

Comments on the Sale of Fidelis Care New York

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VIA EMAIL: Fidelis.Transaction@ag.ny.gov

Thank you for the opportunity to comment on the sale of Fidelis Care New York assets to the Centene Corporation. As New York's Primary Care Association, representing federally qualified health centers (FQHCs) and the communities they serve, the Community Health Care Association of New York State (CHCANYS) supports the transaction and looks forward to working with Centene to ensure ongoing access to coverage for New York's Medicaid population. We are particularly pleased that a substantial portion of the sale proceeds will be used to endow a new foundation to support programs that benefit the health of New York's poor and underserved populations.

CHCANYS serves as the voice of community health centers as leading providers of primary care in New York State and works closely with more than 68 FQHCs statewide. FQHCs, also known as community health clinics, are non-profit, community run centers located in medically underserved areas that provide high-quality, cost effective primary care, including behavioral and oral health services, to anyone seeking it, regardless of their insurance status or ability to pay. Each FQHC is governed by a consumer-majority board of directors who seek to identify and prioritize the services most needed by their communities.

Today, New York's 750 FQHC sites serve 2.2 million, or one in nine, New Yorkers annually. Statewide, nearly 90% of patients served are below 200% of the federal poverty level, 59% receive Medicaid, and 16% are uninsured, although numbers at individual health centers vary. In short, FQHCs are New York's primary care safety net providers-- keeping people well in the community and out of higher cost institutional based settings.

Fidelis Care has been aligned with New York's FQHCs since its origins in Brooklyn and Queens. The original mission of Fidelis Care to serve the uninsured and underserved in Brooklyn targeted the population that community health centers serve and representatives from two Brooklyn-based health centers served on the plan's initial Board of Directors. As Fidelis Care grew, FQHCs were a strategic partner in ensuring access to primary care for Fidelis Care members and additional health center representatives served on the Board of Directors. In 2005, Fidelis Care growth accelerated through its acquisition of CenterCare, a health plan previously operated by a community health center network in New York City. The merger further cemented the

relationship between the health care plan and the FQHC network. Fidelis Care’s ongoing relationships with community health centers across New York State remain a critical component of their provider network and a major support in achieving the health plan’s mission. Community health centers partner closely with Fidelis Care as sites for outreach, health fairs, health screening and linkages to social services.

While CHCANYS is pleased that a portion of the proceeds from the sale of Fidelis Care will endow the Mother Cabrini Foundation and support programs that enhance access to affordable health care and address social determinants of health, we are dismayed that the proposed Board of Directors includes no representatives from community based primary care, such as FQHCs. Based on the strong connection between Fidelis Care and New York FQHCs, and the particular focus of the Foundation on the very population that community health centers are designed to serve, CHCANYS strongly recommends that the Board be expanded to include a representative of New York State FQHCs. Such a board member, with expertise in primary care, underserved populations, and addressing social determinants of health within a healthcare setting, would be a vital asset for the Mother Cabrini Foundation as it seeks to make meaningful and lasting impacts on access to quality healthcare for New York’s most vulnerable.

Furthermore, CHCANYS also recommends that a Community Advisory Board, comprised of representatives from community based organizations, healthcare consumers, and non-institutional community based healthcare organizations, be created to advise the Board and Foundation on programmatic and operational issues to ensure that the Foundation is responsive to and serving community needs. The Community Advisory Board should adequately reflect the diversity of New York and the communities that the Foundation seeks to serve and should be a formal body through which the Foundation and Staff engages with the community, although it should not be the sole method of community engagement.

CHCANYS thanks you for the opportunity to comment on this important transaction.