

Demystifying Healthcare Systems in our Region

Frequently Asked Questions

WHO WE ARE

Q: What is North Star Health? Are you a corporate or out-of-state entity?

North Star Health is a nonprofit, community-based Federally Qualified Health Center (FQHC) serving Southeastern Vermont and Southwestern New Hampshire region.

We rebranded from Springfield Medical Care Systems in 2021 to reflect our broader regional presence. We're not corporate or out-of-state—our providers and staff live in the communities we serve and care deeply about our neighbors. Many of us were born and raised here, and we are deeply committed to the health and well-being of our neighbors.

Q: Where is North Star Health located?

We have primary care and integrated behavioral health locations in Springfield, Londonderry, and Ludlow, VT, Charlestown, NH, a vision site in Springfield, and a dental site in Chester, VT. We also run four school-based health centers in Springfield, VT.

Q: What is the relationship between Springfield Hospital and North Star Health?

We were once part of the same system. In 2021, we became separate, independent organizations. While no longer affiliated, we continue to collaborate to support community health.

Q: How do we recruit and retain staff?

We recruit through major job platforms and staffing agencies for certain positions. We are currently building a recruitment campaign with strategic ad placements to attract more talent.

We aim to retain staff through a supportive culture and offer competitive benefits. Our Culture Workgroup collaborates with employees to identify opportunities for engagement and to foster a supportive workplace culture.

WHAT WE DO:

Q: Do you have to live in certain communities to use North Star Services?

While we must prioritize patients who live within our designated service area, we also welcome patients from outside this area on a case-by-case basis. If you're unsure whether you're eligible, please contact our Health Empanelment Coordinator at **(802) 692-7270** for more information.

Q: Has NorthStar Health considered reaching out to local First Response EMS or ambulance services to develop or expand a Mobile Integrated Health (MIH) program?

North Star Health currently operates a Mobile Health Unit and is working on identifying ways to expand the program. The cost of operating the unit often far exceeds the revenue and patient impact that it generates, which makes long-term sustainability difficult. We recognize the potential of Mobile Integrated Health (MIH) to improve access and are open to exploring partnerships and collaborating to better serve our patients.

Q: Is it true that North Star Health is opening pharmacies?

North Star Health is in the process of opening three pharmacies in Springfield, VT, Londonderry, VT and Charlestown, NH to improve access to affordable medications and fill a need in our communities where pharmacies continue to close.

INDUSTRY TRENDS:

Q: Do patients avoid care because they are afraid of large bills? What does North Star do to help?

Yes—many delay or skip care due to fear of large bills. North Star offers a sliding fee scale based on income and provides free care to help, but this program is underutilized. We partner with Valley Health Connections to help guide patients through the process of applying for financial assistance.

Q: How many “no shows” occur?

On average, about 13% of patients do not show up for their scheduled appointments. When this happens, we are unable to collect reimbursement from commercial or government payers and creates an operational deficit.

Q: Does Dartmouth Health do better than other organizations?

The reality is that no healthcare organization is immune to challenges right now, including Dartmouth Health. The entire healthcare sector is under pressure, and both large and small organizations are working hard to adapt and continue serving their communities. As a much larger system, Dartmouth has more resources and a significantly larger budget: hundreds of millions of dollars compared to North Star Health's budget of under \$30 million. That scale can offer certain advantages, but it also comes with its own complexities.

Q: Is North Star Health regulated by the Green Mountain Care Board?

Not directly. The Green Mountain Care Board (GMCB) was established to help control healthcare costs and ensure the sustainability of Vermont's healthcare system. It oversees hospital budgets, insurance rates, and other major healthcare expenditures. North Star Health is **not currently subject to oversight by the GMCB.**

Q: What happens to North Star and patient care if Medicaid is cut?

Medicaid is essential to the care we provide—especially for low-income and underserved patients. Cuts could mean lower reimbursement rates, reduced eligibility, or fewer covered services. That would strain resources, widen budget gaps, and force tough decisions about staffing, access, and the scope of services.

For FQHCs like North Star, the ripple effects could be widespread: more patients without coverage, hospitals consolidating or closing, and a greater burden on safety-net providers. We're monitoring developments closely and advocating to protect Medicaid because it's key to ensuring access, equity, and high-quality care for all.

HOW WE GET PAID:

Q: How are payer rates negotiated, and how does the billing process work?

Payer rates—what insurance companies reimburse us for services—are typically negotiated through contracts between North Star Health and each insurance provider. These contracts define how much we are paid for different types of visits and procedures.

Once a patient is seen, the provider must complete and document the visit in the electronic health record. After that, we submit a claim to the patient's insurance company.

Timely filing is critical: claims must be submitted within 30, 60, or 90 days, depending on the insurer's rules. If we miss that window, we may forfeit the right to be reimbursed.

Even when submitted on time, claims can be denied or delayed for a variety of reasons—such as missing information, coding errors, a clinical disagreement between the provider and the insurance company, or technical issues. These claims are often returned for correction or completely denied, which adds an administrative burden and delays payment. The process can feel adversarial at times, as insurers may scrutinize claims closely to maximize their profits.

Q: What does your payer mix look like?

About 1/3 of our payments come from Medicare/Medicaid and the rest come from Commercial or Private Payers.

Q: Who sets the amounts for reimbursement?

Reimbursement rates are determined individually by payers:

Medicare and Medicaid: These rates are set by the federal and state governments through established fee schedules. The last significant update that HRSA (Health Resources and Services Administration), who regulates FQHCs, made to reimbursement rates occurred in 2013.

Commercial Insurance Payers: These rates are negotiated between providers and insurers. However, many commercial payers have not updated their fee schedules in recent years.

Q: Who makes decisions on what is covered by insurance?

Coverage decisions are typically made by insurance companies using a combination of:

- Proprietary algorithms that assess medical necessity, cost-effectiveness, and policy guidelines.
- Consulting physicians who review clinical information and help determine whether a service or treatment meets the insurer's criteria for coverage.

These decisions can vary between insurers and may be influenced by current clinical guidelines, regulatory requirements, and internal policies.

Q: What additional revenue streams that North Star receives?

Beyond our reimbursement for services, we also receive revenue from Accountable Care Organizations (ACOs), governmental grants, foundation grants, individual donors, and the federal 340b program.

Q: What is an Accountable Care Organization (ACO)?

ACOs track healthcare costs and quality scores over time. If an organization reduces healthcare spending compared to a benchmark—without compromising quality—it can receive a portion of those savings, known as “shared savings.” North Star receives some revenue for participating with ACOs. The idea behind ACOs and other value-based care programs is strong: improve quality while lowering costs. In practice, though, the benefits can be mixed. Achieving savings isn't easy. It requires significant care coordination, data systems, and patient outreach. Actual savings depend on how much costs are trimmed and how well the we perform on quality metrics.

Q: Are we anticipating any cuts to federal or state grants/support?

There's real uncertainty. The state is phasing out the OneCare ACO and shifting to the new AHEAD model, with a “gap year” in 2026 that could impact funding. Federally, Section 330 funding is now being approved in shorter cycles, making long-term planning harder. We're also concerned about possible cuts to Medicaid, reimbursement rates, and enabling services. We're preparing for changes and actively advocating to protect our patients and communities.

COMMUNITY HEALTH:

Q: What other resources do your Health Centers offer?

We have a dedicated Community Health Team that works one-on-one with patients and works closely with other community service providers. Their goal is to help people access the resources they need—whether that’s food, housing, transportation, or other social supports that impact health. One example of this is a partnership with Springfield Family Center who has a small on-site food pantry at our Springfield Health Center to provide immediate assistance to patients facing food insecurity, while we help connect them to longer-term support through local organizations.

Q: How do people find transportation resources?

We have transportation resources listed on our website. Transportation and other resources can be found on findhelp.org. If people need additional assistance they can reach out to our Community Health Team: (802) 886-8998.

WHAT CAN BE DONE:

Q: Is there a Vermont consortium of FQHC?

The CEOs of the region’s Federally Qualified Health Centers (FQHCs) meet weekly through a consortium facilitated by Bi-State Primary Care Association. This group provides a space for collaboration, shared strategy, and advocacy on issues impacting community health centers across Vermont and New Hampshire.

Q: What can we do as community members to support North Star and community health care?

There’s a lot you can do—and your voice matters.

- Talk about North Star. Share your experiences with friends, neighbors, and family. When people understand the role North Star plays in keeping our community healthy, they’re more likely to support it.
- Leave a positive review. Whether it’s on Google, social media, or through word of mouth, good reviews help others feel confident choosing North Star for their care.
- If you are a patient, show up to your appointments. We understand that sometimes things come up. No-shows reduce our capacity, disrupt care for others, and strain limited resources.
- Reach out to your legislators. Let them know how important it is to protect and expand access to community health centers and Medicaid. Personal stories go a long way in shaping policy decisions.
- Donate! If you have the means, your gift can truly change lives. In 2023, we lost an average of \$27 for every patient visit due to inadequate reimbursement. That shortfall adds up—but so does your support.
- Every bit of support helps us keep care accessible, local, and rooted in the community.

Q: What systemic change do we want to see in health care?

We want to reimagine the system, so it truly supports health—not just treatment. That means shifting the focus from sick care to WellCare—care that keeps people healthy, not just reactive to illness.

Some of the systemic changes we'd like to see include:

- A better business model for health care—one that rewards outcomes, prevention, and community partnerships, not just volume.
- Stronger local food systems, with support for partnerships between health care and local farms to bring fresh, less-processed food to patients.
- A universal electronic health record (EHR) system, similar to what the VA uses, to improve care coordination and reduce fragmentation among providers in different networks.
- Greater investment in federal loan repayment programs to help recruit and retain primary care providers, especially in rural areas.
- Support for innovations like LORE Health that align incentives across payers, providers, and patients to promote long-term health.
- Ultimately, we're pushing for a system that prioritizes people over profit—and puts the humanity back in healthcare.