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Health Care Safety Net Update FY2018

Tennessee. Department of Health.

Tennessee Department of Health

Health Care Safety Net Update

FY2018

Presented to the General Assembly

State of Tennessee

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Executive Summary

The Tennessee General Assembly established the Health Care Safety Net program in 2006 to provide assistance to individuals lacking insurance who are in need of medical, dental and mental health care services, including services to support continuity of care through referrals and access to medication. To ensure accountability for the effective use of funds allocated for this purpose, the Tennessee Department of Health provides an annual report with information about access to care and the adequacy of the health care safety net, and also works to align with Tennessee's State Health Plan.

A survey conducted in 2018 by the University of Tennessee UT Knoxville, Boyd Center for Business Economic Research, estimated that 6.7 percent of Tennessee's 6,715,984 population were uninsured in 2018. The percent of adults 18 years and older increased from 7.5% in 2017 to 8.0 percent in 2018. Additionally, 2.3 percent of Tennessee's children under the age of 18 years old were uninsured in 2018, a significant increase from 1.5 percent of children who were uninsured in 2017. This survey found increases to be consistent with broader nationwide trends, with uninsured individuals citing affordability as the primary reason for failure to obtain insurance. Tennessee's Division of TennCare offers several benefits options for Tennesseans who are not income-eligible for Tennessee's Medicaid program, including CoverKids for children and CoverRx for those without pharmacy benefits. Additionally, the national Centers for Medicare and Medicaid Services (CMS) reports that 228,646 people enrolled for health insurance through Tennessee's federally-facilitated health insurance marketplace in 2018.

Many of Tennessee's communities are designated as "shortage areas" for primary care clinicians, including general and family practice, internal medicine, obstetric and pediatric service providers, dentists, psychiatrists and mental health counselors. A census of primary care providers conducted by Tennessee's State Office of Rural Health and Health Access found that the 35.9 percent of the full-time equivalent (FTE) providers who serve TennCare patients in 2016 were practicing in Tennessee's four metropolitan counties, while 64.1 percent were practicing in Tennessee's rural counties.

Tennessee Department of Health's State Office of Rural Health and Health Access administered $9.4M in state-allocated safety net funding to support medical, dental and care coordination encounters for uninsured adults in FY18, a decrease of 8.8% in funding from $11.6 Million in FY17. In FY18, safety net funding supported:

- 488,687 medical encounters for 184,946 uninsured Tennessee patients, including:
    - 110,657 provided in 45 clinics operated by Community and Faith-Based Organizations (CFB)
    - 213,452 provided in 27 Community Health Centers designated as Federally Qualified Health Centers (FQHC)
    - 35,808 provided in 16 Local Health Departments designated as FQHCs
    - 128,770 care coordination sessions provided by 4 Project Access entities
- 28,026 dental extractions and 6,627 dental cleaning and counseling sessions provided by 20 dental service providers to 14,352 unduplicated patients.

Additionally, clinics operated by 40 Local Health Department Primary Care clinics not designated as Federally Qualified Health Clinics, funded separately through the TN Department of Health's Division of Community Health Services, provided 83,281 medical encounters to uninsured adults aged 19 to 64 years of age.

In FY18, the Tennessee Department of Mental Health and Substance Abuse Services administered $23.1 Million in state-allocated funding through the Behavioral Health Safety Net to support services at 15 community mental health agencies, which provided mental and behavioral health services to 32,667 uninsured Tennesseans.

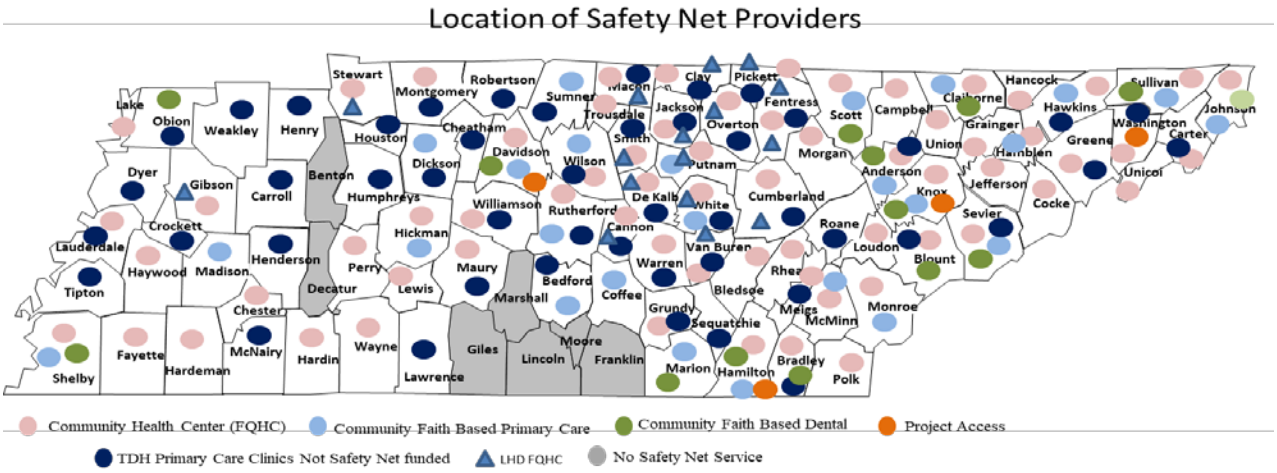
I. Introduction

In 2005, the Tennessee General Assembly approved Tenn. Code Ann. § 71-5-148, authorizing funding for the Health Care Safety Net to provide assistance to individuals lacking insurance, but in need of medical, and/or emergency dental care, including services to support continuity of care through referrals and access to medication. Tenn. Code Ann. § 68-1-123, adopted in 2006, requires the Commissioner of Health, in consultation with the Department of Finance and Administration and other State agencies such as the Tennessee Department of Mental Health and Substance Abuse Services, to provide a report to the General Assembly on data relating to access to care through safety net service providers, including the adequacy of access and the array of services to which access is available. The Health Care Safety Net program helps to advance the Tennessee Governor's priority goal of Health and Welfare, as well as the Tennessee State Health Plan objective to achieve optimal health for all. This report provides information on the Health Care Safety Net and Behavioral Health Safety Net services provided during the State Fiscal Year 2018, from July 1, 2017 through June 30, 2018.

The Tennessee Department of Health (TDH), the Tennessee Department of Finance and Administration's Division of TennCare, and the Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS) each have responsibility for administering funds allocated by the Tennessee General Assembly to support safety net programs and services. Each of these state entities contracts with qualified service providers to deliver primary care, behavioral health, case management and emergency dental services to uninsured adults between the ages 19 and 64 who reside in Tennessee. Individual health insurance benefit plans which became available in 2014 through the federally-managed health insurance exchange marketplace replaced earlier safety net AccessTN and CoverTN health insurance plans, which were discontinued in 2017.

Individuals covered by health insurance may still face barriers to access health services, due to the location of the service provider. Federally-designated Health Professional Shortage Areas (HPSAs) and state-designated Health Resource Shortage Areas (HRSAs) identify communities underserved by primary care providers; 92 of 95 counties in Tennessee have some type of shortage designation for primary care, dental and/or mental health services. Located in underserved communities to address barriers to care, Federally Qualified Health Centers (FQHCs), Community and Faith-Based Organizations (CFBs), and local and regional health departments (LHDs) provide one or more primary care services. Care coordination services provided by non-profit Project Access entities are available only in four metropolitan areas.

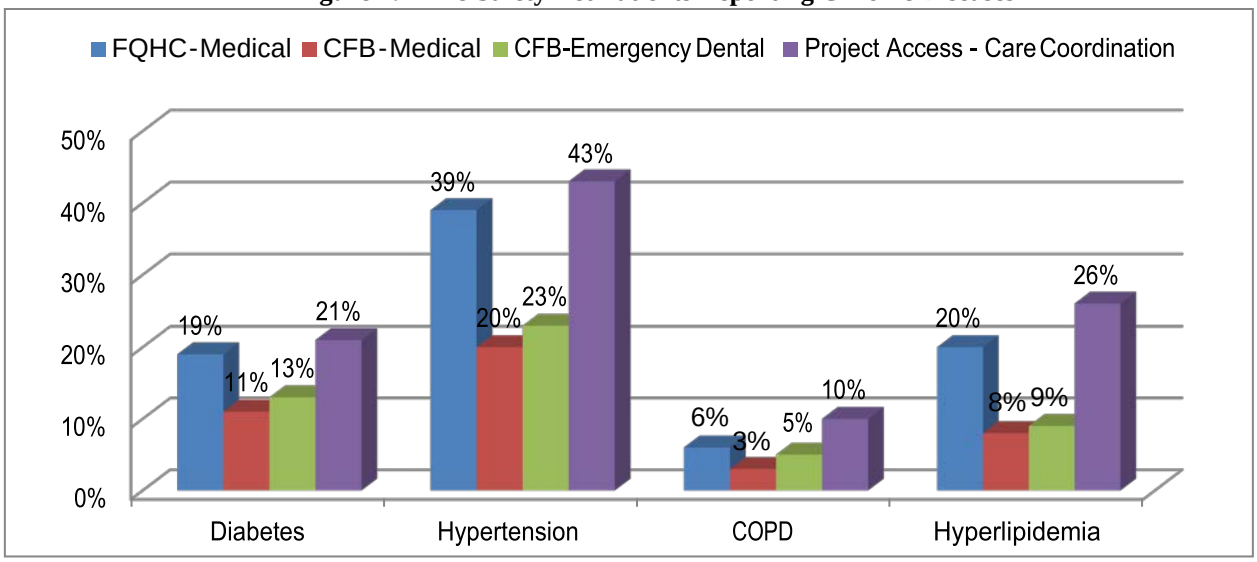
Figure 1: Locations of Safety Net Service Providers



Safety Net Population Characteristics and Demographics

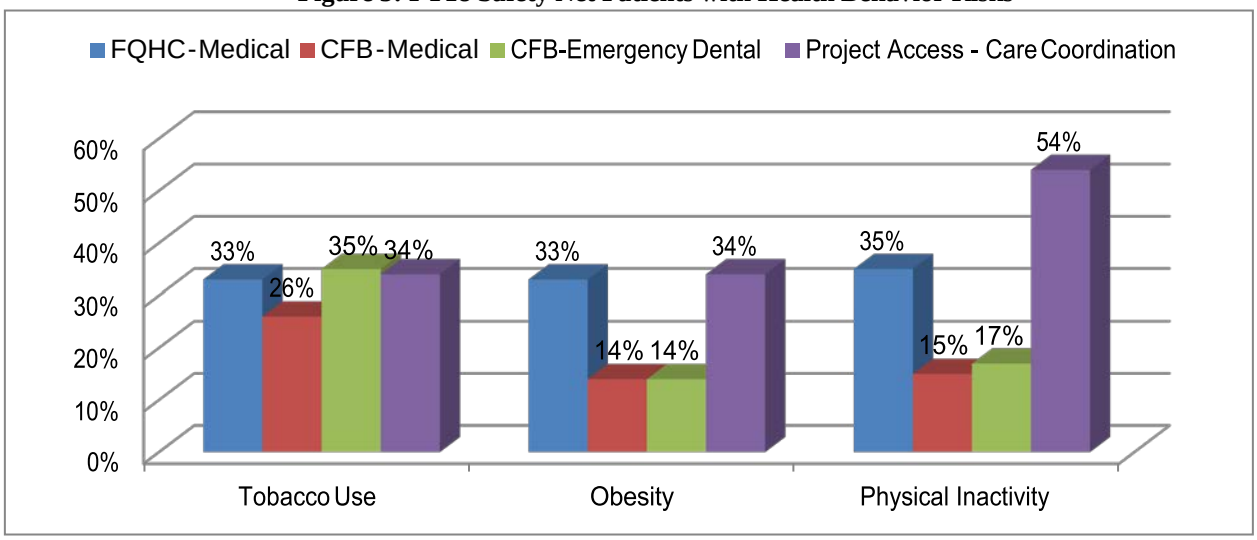
Tennessee's Safety Net patient population is comprised of medically underserved, primarily uninsured low-income adults. Barriers to health access prevalent in this population include low health literacy, lack of transportation, limited English proficiency, and other challenges arising from racial, ethnic, religious, and cultural norms or specific health conditions such as HIV/AIDS or addiction. Altogether, safety net providers report that 31% suffer from hypertension, 16% from diabetes, 16% from hyperlipidemia, and 4% from chronic obstructive pulmonary disease. These patients benefit from access to care coordination support to access medications, diagnostic services, and specialty care services which they need.

Figure 2: FY18 Safety Net Patients Reporting Chronic Diseases



Health Care Safety Net provides support to reduce unhealthy behaviors for the 34% who use nicotine products, the 30% of patients who are physically inactive, and the 24% who are overweight or obese. Policies that minimize tobacco and nicotine use, and promote physical activity are particularly important for the safety net population.

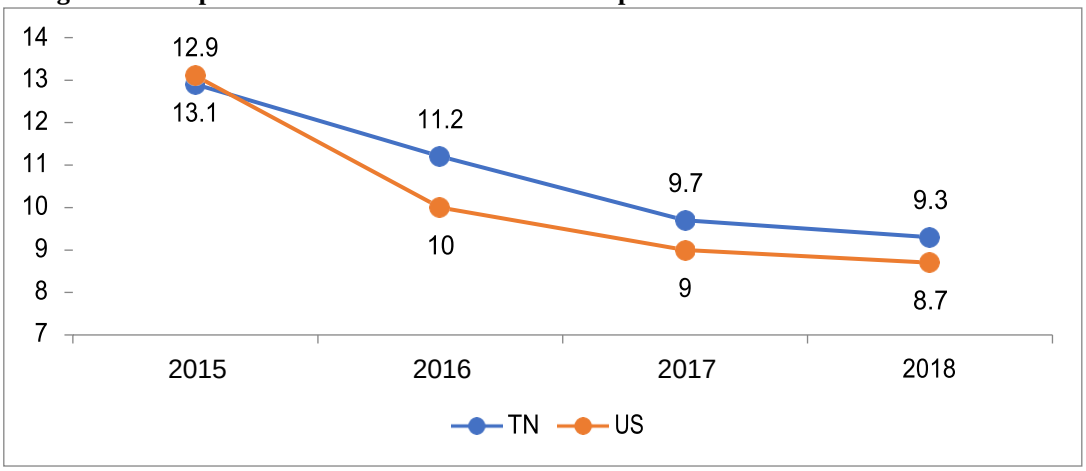
Figure 3: FY18 Safety Net Patients with Health Behavior Risks



II. Tennessee's Uninsured Population

The 2018 America's Health Rankings Annual Report, published by the United Health Foundation to compare data from state-reported Behavioral Risk Factor Surveillance Systems (BRFSS), reports that 9.3% of Tennessee's total population is uninsured in 2018, placing Tennessee 42nd among the 50 states. The percentage of uninsured has declined steadily from 13.1% in 2015, and has improved continuously to 9.3% in 2018.

Figure 4: Comparison of Tennessee's Uninsured Population to National Rates in FY18



According to the annual household telephone survey conducted since 1993 by the University of Tennessee's Boyd Center for Business and Economic Research, 6.7% of Tennessee's 6,715,984 residents report being uninsured in 2018. The statewide rate of uninsured adults 19 years and older in Tennessee increased from 7.5% in 2017 to 8.0% in 2018, representing an estimated 537,279 individuals. 82% of survey respondents noted consistently across all income classes "affordability" as a major reason for failure to obtain insurance.

According to the November 2018 TennCare report, 533,325 adults 19 to 64 years old were enrolled for TennCare. TennCare's AccessTN and CoverTN health insurance plans for low-income adults were discontinued in 2014, and all previously-enrolled members were transitioned to marketplace insurance plans by the end of FY 2017. The Centers for Medicare and Medicaid Services reports that 228,646 Tennessee residents enrolled for individual health insurance benefit plans in 2018 through Tennessee's federally managed health insurance marketplace exchange, a decrease from 234,125 enrolled in 2017 and 268,867 in 2016.

TennCare administers CoverRx, a no-fee pharmacy assistance program for Tennesseans whose income is below the federal poverty level and who do not have insurance coverage for prescription drug costs. CoverRx members are eligible to access up to five prescription medications per month for more than 200 generic medications on an approved list, in addition to insulin and diabetic supplies, for low co-payments; other select medications are provided at discounted prices.

TennCare reports that 361,618 children ages 0-18 were enrolled in TennCare as of November 2018. Additionally, 45,397 children were enrolled in CoverKids, the state-funded program administered by TennCare which provides medical, dental and vision care for pregnant women and children who do not have insurance and who do not qualify for TennCare. The University of Tennessee's survey estimated that there are 34,458 uninsured children in Tennessee, a statistically significant increase from 1.5% in 2017 to 2.3% in 2018.

Even for those individuals who have insurance coverage, access to primary health care services may be limited because health service providers do not participate in their health insurance plans. According to the primary care provider census conducted by the Tennessee Department of Health's State Office of Rural Health and Health Access in 2015-2016, the 30 counties with the worst ratios of TennCare beneficiaries to TennCare service providers are designated as TennCare Health Resource Shortage Areas, calculated as full-time equivalent primary care clinicians (physicians, advanced practice nurses and physician assistants providing family and general practice, internal medicine, obstetrics, and pediatric health care) compared to the total population of the county.

Figure 5: TennCare Service Provider Health Resource Shortage Areas in 2016

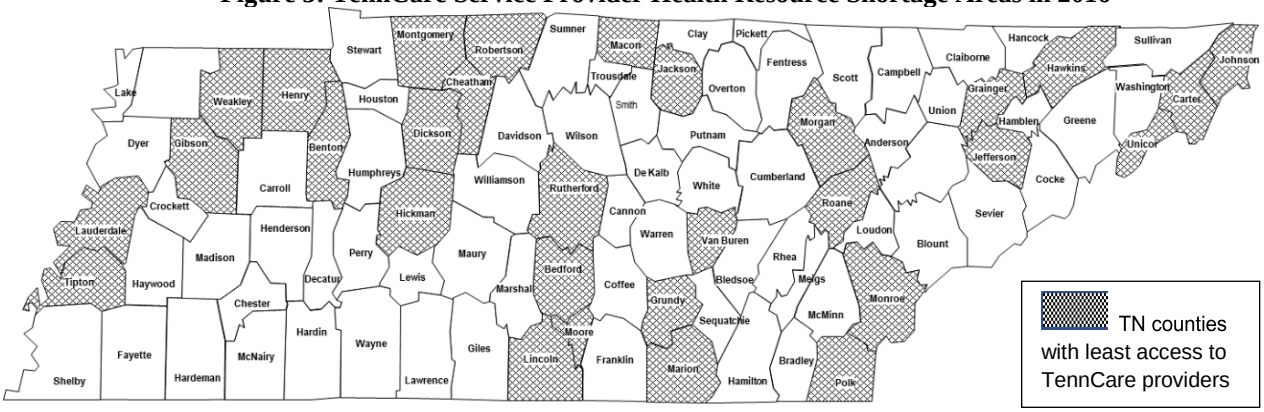


Figure 6: Thirty Counties with Worst Population to TennCare Primary Care Provider Ratios in 2016

County	Ranking	Ratio	County	Ranking	Ratio	County	Ranking	Ratio
Van Buren	1	4,460:1	Dickson	11	1,455:1	Montgomery	21	1,336:1
Grainger	2	2,728:1	Johnson	12	1,424:1	Unicoi	22	1,316:1
Hawkins	3	2,144:1	Lauderdale	13	1,416:1	Rutherford	23	1,279:1
Moore	4	1,988:1	Roane	14	1,407:1	Hickman	24	1,267:1
Lincoln	5	1,930:1	Marion	15	1,399:1	Macon	25	1,264:1
Gibson	6	1,663:1	Monroe	16	1,389:1	Tipton	26	1,256:1
Jefferson	7	1,648:1	Grundy	17	1,388:1	Cheatham	27	1,209:1
Polk	8	1,630:1	Morgan	17	1,388:1	Bedford	28	1,198:1
Jackson	9	1,604:1	Benton	19	1,362:1	Carter	29	1,180:1
Weakley	10	1,513:1	Henry	20	1,338:1	Robertson	30	1,166:1

III. Primary Care Safety Net Services

Access to Primary Care Services

To assess the adequacy of Tennessee's health care safety net, the Tennessee Department of Health's State Office of Rural Health conducts an annual survey of primary care providers, including physicians, physician assistants, and advance practice nurses practicing in the fields of general and family practice, internal medicine, obstetrics and pediatrics. By comparing the number of full-time equivalent practitioners to the total population in the county, the Primary Care Provider Census identifies the counties with the 30 worst provider-to-population ratios as state-designated Primary Care Health Resource Shortage Areas.

Figure 7: Primary Care Health Resource Shortage Areas in 2016

Figure 8: Thirty Counties with Worst Population to Primary Care Provider Ratios in 2016

County	Ranking	Ratio	County	Ranking	Ratio	County	Ranking	Ratio
Marion	1	4,298:1	Jackson	11	2,104:1	Union	21	1,787:1
McNairy	2	3,650:1	Lauderdale	12	2,044:1	Macon	22	1,743:1
Grainger	3	3,009:1	Roane	13	2,037:1	Jefferson	23	1,689:1
Marshall	4	2,892:1	Cheatham	14	2,009:1	Monroe	24	1,682:1
Hawkins	5	2,615:1	Robertson	15	1,935:1	Montgomery	25	1,668:1
Hickman	6	2,391:1	Cannon	16	1,860:1	Meigs	26	1,649:1
Polk	7	2,324:1	Dickson	16	1,860:1	Davidson	27	1,611:1
Johnson	8	2,233:1	Loudon	16	1,860:1	Hardeman	28	1,593:1
Fayette	9	2,192:1	Wilson	19	1,796:1	Sumner	29	1,586:1
Morgan	10	2,145:1	Smith	19	1,796:1	Shelby	30	1,548:1

The worst primary care shortages are in the field of obstetrics. While the average ratio across the state is 4,961 women of childbearing age for each provider of prenatal care and/or labor and delivery services, there are three counties with no obstetric providers: DeKalb, Fentress and Haywood, and the ratio is more than two times worse than the state average in 4 other counties: Fayette, Dickson, Humphreys and Lincoln.

Figure 9: Obstetric Health Resource Shortage Areas in 2016

Figure 10: Thirty Counties with Worst Population to Obstetric Provider Ratios in 2016

County	Ranking	Ratio	County	Ranking	Ratio	County	Ranking	Ratio
DeKalb	1	No providers	Trousdale	9	9,173:1	Marshall	18	6,042:1
Fentress	1	No providers	Wilson	9	9,173:1	Maury	18	6,042:1
Haywood	1	No providers	Anderson	13	8,140:1	Perry	18	6,042:1
Fayette	4	21,910:1	Morgan	13	8,140:1	Benton	24	6,035:1
Dickson	5	12,673:1	Roane	13	8,140:1	Henry	24	6,035:1
Humphreys	5	12,673:1	Scott	16	6,894:1	Houston	26	5,505:1
Lincoln	7	11,524:1	Cocke	17	6,885:1	Montgomery	26	5,505:1
Robertson	8	9,341:1	Giles	18	6,042:1	Stewart	26	5,505:1
Macon	9	9,173:1	Hickman	18	6,042:1	Lawrence	29	5,505:1
Smith	9	9,173:1	Lewis	18	6,042:1	Wayne	29	5,598:1

Pediatric providers provide services to children 18 years and younger. Many counties have severe shortages of both pediatrics and obstetric service providers.

Figure 11: Pediatric Health Resource Shortage Areas in 2016

Figure 12: Thirty Counties with Worst Population of Children to Pediatric Provider Ratios for 2016

County	Ranking	Ratio	County	Ranking	Ratio	County	Ranking	Ratio
Jackson	1	22,100:1	Cheatham	11	2,133:1	Cannon	21	1,820:1
Polk	2	3,441:1	DeKalb	12	2,070:1	Shelby	22	1,815:1
Meigs	3	3,428:1	Grundy	13	2,069:1	Robertson	23	1,783:1
Sequatchie	4	3,200:1	Hickman	14	2,048:1	Marshall	24	1,728:1
Johnson	5	3,123:1	Roane	14	2,048:1	Davidson	25	1,719:1
Grainger	6	3,015:1	Morgan	16	2,035:1	Dickson	26	1,689:1
Lauderdale	7	3,248:1	Weakley	17	2,020:1	Smith	27	1,613:1
Tipton	8	2,224:1	Fentress	18	1,952:1	Wilson	27	1,613:1
Fayette	9	2,202:1	Trousdale	19	1,828:1	Lewis	27	1,613:1
Hawkins	10	2,177:1	Gibson	20	1,821:1	Perry	27	1,613:1

Primary Care Safety Net Service Providers

As shown in Figure 1 on page 2 of this report, safety net service providers operate facilities located in 87 of Tennessee's 95 counties, offering primary medical care and emergency dental services to uninsured Tennesseans ages 19-64:

- 54 primary care clinics operated by Local Health Departments (LHDs), 3of which operate 16 Federally Qualified Health Centers (LHD-FQHCs)
- 27 Community Health Centers (CHCs) designated as Federally Qualified Health Centers (FQHCs) operating 115 sites
- 65 Community and Faith-Based Clinics (CFBs)
- 4 community-based Project Access entities providing medical referrals and care coordination services

Local Health Department (LHD) Primary Care Safety Net Services

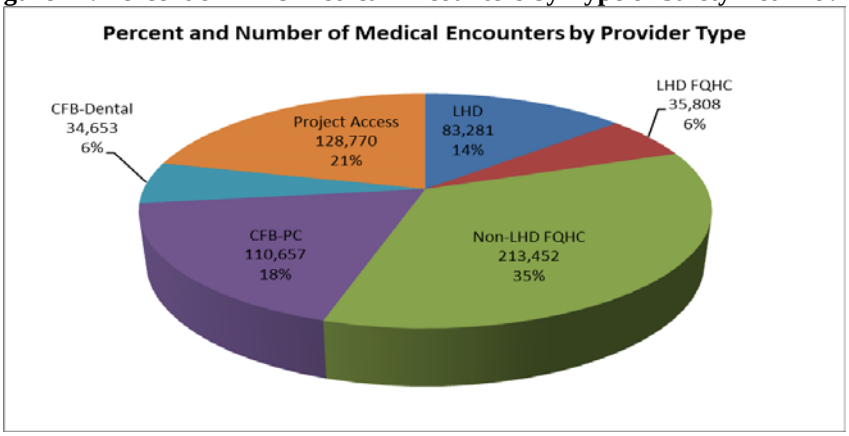
In FY18, 40 Local Health Department clinics (LHDs) not designated as Federally Qualified Health Centers provided 83,281 primary care medical encounters for uninsured Tennesseans, a 10% decrease from 92,632 medical encounters provided in FY17. The Tennessee Department of Health Division of Community Health Services allocated separate funding for these services. LHDs also provided traditional public health services such as immunizations, family planning, screening for breast and cervical cancers, and supplemental nutrition services for pregnant women, infants and children (WIC). Local Health Departments provided prescription medications and made referrals to specialty services and pharmaceutical assistance programs, while partnering with local hospitals to offer limited diagnostic services at discounted prices.

Figure 13: FY18 Medical Encounters for Uninsured Adults in non-FQHC Local Health Departments

Uninsured Adult Age	FY18 Medical Encounters	% of Total Encounters for Uninsured Adults
19-20 Years	2,021	2.4%
21-29 Years	11,882	14.2%
30-39 Years	13,178	15.8%
40-49 Years	18,594	22.4%
50-59 Years	27,240	32.8%
60-64 Years	10,366	12.4%
Total Medical Encounters	**83,281**	100%

In FY 18, Tennessee's Safety Net Service Providers, including those receiving funding through the Health Care Safety Net program and the separately-funded services at local health departments not designated as Federally Qualified Health Centers, provided 571,968 medical encounters to uninsured adults ages 19 to 64.

Figure 14: Percent of FY18 Medical Encounters by Type of Safety Net Provider

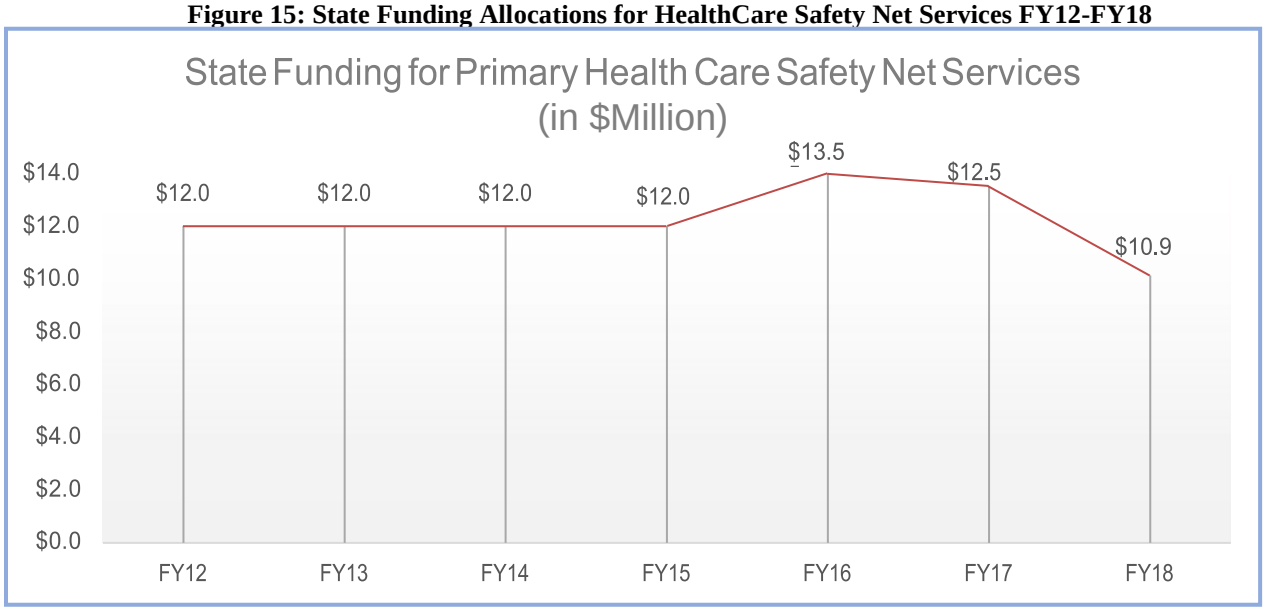


State Funding for Health Care Safety Net Services

Recurring funding for Primary Care Safety Net services is included in the annual budget request submitted by the Tennessee Department of Health to the Tennessee General Assembly. This does not include funds separately budgeted by the Tennessee Department of Health Division of Community Health Services to support primary medical care and emergency dental services delivered at non-Federally Qualified Health Center Primary Care Clinics to uninsured Tennesseans ages 19 to 64. In some years, additional non-recurring safety net funding has been made available through direct appropriations approved by the Tennessee General Assembly.

Total annual funding allocated by the Tennessee General Assembly for Health Care Safety Net services was $10,900,000 in FY18, decreased from $12,500,000 in FY17 and from the highest allocations of $13,500,000 in FY16. Allocated funds which were not spent by the end of the fiscal year were carried forward for use in the subsequent year. Between FY15 and FY18, unspent "carry-forward" funds were used to supplement recurring and non-recurring funds allocated; at the end of FY19, there were no unspent carry-forward funds available to supplement annual funding allocated for FY20.

Figure 15: State Funding Allocations for HealthCare Safety Net Services FY12-FY18



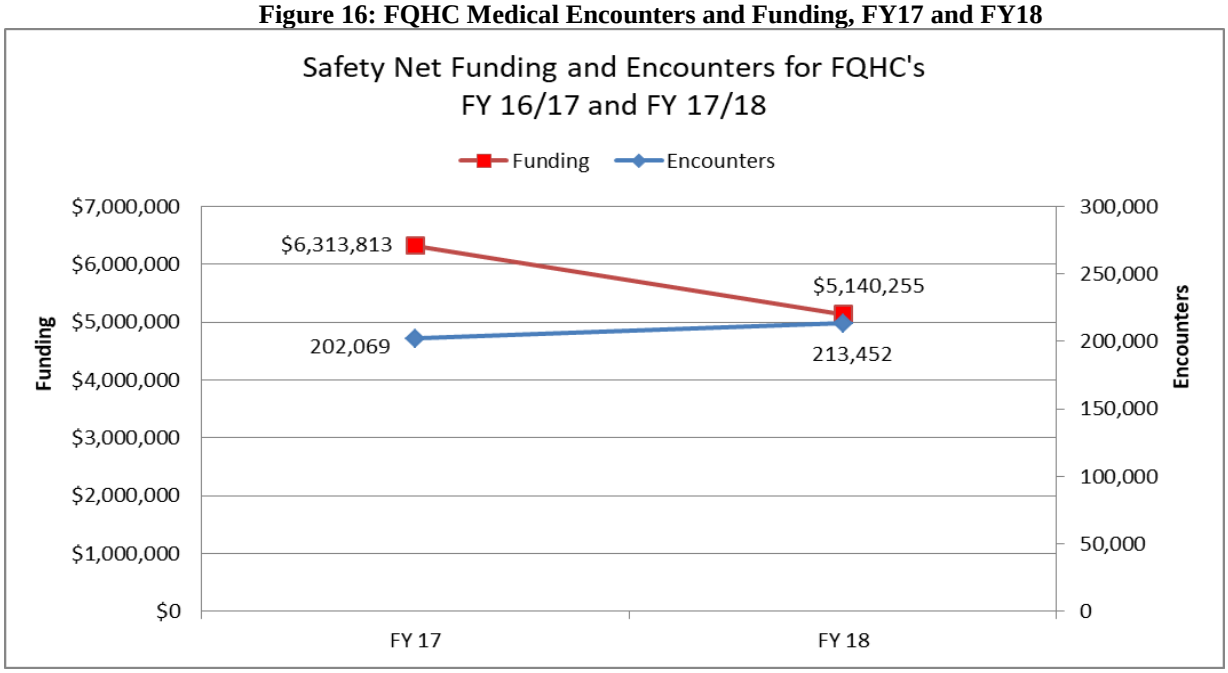
Funding Methodology

A change in funding methodology was implemented in FY18 to maximize the use of safety net funding for services provided by Community and Faith-Based safety net providers. Since the inception of the program in 2006, 50% of the safety net funds have been made available for use by Federally Qualified Health Centers, which receive a percentage of the available funding proportionate to the percentage of total encounters provided from among the whole. This funding formula resulted in 100% use of the funds allocated for use by Federally Qualified Health Centers. Historically, a different funding methodology was used to calculate the remaining 50% of safety net funds which was allocated to Community and Faith-Based safety net service providers, with a set fee paid for each type of encounter. The funding methodology for Community and Faith-Based safety net providers resulted in a significant balance of unspent funds which were carried over each year. Desiring to maximize the use of safety net funding to support provision of services to uninsured Tennesseans as intended, program administrators and safety net service providers agreed to use the same methodology for Community and Faith-Based safety net service providers as for Federally Qualified Health Centers, ensuring that 100% of available funds would be allocated proportionately within the same budget year, beginning in FY18.

Federally Qualified Health Centers (LHD and non-LHD)

In FY18, there were 30 organizations operating Community Health Centers designated as Federally Qualified Health Centers (FQHCs), including 3 Local Health Departments, with 115 delivery sites across the state. In FY18, these entities collectively provided 249,260 medical encounters to 119,476 uninsured adults in 41 of Tennessee's 95 counties, a 23% increase from the 202,069 medical encounters provided in FY17.

Figure 16: FQHC Medical Encounters and Funding, FY17 and FY18



According to the Tennessee Primary Care Association, the statewide membership organization serving Tennessee's Federally Qualified Health Centers, approximately 33% of an average Community Health Center's patients are uninsured. However, that percentage may be as high as 60% in some FQHCs. Approximately 82% of FQHC patients have income levels below 100% of the Federal Poverty Level. In addition to funding through Tennessee's Health Care Safety Net Program, FQHCs access funding from a variety of sources such as grants from the U.S. Department of Health and Human Services Administration for Health Resources and Services Administration (HRSA) and private foundations. Additionally, all are eligible to participate in the federal 340B Drug Pricing Program, which provides significant savings for their patients' medication costs.

FQHCs are pursuing several strategies to improve access to services and quality of care, including:

- Certification by the Joint Commission or recognition by the National Center for Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH)
- Adoption and use of electronic health records which meet federal standards for interoperability and reporting
- Participation in and use of telehealth infrastructure to expand access to primary and specialty care services, patient and clinician education, and coordination of care delivered by multiple providers
- Participation in initiatives which support sharing of best practices and continuous improvement

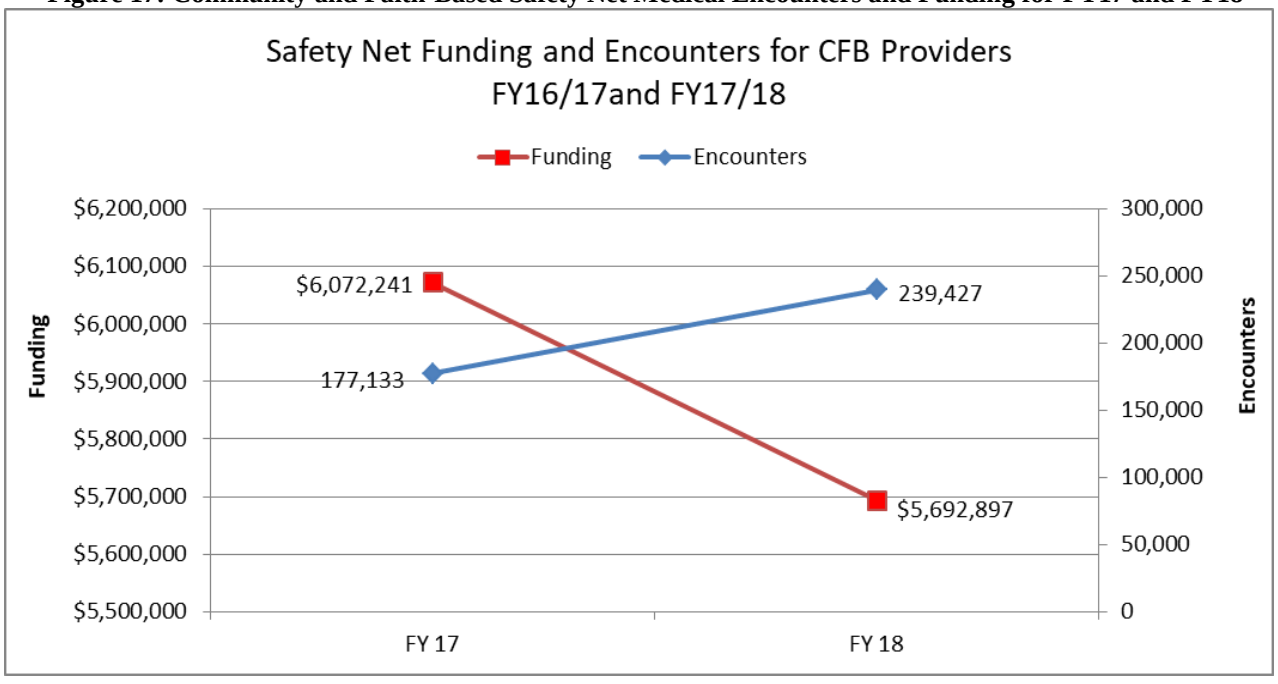
Community and Faith-Based Providers of Safety Net Services

Tennessee's Community and Faith-Based organizations provide at free or reduced cost one or more of the following services: preventive and wellness services, primary medical care, specialty care, oral health care, mental health services, substance abuse services, vision services, diagnostic services, pharmaceutical assistance, and spiritual counseling. The patients that are served by charitable care organizations frequently have poor health conditions arising from lack of preventive care services, social support networks and financial resources, and therefore are in need of assistance with care coordination and referrals.

Not-for-profit charitable organizations are important partners in Tennessee's Health Care Safety Net, often leveraging the services of volunteers to fulfill clinical and administrative functions, in addition to donated equipment and supplies. In many instances, funding from the Health Care Safety Net is a small but important percentage of the total resources required to fulfill their mission. The Tennessee Charitable Care Network (TCCN), the statewide association which serves as the collective voice for Tennessee's free and charitable care clinics, reported that its members had helped uninsured patients access over $9.5 Million in medications annually, and that more than 1,100 clinicians and 2,000 lay volunteers contributed approximately 66,000 hours annually to help charitable clinics fulfill their mission to serve Tennessee's uninsured and underinsured populations.[13]

In FY18, 65 Community and Faith-Based organizations provided a total of 239,427 primary medical care and care coordination encounters, an increase of more than 35% over the 177,133 encounters provided in FY17, despite a 6% decrease in funding support from $6,072,241 in FY17 to $5,692,897 in FY18.

Figure 17: Community and Faith-Based Safety Net Medical Encounters and Funding for FY17 and FY18



In a recent meeting organized by the Tennessee Charitable Care Network, the statewide association serving many of the Community and Faith-Based safety net providers, representatives from these organizations noted the challenges which their organizations face, including burnout and turnover among employed and volunteer staff, lack of resources for staff training and infrastructure enhancements (facilities and technology), and difficulty in securing diagnostic and specialty services needed by their uninsured patients.

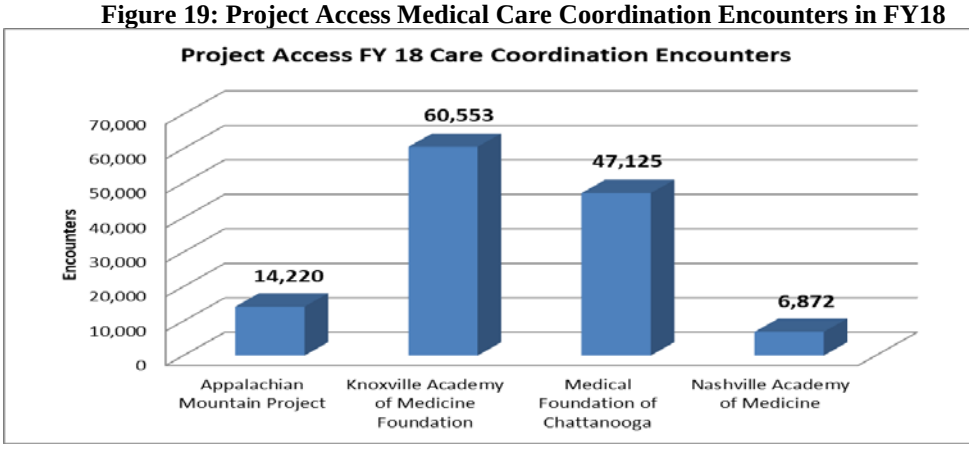
Project Access Care Coordination Services

Project Access services are available in four metropolitan areas: Nashville, Chattanooga, Knoxville and Johnson City (Carter, Johnson, Unicoi and Washington Counties). Project Access entities are affiliated with networks of clinical care providers, but do not provide clinical health care services. In FY18, Project Access entities in Tennessee received $1.7 Million in Health Care Safety Net funding to support 128,770 medical care coordination encounters for uninsured patients ages 19-64, assisting with recruitment of 4,300 physicians statewide, 54 health clinics and 30 hospital campuses who provide free or discounted primary, and specialty care services as well as ancillary lab and diagnostic services. Collectively, Project Access entities coordinated $53.2 Million in donated health services, a return on investment of $30.57 for every $1 of state-allocated safety net funding.

Figure 18: Tennessee's Project Access Entities

Project Access Entity	Services Provided	Population Served	Network of Service Providers	Value of Donated Services
Project Access Nashville (Nashville Academy of Medicine and Medical Foundation of Nashville	Comprehensive case management	Enrolled adults at 200% or more below poverty level who are uninsured or underinsured	1,316 physicians and physician extenders affiliated with 23 primary care clinics, 3 hospital systems, rehabilitation hospitals, surgery centers, dental service providers, mental health partners	$1,825,471 in FY18; $39 Million total since 2005
Hamilton County Project Access	Coordination of care	500-600 uninsured and underinsured residents of Hamilton County per month	900 physicians and physician extender volunteers providing primary, specialty, diagnostic and inpatient care at 14 primary care centers, 3 hospital systems with 7 facilities, and mental health partners	$13.8 Million in FY18, $161M since 2004.
Knoxville Area Project Access (KAPA)	Continuum of medical care and coordination with social services (food, housing, health literacy, transportation, drug/alcohol dependency)	400 – 500 Knox County residents monthly	1,770 physicians and physician extenders, and all Knoxville area hospitals offering primary, specialty, inpatient, ancillary, psychiatric care and pharmacy services	$275 Million since 2006
Appalachian Mountain Project Access (AMPA)	Coordination of specialty, diagnostic and inpatient services	300 uninsured individuals monthly in Carter, Johnson, Unicoi and Washington	500 volunteer physicians in 8 primary care clinics and 2 hospitals, ancillary service providers, durable medical equipment suppliers, social service and faith-based organizations	$6.6 Million in FY18, $65 Million since 2008

Figure 19: Project Access Medical Care Coordination Encounters in FY18

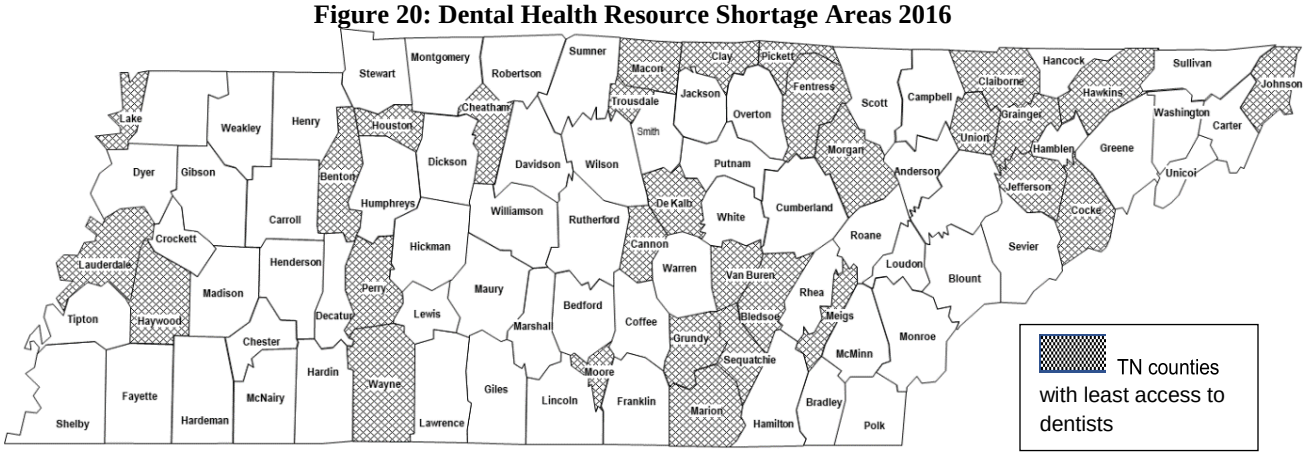


IV. Oral Health Services

When initiated in 2006, the Health Care Safety Net was designed to enable provision of primary medical care services to individuals dis-enrolled from TennCare benefits plans, and was not intended to exceed the level of previous benefits, which did not cover comprehensive adult dental services. Since that time, however, access to oral health services has been recognized as an important contributor to health and wellbeing; therefore, the Health Care Safety Net was expanded in FY2008 to include emergency dental services, and since FY17 safety net dental service providers can also receive funding to support hygienic cleaning and oral hygiene counseling for uninsured Tennesseans ages 19-64.

Despite this addition to services eligible for Uninsured Adult Healthcare Safety Net funding, the large majority of Tennessee's counties are federally-designated as Health Professional Shortage Areas (HPSA) due to the high ratio of population to dentists. According to the 2018 America's Health Ranking Annual Report, Tennessee's statewide rate is 49.4 dentists per 100,000 population, lower than the national average of 60.9 dentists per 100,000 population.

Figure 20: Dental Health Resource Shortage Areas 2016



County Health Rankings 2018 annual report states that Tennessee's statewide rate of population to dentist is 1890:1. The 30 counties with the worst ratios of dental provider to population are listed below.

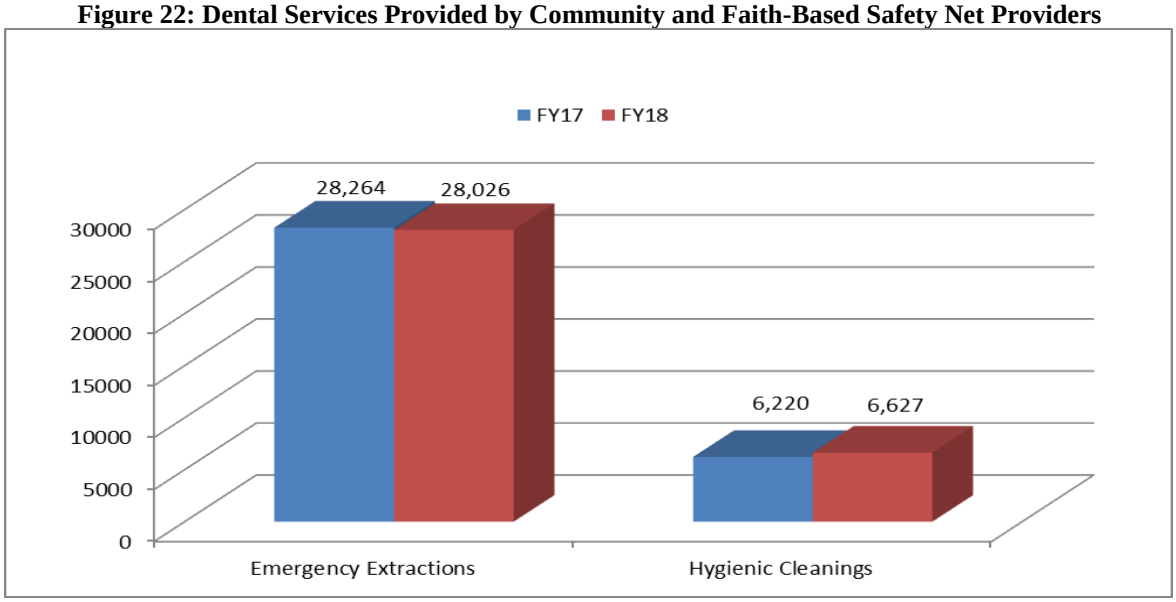
Figure 21: 30 Counties with Worst Population to Dentist Ratios in 2016

County	Rank	Ratio	County	Rank	Ratio	County	Rank	Ratio
Grundy	1	No Provider	Perry	11	7,960:1	Benton	21	5,340:1
Moore	1	No Provider	Clay	12	7,750:1	Claiborne	22	5,290:1
Pickett	1	No Provider	Grainger	13	7,690:1	Sequatchie	23	4,970:1
Van Buren	1	No Provider	Lake	14	7,560:1	Bledsoe	24	4,890:1
Wayne	5	16,710:1	Morgan	15	7,180:1	DeKalb	25	4,840:1
Meigs	6	12,010:1	Johnson	16	5,920:1	Union	26	4,790:1
Fentress	7	9,020:1	Cocke	17	5,870:1	Marion	27	4,740:1
Trousdale	8	8,270:1	Macon	18	5,860:1	Cannon	28	4,690:1
Houston	9	8,130:1	Hawkins	19	5,660:1	Haywood	29	4,460:1
Cheatham	10	7,980:1	Lauderdale	20	5,350:1	Jefferson	29	4,460:1

Recognizing these gaps, the Tennessee State Oral Health Plan, published in 2017 as part of the annual update to the Tennessee State Health Plan, included recommendations to expand oral health resources and workforce over the next five years.

In FY18, 20 Community and Faith-Based organizations providing emergency dental care service providers received $967,791 in funding through the Health Care Safety Net to support oral health services for uninsured adults ages 19-64 including emergency extractions and hygienic cleanings, with an average of two teeth extracted per patient. In FY18, there were 34,653 dental encounters, a slight increase from 34,484 encounters in FY17.

Figure 22: Dental Services Provided by Community and Faith-Based Safety Net Providers



In addition to the services supported by the Health Care Safety Net funds, other public and non-profit organizations provide a variety of dental services for uninsured Tennesseans between the ages of 19 and 64.

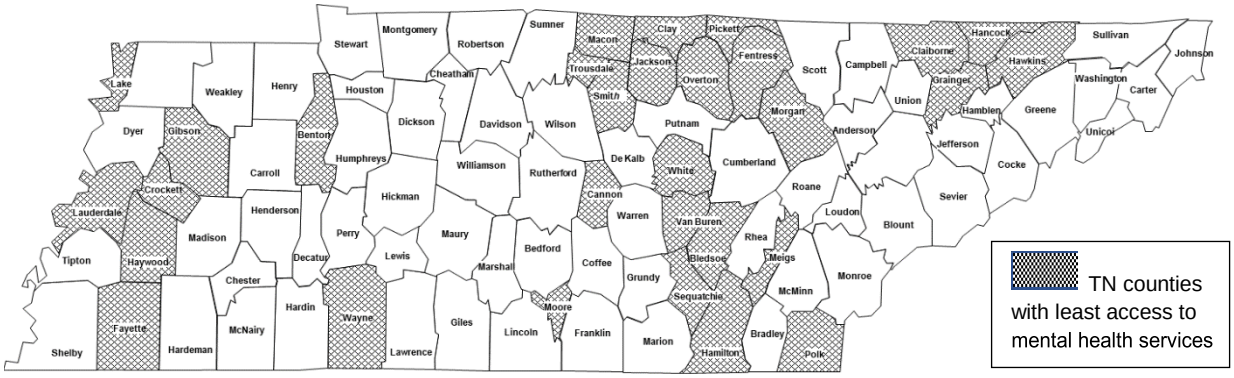
- Among these, Local Health Departments offer emergency dental services to uninsured adults. 48 Local Health Department facilities provide emergency dental services to uninsured adults in 47 of Tennessee's 95 counties, although only 40 facilities were staffed and open 1-5 days per week in FY18, due to lack of available staff. Four of these clinics offer expanded dental services provided by fourth year dental students from the University of Tennessee Health Sciences Center and Meharry Medical College School of Dentistry: Fayette County, Tipton County, Maury County and Montgomery County Health Departments. The Metro Public Health Department in Davidson County offers emergency dental services, while the Shelby County Health Department provides emergency dental services for adults and comprehensive dental services for individuals less than 21 years old.
- A grant awarded by the Davidson County Chancery Court, Part III from the SeniorTrust/ElderTrust settlement (Case No. 11-1548-III) to the Interfaith Dental Clinic and administered by the Tennessee Commission on Aging and Disabilities (TCAD) supports preventative, emergent and basic restorative dental services through the SMILE ON 60+ program for Tennesseans ages 60 and older who are below 200% of poverty and who lack dental insurance coverage. Case management, education and transportation services are also available when necessary.
- Dental Lifeline Network, a not-for-profit organization based in Colorado, partners with the Tennessee Dental Association to recruit dental providers to provide *pro bono* services to elderly, disabled and medically-frail Tennesseans. A Direct funding allocation from the Tennessee General Assembly will help to expand the number of participating providers and the number of patients served in FY19.

V. Behavioral Health Safety Net of Tennessee

Access to Mental and Behavioral Health Services

According to the Robert Wood Johnson Foundation's 2018 County Health Rankings and Roadmap, the statewide average ratio of population to mental health providers performing mental and behavioral health services in 2017 was 740:1.

Figure 23: Thirty Counties with Worst Shortages of Mental Health Providers in FY17



According to the County Health Rankings data reported in 2018, these 30 counties had the worst ratio of population to mental health provider.

Figure 24: Thirty Counties with Worst Ratio of Population to Mental Health Service Provider in FY17

County	Ranking	Ratio	County	Ranking	Ratio	County	Ranking	Ratio
Clay	1	No Provider	Fayette	11	19,800:1	Moore	21	6,230:1
Hancock	1	No Provider	Polk	12	16,770:1	Gibson	22	6,180:1
Haywood	1	No Provider	Crockett	13	14,410:1	Van Buren	23	5,960:1
Jackson	1	No Provider	Overton	14	11,030:1	Wayne	24	5,570:1
Macon	1	No Provider	Hawkins	15	9,430:1	Claiborne	25	5,290:1
Meigs	1	No Provider	Lauderdale	16	8,920:1	Sequatchie	26	4,970:1
Pickett	1	No Provider	Grainger	17	7,960:1	Bledsoe	27	4,890:1
Trousdale	1	No Provider	Lake	18	7,560:1	Hamilton	28	4,740:1
Benton	9	22,670:1	White	19	6,600:1	Cannon	29	4,610:1
Morgan	10	21,550:1	Smith	20	6,480:1	Fentress	30	4,510:1

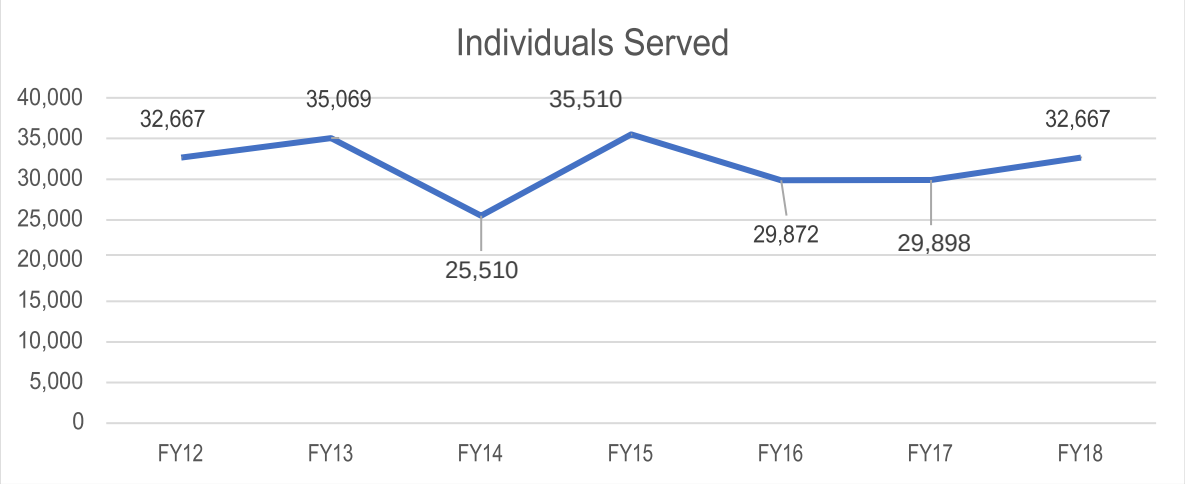
Behavioral Health Safety Net program background

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) administers Tennessee's Behavioral Health Safety Net, which was initiated in 2005 as the Mental Health Safety Net when funding was authorized by the Tennessee General Assembly through Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005. The Behavioral Health Safety Net has continued to be funded entirely through annual legislative appropriations to TDHMSAS.

Tennessee's Behavioral Health Safety Net provides outpatient medication management, community-based case management, and individual therapy services to individuals who have lack health insurance. The program also assists participants to obtain their medications at no out-of-pocket cost via pharmaceutical assistance programs. Transportation services are being piloted in FY19.

15 Community Mental Health Agencies provided services to 32,667 individuals through the Behavioral Health Safety Net program in FY18, a 9% increase compared to FY17. The number of participating agencies (15) has remained stable since FY15.

Figure 25: Individuals served by Behavioral Health Safety Net FY12 - FY18



VI. Special Populations

Since 2006, the Tennessee General Assembly has appropriated funding to support treatment for uninsured, low-income patients who test positive for Human Immunodeficiency Virus (HIV). The Tennessee Department of Health uses the $7.2 Million in annual funding for insurance assistance, and also to leverage drug company rebates to make medications available through the State AIDS Drug Assistance Program. The department supports HIV Centers of Excellence clinics, a coordinated network of clinics and private practitioners across the state, to provide outpatient medical services to 5,633 clients through the Insurance Assistance Program (IAP) and medication to 2,197 clients through the Ryan White Part B HIV Drug Assistance Program (HDAP). The program enables a comprehensive approach to AIDS and HIV therapy at 14 locations, including 5 health departments.

Figure 26: Ryan White Part B HIV Drug Assistance Program (HDAP) and Insurance Assistance Program

Federal Fiscal Year	*HDAP*		*IAP*		*Total*	
	Enrollment	*% Growth from previous year*	*Enrollment*	*% Growth from previous year*	*Enrollment*	*% Growth from previous year*
FY13	**3,662**	**4%**	**1,863**	**7%**	**5,525**	**5%**
FY14	**3,767**	**3%**	**2,324**	**25%**	**6,091**	**10%**
FY15	**3,314**	**-12%**	**3,980**	**71%**	**7,294**	**20%**
FY16	**2,442**	**-26%**	**4,981**	**25%**	**7,423**	**<1%**
FY17	**2,655**	**9%**	**5,400**	**8%**	**8,055**	**9%**
FY18	**2,197**	**-17%**	**5,633**	**4%**	**7,830**	**-3%**

VII. Emerging Issues and Strategies

The Tennessee Department of Health has assessed the state of the health care safety net in Tennessee, including an evaluation of the array of services, adequacy of services, and access to care. The assessment shows a comprehensive approach for health care safety net services and a strong collaborative effort among state, public and private entities.

However, people of all ages in Tennessee frequently encounter barriers to the health services they need.

- Citizens residing in rural areas of Tennessee have less access to care than residents of more urbanized areas. There are more uninsured people, and there are fewer health professionals in rural communities, even for patients with adequate insurance coverage. The 2018 update to the Tennessee State Health Plan recommends working with the Tennessee Charitable Care Network to develop an easily-accessible directory of safety net service providers to publicize information about services available, locations, hours of operation, and payment policies. Tennessee's investment in broadband infrastructure should be leveraged to increase access to primary and specialty care providers offering telehealth services, while expansion availability of mobile units and community paramedicine can help patients receive services in their homes and communities.
- Health professional shortages are particularly acute for obstetric, dental, and mental health professionals. The Tennessee State Loan Repayment Program, the National Health Service Corps, the Conrad J1 Visa Waiver Program and the Tennessee Center for Health Workforce Development offer incentives to clinicians who commit to provide care in underserved communities, but need and demand exceed funding availability. Additional funding in FY19 for the Tennessee State Loan Repayment Program will be used to support mental health providers in underserved communities.
- Increased financial pressure on smaller hospitals, particularly those in rural communities, has led to 9 hospital closures in rural Tennessee since 2013, placing Tennessee second among states for hospital closures in 2017. The loss of 24-hour emergency services, inpatient care, and obstetric services reduces access and increases demand for EMS and other transportation services. Without a hospital, communities find it difficult to attract and retain health professionals, as well as other businesses and employers, compounding the loss of jobs and revenue. To support rural communities working to sustain an appropriate level of services that ensure health and prosperity, policies should leverage emerging capacity for telehealth, mobile delivery and facilities focusing on emergency and urgent care within the first few critical hours of medical need. Technical assistance is available through the Tennessee Department of Health's State Office of Rural Health, the Tennessee Hospital Association and the newly-established Rural Hospital Transformation Initiative administered by the Tennessee Department of Economic and Community Development.
- Inadequate treatment for substance abuse disorder is a primary care issue. Due to the impact of opioid and other substance abuse disorders, safety net service providers are facing increased demand for mental and behavioral health treatment services, including medically-assisted treatment and other community-based recovery programs. Federal, state and local entities mobilizing to respond to these challenges work to engage those communities most at risk, using targeted social media campaigns, outreach by community health workers, and training for clinicians to provide appropriate pain management and medically-assisted treatment.
- While the importance of care coordination services is recognized, particularly for individuals with chronic diseases and health risk behaviors, funding support for care coordination services through the Health Care Safety Net program is available only to Project Access entities, which are limited in their capacity to serve, covering only 7 of Tennessee's 95 counties. Care coordination services to arrange specialty care and ancillary services for uninsured adults are limited in rural communities, and should be expanded.

Glossary of Terms

Census of Primary Care Providers – A census that is conducted annually by the Tennessee Department of Health's State Office of Rural Health and Health Access for 4 categories of healthcare providers: Primary Care, Obstetrics, Pediatrics, and TennCare. The Census collects FTE data for Physicians and Mid-level Providers (advance practice nurses and physician assistants). The purpose of the Census is to determine the ratios of healthcare providers to population in order to accurately identify Health Resource Shortage Areas in the state.

Federally Qualified Health Center (FQHC) – Federally Qualified Health Centers are public and private non-profit clinics that meet certain criteria under the Medicare and Medicaid programs and receive federal grant funds under the Health Center Program, established as Section 330 of the Public Health Service Act (PHSA). Some target specially defined populations such as migrant and seasonal farmworkers or homeless persons, while others target a general community and are commonly referred to as "community health centers." These facilities meet the requirements of 42 U.S.C. § 1396d(l)(2)(B) and 42 U.S.C. § 254b. Applications to be designated as an FQHC are considered only when additional funding becomes available.

Health Care Safety Net for Uninsured – Pursuant to Tenn. Code Ann. §71-5-148(a) the health care safety net program provides funding in support of medical and dental assistance to uninsured adults, 19-64 years of ages.

Health Care Services - As applied to FQHC's by Tenn. Code Ann. § 71-5-148(2) means the same as "Primary Care" and "Required Primary Health Services" and "Behavioral Consultations" as applied to FQHC's by 42 U.S.C. § 254b and incorporated in 42 U.S.C. § 1396d(l)(2)(B).

Health Professional Shortage Area (HPSA) - Federally designated county, parts of a county (such as a census tract), or public facility recognized as meeting or exceeding the standards of need for certain services. Primary care HPSA status is a national measure used to denote difficulties in access to care. A HPSA must meet or exceed the following thresholds:

- For a Geographic designation, the population to physician ratio is greater than 3,500:1.
- For a Population designation, a segment of the population experiencing barriers to care has a population to physician ratio that is greater than 3,000:1.
- For a Facility designation, a public or private nonprofit medical facility is providing primary medical care services to an area or population group designated as having a shortage of primary care professional(s), and the facility has insufficient capacity to meet the primary care needs of that area or population group. A community health center or homeless clinic is an example of such a designation

Medical Encounter - A day on which a primary care provider meets with an uninsured adult regardless of the number of procedures performed or the number of primary care providers who see the uninsured adult.

Primary Care Provider or PCP - A physician (MD or DO), licensed psychologist, licensed clinical social worker (LCSW), nurse practitioner, advanced practice nurse (APN), certified nurse midwife, or physician assistant (PA) actively licensed to practice in Tennessee.

Sliding Scale - Rates charged to an uninsured adult based on 42 U.S.C. § 254b(k)(3)(G) and 42 C.F.R. § 51c.303(f).

Uninsured Adult - A patient aged nineteen (19) through sixty-four (64) years who is uninsured pursuant to Tenn. Code Ann. §71-5-148(a).

References

Interfaith Dental Clinic (2018). https://interfaithdentalclinic.com/smile-on-60/. December 18, 2018.

Luna, LeAnn and Pratt, Emily (2018). *The Impact of TennCare, a Survey of Recipients, 2018.* University of Tennessee, Boyd Center for Business and Economic Research, http://cber.haslam/utk.edu/tncare.htm, December 18, 2018.

Robert Wood Johnson Foundation (2018). *2018 County Health Rankings.* http://www.countyhealthrankings.org/explore-health-rankings/rankings-reports/2018-county-health-rankings-key-findings-report. December 18, 2018.

Tennessee Charitable Care Network (2018). *TCCN 2018 Director's Report, presented by Mary Kiger.* October 29, 2018.

Tennessee Department of Health, Division of Communicable and Environmental Health and Emergency Preparedness (2018). Ryan White Park B Director Casey Messer, January 3, 2019.

Tennessee Department of Health, Division of Community Health Services (2018). Patient Tracking Billing Management Information System (PTBMIS). December 15, 2018.

Tennessee Department of Health, Office of State Health Planning (2017). *State Oral Health Plan.* https://www.tn.gov/content/dam/tn/health/documents/Final_-_Tennessee_State_Oral_Health_Plan.pdf. December 18, 2018.

Tennessee Department of Health, State Office of Rural Health and Health Access (2018). *Health Access Report 2016.* https://www.tn.gov/health/health-program-areas/rural-health/hap.html. December 18, 2018.

Tennessee Department of Mental Health and Substance Abuse Services, Division of Mental Health Services (2019). Deputy Assistant Commissioner Justine Bass, January 2, 2019.

Tennessee Division of TennCare (2018). *CoverKids FAQ.* *https://www.tn.gov/coverkids/coverkids/frquently-asked-questions.html*. December 18, 2018.

Tennessee Division of TennCare (2018). *TennCare Enrollment Report for November 2018*. https://www.tn.gov/content/dam/tn/tenncare/documents2/fte_201811.pdf. December 18, 2018.

Tennessee Primary Care Association (2018). *Tennessee Primary Care Association 2018 Annual Report.* http://www.tnpcaeducation.org/misc/2018%20Annual%20Report,%20completed%20pdf.pdf. December 18, 2018.

UnitedHealthFoundation (2018). *America's Health Rankings Annual Report 2018.* https://www.americashealthrankings.org/learn/reports/2018-annual-report. December 18, 2018.

U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (2018). *Healthcare.gov: Tennessee's health insurance marketplace: history and news of the state's exchange.* December. 18, 2018.