Recommendations for Health Services for Uninsured Prince Georges County Residents

Health insurance coverage directly affects access to health services. Since the ACA was implemented, Prince George's County has aggressively enrolled eligible residents in Medicaid and assisted others with purchasing subsidized insurance. Currently, 90% of Prince Georges County have either public or private health care coverage. The uninsured rate decreased from 16% in 2012 to 10% in 2016. This rate remains higher than Maryland's average uninsured rate of 6% primarily because of the large number of foreign-born residents who are ineligible for Medicaid or subsidized health insurance. According to estimates by the Migration Policy Institute, 52,000 Prince Georges County residents are undocumented and thus ineligible for federal programs. Of those, an estimated 6 to 8 thousand are children or youth living in low and moderate-income households.

The burden of providing primary medical and behavioral health care for immigrants and other lower-income individuals who have fallen through the cracks is borne by Federally Qualified Health Centers in Prince George's County and neighboring jurisdictions. For those residents who delay care and become sicker, hospital emergency departments are often the provider of last resort.

Prince Georges County has higher rates of diabetes, heart disease, hypertension and obesity than the rest of Maryland. These chronic conditions have an impact on population health, affecting the quality of life of many Prince Georges County residents, as well as health system utilization and costs. While these conditions are manageable, they are also preventable in many cases. For example, the rate of obesity, a precursor for many chronic conditions, is 25% higher among in Prince George's County adolescents than Maryland as a whole. Consistent access to preventive and primary health care from an early age can make a difference in health status in adulthood, particularly when combined with livable-wage employment, educational opportunity, affordable housing and a higher quality of life.

While progress has been made in some areas, alarming trends remain:

- Prince George's County continues to have higher rates of diabetes and hospitalizations due to complications related to diabetes than the rest of Maryland. Rates are highest among Black men aged 65 and older.
- Prince George's County has the largest number of newly diagnosed HIV cases in Maryland and the second highest infection rate only surpassed by Baltimore City. The highest incidence of new cases is among younger Black men aged 20 to 39.
- Prince George's County has a higher infant mortality rate than the rest of Maryland with 7.6 deaths per 1,000 live births compared to 6.5 per 1,000 live births statewide. Between 2014 and 2016, the mortality rate for Black infants declined but remained high at 9.7 deaths per 1,000 live births. During the same period, the mortality rate for Hispanic infants nearly tripled increasing from 2.6 per 1,000 live births in 2014 to 6.1 in 2016.
- The teen pregnancy rate in Prince Georges County was 20.7 per 1,000 live births, considerably higher than Maryland's rate of 15.9. This rate varies greatly by race and ethnicity, the teen pregnancy rate among Hispanic teenagers was 51.6 compared to 16.4 for Black youth and 4.5 for white youth.

Improving the Health of Prince George's County Residents One Step at a Time

Historically, Prince Georges County has not had a sufficient supply of medical, dental, behavioral health or specialty care providers to meet demand with as many as 60% of its residents seeking health care services outside of the County. With progress implementing the Prince Georges County Primary Care Strategic Plan and

construction of the Regional Medical Center underway, this is changing. Six Federally Qualified Health Centers (CCI Health and Wellness; Elaine Ellis Center of Health; Family and Medical Counseling Services, Inc.; Greater Baden Medical Services; La Clínica del Pueblo; and Mary's Center) serve Prince George's County residents at eleven facilities located in underserved parts of the County and in facilities located in adjacent jurisdictions. One long-standing FQHC is expanding with plans to open a new site next year.

In 2017, Community Health Centers served 34,000 Prince George's County residents, providing:

- 61,500 medical visits,
- 5,500 behavioral health visits, and
- 2,500 dental visits.

Community Health Centers have contributed to the County's health care workforce by:

- Employing 322 Prince George's County residents.
- Recruiting 37.5 FTE clinicians and 6 licensed behavioral health professionals to practice in the County.
- Creating opportunities for residency programs, clinical rotations for graduate social workers and training programs for medical assistants and community health workers.

The FQHCs also bear the burden of uncompensated care for the County's uninsured population, many of whom have complex health care needs. Without addressing the cost of care for low-income residents who are ineligible for federally funded health programs, future growth and expansion of community health centers is challenging. Inevitably, the burden of caring for the uninsured threatens their long-term sustainability.

Providing Care for the Uninsured

The Prince George's County Primary Care Strategic Plan recommended that Prince George's County establish ***HealthAssure***, a program to subsidize health care services for uninsured County residents. To accomplish this, Prince George's County needs to invest in infrastructure to administer a program and set aside funding to pay for health services. We recommend establishing a phased-in approach to providing medical homes for 30,000 uninsured adults and children over a 5- year period beginning in 2019.

HealthAssure Pilot: $3.5 million ($2 to 2.25 million for services; $1 to 1.5 million for infrastructure)

a. Contract with existing Community Health Centers on a fee-for-service basis or capitation basis to serve 10,000 patients at a reimbursement rate of $90 per primary care visit or monthly capitation rate of $18.50 per member per month. ($2 to $2.25 million)
b. Since FQHC's must meet federally established guidelines and provide a uniform set of required services, initial contracts can be based on federal requirements and adapted to meet County-specific criteria over time.
c. Build-out or contract with a billing service to insure timely payment to providers.
d. Establish eligibility criteria and verification process to provide services to those who are ineligible for Medicaid or subsidized coverage, have incomes at or below 200% FPL and live in Prince George's County.

e. Establish a standardized enrollment process aligned with Prince George's County Health Connect so that residents can enroll easily through CAC's at point of service, Connector sites and DSS enrollment sites.
f. Collect and monitor utilization, outcome and patient experience data to evaluate the program.

Care for Kids Pilot: $1 million ($600,000 for services; $400,000 for infrastructure)

Prince George's County Care for Kids program currently serves approximately 850 uninsured children of an estimated 6,000 through a public/private partnership with Kaiser Permanente. The Department of Health enrolls children into Kaiser and Kaiser provides services at no cost to the County. Both Montgomery and Fairfax Counties have enhanced programs by expanding provider networks and paying community health centers, private pediatric practices and specialists to provide services to enrolled children at Medicaid rates.

a. Contract with existing Community Health Centers and other pediatric providers to enroll 1,000 more children.
b. Since pediatric providers are required to follow EPSDT guidelines, these along with any County-specific requirements can be the basis for service provider contracts.
c. Leverage and coordinate services through existing relationships with the Maryland Children's Medical Services, Catholic Charities Health Care Network and hospital charity care programs.
d. Invest in program administration including eligibility determination and enrollment as well as care coordination and case management to enable families to access care easily and increase the number of children receiving the full range of services needed to improve and maintain their health.

Practical Experience and Best Practices

Communities across the country, particularly those with large immigrant populations, have developed local solutions to improve the health and well-being of residents who are ineligible for federally subsidized health services. Although programs have different administrative mechanisms, enrollment processes and coverage, each receives dedicated locally- generated funds to insure that all residents have access to primary health care services. The attached chart highlights how nearby Montgomery County, Fairfax County and the District of Columbia are providing care for low-income, uninsured residents with similar socio-economic challenges and health concerns as Prince George's County residents. It also details programs considered best practices nationally in Massachusetts and San Mateo County California, as well as a pilot program in Contra Costa County. Each of these localities have committed leadership, strong public/private partnerships and centralized program management. If Prince George's County harnesses its community assets and supports a collaborative effort, it has the opportunity to design and implement a best-in-class program to meet the health care needs of all of its residents.

Comparison of State and Locally Funded Health Care Programs Serving Uninsured Residents

Key Areas for Consideration	Massachusetts Health Safety Net	DC Healthcare Alliance	Montgomery Cares	Community Health Care Network	San Mateo Access to Care for Everyone (ACE)	Contra Costa Cares
Administration	Massachusetts State Medicaid Office	DC Health Care Finance Administration through contracted Medicaid MCOs.	Montgomery County DHHS contracted to Primary Care Coalition.	Fairfax County Health Department contracted to INOVA.	San Mateo County Health System contracted to Health Plan of San Mateo.	Partnership with Contra Costa Health Plan, Contra Costa Health Services and the Community Clinic Consortium.
Funding Source	Health Safety Net Trust Fund- acute hospitals contribute 1.5% of private revenue annually.	Line item in HCFA budget.	Line item in DHHS budget.	Line item in Health Department budget.	Line item in San Mateo County Health Department budget.	Pilot program funded by County, Kaiser, John Muir Health and Sutter Delta Medical Center.
Eligibility	<150% FPL >150 to 300% Partial/ with a deductible based on income. State resident.	<200% FPL Cash assets under $4,000 p/individual or $6,000 p/family. District resident.	<200% FPL Ineligible for Medicaid/Medicare. County resident.	<200% FPL Ineligible for Medicaid. County resident.	<200% FPL 225% w/financial hardship due to chronic illness. Ineligible for Medi-Cal. County resident.	Low-Income (?) Ineligible for Medi-Cal. County resident.
Enrollment	Annual On-line Enrollment CACs at provider sites	6-month in-person certification at DC-ESA Offices	Annual certification at the point of entry.	Annual on-site enrollment at each clinic site.	Annual enrollment using One-e-App on-line or at point of service/designated providers.	Annual enrollment at point service/designated provider of choice. Verification by CCHP and card issued.
Fees & Co-Pays	No enrollment fees. No co-pays. Deductible amount based on income paid as a percentage of the bill. Pharmacy co-pays up to $250 annually.	No enrollment fees or provider co-pays.	No enrollment fees. Co-Pays vary by provider up to $35 per visit.	No enrollment fees.	$360 annual enrollment fee. $15 co-pay for most services capped at $1,000 p/year. All fees and co-pays are waived with income <100% FPL.	No enrollment fees. Co-pays may be charged by the facility.
Services	ALL SERVICES deemed medically necessary provided to eligible recipients at certified providers. NOTE: May also be used as co-insurance to cover costs not covered by other programs.	Outpatient primary medical care including labs, pharmacy and specialty care. Dental care. In-patient hospital care. Home health care. Behavioral health care is NOT covered.	Outpatient primary and preventive medical care. Limited specialty care. Pharmacy. Behavioral Health. Dental Care.	Outpatient primary medical care and behavioral health care.	Outpatient medical and specialty care, pharmacy and labs. Limited vision and behavioral health care. Emergency dental. Acupuncture/Chiropractic In-patient at SM Medical Center and home health care.	Assignment to a medical home. Outpatient medical care. All routine medical care provided by CHCs. Specialty care, behavioral health care and dental care are NOT covered.
Provider Network	50 state certified community health centers. Acute care hospitals. Private providers are NOT eligible to participate.	Providers contracted with Medicaid MCOs.	12 contracted non-profit clinics. 1 contracted dental provider.	3 County Facilities. Services provided by INOVA.	San Mateo Medical Center, SMMC clinics, Ravenswood Family Health Center and North East Medical Services.	3 FQHCs receive a per-member-per-month fee to serve enrollees.
Population Served	274,000 (2015)	16,000 (2017)	26,000 to 30,000 annually based on utilization.	12,000 to 15,000 annually based on utilization.	25,000 (pre-ACA)	Target 3,000 of estimated 28,000 eligible.