

LOOK-ALIKE HEALTH CENTERS



WHAT IS A LOOK-ALIKE HEALTH CENTER?

OVERVIEW

Health Center Program Look-Alikes, as defined by Section 1905(I)(2)(B) of the Social Security Act, are community-based healthcare providers that adhere to the rigorous requirements of the Health Resources and Services Administration (HRSA) Health Center Program but do not receive federal funding under Section 330 of the Public Health Service Act (referred to as 330-Funding).

Look-Alike Health Centers play a critical role in delivering comprehensive primary and preventive care services to populations with limited access to health care.

330-Funded vs. Look-Alike Health Centers

Both 330-Funded Health Centers and Look-Alike Health Centers are eligible for enhanced reimbursement rates from Medicare and Medicaid, also known as the Prospective Payment System (PPS) rate.

Look-Alikes also have access to the 340B Drug Pricing Program, which allows them to purchase prescription medications at reduced prices, thereby making healthcare more affordable for their patients. Unlike 330-funded Health Centers, Look-Alikes do not receive 330-Funding, Federal Tort Claims Act (FTCA) Coverage, and loan guarantees (See Table 1).

KEY FACTS



In 2025, there were 173 Look-Alikes in 36 states. (See Figure 1).



In 2024, there are 12,918 total full-time employees¹ which is a 60% increase



In 2024, there are 1,496,464 total patients served¹ which is a 18% increase from 2023.²



In 2024, the total number of clinical visits was 5,274,923¹ which is a 21% increase from 2023.²



Patient Sub-Populations:¹

- ◆ Veterans - 19,715
- ◆ School Based Health Center Patients - 23,549
- ◆ Homeless health center patients - 30,776
- ◆ Patients at a Health Center Near Public Housing - 129,334

¹ 2024 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

² 2023 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

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POLICY CONSIDERATIONS AND OPTIONS

- **Pathways into the Health Center Program:** There are three ways to become a HRSA-supported Health Center: 1) New Access Point Funding; 2) Look-Alike Designation; or 3) Service Area Competition.
- **Becoming a Look-Alike:** To be designated as a Look-Alike, organizations must submit an application to HRSA and go through an Operational Site Visit (OSV) to ensure full compliance with all 18 HRSA Program Requirements with more than 90 elements.
- **Applying for New Access Point (NAPs):**
 - LALs as Part of the 330-Pipeline: Look-Alike Health Centers are strong candidates for NAP funding when HRSA releases its Notice of Funding Opportunity (NOFO) for NAPs, as they are fully compliant with HRSA program requirements. There is no set schedule for NAP NOFOs, as funding is dependent on appropriation of federal funds.
 - Addressing Unmet Need: HRSA utilizes the Service Area Needs Assessment Methodology (SANAM) – which is based on multiple data sources – to calculate an Unmet Needs Scores (UNS) for each application. Historically, an area served by a Look-Alike may have a lower UNS because of the presence of the Look-Alike. Each NOFO specifies how HRSA plans to utilize the UNS for the NAP application.
 - Priority Points: In past NAP funding opportunities, Look-Alikes have been eligible for additional priority points, although the total amount and eligibility criteria may change depending on the NOFO.
- **Growth in the Absence of NAPs:** The total number of patients served by Look-Alike rose 151% between 2019-2024 (from 595,030 to 1,496,464 patients).ⁱ For awardees, the total number of patients served rose by 14% between 2019-2024 (from 29,836,613 to 33,884,238).ⁱ
- **Financial Sustainability:** Look-Alikes do not receive 330-funding, nor do they typically receive HRSA supplemental funding awards (COVID supplemental funds were an exception). As a result, Look-Alikes rely more heavily on patient service revenues to fund operations. Look-Alikes are also adept on ensuring their patients have insurance coverage – about 9.7%ⁱⁱⁱ of Look-Alikes patients are uninsured compared to 18.09% for funded health centers.^{iv}
- **Conclusion:** The Look-Alike Program has grown significantly in the absence of New Access Point (NAP) funding opportunities. When NAPs become available, Look-Alikes are strong candidates to receive funding awards because of their strong track record of compliance and high performance.

ⁱ 2024 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.

ⁱⁱ National Awardee UDS Data Five-Year Summary: <https://data.hrsa.gov/tools/data-reporting/program-data/national>

ⁱⁱⁱ HRSA's National Look-Alikes Data, Table 4: Selected Patient Characteristics, Line 7: <https://data.hrsa.gov/topics/healthcenters/uds/overview/national-lookalikes/table?tableName=4&year=2023>

^{iv} HRSA's National Health Center Program Uniform Data System (UDS) Awardee Data, Table 4: Selected Patient Characteristics, Line 7: <https://data.hrsa.gov/topics/healthcenters/uds/overview/national-lookalikes/table?tableName=4&year=2023>

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Figure 1: Visual representation of the 165 Look-Alike Health Centers in 36 states.

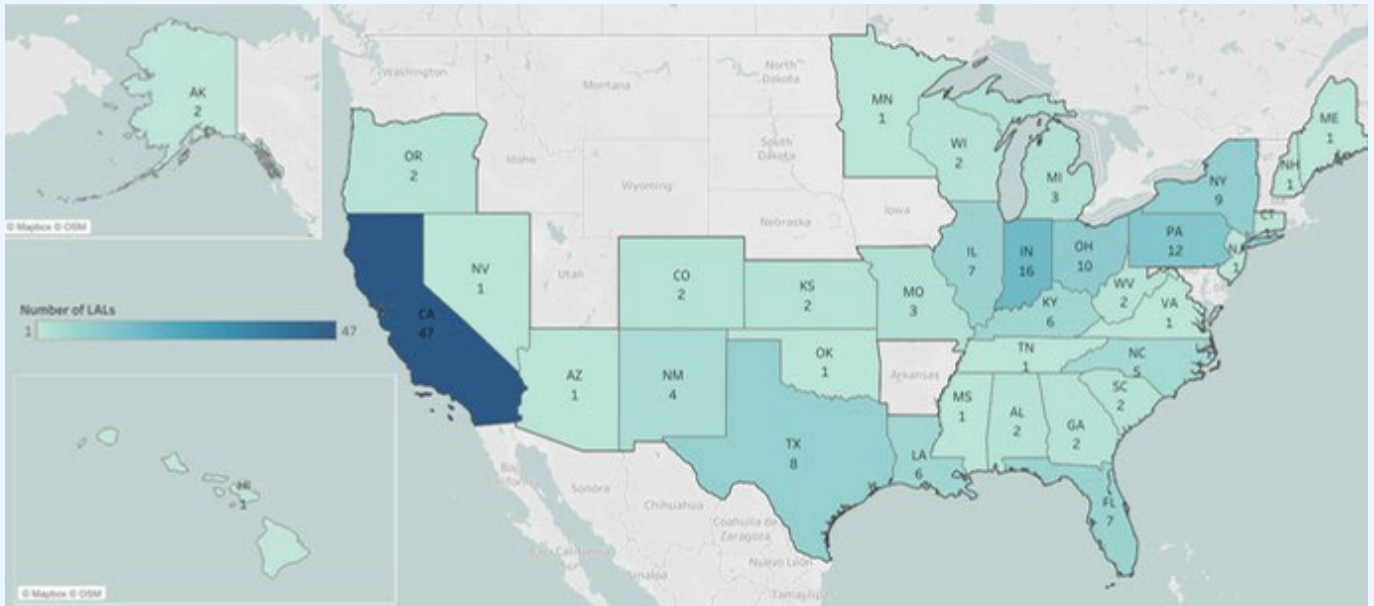


Table 1: Benefits of Health Center Program

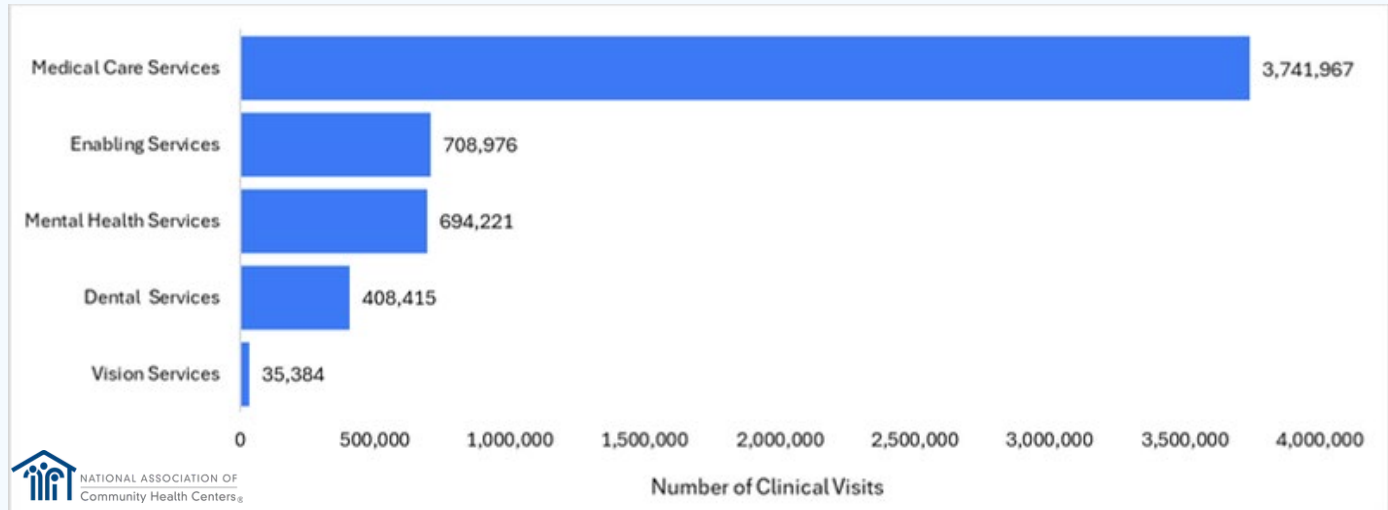
Benefits	330-Funded	Look-Alike
FQHC Prospective Payment Systems reimbursement for services provided to Medicaid and Medicare patients	✓	✓
340 Drug Pricing	✓	✓
National Health Services Corps providers	✓	✓
HRSA-supported training and technical assistance	✓	✓
HRSA Health Center Program Funding	✓	
Federal loan guarantees for capital improvements	✓	
Federal Tort Claims Act (FTCA) medical malpractice insurance	✓	

This chart displays benefits between the Funded and Look-Alike health centers. Despite not receiving all the benefits available to funded health centers, Look -Alikes provide the same access to comprehensive services. Figure 1 and Table 1 are pulled from HRSA.

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Figure 2: Clinical Visits in Look-Alike Health Centers



> In 2024, there was a total of 5.58 million clinical visits at Look-Alike Health Centers. Two out of three clinic visits were for medical services, whereas around 12.7% was for mental health services and 13% for enabling services. <

Figure 3: Look-Alike Patient Payer Mix

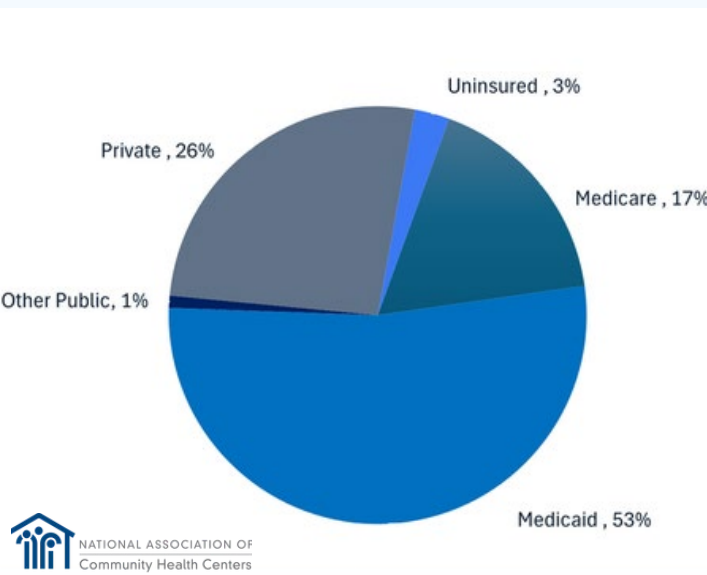
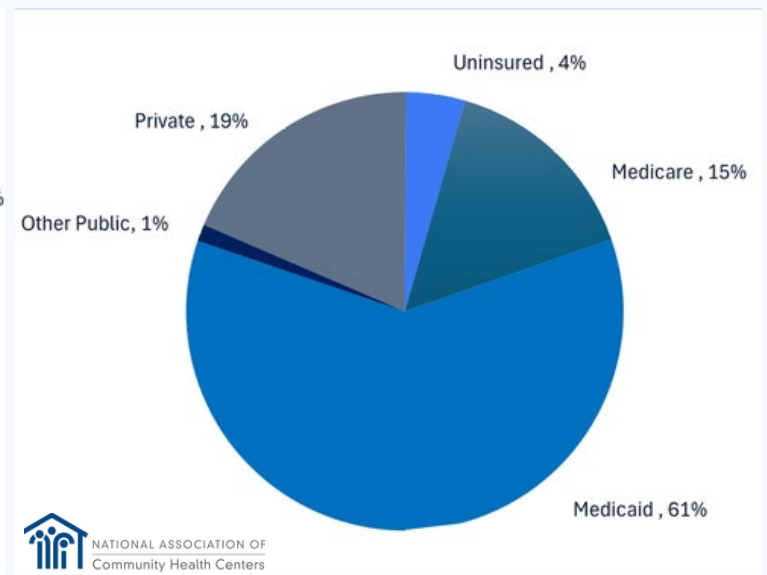


Figure 4: 330-Funded Patient Payer Mix



> In 2024, compared with 330-funded health centers, Look-Alikes have a lower percentage of uninsured patients (3% vs. 4%). In contrast, Look-Alikes have a higher percentage of privately insured patients (26% vs. 19%), Medicare patients (17% vs. 15%). <