

Migrant, Community, and Rural Health Centers (M/CHCs and RHCs)

OVERVIEW

What is it?

Health Centers offer comprehensive primary and preventive care services to individuals of all ages. Migrant and/or Community Health Centers (M/CHC) operate in urban and rural health professional shortage areas and Rural Health Clinics (RHC) operate in rural communities. Most health centers accept private health insurance, Medicaid and Medicare and offer a sliding scale fee to low-income, self-pay individuals. In addition to offering a sliding scale fee, M/CHCs must also operate during non-traditional hours at least once a week.

Who is it for?

All individuals seeking primary medical care, regardless of location or status of residency.

Where are applications taken?

Not applicable.

INTRODUCTION

Nationally, M/CHCs provide preventive and comprehensive primary care services to more than eight million medically underserved people on an annual basis. There are more than 600 grantees nationwide, many of which operate in multiple locations. Of this, 100 are community-based migrant health centers serving over 500,000 migrant and seasonal farm workers and their families.

North Carolina has 19 Migrant and Community Health Centers operating 49 sites across the state. M/CHCs provide primary health care services to approximately 192,500 patients every year. In addition, North Carolina has 24 state-funded Rural Health Clinics (RHC). The number of patients served by RHCs is not available.

Migrant and Community Health Centers are located in health professional shortage areas. A health professional shortage area typically has less than one primary care physician for every 3,500 residents. M/CHCs are governed by a Board of Directors that include a majority of consumer members. This structure is intended to keep the centers closely connected to the needs of their clients. M/CHCs receive much of their operating funds through grants from the US Bureau of Primary Health Care. In addition, they accept Medicare, Medicaid and apply a sliding-fee discount based on family size and income. Migrant health centers reach out to agricultural workers through extended hours, bilingual staff and translators, mobile units, outreach workers and other methods.

Rural Health Clinics are primary care offices located in rural areas. RHCs are required by law to accept Medicaid and Medicare patients. Many also apply a sliding scale fee schedule to low-income self-pay patients. Many of the rural health centers are self-supporting, receiving income from patients, public and private insurance, and state and private grants. Some receive operating grants from the state through the North Carolina Office of Research, Demonstrations, and Rural Health Development.

**BENEFITS/
SERVICES**

Health care services offered at community, migrant, and rural health centers are comprehensive. Services include primary and preventive health care. Additional services, such as dental care, laboratory work, family planning, translation or transportation, varies from center to center. In addition, each center sets its own sliding scale fee schedule and copayments. While appointments are not always necessary at these health centers, it is recommended that you call first to check the center's hours of operation, to find out whether appointments are needed and to obtain special information that you might need.

APPLICATIONS

Applications are not necessary in order to receive care at health centers.

**ELIGIBILITY
REQUIREMENTS**

There are no specific eligibility requirements in order to receive services at these health centers. Most centers charge a sliding scale based on the family's income.

**NUMBERS
SERVED**

Migrant and Community Health Centers provided care to approximately 192,500 individuals in 1998. The number of individuals served by Rural Health Centers is not available.

**PRIORITIZATION
SYSTEM**

There is no prioritization system for these centers. Patients that have emergency or urgent medical conditions may be able to see a provider more quickly, but in general patients are seen based on providers' availability.

APPEAL RIGHTS

There are no formal appeal rights. Individuals with grievances can seek to discuss these concerns with administrative staff or Board of Directors.

FINANCING

While health centers are private organizations, M/CHC receive much of their funding through direct federal grants, other private grants, patient revenue and public and private insurance. Rural Health Clinics obtain much of their operating funds through patient and insurance revenue and may receive some state and private grants.

ADMINISTRATION

The US Department of Health and Human Services, Bureau of Primary Health Care provides grants directly to the M/CHCs. Rural health clinics that receive state funding have their grants administered by the North Carolina Office of Research, Demonstrations, and Rural Health Development.

