TENNESSEE DEPARTMENT OF HEALTH

UPDATE ON THE HEALTHCARE SAFETY NET

Presented to

The General Assembly,

State of Tennessee

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Executive Summary for the Update on the HealthCare Safety Net

The Update to the HealthCare Safety Net Report as prepared by the Tennessee Department of Health provides an assessment of the FY 2013-2014 HealthCare Safety Net Program consistent with the intent of TCA 68-1-123, which is to evaluate "the array of services, adequacy of services, and access to care". This annual update is a comprehensive look of access to care through the collaborative efforts among state, public, private not-for-profit and private for profit sectors.

Safety Net Support Primary Health Care Services for Uninsured Adults:

In FY 13-14 the HealthCare Safety Net Primary Care for Uninsured Adults 19-64 Years of Age, provided a total of six hundred fifty six thousand six hundred forty six (656,646) medical encounters by all service providers, as compared to six hundred forty eight thousand four hundred twenty two (648,422) reported in FY 12-13 (1.2% increase). A delineation of medical encounters by service provider follows with supporting details is referenced in Table 4, page 16 of this report. Of the total six hundred fifty six thousand forty six (656,646) medical encounters, the Department of Health's forty-one (41) Local Health Department (LHD) Clinics not designated as Federally Qualified Health Centers (FQHC) provided one hundred twenty thousand three hundred twenty eight (120,328) medical encounters, compared to one hundred twenty nine thousand two hundred four (129,204) reported in FY 12-13 (6.8% decrease); fifteen (15) LDH clinics designated as FQHCs, provided forty thousand nine hundred forty (40,940) as compared to forty four thousand thirty (44,030) in FY 12-13 (7% decrease); all other Federally Qualified Health Centers (excluding the 15 LDH clinics with an FQHC designation) provided two hundred seventy eight thousand eight hundred forty five (278,845) as compared to two hundred eighty eight thousand five hundred eight (288,508) in FY12-13 (3.3% decrease); Community & Faith-Based providers performed two hundred sixteen thousand five hundred thirty three (216,533) as compared to one hundred eighty six thousand six hundred eighty (186,680) in FY 12-13 (13.7% increase). The 216,533 encounters were generated by approximately one hundred one thousand one hundred fourteen (101,114) uninsured adult patients between the ages of 19-64. Funding is provided through the Tennessee Department of Health.

Graph 1: HealthCare Safety Net Primary Care for Uninsured Adults 19-64 Years of Age

HealthCare Safety Net Primary Care for Uninsured Adults 19-64 Years of Age

Medical Encounters

Service Provider	2012-2013	2013-2014
LHD	129,204	120,328
LHD FQHC	44,030	40,940
FQHCs (Non-LHD)	288,508	278,845
CFB	186,680	216,533
Total All Provider Types	648,422	656,646
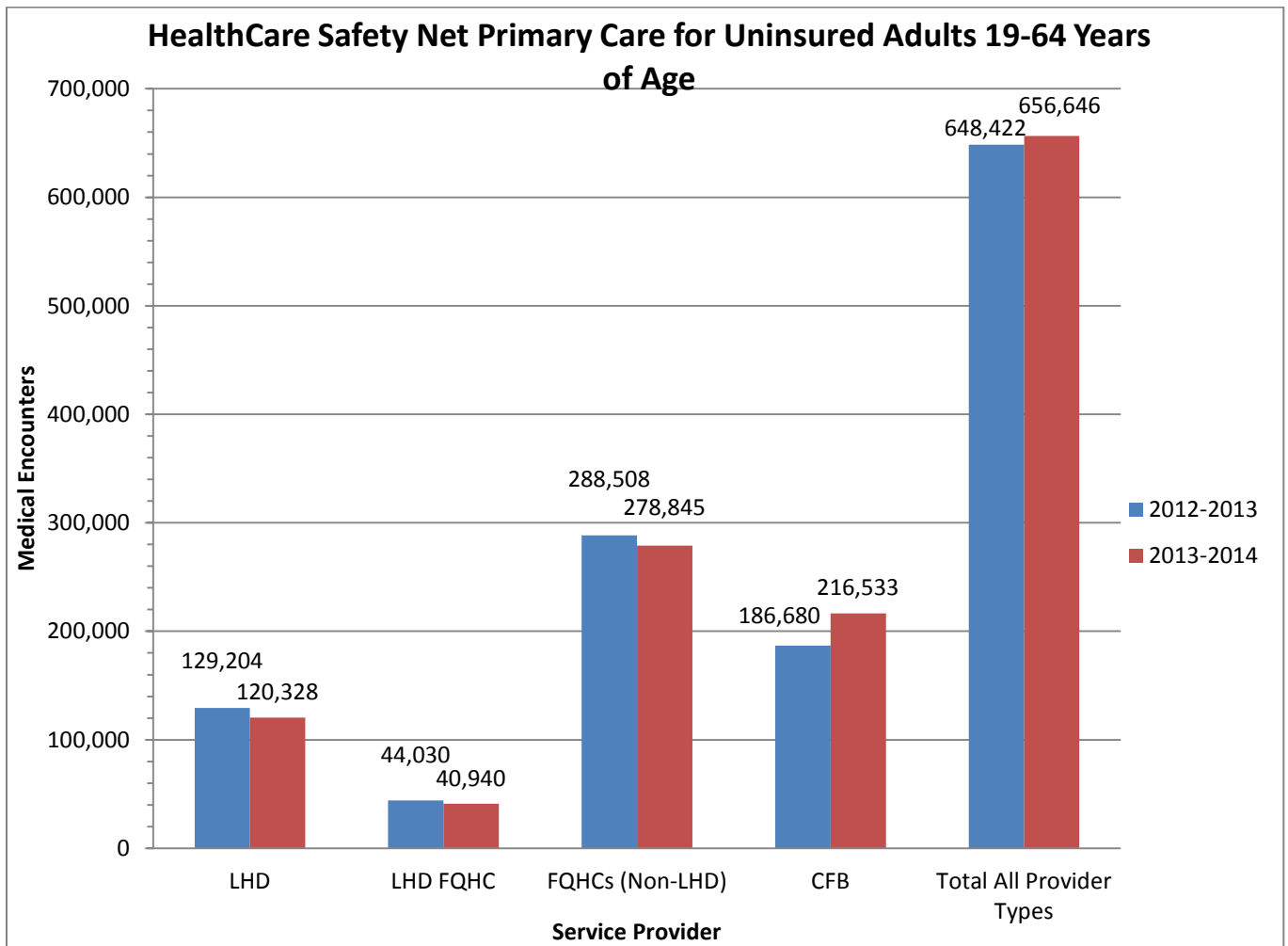
In FY 13-14 continued funding of the case management component of the HealthCare Safety Net Primary Care Program enabled uninsured adults with assistance obtaining necessary medical care and treatment that extends beyond the realm of primary cares services. Programs which follow the National Project Access Model include: Nashville Academy of Medicine, Appalachian Mountain; Hamilton County Project Access and Knox County Project Access. These organizations provided care coordination for complicated health issues for seven thousand nine hundred (7,900) uninsured Tennesseans, obtaining access to specialty care, diagnostic testing procedures, in addition to surgery and hospitalization at little to no cost to the patient. Those 7,900 patients generated approximately forty three thousand eight hundred eighty five (43,885) medical encounter visits. Funding is provided through the Tennessee Department of Health.

Adult Healthcare Safety Net Provider Sites Now Provided in 88 of 95 Counties

- 🔴 56 TDH Primary Care Clinics – 51 TDH Health Departments w/ Primary Care Services, including 15 FQHC Sites
- 🟢 58 Faith-Based (CFB) Sites
- 🟡 126 FQHC Sites
- 🟦 15 Counties with Non TDH FQHC and Primary Care Clinic Sites
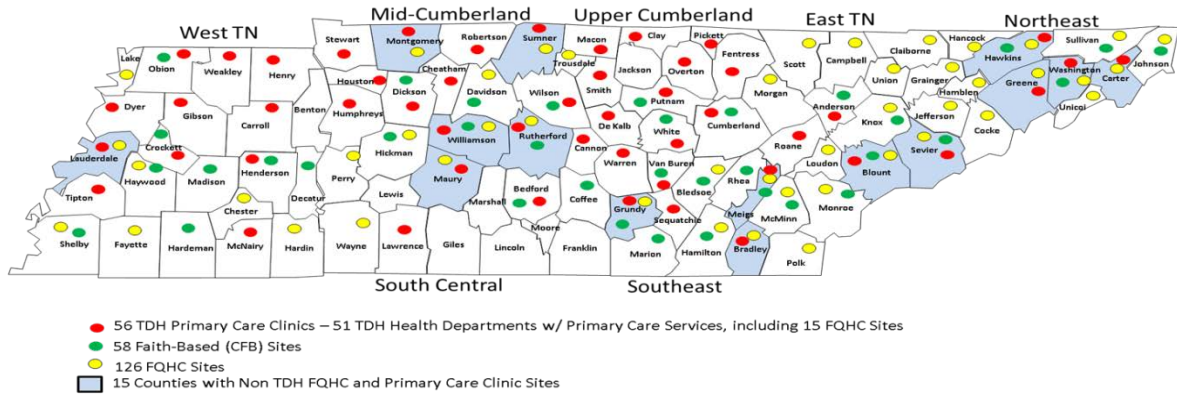
The Safety Net Emergency Dental Program for Uninsured Adults19-64 Years of Age, comprised of seventeen (17) Dental Providers, performed a total of seventeen thousand nine hundred eighty two (17,982) extractions in FY 13- 14, as compared to twenty thousand five hundred sixty nine (20,569) in FY 12-13 (12.5 % decrease). Funding is provided through the Tennessee Department of Health

In an effort to help Tennesseans with serious mental illness that lack behavioral health insurance coverage, the Behavioral Health Safety Net (BHSN) of TN collaborates with community mental health agencies across the state to provide vital services, helping people with serious mental illness lead functional and productive lives. Services include assessment, evaluation, diagnostic, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

During FY14, the BHSN of TN partnered with fifteen (15) Community Mental Health Agencies that provided vital behavioral health services to approximately thirty five thousand five hundred and ten (35,510) individuals across the state of Tennessee. The top three (3) services utilized were: Case Management; Office Visit for Evaluation and Pharmacological Management; and Individual Therapy. Funding for these services is provided through the Department of Mental Health and Substance Abuse Services.

In addition to direct funding support to providers of care for services, the State of Tennessee enacted a series of insurance products which assisted the uninsured to gain coverage for all or part of their medical related expenses.

Cover TN:
CoverTN did not meet the Affordable Care Act insurance requirements that went into effect and therefore CoverTN was suspended by the Cover Tennessee Program on January 1, 2014. Members were sent notices informing them that their coverage would end December 31, 2013, along with information on the federal Health Insurance Marketplace. Individuals now have access to coverage through the Health Insurance Marketplace or through their employer in the federally-run Small Business Health Options Program (SHOP) Exchange.

CoverKids continues to provide health coverage to children whose families earn within 250 percent of the federal poverty level (FPL), which was $ 59,625 per year for a family of four in 2014, as well as, providing unborn/maternity coverage through HealthyTNBabies. With the passage of the Affordable Care Act and access to the Health Insurance Marketplace, the members in the CoverKids buy-in program were notified in September, 2013 that their coverage would end December 31, 2013. The CoverKids buy-in program, which was state funded, required members to pay premiums as their income was above the threshold for the CoverKids program. CoverKids buy-in program members were supplied with information on how to contact the Health Insurance Marketplace through the internet or by phone for coverage options.

AccessTN members with incomes at or below the federal poverty level AND who receive premium assistance were able to maintain their coverage in 2014. Individuals above the federal poverty level and/or not receiving premium assistance were allowed to maintain their coverage through April 30, 2014. This extension allowed these individuals to find alternative coverage through the Health Insurance Marketplace open enrollment period active through March 31, 2014 to allow consumers an opportunity to transition insurance coverage prior to April 30, 2014.

Effective January 1, 2014, **CoverRx** continued to provide pharmacy assistance to eligible Tennesseans below the federal poverty level including members of the Mental Health Safety Net population.

Summary of Changes to Tennessee Healthcare Safety Net in 2014

Safety Net funding now provides access to primary health care for uninsured adults in 88 of Tennessee's 95 counties. During the past three years, a total of six (6) new contracts have been added to the Community and Faith Based practices and Community Health Centers (FQHCs) in the following counties; Rutherford, Lewis, Davidson, and Claiborne, Macon and Williamson. Funding partially reimburses providers for their costs of care through payments for each visit documented and billed to the State. With support from the $12 million recurring appropriation, a total of 536,318 visits to Community and Faith Based Clinics, Federally Qualified Health Center, and Project ACCESS Providers were delivered in 2014 representing a 3.2 percent increase over the previous year.

The enactment of the Patient Protection and Affordable Care Act of 2010, which introduced specific insurance eligibility requirements and the Health Insurance Market Place, significantly impacted   CoverTN, the CoverKids buy-in program and AccessTN members whose income exceeds the federal poverty level. Subsequently, both CoverTN and the CoverKids buy-in programs were discontinued effective December 31, 2013, along with coverage for affected AccessTN members, ending on April 30, 2014. This resulted in thirteen thousand six hundred twenty three (13,623) CoverTN members, three hundred forty three (343) CoverKids Buy-In program members and four hundred ninety one (491) AccessTN members being redirected to access alternative insurance coverage through the Health Insurance Market Place or their employer sponsored health insurance programs, including the federal Small Business Health Options Program (SHOP) Exchange.

Affordable Care Act Health Insurance Enrollment Navigator programs, outreach and enrollment staff funded through federal grants from ACA was assigned to provide in-person Health Insurance Marketplace enrollment assistance to uninsured individuals at safety-net provider's sites, including Community Health Centers, Community Faith Based organizations and Local Health Departments. One hundred fifty one thousand three hundred fifty two (151,352) Tennesseans enrolled, state-wide during the first open enrollment period between October 1, 2013 and March 31, 2014. As of December 15, 2014, eighty seven thousand one hundred thirty seven (87,137) Tennesseans have enrolled (including re-enrollments from the previous year) during the current open enrollment period which is active from November 15, 2014 through February 15, 2015.

Safety-Net provider sites are a premium access point for providing people with assistance enrolling in the Health Insurance Marketplace. The safety-net patient demographic is comprised of the uninsured, low-income, disproportionately poor and in many communities they are a member of a racial, ethnic or cultural minority, challenged with transportation, distance or geographic barriers to access care, and experience unmet health needs due to delayed care or lack of preventative care. Even if this vulnerable population of uninsured adults obtains health insurance through the Affordable Care Act, evidence points to a continuing issue of affordability of new insurance premiums, co-pays, deductibles, and other out-of-pocket expenses which creates an additional barrier to accessing care. The Adult Health Care Safety-Net provides a dedicated stream of funding support to safety-net patients navigating economic challenges and access to a medical home for patients whose health needs would have been unmet.

I.

INTRODUCTION

This report is provided in response to Tennessee Code Annotated 68-1-123, which requires the Commissioner of Health, in consultation with the Department of Finance and Administration and any other state agencies involved in the administration of the HealthCare Safety Net Program to provide a report to the General Assembly regarding data relating to access to care and healthcare safety net adequacy related issues. The aforementioned report addresses the allocation of scarce healthcare resources with attention to assuring a safety net of for access to health services that are part of community systems of care in rural and underserved areas across the state. *Please note that this report is due following a calendar year period; however, references to allocation of funding and service provision throughout the report are based on the State's fiscal year.*

II.

ACCESS TO CARE AND ARRAY OF SERVICES

A.   Public Health Primary Care Safety Net Expansion

1.   Statewide Expansion of the Capacity of Local Health Departments

On January 1, 2006, the Department of Health initiated a statewide expansion of primary care services to uninsured adult Tennesseans in the following ways: (1) increasing access for acute and episodic care and chronic disease management; and (2) offering the "best care possible" via preventive physical exams and essential health screenings. These strategies assist in individual preventive health maintenance, which in turn aids significant reduction in unnecessary hospitalizations. Prior to the safety net statewide expansion of primary care services on January 1, 2006, local health departments in seventeen (17) counties across the state provided primary care in a total of twenty (20) sites. At present, primary care services are provided in fifty-six (56) local health department (LHD) sites in fifty-one (51) of Tennessee's ninety-five (95) counties, including fifteen (15) Department of Health Federally Qualified Health Center (FQHC) clinic sites located in fifteen (15) counties of the state.

In fiscal year 2013-14, forty-one (41) local health department (LHD) sites provided, approximately one hundred twenty thousand three hundred twenty eight (120,328) uninsured adult medical encounters to adult Tennesseans nineteen (19) to sixty-four (64) years of age, a decrease of approximately seven (7) percent from the Department of Health's uninsured adult

encounters in FY2012-2013.[1] The aforementioned encounter numbers do not include the fifteen (15) local health departments operated by the Department of Health that are designated FQHCs. The visit numbers of the forty-one (41) local health department sites are included in Table 1.

Table 1: Non-FQHC Local Health Department Primary Care Clinics

Non-FQHC Local Health Department Primary Care Clinics	
Primary Care Age Groups	**Uninsured Adult Encounters FY2013-2014**
19-20 Years	2,674
21-24 Years	8,536
25-29 Years	10,556
30-34 Years	9,712
35-39 Years	9,289
40-44 Years	12,424
45-49 Years	16,947
50-54 Years	20,290
55-59 Years	16,823
60-64 Years	13,077
Grand Total	**120,328**

In conjunction with primary care services, LHDs offer prescription medications, including generic drugs, priority drug groups, patient drug assistance programs and referral for specialty care when necessary. For example, some local health departments have partnered with local hospitals to offer discounted diagnostic services or a limited amount of diagnostics at no charge for uninsured adult health department patients. Also, some local hospitals have allowed the health department online access to emergency room records. Finally, in addition to expanded primary care services at many local health departments, all health departments continue to provide traditional public health services such as Family Planning, Communicable Disease Surveillance and Management, Breast and Cervical Cancer Screening, Immunizations, and Women, Infants, and Children (WIC) services.

2. *State Funded Expansion of the Capacity of FQHCs, FQHC Look-A-Likes & LDH FQHCs*

In fiscal year 2007, twenty-three (23) provider organizations designated as FQHCs (Federally Qualified Health Centers, a Medicare and Medicaid reimbursement designation for organizations that offer a broad range of primary care and prevention services including Community Health

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[1] In response to compliance with 2012 Tenn. Pub. Acts, ch. 1061 (the "Eligibility Verification for Entitlements Act") as required by Tenn. Code Ann. § 4-57-106(b). The Tennessee Department of Health, including local health departments, boards and commissions, has implemented protocols and policies to verify that every adult applicant for "public benefits" is a United States citizen or a "qualified alien", within the meaning of Chapter 1061.

Center Organizations that receive United States Public Health Service Section 330 Grant Funding) with a total of eighty-four (84) sites received $6 million in funding to expand existing capacity of primary care services in forty-one (41) of Tennessee's ninety-five (95) counties. This provided funding for a total of two hundred seventeen thousand six hundred seventy-three (217,673) uninsured adult medical encounters. In fiscal year 2008 the funding allocation increased to 7.6 million comprised of $4.6 million of recurring funding and 3 million of non-recurring funding. The funding allocation decreased to 6.9 million in fiscal year 2009, continuing to decrease to 6 million in fiscal year 2010 where it has remained consistent at this amount throughout fiscal years 2010 to 2014. The number of uninsured adult medical encounters steadily increased from fiscal years 2007 to 2011 and peaked at three hundred six thousand three hundred thirty six (306,336) in fiscal year 2012. This upward trend of utilization is reflective of an economic downturn perpetuating a high unemployment rate and subsequent loss of employer-sponsored health insurance resulting in an increased number of uninsured adults during this time. As the economic status began to improve, the number of medical encounters began to decrease, as is reflective in fiscal year 2013 where the number of medical encounters progressively decreased to two hundred eighty eight thousand five hundred eight (288,508) and further decreased to two hundred seventy eight thousand eight hundred forty five in fiscal year 2014.

Table 2: FQHC Growth and State Funding Picture FY 2007 – FY 2014

FQHC State Funding Picture FY2007-FY2014		
State Fiscal Year Period	**Allocation**	**Number of Uninsured Adult Medical Encounters**
FY 2007	**$6,000,000**	**217,673**
FY 2008	**$7,600,000**	**241,737**
FY2009	**$6,900,000**	**280,404**
FY2010	**$6,000,000**	**296,942**
FY2011	**$6,000,000**	**294,427**
FY2012	**$6,000,000**	**306,336**
FY2013	**$6,000,000**	**288,508**
FY2014	**$6,000,000**	**278,845**

Graph 2: State Funding Support for Primary Care Services at FQHCs FY 2007 – FY 2014

FQHC State Funding Picture FY2007-FY2014
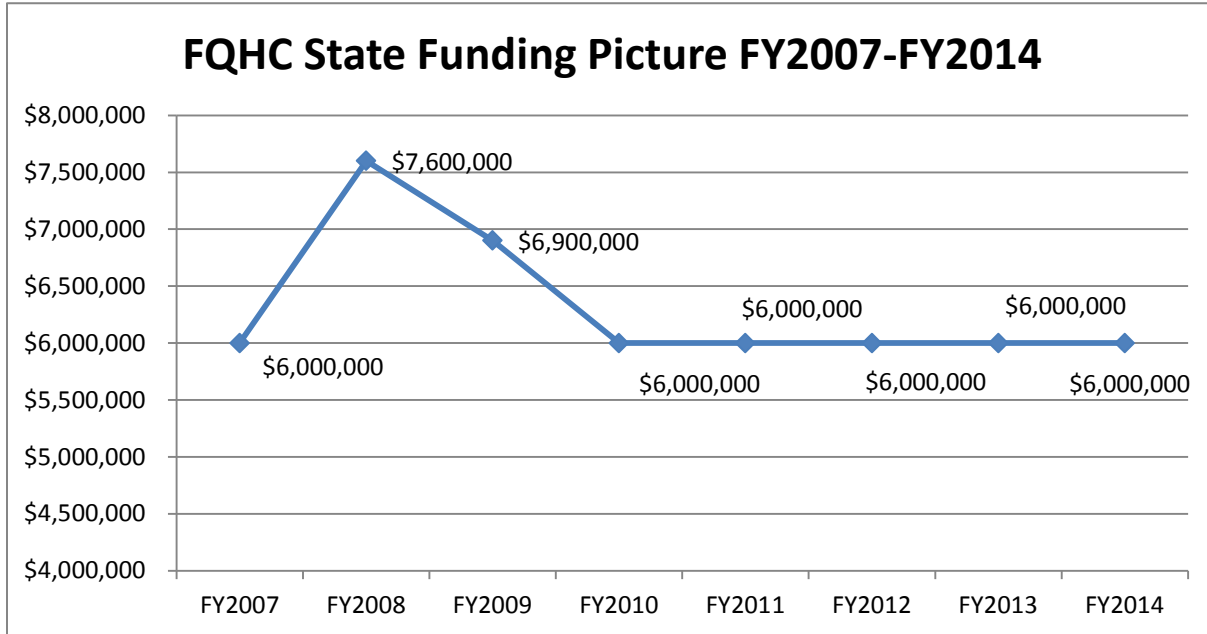
Graph 3: Uninsured Adult Medical Encounters FY 2007 – FY 2014

Uninsured Adult Medical Encounters - FQHC
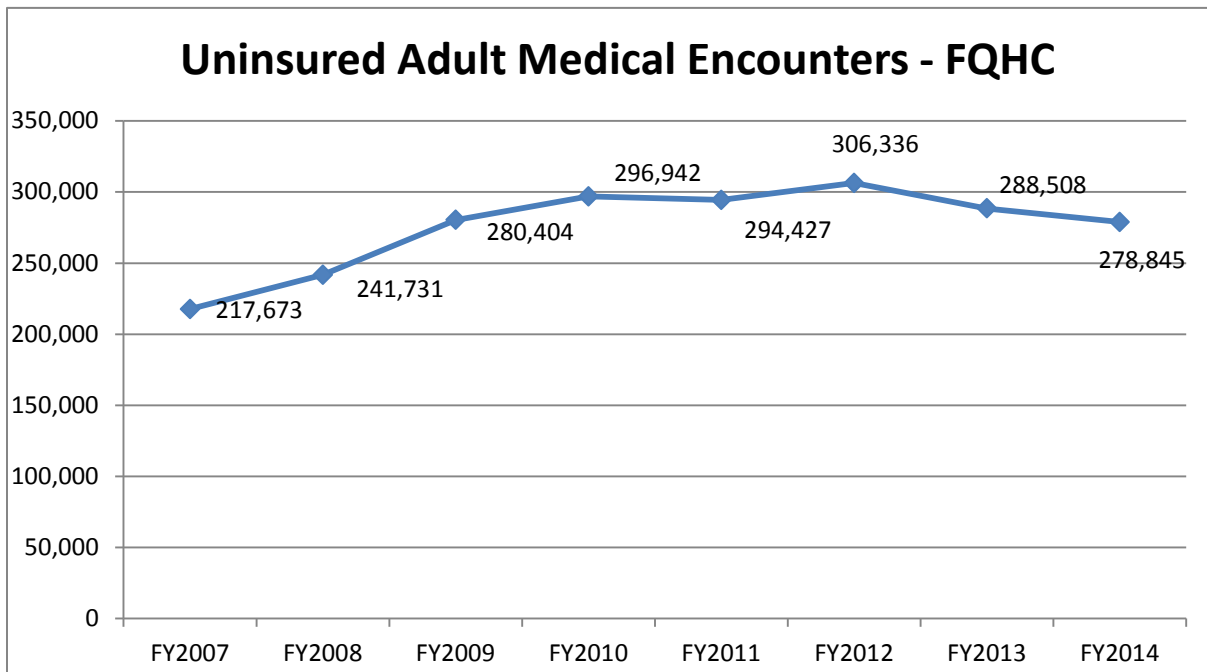
Currently, there are twenty-seven (27) community health center FQHCs and one (1) FQHC Look-A-Like in Tennessee with just over 200 service delivery sites. Delivery sites include primary care service delivery sites, dental service delivery sites, and other miscellaneous service delivery sites such as school based health centers and homeless clinics. ***Note: Attachment 7 lists only Safety Net primary care FQHC sites.***

These private, nonprofit, community-directed health care facilities provide high-quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured Tennesseans. In 2013 FQHCs in Tennessee provided care to over 396,000 patients. According to the Tennessee Primary Care Association (TPCA), on average approximately 40% of community health center patients are uninsured; however, that number may be as high as 80% for some centers. Nearly 80% of the total FQHC patients have income levels below 100% of the Federal Poverty Level. Historically, community health centers participated in Health Disparities Collaborative, a national effort to improve health outcomes for all medically underserved people with chronic diseases, such as diabetes, cardiovascular disease, depression and asthma. This initiative prepared community health centers to begin transforming their practices into Patient Centered Medical Homes (PCMHs). The patient-centered medical home is a "way of organizing primary care that emphasizes care coordination and communication to transform primary care into 'what patients want it to be.' Medical homes can lead to higher quality and lower costs, and can improve patients' and providers' experience of care." (National Committee for Quality Assurance). Health centers in Tennessee are working on PCMH Recognition through the National Committee for Quality Assurance (NCQA) or Primary Care Medical Home Certification through The Joint Commission (TJC). The first Tennessee health center achieved PCMH Certification in March 2013. Through October 2014, thirty eight (38) sites from eleven (11) health centers have achieved PCMH Recognition or Certification.

These centers are also working hard to improve clinical quality. The Center for Quality in Community Health is a network of Community Health Centers and partners that supports a continually evolving health care system by sharing information and expertise to facilitate learning, support quality improvement and develop leadership. Through the use of timely, relevant data, the Center for Quality in Community Health promotes collaboration, sustainability, cost effectiveness and healthier communities in Tennessee.

With the exception of two centers, all Tennessee community health centers now have an electronic health record and will continue working towards achieving meaningful use federal criteria. Community Health Centers are consistently providing the recommended standards of care for the aforementioned chronic health conditions, which should result in improved health outcomes for participants. In addition, all Community Health Centers are eligible and may participate in the federal 340B Drug Pricing Program, which provides significant savings on pharmaceuticals for their patients.

Many Tennessee community health centers are using the advanced technology of telehealth to improve patient access to primary and specialty care. Telehealth uses electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.[2] Nationwide studies have found that telehealth can reduce the cost of health care, reduce travel times, and result in better management of chronic diseases.[3] Additionally, some Community Health Centers are using telehealth to provide care to students in public schools. The use of telehealth in schools can reduce student absenteeism, reduce the amount of work missed by parents to transport children to physicians' offices, and improve school nursing staffing requirements.[4]

A diabetes self-management telehealth pilot project was conducted from March through June of 2013, as a collaborative initiative among the Tennessee Department of Health, the Tennessee Primary Care Association and local Community Health Centers. The goal was to increase access to supplemental primary care services for uninsured adult patients dually diagnosed with diabetes and depression. The intention was to provide nutritional and behavioral counseling to improve diabetes self-management outcomes for adult patients diagnosed with diabetes who received primary care through one of five (5) contracted Community Health Center safety net providers. The target patient population selected for a telehealth consult was patients diagnosed with diabetes and screened as positive for depression or those who were referred because of continuing self-management issues related to diet and weight issues. Patients referred for a telehealth consultation received a nutritional consult from a designated Tennessee Department of Health nutritionist and a behavioral health telehealth consult provided by an East Tennessee State University Staff, Clinical Psychologist. The outcome of this pilot was a successful demonstration of telehealth as an effective means of remote access to patient care from both the patient and telehealth consultant perspective. Alleviating distance as an access barrier to care increased the likelihood of returned patient visits for subsequent consults which is directly associated with enhanced patient self-management outcomes. Additionally, this pilot also proved telehealth services as a successful technology to support an interdisciplinary health care team approach for patient care.

3.   *Statewide Expansion of the Capacity of Selected Faith-Based, Community-Based Rural Health, and Federally Funded Centers*

In September of 2005, the Department of Health received an appropriation of approximately $6.3 million by the General Assembly. The Department of Health accepted applications, reviewed,

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[2] 1 U.S. Department of Health Resources Services Administration. http://www.hrsa.gov/ruralhealth/about/telehealth/
2 American Telehealth Association. http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3308
3 American   Telehealth   Association.   http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3308
4 American Telehealth Association

and awarded grant applications for expansion of primary care services among faith-based, community-based, rural health, and other federally funded centers. The grant process funded an additional sixty-seven (67) healthcare safety net providers and created expanded capacity in forty-four (44) counties. From July 15, 2005 (date of actual TennCare disenrollment) through June 30, 2006, this further expansion of the healthcare safety net resulted in basic primary care for an additional fifty seven thousand six hundred seventy one (57,671) uninsured adult Tennesseans (visit data was not required to be reported), which included a medical home for health conditions including hypertension, diabetes, hyperlipidemia, allergies, and asthma. In addition, laboratory services, pharmacy services and referral to specialty care were provided.

A second phase of the HealthCare Safety Net Grant Application process was initiated during fiscal year 2007. The Department of Health accepted, reviewed, and implemented forty-two (42) Community Faith Based grants awards. Applicant eligibility included one or more of the following criteria; faith based clinic, community based clinic, non-profit agency clinic, for profit agency clinic, or a designated rural health clinic. The healthcare safety net grantees provided one hundred sixty-four thousand six hundred eight (164,608) uninsured adult medical encounters during the July 1, 2006 through June 30, 2007 period. The funding allocation remained consistent at 6 million throughout fiscal years 2007 to 2009 but decreased to 5.1 million during fiscal years 2010 thru 2012 when funding availability was impacted by an economic downturn. However as the economy improved, the funding allocation returned to 6 million in fiscal years 2013 and 2014. The trend in the number of uninsured adult medical encounters shows a steady incline from fiscal years 2007 to 2014 with a slight peak in fiscal year 2012 at one hundred ninety nine thousand five hundred eighty six (199,586) and again in fiscal year 2014 at two hundred sixteen thousand five hundred thirty three (216,533) uninsured adult medical encounters. This upward trend in part reflects expansion and accessibility of Community and Faith Based providers through the increasing number of new grant awards. In fiscal year 2014, sixty four (64) grants were awarded to fifty eight (58) providers in thirty (30) counties, of which, thirty five (35) or approximately fifty five (55) percent of the clinics reside in counties located in the Tennessee Department of Health's rural regions.

Table 3: Community/Faith Based Growth and Funding, FY 2007-FY2014

Community/Faith Based Growth and Funding, FY2007-FY2014		
State Fiscal Year Period	**Allocation**	**Number of Uninsured Adult Medical Encounters**
FY 2007	**$6,000,000**	**164,608**
FY 2008	**$6,000,000**	**185,500**
FY2009	**$6,000,000**	**162,141**
FY2010	**$5,100,000**	**172,656**
FY2011	**$5,100,000**	**184,678**
FY2012	**$5,100,000**	**199,586**
FY2013	**$6,000,000**	**186,680**
FY2014	**$6,000,000**	**216,533**

Graph 4: Community/Faith Based Fund FY 2007 - FY 2014

Graph 5: Community/Faith Based Fund FY 2007 - FY 2014

Uninsured Adult Medical Encounters Community/Faith Based FY 2007- 2014

A line chart showing uninsured adult medical encounters from FY2007 to FY2014. Data labels: FY2007: 164,608; FY2008: 185,000; FY2009: 162,141; FY2010: 172,656; FY2011: 184,678; FY2012: 199,586; FY2013: 186,680; FY2014: 216,533. The vertical axis ranges from 0 to 250,000 in increments of 50,000.
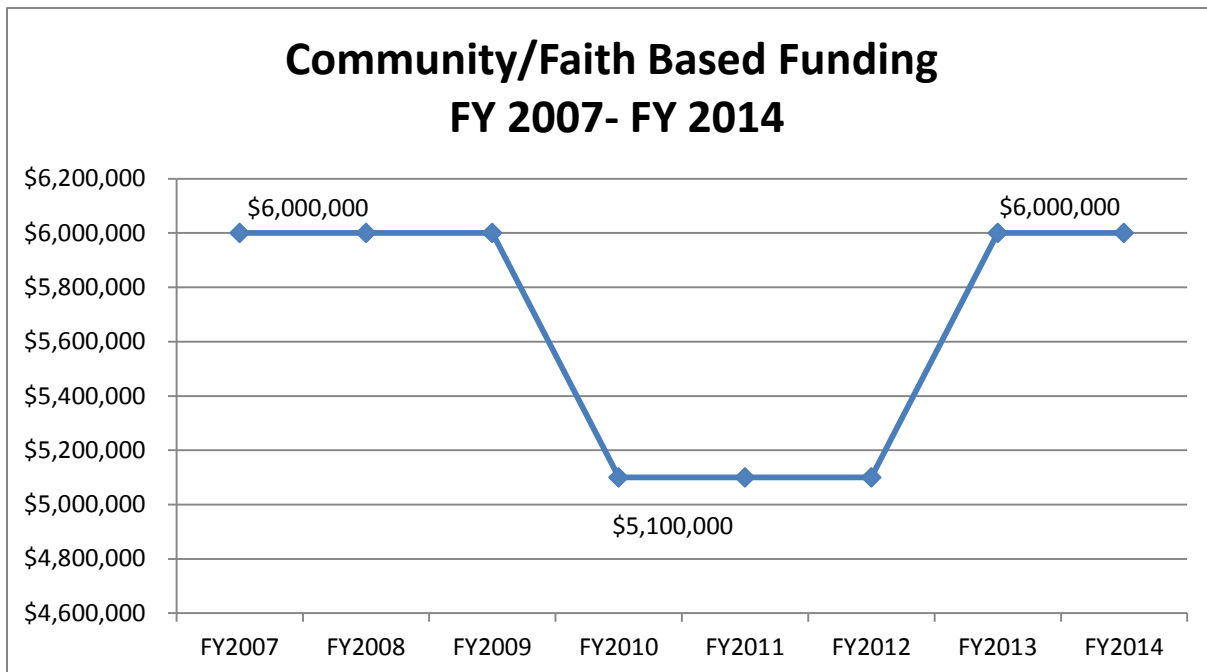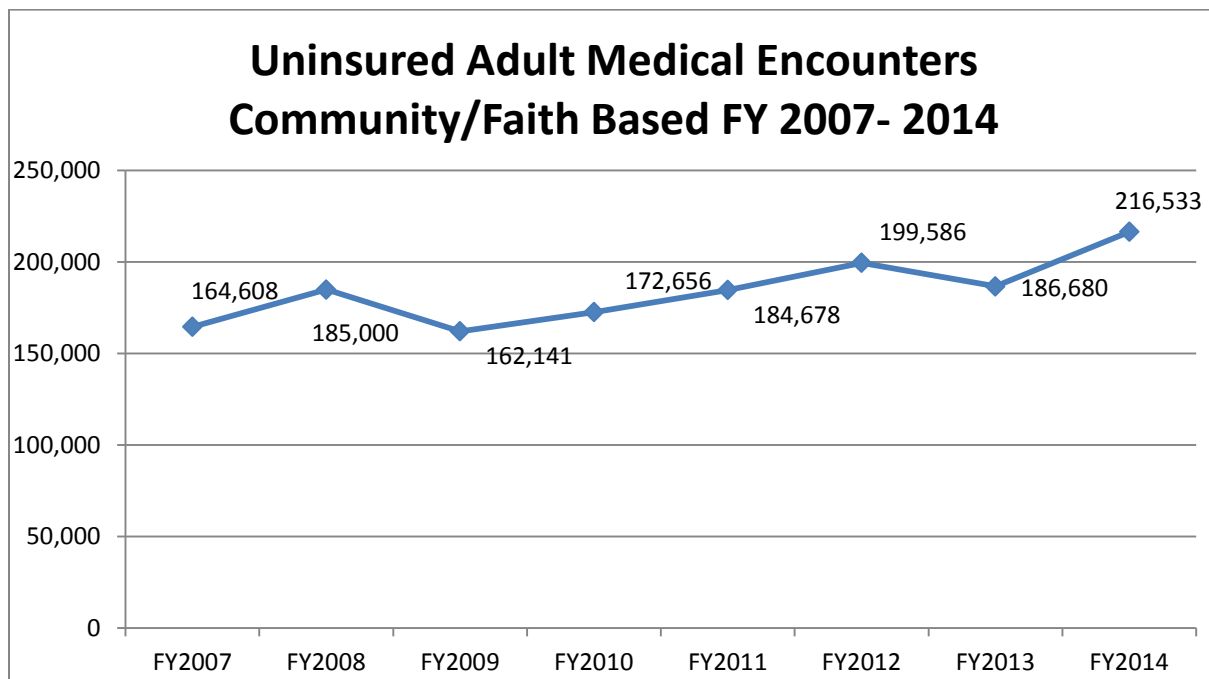
Throughout each of these grant application processes, the Department of Health gave preference to applicants that proposed to provide primary care services to meet the needs of a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where current Safety Net services are limited. HPSAs are federally designated counties, parts of counties (such as census tracts), or public facilities that have been recognized as meeting or exceeding the standards of need for certain services. Primary care HPSAs status has been used nationally for years as a measure of 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 and 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.

A listing of HPSAs, MUAs, and MUPs for primary care, dental, and mental health services is included as Attachments 1 and 2. *(Note: A map of the primary care HPSAs is included with Attachment 1.)*

Included in investments made through community and faith based organizations are contracts awarded to Project Access networks. These organizations do not deliver primary care services but instead offer essential care coordination services for uninsured adults in metropolitan areas and provide referrals to primary care medical homes, specialty care services, and diagnostics. This coordination of a client's care needs, whether directly to a medical home or to a medical specialist is what defines a Project Access care coordination grantee. Diagnostics provided at either a medical home or by a specialist can in many cases prevent the necessity for a costly hospital emergency room visit. One example of patient care coordination follows: patient enrolled with a variety of medical issues. The patient's case manager coordinated an appointment with a primary care provider (PCP). The PCP sent referral to see an oncologist. Project Access grantee coordinated many oncology and diagnostic testing appointments; the patient was diagnosed with lymphatic cancer. Grantee coordinated cancer treatment for the patient, including chemotherapy. The patient's oncologist is very confident that the patient will beat the cancer and make a full recovery. Cost of lymphoma treatment without health insurance: $86,000. Approximately 108 care encounters invoiced to the State: $2,700. Agencies that received funding in fiscal year 2014 to serve as referral services for linking uninsured adults to these services were: Nashville Academy of Medicine, Appalachian Mountain Project Access, Hamilton County Project Access, and Knox County Project Access.

- The Project Access Nashville network (formerly Bridges to Care) network is comprised of nine (9) hospitals, seven (7) federally subsidized primary care clinics, ten (10) faith-based public and private hospital sponsored primary care clinics, four (4) dental clinics, four (4) mental health centers, three (3) alcohol and drug treatment centers.

  Uninsured adults who are enrolled in Project Access Nashville and are at 200% or below poverty level have access by referral to approximately one thousand seven (1,007) volunteer physician specialists through the Project Access Nashville – Specialty Care Program, operated by the Nashville Academy of Medicine. From July 1, 2013 through June 30, 2014, the Nashville Academy of Medicine coordinated services for one thousand nine hundred eighty nine (1,989) specialty care encounters with physicians and one hundred thirty five (135) hospital encounters. The reported value of coordinated care for FY 2014 is two million four hundred thirty eight thousand one hundred sixty three dollars ($2,438,163).

- Appalachian Mountain Project Access has a network of approximately five hundred sixty four (564) primary care physicians and physician extender volunteers, and provided five thousand five hundred twenty four (5,524) medical visits for uninsured adults during fiscal year 2014. Donated medical services have surpassed $37 million in cumulative donated care since AMPA opened in late 2007.

- The Hamilton County Project Access network is comprised of approximately seven hundred eighty (780) physician and physician extender volunteers, and coordinated services for sixteen thousand (16,000) medical encounters in fiscal year 2014. Donated medical services have surpassed over $126 million since the program began in April 2004, including $14.7 million in services in FY 2013-14.

- Knox County Project Access is comprised of one thousand two hundred-fifty seven (1,270) physicians and physician extender volunteer providers and coordinated services for twenty thousand three hundred seventy two (20,372) medical encounters in fiscal year 2014. Donated medical services have surpassed over $150 million since the program began in 2006.

Summary Comparison of HealthCare Safety Net Uninsured Adult Medical Encounters for FY2009 - 2014

Table 4: *HealthCare Safety-Net Medical Encounters FY 2009 – FY 2014*

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014
Local Health Departments	159,384	158,709	147,463	140,140	129,204	120,328
Local Health Departments designated as FQHCs	49,070	51,555	50,433	46,940	44,030	40,940
FQHCs (Non - LHD)	231,334	245,387	243,994	259,396	288,508	278,845
Community & Faith-Based	162,141	172,656	184,678	199,586	186,680	216,533
TOTAL:	601,929	628,307	626,568	646,062	648,422	656,646

Graph 6: (To complement Table 4): *Primary Care Medical Encounters FY 2009 – FY 2014*

Uninsured Adult Primary Care Medical Encounters at Local Health Departments and Safety Net Provider Sites FY2009 -FY 2014

All Providers
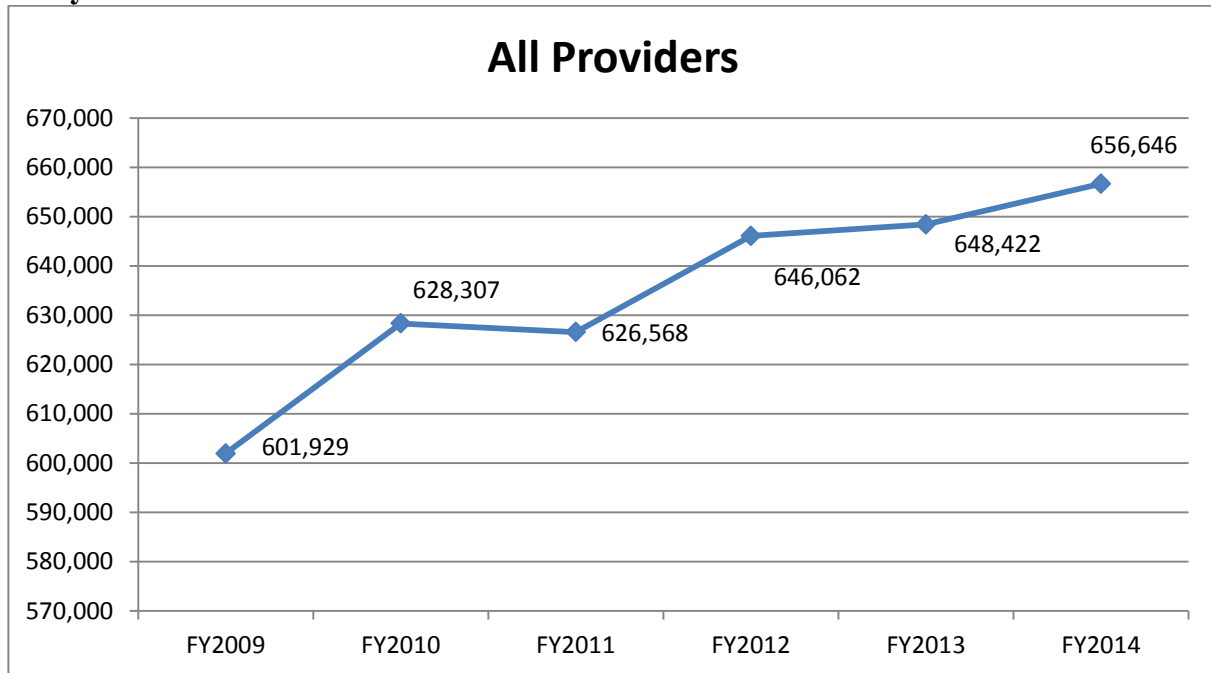
4.   Access to Statewide Dental Services

Safety Net legislation and funding were intended to enable provision of primary care to TennCare dis-enrollees and was not intended to exceed the level of previous benefits (e.g., TennCare does not cover adult dental services). Access to dental services, particularly emergency extractions, was identified as an important service that Safety Net funding could support. And while there is no public mandate for the Department of Health to provide dental services, the Department strives to address oral health needs of vulnerable citizens and currently awards grants for the provision of emergency dental services to uninsured adults ages nineteen (19) to sixty-four (64). Both strategies are described below.

Tennessee Department of Health (TDH) provides support and operates preventive dental and adult dental services programs with supplemental funding from county governments, community partnerships, and other public and private agencies and organizations, many on part-time basis.

- In forty nine (49) rural counties and one regional office, there are fifty (50) dental clinics located within the local public health departments of which the TDH has oversight. As of October 2014, there were forty-two (42) of the fifty (50) dental clinics staffed and open one (1) to five (5) days per week. The days and times that

clinics are open is dependent upon location. All staffed clinics provided emergency dental care for adults in fiscal year 2014.

- The West Tennessee Regional Office Dental Clinic opened in March 2011 and provides comprehensive care to adults and children. Fourth year dental students from the University of Tennessee Health Sciences Center in Memphis rotate through the facility providing care to the underserved.

- In September 2013, the Montgomery & Maury County Health Department Dental Clinics expanded their scope of services to include comprehensive care to a targeted diabetic adult population as well as comprehensive care to children and emergency care to adults. Fourth year dental students and dental residents from the Meharry Medical College School of Dentistry rotate through these facilities providing dental care to the underserved.

- Both Hamilton and Knox County provide emergency dental services to uninsured and underinsured adults ages nineteen (19) to sixty-four (64) at their health departments.

- The Metro Public Health Department in Davidson County provides adult emergency dental services at the Lentz Public Health Center. The Metro Public Health Department also coordinates services with the Matthew Walker Comprehensive Care Clinic to access additional adult emergency dental care.

- The Shelby County Health Department provides comprehensive dental services to patients less than twenty-one (21) years of age and adult emergency dental services. Referrals are made. Adults seeking non-emergency dental services are referred to full service dental clinics in the community.[3]

- The Jackson-Madison County Health Department does not currently provide dental services. The Sullivan County Health Department Dental Clinic ceased operations in September 2011 and no longer provides dental services to patients.

As part of its Safety Net investments in recognition of the shortage of oral health care for the uninsured, the Tennessee Department of Health initiated a dental safety net program for emergency dental services for uninsured adults' ages nineteen (19) to sixty-four (64) in 2008. Grants were awarded to seven (7) dental providers; emergency dental services (extractions) were provided to approximately three thousand two hundred eighty-five (3,285) uninsured adults in the first year. The shortage of oral health services and access to care issues has continued, if not increased since 2008. By fiscal year 2014, seventeen (17) grantees received emergency dental grant awards and provided seventeen thousand nine hundred eighty two (17,982) extractions. In addition to the seventeen (17) Safety Net Grantee(s) forty two (42) of the staffed fifty (50) regional Health Department dental clinics, performed five thousand eight hundred sixty nine 5,869 emergency dental extractions in FY 13-14.

Graph 7: Safety-Net Dental Providers, FY 2008 - 2014

Saftey-Net Dental Providers FY 2008-FY 2014

Year	Value
2008	7
2009	7
2010	15
2011	16
2012	15
2013	16
2014	17
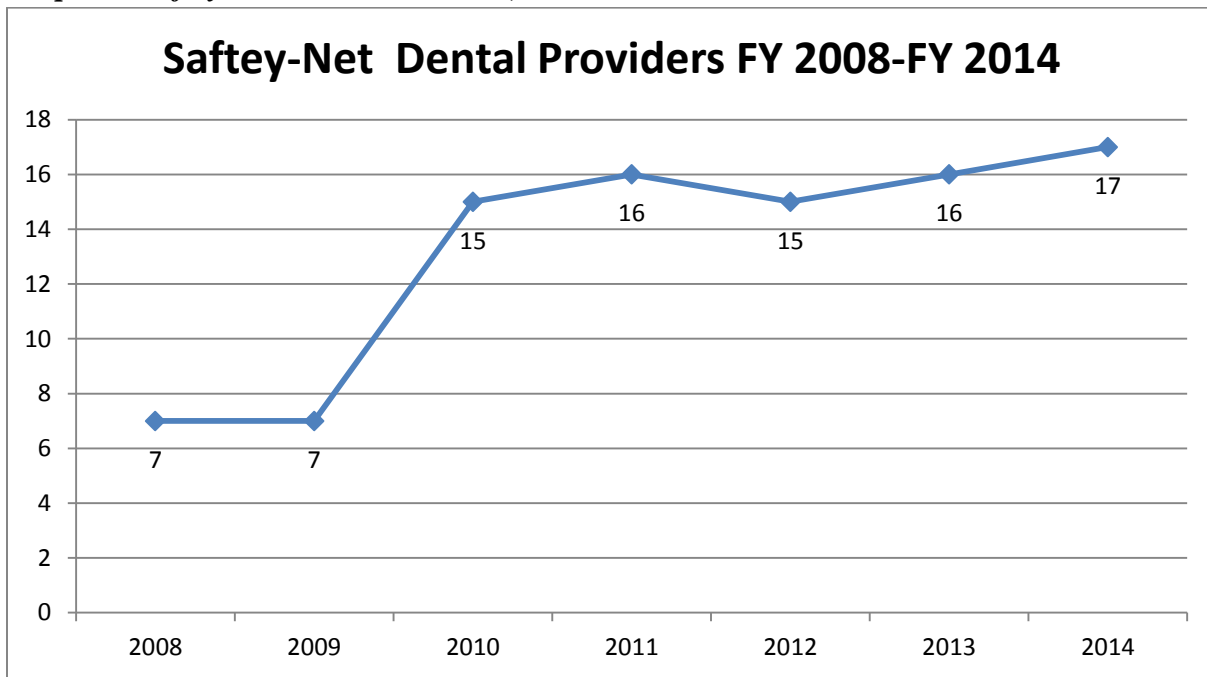
Graph 8: Emergency Dental Extractions, FY 2008 – FY 2014

Emergency Dental Extractions FY 2008 - FY 2014

Year	Value
2008	3,285
2009	6,381
2010	18,016
2011	18,778
2012	22,464
2013	20,569
2014	17,982
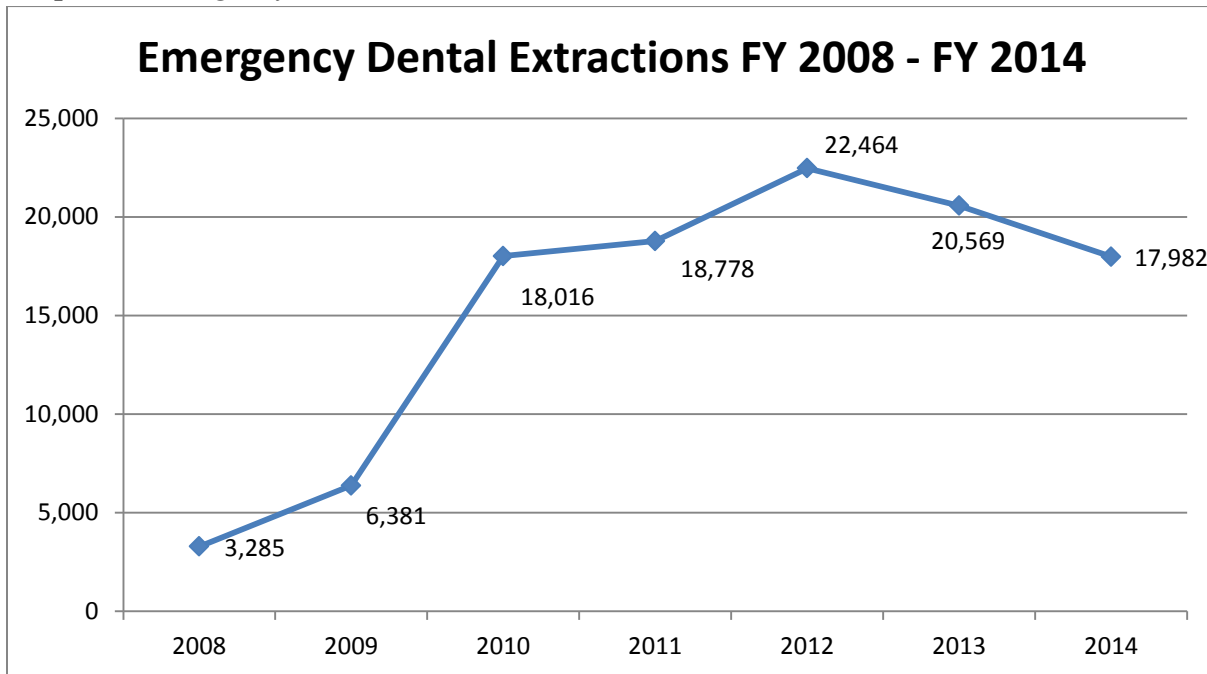
B.   Behavioral Health Safety Net of Tennessee

1.   Program Background and Overview

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the former Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), currently referred to as the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the Mental Health Safety Net (MHSN) to provide essential mental health services to the twenty one thousand (21,000) individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the one hundred ninety-one thousand (191,000) individuals who were dis-enrolled from the TennCare Program due to TennCare Reform. In July 2005, $11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the twenty (20) mental health agencies that agreed to be providers of services through the MHSN.

Individuals who were registered into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx (a state prescription assistance program). CoverRx provided discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with a $5 co-pay. On March 1, 2010, due to fiscal mandates, CoverRx removed the brand name atypical antipsychotic drugs from the formulary but still provides access to some generic versions, if available. Currently, CoverRx offers over two hundred fifty (250) generic and brand name drugs with a $3, $5, or $8 co-pay. Each provider also has a Pharmacy Assistance Coordinator(s) who assists service recipients in applying for CoverRx and accessing brand drugs through Pharmaceutical Manufacturer's Patient Assistance Programs.

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the out-patient portion of the TennCare Partners initiative, which at the time was covering the provision of services to approximately twelve thousand (12,000) very low income Tennesseans diagnosed with SPMI. TDMHSAS staff examined various alternatives for provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the Behavioral Health Safety Net of Tennessee (BHSN of TN) and served the State Only out-patient population, as well as the original MHSN population. At this time, the BHSN of TN became eligibility based, and opened enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of the BHSN of TN with its expanded enrollment base, an additional $10 million was appropriated. There is no federal financial participation for BHSN of TN service recipients. The ability of TDMHSAS to cover services is dependent on annual appropriations by the legislature.

Beginning July 1, 2009, the TDMHSAS agreed to offer three (3) BHSN of TN services to Daniels Class Dis-enrollees with Medicare and original MHSN individuals with Medicare who meet all other eligibility criteria except the age limit. The three (3) services offered were: Case Management; Medication Training and Support; and Clinically Related Group (CRG) Assessment, which were not covered by Medicare. These exception populations do NOT have access to CoverRx. Effective February 1, 2011, the CRG assessment was no longer being covered due to discontinuation as a tool used to determine eligibility. As a result of this change, only two (2) services were being offered: Case Management; and Medication Training and Support.

As of September 1, 2013, individuals who have Medicare Part B, and meet all other eligibility requirements for the BHSN of TN may be enrolled. They are eligible only for the four (4) approved services: Case Management, Medication Training and Support, Peer Support and Psychosocial Rehabilitation Services.

During FY14, the BHSN of TN partnered with fifteen (15) Community Mental Health Agencies that provided vital behavioral health services to approximately thirty five thousand five hundred and ten (35,510) individuals across the state of Tennessee. The top three (3) services utilized were: Case Management; Office Visit for Evaluation and Pharmacological Management; and Individual Therapy.

C.   Special Populations

1.   *Ryan White Part B Funds*

Beginning in 2006, the General Assembly appropriated $1.2 million of recurring state funding and $3 million of one-time state funding to assist the Department of Health with providing HIV treatment for former TennCare clients. In fiscal year 2007, the General Assembly appropriated the same funds plus an additional $3 million of healthcare safety net funding for the Ryan White Program to continue providing care. Funding for fiscal years 2008 through 2014 was continued at the same levels. These additional funds have enabled the Department to provide health services to more than one thousand one hundred (1,100) HIV positive clients who were dis-enrolled from TennCare, and a growing population of uninsured low income clients (three thousand seven hundred sixty seven [3,767] HIV Drug Assistance Program and two thousand three hundred twenty four [2,324] Insurance Assistance Program clients) out of a total of 7,000 clients who received Ryan White Part B services. These funds, along with drug company rebates in 2013, have allowed the Department to continue serving all eligible individuals in a continuously growing state program with critical HIV medications and outpatient medical services through the HIV Centers of Excellence network of providers. The Centers of Excellence clinics consist of a coordinated network of clinics and private practitioners across the State, which provides a comprehensive approach to AIDS and HIV therapy at twelve locations including five health departments. Life-saving treatment is provided to some of the State's most

vulnerable populations; many would go without treatment and care if state funds were unavailable to supplement federal funds for the program.

D.   Insurance Options for Uninsured

1. CoverTN

CoverTN did not meet the Affordable Care Act insurance requirements that went into effect and therefore CoverTN was suspended by the Cover Tennessee Program on January 1, 2014. Members were sent notices informing them that their coverage would end December 31, 2013 and information on the federal Health Insurance Marketplace. Individuals now have access to coverage through the Marketplace or through their employer in the federally-run Small Business Health Options Program (SHOP) exchange

2.   CoverKids

Qualifying families in Tennessee have been able to receive comprehensive health insurance since 2007 through CoverKids which serves children in families who do not qualify for TennCare but cannot afford private health coverage. With the passage of the Affordable Care Act and access to the Health Insurance Marketplace, the small amount of members in the CoverKids buy-in program was notified that their coverage would end December 31, 2013 and sent information about enrolling for alternative coverage in the Health Insurance Marketplace. Administered by BlueCross BlueShield of Tennessee, the program covers children whose families earn within 250 percent of the federal poverty level (FPL), which was $59,625 per year for a family of four in 2014, as well as providing unborn/maternity coverage through Healthy TNBabies.
As of January 9, 2014, CoverKids removed the three-month "go bare" requirement and changed the effective date of coverage to the date of receipt of the complete and signed CoverKids application. As of June 1, 2014, CoverKids no longer requires a pregnant woman to submit a Provider Statement when applying for HealthyTNBabies coverage. However, the pregnant woman must submit the maternity information within Section 3 of the CoverKids application.

CoverKids had sixty-eight thousand and one (68,001) members enrolled as of June 30, 2014.

3.   AccessTN

Access TN is the state's high risk pool which offers coverage to individuals who are uninsurable due to pre-existing conditions. Members pay monthly premiums for this comprehensive coverage.

Total monthly premiums in 2014 for the program ranged from $284 to $1,225, depending on the plan option selected, and the member's age, weight and tobacco use. Current members who utilized premium assistance continue to do so and have an annual certification of current income.

With the passage of the Affordable Care Act the AccessTN program does not meet the new federal insurance regulations after the one-year extension previously granted by the federal government for calendar year 2014. Given that information and with the understanding that individuals will likely be able to access lower cost coverage in the Marketplace the AccessTN board of directors voted to limit eligibility to the program. Effective May 2014, existing members with incomes at or below the federal poverty level AND who receive premium assistance were able to maintain their coverage in 2014.

Individuals above the federal poverty level and/or not receiving premium assistance were allowed to maintain their coverage through April 30, 2014. This extension allowed these individuals to find alternative coverage through the Health Insurance Marketplace which had an open enrollment period through March 31, 2014.

In 2010, the newly created and federally funded Pre-existing Condition Insurance Plan (PCIP) became available to Tennesseans. Effective April 30, 2014, the federal government closed the PCIP program due to the availability of coverage through the federal Health Insurance Marketplace.

AccessTN had five hundred and seventy-five (575) members as of June 30, 2014.

E.   Pharmacy Assistance

1.   CoverRx

CoverRx is the state's pharmacy assistance program for Tennesseans who do not have prescription drug coverage. With a formulary of more than 250 generic medications, as well as brand name insulin and diabetic supplies, CoverRx provides affordable medications to those who may otherwise be unable to fill prescriptions.

Qualifying CoverRx members pay no monthly premiums and only low, income-based co-pays for 30 and 90-day supplies of medications. Co-pays are based on household income and each member has a five (5) prescription-per-month limit.

CoverRx has always included members of the Mental Health Safety Net population, who may receive a limited supply of specific brand name mental health medications in addition to the formulary.

CoverRx closed to members above the federal poverty level after December 31, 2013 due to new opportunities and potential tax credits available through the federal Health Insurance Marketplace. Members were sent notices informing them their coverage would end December 31, 2013, and to provide them information about enrolling in the federal Marketplace.

CoverRx had forty-six thousand four hundred fifty-nine (46,459) members as of June 30, 2014.

III

SUMMARY

The Tennessee Department of Health has assessed the state of the healthcare safety net in Tennessee and evaluated "the array of services, adequacy of services, and access to care." The assessment shows a comprehensive approach using multiple approaches to assure access for healthcare safety net services the approaches rely on strong collaborative efforts among state, public/private, not-for-profit and for-profit sectors.

Safety Net appropriations have proven invaluable to hundreds of thousands of Tennesseans caught in a changing health care world that has seen hospital closures, changes in availability, cost and coverage of insurance products, and continuing shortages of primary care in selected communities. Attachment 1 of this Report documents the shortage situation across the state. Access to primary care and care coordination services is pivotal to restraining the cost of expensive emergency care. The TDH contracting mechanism with provider organizations already in communities is an efficient means of assuring this care.

Attachment to this report provides statewide pictures one (1) is the most current overview available by county of the Federal Health Professional Shortage Areas (HPSA) for Primary Care, Dental Health, and Mental Health. Attachment three (3) is a table showing Unduplicated Department of Health Dental Patients and Visits by Region and County. Attachments four (4), five (5), and six (6) are buffer maps showing accessibility of primary care services within a thirty (30) mile radius at local health departments, federally qualified health centers, and safety net primary care sites. Attachment seven (7) is a table of healthcare safety net service provision delineated by region and county including FQHC sites, health departments offering primary care services, faith-based or community-based grantees, mental health service providers, adult dental

services through the health departments, adult dental emergency safety net sites, and adult dental services available at FQHCs.

Federal Health Professional Shortage Areas
Primary Care, 2014
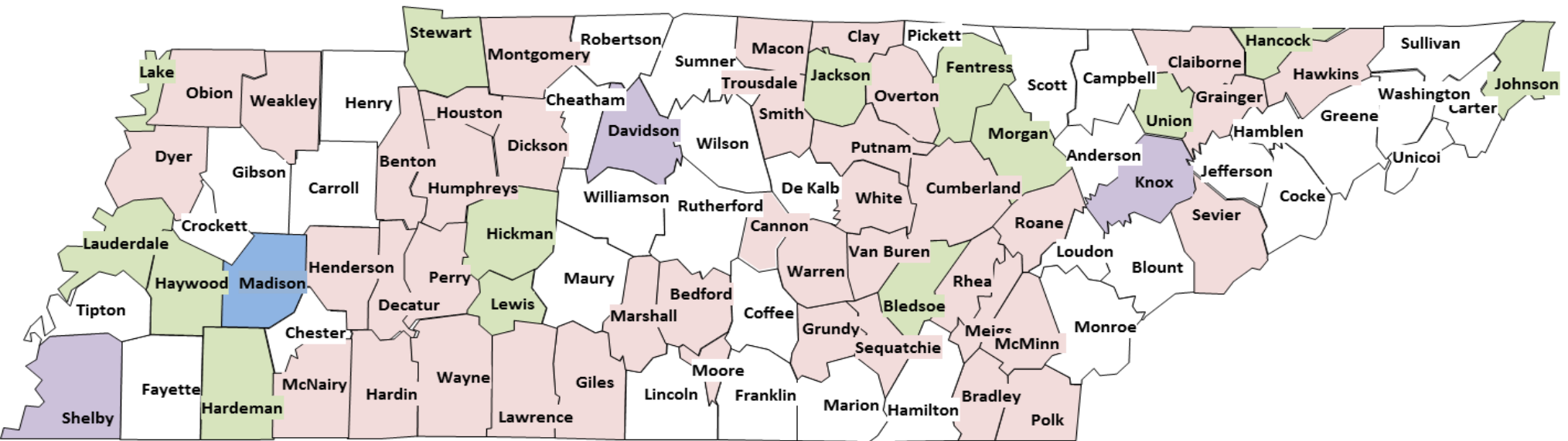
Legend:
Whole County Low-Income Population
Partial Low-Income Population
Whole County Geographic
Partial Geographic

County	Area Name/Parts	Type of Designation
Anderson	None	No Primary Care HPSAs in this county
Bedford	Low – Income Population	Population
Benton	Low – Income Population	Population
Bledsoe	Whole County	Geographic
Blount	None	No Primary Care HPSAs in this county
Bradley	Low – Income Population	Population
Campbell	None	No Primary Care HPSAs in this county
Cannon	Low – Income Population	Population
Carroll	None	No Primary Care HPSAs in this county
Carter	None	No Primary Care HPSAs in this county
Cheatham	None	No Primary Care HPSAs in this county
Chester	None	No Primary Care HPSAs in this county
Claiborne	Low – Income Population	Population
Clay	Low – Income Population	Population
Cocke	None	No Primary Care HPSAs in this county
Coffee	None	No Primary Care HPSAs in this county
Crockett	None	No Primary Care HPSAs in this county
Cumberland	Low – Income Population	Population
Davidson	East Nashville: designated census tract numbers available upon request	Low-Income Population
Davidson	South Nashville/Vine Hill: designated census tract numbers available upon request	Low-Income Population
Decatur	Low Income Population	Population
DeKalb	None	No Primary Care HPSAs in this county
Dickson	Low – Income Population	Population
Dyer	Low – Income Population	Population
Fayette	None	No Primary Care HPSAs in this county
Fentress	Whole County	Geographic
Franklin	None	No Primary Care HPSAs in this county
Gibson	None	No Primary Care HPSAs in this county
Giles	Low – Income Population	Population
Grainger	Low-Income Population	Population
Greene		No Primary Care HPSAs in this county
Grundy	Low – Income Population	Population
Hamblen		No Primary Care HPSAs in this county
Hamilton	None	No Primary Care HPSAs in this county
Hancock	Whole County	Geographic

County	Area Name/Parts	Type of Designation
Hardeman	Whole County	Geographic
Hardin	Low-Income Population	Population
Hawkins	Low-Income Population	Population
Henderson	Low – Income Population	Population
Haywood	Whole County	Geographic
Henry	None	No Primary Care HPSAs in this county
Hickman	Whole County	Geographic
Houston	Low – Income Population	Population
Humphreys	Low – Income Population	Population
Jackson	Whole County	Geographic, No Primary Care HPSAs in this county
Jefferson	None	No Primary Care HPSAs in this county
Johnson	Whole County	Geographic
Knox	East Knoxville: designated census tract numbers available upon request	Low-Income Population
Lake	Whole County	Geographic
Lauderdale	Whole County	Geographic
Lawrence	Low – Income Population	Population
Lewis	Whole County	Geographic
Lincoln	None	No Primary Care HPSAs in this county
Loudon	None	No Primary Care HPSAs in this county
Macon	Low –Income Population	Population
Madison	East Jackson: designated census tract numbers available upon request	Geographic Area
Marion	None	No Primary Care HPSAs in this county
Marshall	Low – Income Population	Population
Maury	None	No Primary Care HPSAs in this county
McMinn	Low – Income Population	Population
McNairy	Low – Income Population	Population
Meigs	Low – Income Population	Population
Monroe	None	No Primary Care HPSAs in this county
Montgomery	Low-Income Population	Population
Moore	Low – Income Population	Population
Morgan	Whole County	Geographic
Obion	Low – Income Population (Obion/Weakley)	Population
Overton	Low – Income Population	Population
Perry	Low – Income Population	Population
Pickett	None	No Primary Care HPSAs in this county
Polk	Low – Income Population	Population
Putnam	Low – Income Population (Putnam/White)	Population
Rhea	Low – Income Population	Population

County	Area Name/Parts	Type of Designation
Roane	Low – Income Population	Population
Robertson	None	No Primary Care HPSAs in this county
Rutherford	None	No Primary Care HPSAs in this county
Scott	None	No Primary Care HPSAs in this county
Sequatchie	Low-Income Population	Population
Sevier	Low-Income Population	Population
Shelby	Frayser/Raleigh: designated census tract numbers available upon request	Population
Shelby	Southwest Memphis: designated census tract numbers available upon request	Population
Shelby	Parkway Village/Fox Meadows: designated census tract numbers available upon request	Population
Smith	Low – Income Population	Population
Stewart	Whole County	Geographic
Sullivan	None	No Primary Care HPSAs in this county
Sumner	None	No Primary Care Primary Care HPSAs in this county
Tipton	None	No Primary Care HPSAs in this county
Trousdale	Low-Income Population	Population
Unicoi	None	No Primary Care HPSAs in this county
Union	Whole County	Geographic
Van Buren	Low – Income Population	Population
Warren	Low – Income Population	Population
Washington	None	No Primary Care HPSAs in this county
Wayne	Low – Income Population	Population
Weakley	Low – Income Population (Obion / Weakley)	Population
White	Low – Income Population (Putnam/White)	Population
Williamson	None	No Primary Care HPSAs in this county
Wilson	None	No Primary Care HPSAs in this county

*Counties highlighted in gray have no HPSAs.

DENTAL
HEALTH PROFESSIONAL SHORTAGE AREAS
DECEMBER 2014

County	Area Name/Parts	Type of Designation
Anderson	Low – Income Population	Population
Bedford	Low – Income Population	Population
Benton	Low – Income Population	Population
Bledsoe	Low – Income Population	Population
Blount	Low – Income Population	Population
Bradley	Low – Income Population	Population
Campbell	Low – Income Population	Population
Cannon	Low – Income Population	Population
Carroll	Low – Income Population	Population
Carter	Low – Income Population	Population
Cheatham	None	No Dental HPSAs in this county
Chester	Low – Income Population	Population
Claiborne	Low – Income Population	Population
Clay	Low – Income Population	Population
Cocke	Low – Income Population	Population
Coffee	Low – Income Population	Population
Crockett	Low – Income Population	Population
Cumberland	Low – Income Population	Population
Davidson	Bordeaux/Inglewood: designated census tract numbers available upon request	Geographic Area
Davidson	South Nashville/Vine Hill: designated census tract numbers available upon request	Geographic Area
Decatur	Low – Income Population	Population
DeKalb	Low – Income Population	Population
Dickson	Low – Income Population	Population
Dyer	Low – Income Population	Population
Fayette	Low – Income Population	Population
Fentress	Low – Income Population	Population
Franklin	Low – Income Population	Population
Gibson	Low – Income Population	Population
Giles	Low – Income Population	Population
Grainger	Low – Income Population	Population
Greene	Low – Income Population	Population
Grundy	Whole County	Geographic
Hamblen	Low – Income Population	Population
Hamilton	Chattanooga/East Ridge: designated census tract numbers available upon request	Population
Hamilton	North Chattanooga: designated census tract numbers available upon request	Population
Hancock	Whole County	Geographic
Hardeman	Low – Income Population	Population
Hardin	Low – Income Population	Population
Hawkins	Low – Income Population	Population
Haywood	Low – Income Population	Population
Henderson	Low – Income Population	Population
Henry	Low – Income Population	Population
Hickman	Low – Income Population	Population
Houston	Low – Income Population	Population
Humphreys	Low – Income Population	Population
Jackson	Low – Income Population	Population
Jefferson	Low – Income Population	Population
Johnson	Low – Income Population	Population
Knox	Low – Income Population	Population
Lake	Whole County	Geographic

County	Area Name/Parts	Type of Designation
Lauderdale	Low – Income Population	Population
Lawrence	Low – Income Population	Population
Lewis	Low – Income Population	Population
Lincoln	Low – Income Population	Population
Loudon	Low –Income Population	Population
Macon	Low – Income Population	Population
Madison	Low – Income Population	Population
Marion	Low – Income Population	Population
Marshall	Whole County	Geographic
Maury	Low – Income Population	Population
McMinn	Low – Income Population	Population
McNairy	Low – Income Population	Population
Meigs	Low – Income Population	Population
Monroe	Low – Income Population	Population
Montgomery	Low – Income Population	Population
Moore	Low – Income Population	Population
Morgan	Low – Income Population	Population
Obion	Low – Income Population	Population
Overton	Low – Income Population	Population
Perry	Low – Income Population	Population
Pickett	Low – Income Population	Population
Polk	Low – Income Population	Population
Putnam	Low – Income Population	Population
Rhea	Low – Income Population	Population
Roane	Low – Income Population	Population
Robertson	None	No Dental HPSAs in this county
Rutherford	None	No Dental HPSAs in this county
Scott	Low – Income Population	Population
Sequatchie	Low – Income Population	Population
Sevier	Low – Income Population	Population
Shelby	Southwest Memphis/Whitehaven-Levi: designated census tract numbers available upon request	Population
Shelby	Millington: designated census tract numbers available upon request	Population
Shelby	Northwest Memphis/Frayser: designated census tract numbers available upon request	Population
Shelby	Parkway Village/Fox Meadows: designated census tract numbers available upon request	Population
Shelby	Mullins Station-Macon: designated census tract numbers available upon request	Population
Smith	Low – Income Population	Population
Stewart	Low – Income Population	Population
Sullivan	Low – Income Population	Population
Sumner	None	No Dental HPSAs in this county
Tipton		Population
Trousdale	Low – Income Population	Population
Unicoi	Low – Income Population	Population
Union	Low – Income Population	Population
Van Buren	Low – Income Population	Population
Warren	Low – Income Population	Population
Washington	Low – Income Population	Population
Wayne	Low – Income Population	Population

DENTAL
HEALTH PROFESSIONAL SHORTAGE AREAS
DECEMBER 2014

Attachment 1

County	Area Name/Parts	Type of Designation
Weakley	Low – Income Population	Population
White	Low – Income Population	Population
Williamson	None	No Dental HPSAs in this county
Wilson	None	No Dental HPSAs in this county

*Counties highlighted in gray have no HPSAs.

County	Catchment Area	Area Name/Parts	Type of Designation
Anderson	6	All	Low-Income Population
Bedford	19	All	Geographic
Benton	21	All	Geographic
Bledsoe	12	All	Geographic
Blount	8	All	Low-Income Population
Bradley	10	All	Geographic
Campbell	6	All	Low-Income Population
Cannon	9	All	Geographic
Carroll	21	All	Geographic
Carter	1	All	Low-Income Population
Cheatham	14	All	Geographic
Chester	24	All	Geographic
Claiborne	5	All	Geographic
Clay	9	All	Geographic
Cocke	5	All	Geographic
Coffee	19	All	Geographic
Crockett	22	All	Geographic
Cumberland	9	All	Geographic
Davidson		All	Low-Income Population
Decatur	24	All	Geographic
DeKalb	9	All	Geographic
Dickson	14	All	Geographic
Dyer	22	All	Geographic
Fayette	25	All	Geographic
Fentress	9	All	Geographic
Franklin	19	All	Geographic
Gibson	21	All	Geographic
Giles	20	All	Geographic
Grainger	5	All	Geographic
Greene	4	All	Geographic
Grundy	12	All	Geographic
Hamblen	5	All	Geographic
Hamilton		All	Low-Income Population
Hancock	4	All	Geographic
Hardeman	24	All	Geographic
Hardin	24	All	Geographic
Hawkins	4	All	Geographic
Haywood	23	All	Geographic
Henderson	23	All	Geographic
Henry	21	All	Geographic
Hickman	20	All	Geographic
Houston	14	All	Geographic
Humphreys	14	All	Geographic
Jackson	9	All	Geographic
Jefferson	5	All	Geographic
Johnson	1	All	Low-Income Population
Knox		All	Low-Income Population
Lake	22	All	Geographic
Lauderdale	25	All	Geographic

33

County	Catchment Area	Area Name/Part	Type of Designation
Lawrence	20	All	Geographic
Lewis	20	All	Geographic
Lincoln	19	All	Geographic
Loudon	8	All	Low-Income Population
Macon	9	All	Geographic
Madison	23	All	Geographic
Marion	12	All	Geographic
Marshall	20	All	Geographic
Maury	20	All	Geographic
McMinn	10	All	Geographic
McNairy	24	All	Geographic
Meigs	10	All	Geographic
Monroe	8	All	Low-Income Population
Montgomery	14	All	Geographic
Moore	19	All	Geographic
Morgan	6	All	Low-Income Population
Obion	22	All	Geographic
Overton	9	All	Geographic
Perry	20	All	Geographic
Pickett	9	All	Geographic
Polk	10	All	Geographic
Putnam	9	All	Geographic
Roane	6	All	Low-Income Population
Rhea	12	All	Geographic
Robertson	14	All	Geographic
Rutherford		None	No Mental Health HPSA in this county
Scott	6	All	Low-Income Population
Sequatchie	12	All	Geographic
Sevier	8	All	Low-Income Population
Shelby		Parkway Village/Fox Meadows: designated census tract numbers available upon request	Population
Shelby		Raleigh: designated census tract numbers available upon request	Population
Shelby		Macon/Mullins Station: designated census tract numbers available upon request	Population
Shelby		Millington/Woodstock-Lucy: designated census tract numbers available upon request	Population
		Northwest Memphis/Frayser: designated census tract numbers available upon request	Population
		South Memphis/Whitehaven-Levi: designated census tract numbers available upon request	Population
Smith	9	All	Geographic
Stewart	14	All	Geographic
Sullivan	1	All	Low-Income Population
Sumner		None	No Mental Health HPSAs in this county
Tipton	25	All	Geographic
Trousdale		None	No Mental Health HPSAs in this county

County	Catchment Area	Name Area/ Part	Type of Designation
Unicoi	1	All	Low-County Population
Union	5	All	Geographic
Van Buren	9	All	Geographic
Warren	9	All	Geographic
Washington	1	All	Low-Income Population
Wayne	20	All	Geographic
Weakley	22	All	Geographic
White	9	All	Geographic
Williamson		None	No Mental Health HPSAs in this county
Wilson		None	No Mental Health HPSAs in this county

*Counties highlighted in gray have no HPSAs.

County	Area Name/Parts	Designation Type
Anderson	Census Tract Numbers: 207,208,210,212.01 and 212.02	MUA
Bedford	All	MUA
Benton	All	MUA
Bledsoe	All	MUA
Blount	Census Tract Numbers: 101, 105, 108, 112, 113, 114, and 116.02	MUA
Bradley	Minor Civil District Numbers: 3, 5, 6 and 7	MUA
Campbell	All	MUA
Cannon	All	MUA
Carroll	All	MUA
Carter	All	MUA
Cheatham	All	MUA
Chester	All	MUA
Claiborne	All	MUA
Clay	All	MUA
Cocke	All	MUA
Coffee	Minor Civil District Numbers: 1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12 and 13	MUA
Crockett	All	MUA
Cumberland	All	MUA
Davidson	Davidson Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Davidson	Bordeaux/Inglewood Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Decatur	All	MUA
DeKalb	All	MUA
Dickson	Minor Civil District Number: 4	MUA
Dyer	Minor Civil Districts Numbers: 2, 4 and 5	MUA
Fayette	All	MUA
Fentress	All	MUA
Franklin	All	MUA
Gibson	All	MUA
Giles	All	MUA
Grainger	All	MUA
Greene	Minor Civil Districts Numbers: 1, 2, 3, 4 and 5	MUA
Grundy	All	MUA
Hamblen	Minor Civil District Number: 9	MUA
Hamilton	Hamilton Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Hancock	All	MUA
Hardeman	All	MUA
Hardin	All	MUA
Hawkins	All	MUA
Haywood	All	MUA
Henderson	All	MUA
Henry	Minor Civil District Numbers: 1 and 2	MUA
Hickman	All	MUA

County	Name Area/Part	Type of Designation
Houston	All	MUA
Humphreys	Minor Civil District Number: 5	MUA
Jackson	All	MUA
Jefferson	Minor Civil District Numbers: 1, 2, 3, 6 and 8	MUA
Johnson	All	MUA
Knox	Knox Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Lake	All	MUA
Lauderdale	All	MUA
Lawrence	All	MUA
Lewis	All	MUA
Lincoln	All	MUA
Loudon	All	MUA
Macon	All	MUA
Madison	East Jackson Service Area: Census Tract Numbers 5, 8, 9, 10 and 11	MUA
Marion	All	MUA
Marshall	All	MUA
Maury	Minor Civil District Numbers: 6, 8 and 9	MUA
McMinn	All	MUA
McNairy	All	MUA
Meigs	All	MUA
Monroe	All	MUA
Montgomery	All	MUA
Moore	All	MUA
Morgan	All	MUA
Obion	All	MUA
Overton	All	MUA
Perry	All	MUA
Pickett	All	MUA
Polk	Minor Civil District Number: 3	MUA
Putnam	Minor Civil District Numbers: 4 and 8	MUA
Rhea	All	MUA
Roane	All	MUA
Robertson	All	MUA
Rutherford	Minor Civil District Number: 6	MUA
Scott	All	MUA
Sequatchie	All	MUA
Sevier	Minor Civil District Numbers: 1, 3, 4, 5, 7 and 10	MUA
Shelby	Northwest Memphis Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Shelby	Southeast Memphis Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA
Shelby	Shelby County Service Area: Multiple urban census tracts. Designated census tract numbers available upon request	MUA

County	Name Area/Part	Type of Designation
Smith	Minor Civil District Number: 8	MUA
Stewart	All	MUA
Sullivan	None	No MUA in this county
Sumner	Census Tract Numbers: 201, 202.01, 202.02, 203, 207 and 208	MUA
Tipton	All	MUA
Trousdale	All	MUA
Unicoi	All	MUA
Union	All	MUA
Van Buren	All	MUA
Warren	All	MUA
Washington	Minor Civil District Numbers: 5, 8 and 9	MUA
Wayne	All	MUA
Weakley	All	MUA
White	All	MUA
Williamson	Minor Civil District Numbers: 2 and 3	MUA
Wilson	All	MUA

		FY 12-13	FY 13-14	FY 12-13	FY 13-14
HD Type		**Adult Dental Patients**	**Adult Dental Patients**	**Adult Dental Visits**	**Adult Dental Visits**
Rurals	1 - Northeast	994	1,267	1,379	1,765
	2 - East Tennessee	500	678	637	908
	3 - Southeast	330	309	389	350
	4 - Upper Cumberland	154	106	167	109
	5 - Mid Cumberland	708	1,287	1,187	2,595
	6 - South Central	655	628	1,132	1,601
	7 - West	1,674	2,008	3,628	4,014
	Totals:	**5,015**	**6,283**	**8,519**	**11,342**
Metros	Knox	2,250	1,952	4,383	3,778
	Sullivan**	0	-	0	0
	Davidson***	102	118	154	180
	Hamilton	355	315	440	355
	Shelby****†	0	0	0	0
	Totals:	**2,707**	**2,385**	**4,977**	**4,313**
	State Totals:	**7,721**	**8,668**	**13,496**	**15,655**

Title: **FY 12-14 County Health Departments Adult Dental Data by Region**[*]

*Data reported is based upon adults defined as 21 years of age and older.

**Sullivan County Closed their dental clinic in September 2011 because of lack of dental provider.

*** The Metro Public Health Department provides adult dental emergency services at the Lentz Dental Clinic. They also coordinate services with the Matthew Walker Clinic to access additional adult emergency dental care.

****Data not entered into State Health Department's statistical tracking system (PTBMIS).
†Shelby County defines adults as being ages 18-64

FY 13-14 County Adult Dental Data [*]			
Region	**County**	**Adult Dental Patients**	**Adult Dental Visits**
Rurals:			
1 - Northeast	010 - Carter	211	229
	030 - Greene	566	923
	034 - Hancock	*****	*****
	037 - Hawkins	261	336
	046 - Johnson	32	33
	086 - Unicoi	109	150
	090 - Washington	88	94
	Total:	**1,267**	**1,765**
2 - East Tennessee	005 - Blount	58	60
	007 - Campbell	47	82
	015 - Cocke	32	34
	032 - Hamblen	15	23
	053 - Loudon	140	211
	062- Monroe	1	1
	065 - Morgan	*****	*****
	073 - Roane	342	454
	078 - Sevier	43	43
	Total:	**678**	**908**
3 - Southeast	004 - Bledsoe	89	122
	006 - Bradley	108	110
	058- Marion	****	****
	054 - McMinn	111	117
	061 - Meigs	****	****
	072-Rhea	1	*****
	Total:	**309**	**350**
4 - Upper Cumberland	008-Cannon	3	3
	018-Cumberland	25	25
	021-DeKalb	****	****
	044-Jackson	8	8
	056-Macon	****	****
	067-Overton	19	20
	069-Pickett	1	1
	071-Putnam	33	35
	080-Smith	****	****
	088-Van Buren	4	4
	089-Warren	1	1
	093 - White	12	12
	Total:	**106**	**109**

Region	County	Adult Dental Patients	Adult Dental Visits
	FY 13-14 County Adult Dental Data [*]		
5 - Mid Cumberland	022 - Dickson	243	412
	063 - Montgomery	196	713
	075 - Rutherford	231	326
	081 - Stewart	128	443
	094 - Williamson	295	445
	095 - Wilson	162	221
	Total:	**1,287**	**2,595**
6 - South Central	051-Lewis	19	28
	052 - Lincoln	169	318
	060 - Maury	440	1,255
	Total:	**628**	**1,601**
8 - West Tennessee	009 - Carroll	290	702
	024 - Fayette	263	407
	027 - Gibson	443	731
	035 - Hardeman	243	346
	084 - Tipton	375	714
	WTRO Dental Clinic	394	1,114
	Total:	**2,008**	**4,014**
Metros	Hamilton	315	355
	Knox	1,952	3.778
	Davidson***	118	180
	Shelby[†]	0	0
	Sullivan**	****	****
	Metro Totals:	**2,385**	**4,313**
	Regional & Metro Totals:	**8,668**	**15,655**

*Data reported is based upon adults defined as 21 years of age and older.
**Sullivan County Closed their dental clinic in September 2011 because of lack of a dental provider
*** The Metro Public Health Department provides adult dental emergency services at the Lentz Dental Clinic. They also coordinate services with the Matthew Walker Clinic to access additional adult emergency dental care.
****Vacant Dentist position during the report period.
[†]Shelby County defines adults as being ages 18-64.

Tennessee Department of Health
Healthcare Safety Net FQHC Grant Recipients
Serving a 30-Mile Radius

December, 2014

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs
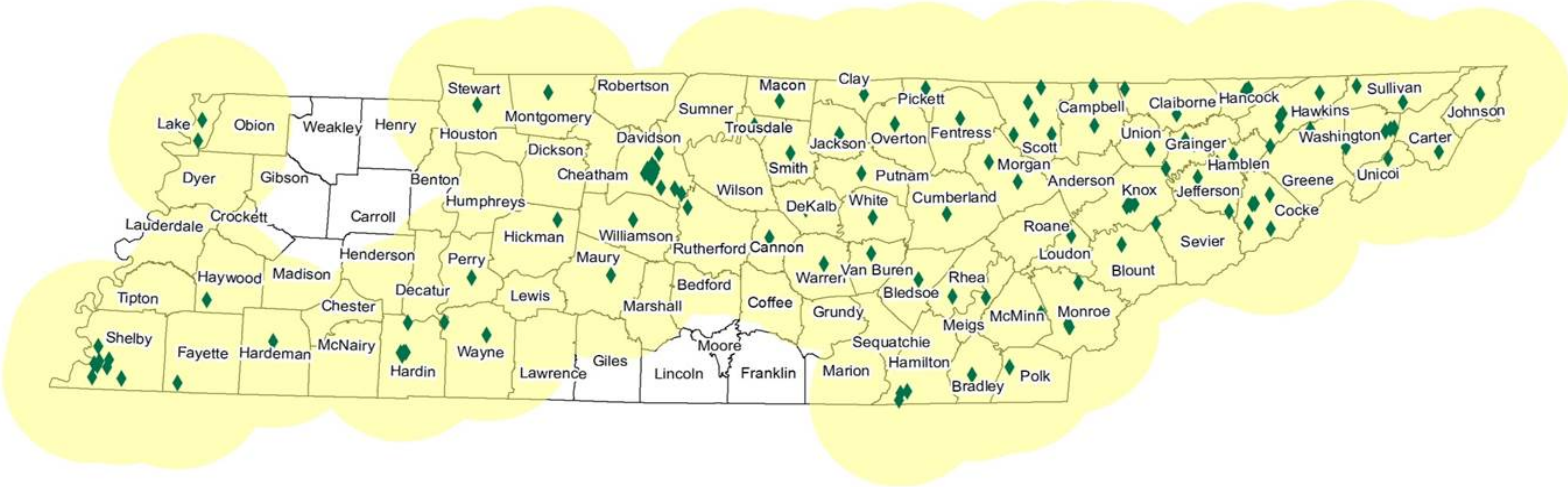
Legend

♦ FQHC Sites

FQHC Service Area

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

Tennessee Department of Health
Local Health Department Primary Care Sites
Serving a 30-Mile Radius

December, 2014

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs

Legend

▲ Local Health Department Sites

Local Health Department Service Area

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

Tennessee Department of Health
Community & Faith Based Sites
Serving a 30-Mile Radius

December, 2014

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs

Legend

● Community & Faith Based Sites

▇ Community & Faith Based Service Area

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

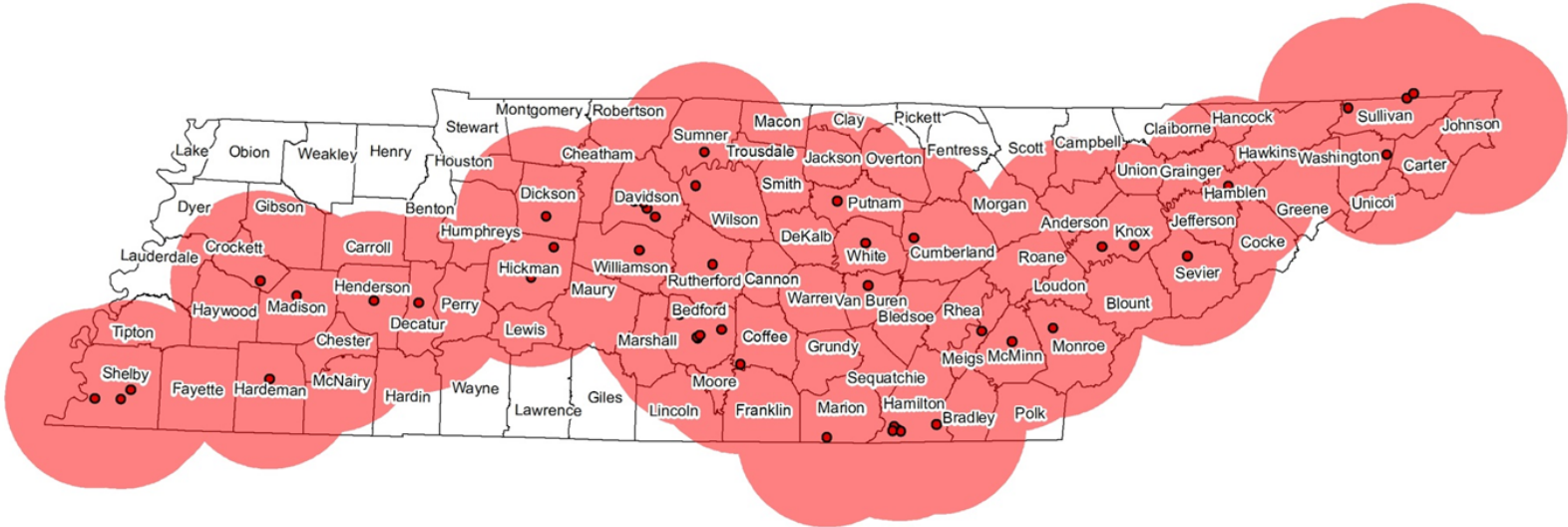|			Number of HealthCare Safety Net Service Providers by County and Region					
Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2014)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
East	Anderson		1	3	1	x	x	
	Blount	1	1	1	3	x	x	
	Campbell	2			2	x		x
	Claiborne	2		1	1		x	
	Cocke	5			2	x		
	Grainger	4			3			x
	Hamblen	2		1	3	x		
	Jefferson	2			1			
	Loudon	1			3	x		
	Monroe	5		1	1			
	Morgan	2			1	x		
	Roane		1		1	x		
	Scott	5			1			x
	Sevier	1	1	1	3	x	x	
	Union	1			1			x
East Totals		**33**	**4**	**8**	**27**			
Mid-Cumberland	Cheatham		1					
	Dickson		2	1	2	x		
	Houston		1					
	Humphreys		1					
	Montgomery	1	1		2	x		x
	Robertson		1		1	x		
	Rutherford	3	2	1	6	x		
	Stewart	1	0					x
	Sumner		3	1	4		x	
	Trousdale	1	0					
	Williamson	2	2		2	x		
	Wilson		1	1	3	x		
Mid-Cumberland Totals		**8**	**15**	**4**	**20**			

HealthCare Safety Net Services

Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2014)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
Northeast	Carter	1	1		1	x		
	Greene		1		2	x		
	Hancock	3			1	x		x
	Hawkins	6	1	1	1	x		
	Johnson	1		3	1	x	x	
	Unicoi	1			1	x		
	Washington	4	1	1	1	x		
Northeast Totals		**16**	**4**	**5**	**8**			
South Central	Bedford		1	6	1			
	Coffee			1	1			
	Giles				2			
	Hickman	1		1				
	Lawrence		1		2			
	Lewis				1	x		
	Lincoln				1	x		
	Marshall				1			
	Maury	1	1		2	x		
	Moore							
	Perry	1						
	Wayne				2			
South Central Totals		**3**	**3**	**8**	**13**			
Southeast	Bledsoe	1				x		
	Bradley	1	1		1	x		
	Franklin				1			
	Grundy	1	1			x		
	McMinn	1		1	2	x		
	Marion				1	x		
	Meigs	1	1	1		x		
	Polk	1						

				HealthCare Safety Net Services				
Region	**County**	**FQHC Sites****	**Primary Care Health Department (excluding LHD/FQHC)**	**Community or Faith-Based Grantee(s) (FY2014)**	**Mental Health Service Providers**	**Adult Dental Services Health Department**	**Adult Dental Emergency Safety Net Services**	**Adult Dental FQHC**
	Rhea	1			1	x		
	Sequatchie		1					
Southeast Totals		**7**	**4**	**2**	**6**			
Upper Cumberland	Cannon	1				x		x
	Clay	1						x
	Cumberland	1		1	1	x		x
	DeKalb	1						x
	Fentress	1						x
	Jackson	1				x		x
	Macon	2			1			x
	Overton	1			1	x		x
	Pickett	1				x		x
	Putnam	1		1	3	x		x
	Rutherford			1				x
	Smith	1						x
	Van Buren	1		1		x		x
	Warren	1			1	x		x
	White	1		1		x		x
Upper Cumberland Totals:		**15**	**0**	**5**	**7**			
West	Benton				1			
	Carroll		1		1	x		
	Chester	1			1			
	Crockett		1					
	Decatur				1			
	Dyer		1		2			
	Fayette	1			1	x		
	Gibson		1		2	x		
	Hardeman	1			1	x		
	Hardin	5			1			
	Haywood	1			2			

HealthCare Safety Net Services

Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2014)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
West	Henderson		1		2			
	Henry		1		2			
	Lake	2			1			
	Lauderdale		1		1			
	McNairy		1		1			
	Obion		1	1	2		x	
	Tipton		1		1	x		
	Weakly		1					
	West TN Regional Office*					x		
West Totals		**11**	**11**	**1**	**23**			
Metro	Davidson	19		9	7	x	x	x
	Hamilton	3		6	3	x	x	x
	Knox	4		6	7	x	x	
	Madison			2	3			
	Shelby	9		4	9		x	x
	Sullivan	2		4	2		x	
Metro Totals		**37**	**0**	**31**	**31**			
Tennessee Totals		**130**	**41**	**64**	**135**			

*West TN Regional Office is not part of the Jackson-Madison County Metro

**FQHC sites do not include non-clinical sites such as: administrative, school/children, mental, dental, or other miscellaneous sites