) Data Warehouse for the amount of Provider Relief Fund (PRF) General Distribution issued to each National FQHC health center:
 - General Distribution estimated at 2% of 2018 Net Patient Service Revenue; initially awarded on or around April 10, 2020, and on a rolling basis thereafter.
6. HHS Data Warehouse for the amount of each PRF Rural Distribution issued to each rural National FQHC health center on or around May 20, 2020:
 - Rural Distribution based on FQHC site addresses as of November 30, 2020, mapped by RUCA codes 4, 5, 6, 7, 8, 9, and 10; with a fixed amount of \$103,253 per rural site;
7. FCC Telehealth Grants as published by the Federal Communication Commission on July 8, 2020.
8. Small Business Administration (SBA) Paycheck Protection Program (PPP) loan amounts estimated for each eligible FQHC. Loan amounts were estimated as follows:
 - Based on surveys of health centers in several states conducted by Capital Link and National Association of Community Health Centers between April 13, 2020 and June 9, 2020, and
 - For non-survey respondents, the SBA PPP loan amount was calculated for eligible health centers (those with 2019 UDS FTEs less than 450), from FY2019 Audited Financials: Salaries & Related Expenses, divided by 12 and multiplied by 2.5;
 - If a health center's FY19 audit was not available, the loan amount was calculated as follows: Total Revenues (from 2019 UDS) multiplied by the National FY19 median for Personnel-Related Expense as Percentage of Operating Revenue, as calculated from the FY19 audits. The result was then divided by 12 and multiplied by 2.5;
9. COVID-Related Expenses include costs of purchasing Personal Protective Equipment (PPE); telehealth implementation; and facility modifications related to COVID. They were estimated on a per patient per month basis, based on data collected from health centers in multiple states by NACHC and Capital Link between March and October 2020.
10. Job losses and lost revenue in the community calculated using IMPLAN application version 6 and 2018 multipliers.