

Uninsured Adult Healthcare Safety Net Report 2019 Annual Report

*Presented to the General Assembly State of Tennessee
Lisa Piercey, MD, MBA, FAAP, Commissioner*

Table of Contents

Executive Summary for the Update on the Healthcare Safety Net for Uninsured.....	1
I. Introduction.....	2
II. Tennessee Uninsured Adult Healthcare Safety Net Population.....	4
III. Provider Access.....	5
IV. Service Delivery Sites.....	9
V. Oral Health Services.....	14
VI. Behavioral Health Safety Net of Tennessee.....	17
VII. Special Populations.....	19
VIII. Emerging Issues and Strategies.....	20
IX. Conclusion.....	21
X. Glossary.....	22
Appendix Health Resource Shortage Areas 2019.....	23
References.....	27

List of Figures

Figure 1: State and National Uninsured Population Rates.....	2
Figure 2: TDH-Funded Uninsured Adult Healthcare Safety Net Provider Locations.....	2
Figure 3: TDMHSAS Funded Mental Health Safety Net Locations.....	3
Figure 4: TDH-Funded Uninsured Adult Healthcare Safety Net Population Demographics.....	4
Figure 5: TDH-Funded Uninsured Adult Healthcare Safety Net Patients Reporting Chronic Diseases and Health Behavior Risks	4
Figure 6: TennCare -Enrollee Population-to-Provider Ratios FY19.....	5
Figure 7: County- Level TennCare-Population-to-Provider Ratios in FY2019.....	5
Figure 8: Population-to-Primary Care Providers Ratios FY2019.....	6
Figure 9: County-Level : Population-to-Primary Care Providers Ratios in FY2019.....	6
Figure 10: Female Population of Chidbearing Age Population-to-Providers Ratios FY2019.....	7
Figure 11: County-Level Female Population of Chidbearing Age Population-to-Provider Ratios FY2019.....	7
Figure 12: Pediatric Population-to-Provider Ratios FY19.....	8
Figure 13: County-Level Pediatric Population-to-Provider Ratios FY19.....	8
Figure 14: Percent of Medical Encounters by Type of Safety Net Provider FY19.....	9
Figure 15: FY19 Medical Encounters for Uninsured Adults in Non-FQHC Local Health Departments	9
Figure 16: State Funding Expenditures for Uninsured Adult Healthcare Safety Net Services FY17-19.....	10
Figure 17: FQHC Medical Encounters, Funding, and Patient Count FY17 -FY19.....	11
Figure 18: CFB Medical Encounters, Funding, and Patient Count for FY17 -FY19.....	12
Figure 19: Tennessee Project Access Entities.....	13
Figure 20: Project Access Care Coordination Encounters, Funding, and Patient Count FY17-FY19.....	14
Figure 21: Population-to-Dental Provider Ratios FY2019.....	15
Figure 22: County-Level Population-to-Dental Providers Ratios FY2019.....	15
Figure 23: Funding, Services and Patient Count for Community & Faith-Based Dental Services FY17-FY19.....	16
Figure 24: Population-to-Mental Health Provider Ratio in 2019.....	18
Figure 25: County-Level Population-to-Mental Health Provider Ratios in 2019.....	18
Figure 26: Individuals Served by Behavioral Health Safety Net FY12-FY19.....	18
Figure 27: Ryan White Part B HIV Drug Assistance Program (HDAP) & Insurance Assistance Program.....	19

Executive Summary

From July 1, 2018 to June 30, 2019 (FY19), the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, and the Tennessee Department of Finance and Administration, Division of TennCare, administered state-allocated funding to support safety net services in rural and under-served areas across the state. Safety Net Services are available to the estimated 8.1 percent of adult Tennesseans who are uninsured, increasing access to primary medical care, dental, mental and behavioral health, and also to care coordination services linking patients with specialty care providers and other support services where available.

The Tennessee Department of Health, State Office of Rural Health and Health Access, administers the Uninsured Adult Health Care Safety Net Fund, which supports services to uninsured adults ages 19-64 provided by Federally Qualified Health Centers, Community and Faith-Based clinics and Project Access entities. The Tennessee Department of Health also provides services for uninsured adults at local health departments with funding from its annual departmental budget including primary care, emergency dental and case management services. The Tennessee Department of Mental Health and Substance Abuse Services administers the Behavioral Health Safety Net program for eligible adults ages 18 and older, contracting with 15 community mental health agencies for essential outpatient mental health and support services.

In FY19, \$9.4M in state-allocated funding was distributed by the Tennessee Department of Health, State Office of Rural Health and Health Access, through the Uninsured Adult Health Care Safety Net program to support the following:

- 360,117 total medical encounters for 150,136 uninsured Tennessee patients, including
 - 214,043 encounters provided by 27 primary care clinic organization Community Health Centers designated as Federally-Qualified Health Centers (FQHC)
 - 33,778 encounters provided in 16 Local Health Departments designated at FQHCs
 - 112,296 encounters provided in 45 clinics operated by Community and Faith-Based (CFB) primary care organizations
- 33,617 total dental services for 18,928 unduplicated patients including:
 - 26,274 dental extractions and 7,343 dental cleaning and counseling sessions provided by 20 Community and Faith-Based Dental service providers
- 149,084 care coordination encounters for 28,921 unduplicated patients provided by four Project Access entities

67,084 medical encounters for uninsured adults ages 19-64 were provided at 40 local health department primary care clinics not designated as Federally Qualified Health Centers, supported by state funding allocated separately through the Tennessee Department of Health, Division of Community Health Services.

In FY19, the Tennessee Department of Mental Health and Substance Abuse Services administered \$23.1 Million in state funding allocated through the Behavioral Health Safety Net program, providing essential outpatient mental health and support services for eligible Tennesseans ages 19 years and older. Funds support a statewide provider network of 15 community mental health agencies which together operate 146 sites in 71 counties. In FY19, the Behavioral Health Safety Net program supported services for 34,450 individuals, an increase in patients of 5.5 percent compared to FY18.

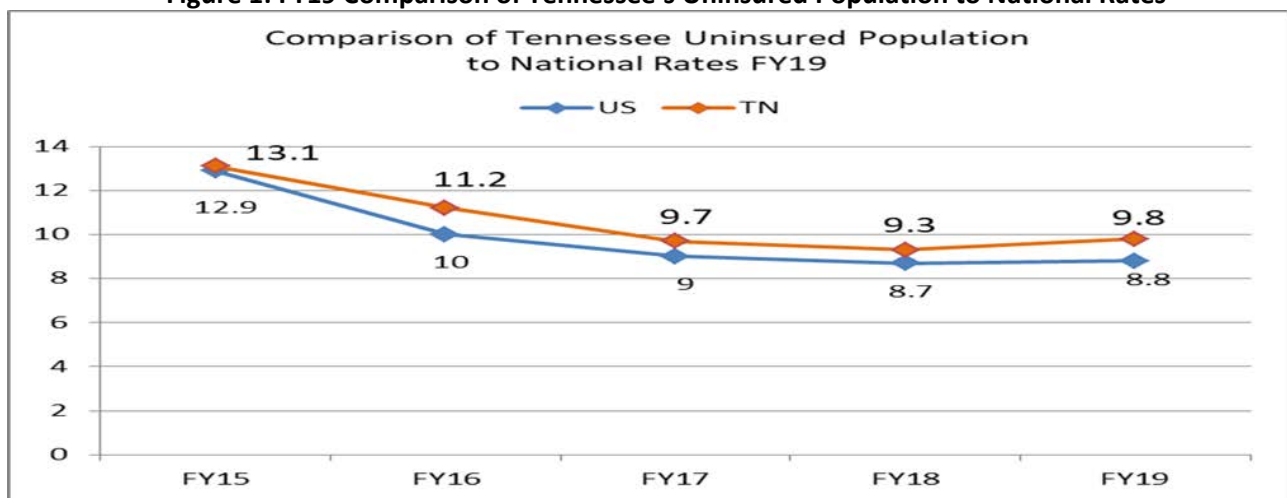
I. Introduction

In 2005, the Tennessee General Assembly approved Tenn. Code Ann. § 71-5-148, authorizing funding for the Health Care Safety Net for uninsured adults, to provide assistance to individuals lacking insurance, and in need of medical, and/or emergency dental care, including services to support continuity of care through referrals and access to medication. Tenn. Code Ann. § 68-1-123, adopted in 2006, requires the Commissioner of Health, in consultation with the Department of Finance and Administration and other State agencies such as the Tennessee Department of Mental Health and Substance Abuse Services, to provide a report to the General Assembly on data relating to access to care through safety net service providers, including the adequacy of access and the array of services available. The Uninsured Adult Healthcare Safety Net program helps to advance the Tennessee Governor's priority goal of Health and Welfare, as well as the Tennessee State Health Plan objective to achieve better health through access to health care.

The Tennessee Department of Health (TDH), the Tennessee Department of Finance and Administration, Division of TennCare, and the Tennessee Department of Mental Health and Substance Abuse Services (DMHSAS) each administer funds allocated to support safety net programs and services. Each agency contracts with qualified service providers to deliver primary medical, dental care, mental and behavioral health care, and case management services to eligible adults in Tennessee.

According to the 2019 America's Health Rankings Annual Report, published by the United Health Foundation to compare data from multiple sources, 9.8 percent of Tennessee's total population was uninsured in 2019, compared to 8.8 percent nationally, as shown in Figure 1 below. Tennessee ranked 38th among the 50 states for the percentage of the population that is uninsured.¹

Figure 1: FY19 Comparison of Tennessee's Uninsured Population to National Rates



According to the annual telephone survey of 5,000 households conducted since 1993 by the University of Tennessee Boyd Center for Business and Economic Research, 6.9% of Tennessee's 6,770,010 residents report being uninsured in 2019. The statewide rate of uninsured adults ages 19 years and older increased from 8.0% in 2018 to 8.1% in 2019. Affordability was listed as the major reason for lack of insurance by 81% of survey respondents across all income levels.²

According to the October 2019 TennCare report, 565,515 adults ages 19-64 were currently enrolled for TennCare.³ In 2019, 221,553 Tennessee residents were enrolled for individual health insurance benefit plans offered by five insurers through Tennessee's health insurance marketplace exchange, a decrease from 228,646 in 2018.⁴

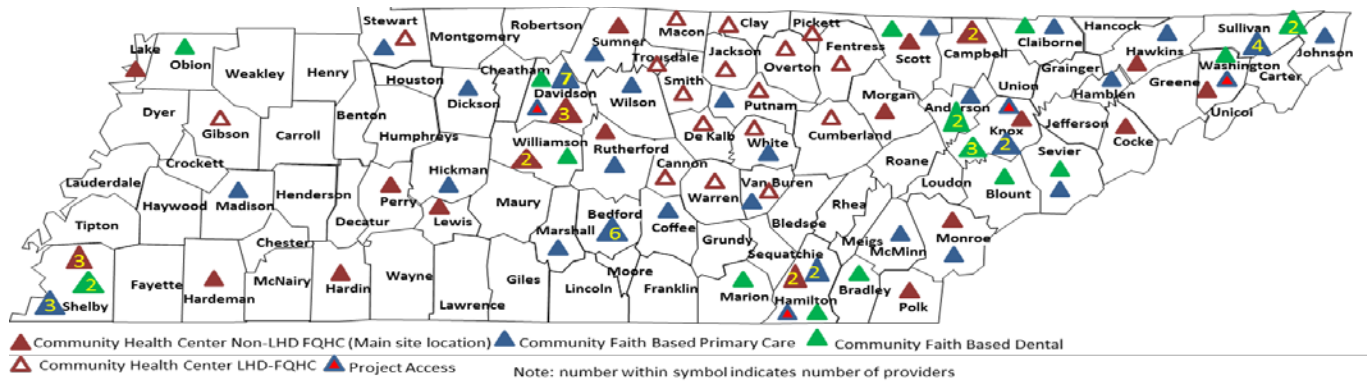
Individuals covered by health insurance may still face barriers to access health services, including the location and scheduling availability of the service provider. Federally-designated Health Professional Shortage Areas (HPSAs) and state-designated Health Resource Shortage Areas (HRSAs) identify communities underserved by health professionals. Ninety-three of ninety-five counties in Tennessee contain designated shortage areas for primary medical care, dental and/or mental health services.⁵

Primary Care Safety Net Service Providers funded through the Tennessee Department of Health operate facilities located in 87 of 95 Tennessee counties, offering primary medical care, and emergency dental services to uninsured Tennesseans ages 19-64. These include:

- 54 primary care clinics, 40 of which are Local Health Departments (LHD) not designated as Federally Qualified Health Centers (FQHCs) that provide primary medical care and emergency dental care for children and adults
- 3 Local Health Departments (LHDs) designated as Federally Qualified Health Centers (FQHCs) that operate 16 primary care clinics
- 27 Community Health Centers (CHCs) designated as Federally Qualified Health Centers (FQHCs) that operate 115 sites
- 65 Community and Faith-Based Clinics (CFBs) that provide primary medical and dental health care services
- 4 Community and Faith-Based (CFB) Project Access entities that provide care coordination services and referrals for specialty services

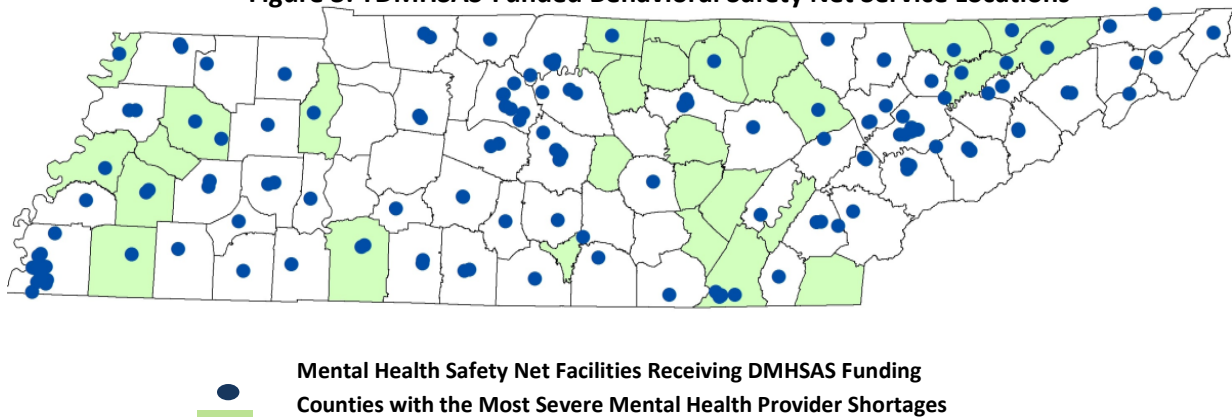
Located in underserved communities to increase access to care, Federally Qualified Health Centers (FQHCs), Community and Faith-Based Organizations (CFBs), and local and regional health departments (LHDs) provide one or more primary health care services. Care coordination services provided by non-profit Project Access entities are currently available in only four metropolitan areas. Figure 2 below shows the locations of safety net providers receiving funding support through the Uninsured Adult Healthcare Safety Net program.

Figure 2: TDH-Funded Uninsured Adult Healthcare Safety Net Provider Locations



Community Mental Health Centers provide outpatient mental and behavioral health services, as well as case management and necessary health services for eligible Tennesseans statewide. Figure 3 below shows the locations of Behavioral Health provider sites receiving funding support through the Behavioral Health Safety Net program. Figure 3 also indicates the counties with the most severe shortages, according to the Robert Wood Johnson Foundation 2019 County Health Rankings and Road Map.

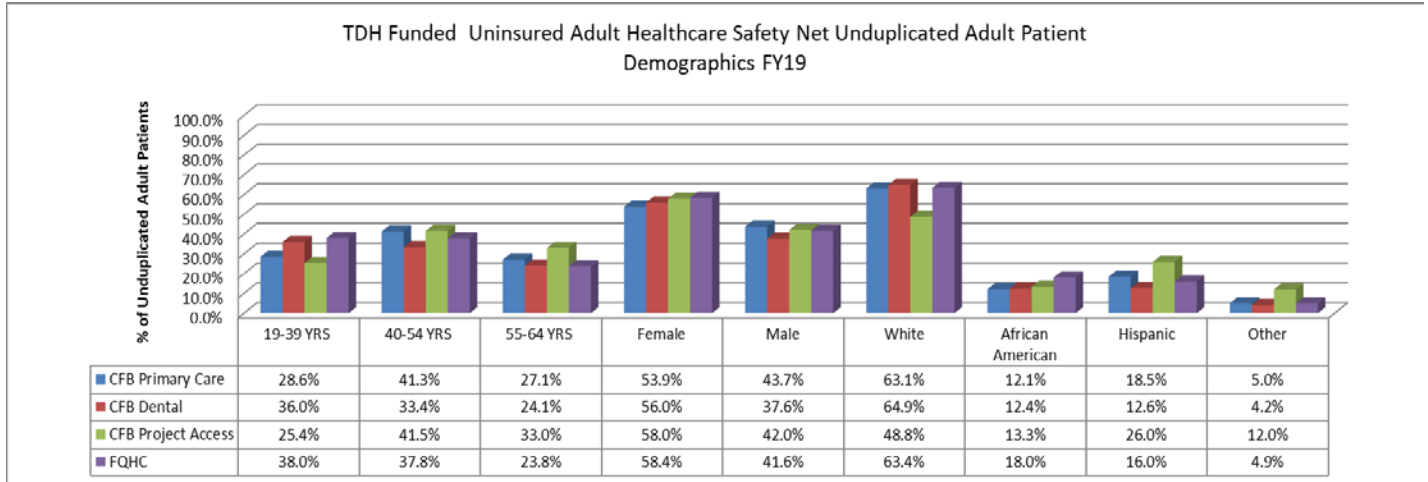
Figure 3: TDMHSAS-Funded Behavioral Safety Net Service Locations



II. Tennessee Uninsured Adult Healthcare Safety Net Patient Demographics and Characteristics

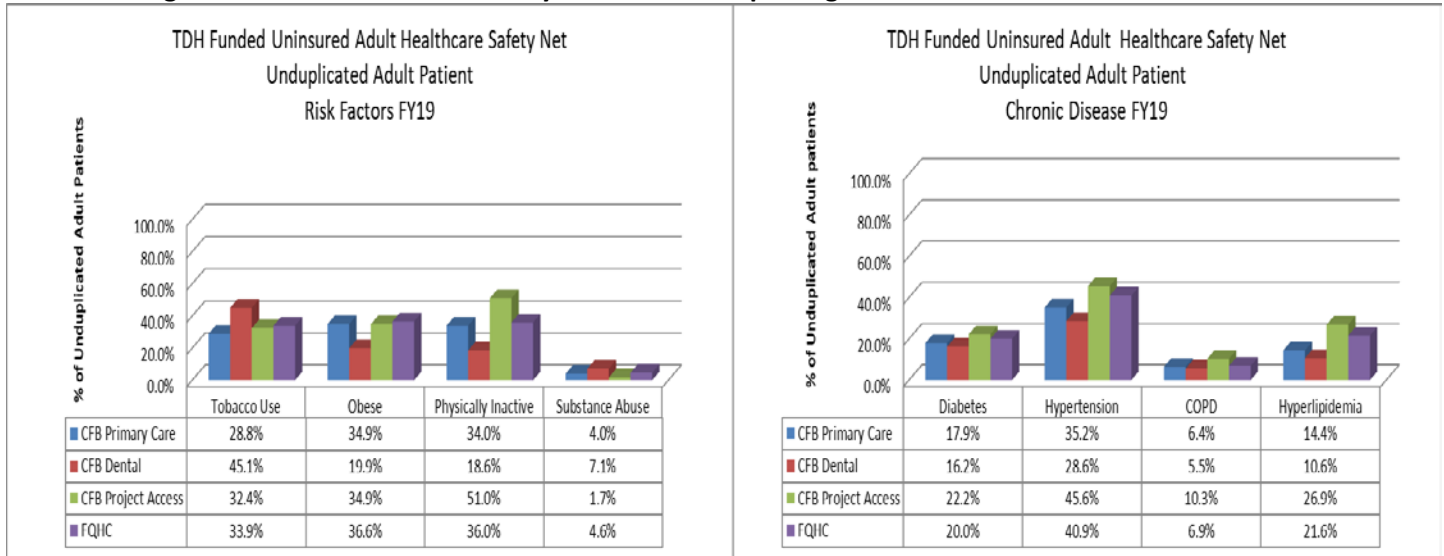
The Uninsured Adult Healthcare Safety Net funds services for a population that is comprised of medically underserved, primarily uninsured low-income adults. Safety net providers participating in the Uninsured Adult Safety Net Program report the age, race and gender of their patients who received support through the program in FY19, as shown in Figure 4 below.

Figure 4: FY19 TDH-Funded Uninsured Adult Healthcare Safety Net Population Demographics



According to America's Health Rankings, Tennessee ranked 42nd among the 50 states for overall health status, 47th for smoking, 45th for cardiovascular deaths, 43rd for premature death, and 46th for cancer deaths in 2018.¹ As shown in Figure 5 below, safety net providers participating in the Uninsured Adult Health Care Safety Net program in FY19 report that 37.6% of the patients served through the program suffer from hypertension, 19% from diabetes, 18.4% from hyperlipidemia, and 7.2% from chronic obstructive pulmonary disease. In order to improve the health of people in Tennessee, support for prevention of these chronic diseases is critical. The Uninsured Adult Healthcare Safety Net program supports safety net providers to provide information and education services to reduce unhealthy behaviors for the 35.5% of this patient population who use nicotine products, the 34.9% who are physically inactive, the 31.6% who are overweight or obese, and the 3.3% who report substance abuse.

Figure 5: FY19 TDH-Funded Safety Net Patients Reporting Chronic Diseases and Health Risk Factors



Source: TDH, State Office of Rural Health, Uninsured Adult Safety Net Safety Reporting System, FY19 data.

III. Provider Access

TennCare Providers

The Primary Health Care Provider Census conducted by the Tennessee Department of Health, State Office of Rural Health and Health Access compares the number of full-time equivalent primary care clinicians (physicians, advanced practice nurses and physician assistants providing family and general practice, internal medicine, obstetrics, and pediatric health care) to the number of TennCare enrollees in the county, in order to calculate the county level population-to-TennCare provider ratios, as shown in Figures 6 and 7 below. See Appendix Figure 1 for a map of the state-designated TennCare Health Resource Shortage Areas, which are the thirty counties with the worst population-to-TennCare provider ratios.

Figure 6: TennCare Enrollees-to-TennCare Provider Ratios 2019

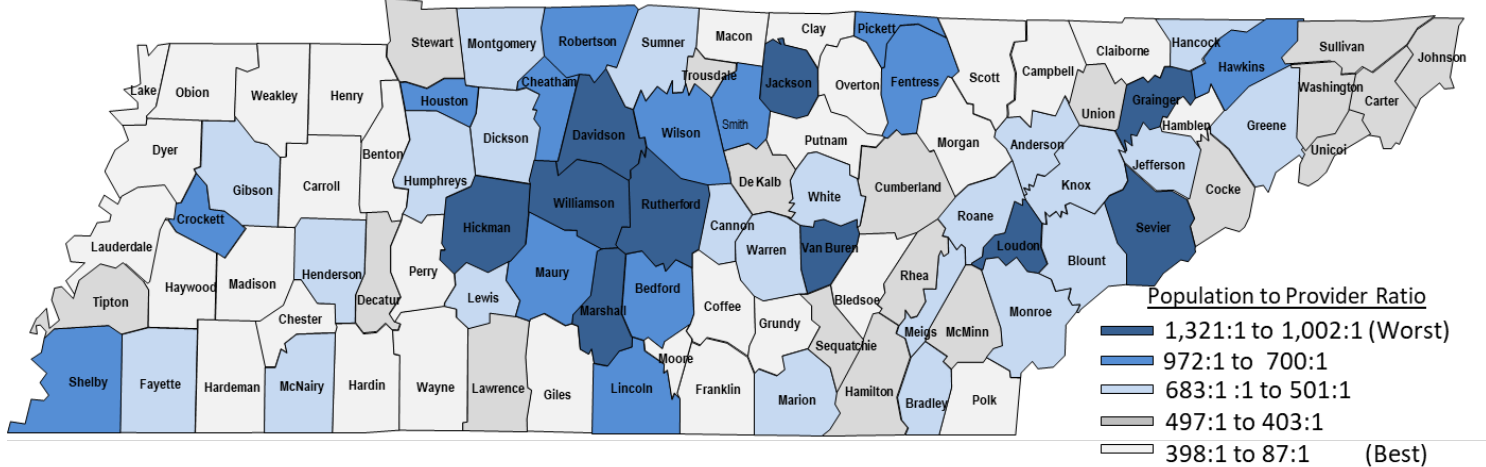


Figure 7: County-Level TennCare Enrollees-to-Primary Care Provider Ratios in 2019

County	Ratio	County	Ratio	County	Ratio	County	Ratio
Sevier	1,321:1	Gibson	649:1	Hamilton	491:1	Lauderdale	327:1
Van Buren	1,170:1	Roane	648:1	Carter	479:1	Grundy	326:1
Loudon	1,151:1	Blount	646:1	Unicoi	463:1	Overton	323:1
Jackson	1,071:1	White	641:1	Sequatchie	462:1	Franklin	317:1
Williamson	1,065:1	McNairy	625:1	Cocke	460:1	Benton	309:1
Hickman	1,063:1	Henderson	621:1	Stewart	452:1	Wayne	305:1
Grainger	1,029:1	Jefferson	612:1	Johnson	449:1	Hamblen	298:1
Marshall	1,025:1	Anderson	606:1	Lawrence	440:1	Perry	287:1
Rutherford	1,004:1	Marion	601:1	Sullivan	439:1	Scott	283:1
Davidson	1,002:1	Bradley	600:1	Rhea	436:1	Weakley	278:1
Crockett	972:1	Meigs	599:1	Washington	433:1	Carroll	278:1
Smith	880:1	Sumner	598:1	McMinn	421:1	Claiborne	268:1
Pickett	876:1	Cannon	586:1	Tipton	417:1	Chester	266:1
Lincoln	862:1	Fayette	585:1	Union	413:1	Henry	264:1
Fentress	860:1	Humphreys	585:1	Trousdale	408:1	Dyer	263:1
Shelby	858:1	Dickson	579:1	DeKalb	403:1	Clay	257:1
Cheatham	849:1	Hancock	564:1	Macon	398:1	Bledsoe	255:1
Wilson	767:1	Greene	562:1	Hardeman	392:1	Haywood	249:1
Hawkins	763:1	Knox	541:1	Polk	391:1	Moore	228:1
Bedford	714:1	Warren	519:1	Madison	385:1	Campbell	205:1
Houston	713:1	Monroe	511:1	Hardin	383:1	Morgan	192:1
Maury	703:1	Montgomery	501:1	Coffee	349:1	Giles	176:1
Robertson	700:1	Cumberland	497:1	Obion	345:1	Lake	87:1
Lewis	683:1	Decatur	495:1	Putnam	333:1		

Primary Care Providers

To assess the adequacy of access to care for people in Tennessee, the Tennessee Department of Health State Office of Rural Health and Health Access conducts an annual census of primary care providers. For purposes of the Census primary providers include physicians, physician assistants, and advance practice nurses practicing in the fields of general and family practice, internal medicine, obstetrics and pediatrics. The Census is used to obtain the number of full-time equivalent practitioners which is compared to the relevant population of each county to calculate the ratio of population-to-primary care providers for each county, as indicated in figures 8 and 9 below. See Appendix Figure 2 for a map of state-designated Primary Care Health Resource Shortage Areas, representing the thirty counties with the worst population-to-primary care provider ratios.

Figure 8: Primary Care Population-to-Provider Ratios 2019

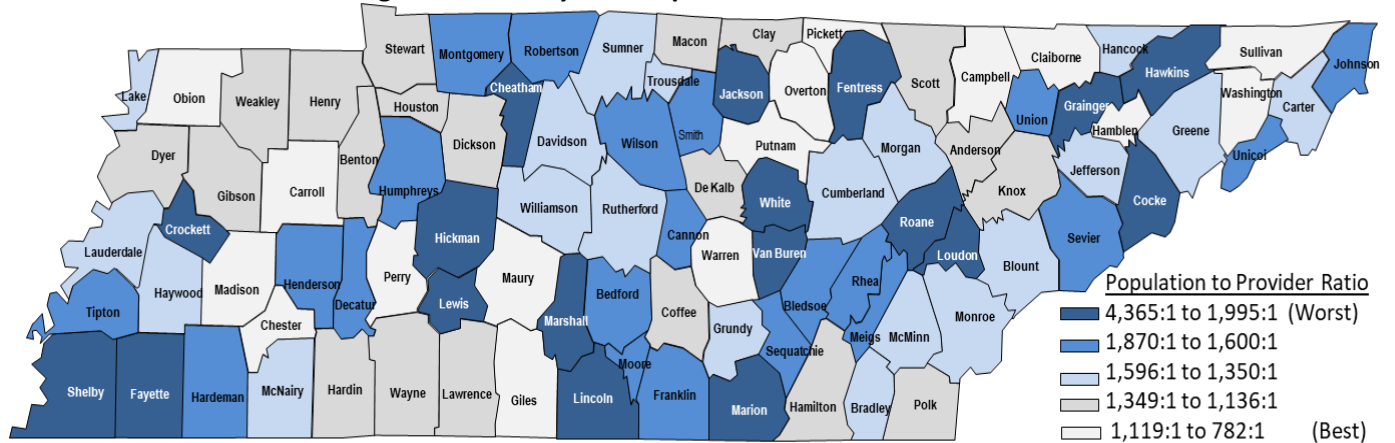


Figure 9: County-Level Primary Care Population-to-Provider Ratios in 2019

County	Ratio	County	Ratio	County	Ratio	County	Ratio
Van Buren	4,365:1	Moore	1,751:1	Grundy	1,452:1	Lawrence	1,190:1
Marshall	3,969:1	Henderson	1,743:1	Davidson	1,440:1	Henry	1,173:1
Hickman	3,603:1	Johnson	1,733:1	Bradley	1,426:1	Dyer	1,147:1
Grainger	2,868:1	Montgomery	1,732:1	Morgan	1,424:1	Clay	1,147:1
Marion	2,780:1	Robertson	1,714:1	Sumner	1,410:1	Scott	1,137:1
Fentress	2,718:1	Union	1,697:1	Haywood	1,402:1	Wayne	1,137:1
Hawkins	2,686:1	Wilson	1,689:1	Greene	1,376:1	Knox	1,136:1
Loudon	2,564:1	Hardeman	1,663:1	McMinn	1,373:1	Maury	1,119:1
Lewis	2,389:1	Humphreys	1,662:1	Lake	1,355:1	Sullivan	1,108:1
Jackson	2,315:1	Bledsoe	1,657:1	Rutherford	1,353:1	Chester	1,103:1
Roane	2,233:1	Franklin	1,649:1	Blount	1,350:1	Obion	1,065:1
Crockett	2,109:1	Unicoi	1,621:1	Gibson	1,349:1	Overton	1,028:1
Lincoln	2,096:1	Meigs	1,621:1	Benton	1,335:1	Warren	1,005:1
White	2,046:1	Smith	1,620:1	Macon	1,328:1	Hamblen	985:1
Cocke	2,038:1	Rhea	1,600:1	DeKalb	1,318:1	Claiborne	968:1
Cheatham	2,037:1	Lauderdale	1,596:1	Dickson	1,303:1	Campbell	962:1
Fayette	2,028:1	Jefferson	1,583:1	Stewart	1,299:1	Giles	942:1
Shelby	1,955:1	Carter	1,544:1	Polk	1,296:1	Perry	927:1
Cannon	1,870:1	Monroe	1,539:1	Hamilton	1,288:1	Carroll	871:1
Sevier	1,848:1	McNairy	1,491:1	Anderson	1,244:1	Washington	837:1
Decatur	1,825:1	Williamson	1,473:1	Houston	1,241:1	Pickett	818:1
Sequatchie	1,809:1	Cumberland	1,469:1	Hardin	1,235:1	Putnam	801:1
Tipton	1,786:1	Hancock	1,468:1	Weakley	1,233:1	Madison	782:1
Bedford	1,768:1	Trousdale	1,462:1	Coffee	1,212:1		

Obstetric Providers

The worst primary care workforce shortages are in the field of Obstetrics. There are thirty-eight counties with no obstetric providers. The ratio of the population of women of childbearing age (15-44 years old) is compared to the number of full-time equivalent obstetric clinicians (physicians, advanced practice nurses, physician assistants, or certified nurse mid-wives who specialize in obstetrical care, or provide prenatal services and delivery, and who may provide obstetric services in addition to practicing in other patient care specialty areas), to calculate the population-to-obstetric provider ratio for each county, as show in Figures 10 and 11 below. See Appendix Figure 3 for a map of state-designated Obstetric Health Resource Shortage Areas, representing the thirty counties with the worst population-to-obstetric provider ratios.

Figure 10: Female Population of Childbearing Age-to-Obstetric Provider Ratios 2019

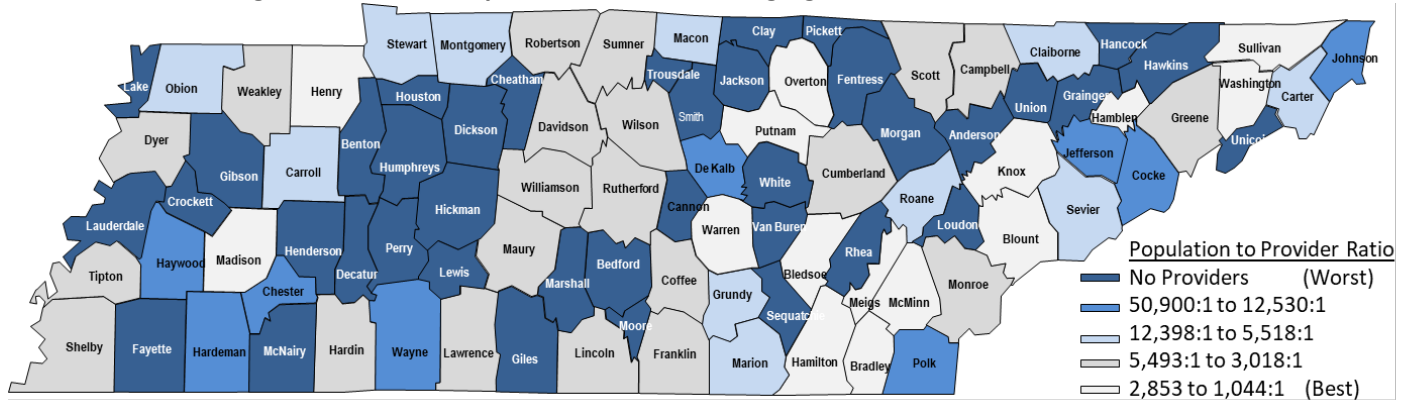


Figure 11: County- Level Female Population of Childbearing Age-to-Obstetric Provider Ratios in 2019

County	Ratio	County	Ratio	County	Ratio	County	Ratio
Anderson	No Providers	Marshall	No Providers	Dickson	11,998:1	Greene	3,728:1
Bedford	No Providers	McNairy	No Providers	Macon	11,030:1	Rutherford	3,622:1
Benton	No Providers	Moore	No Providers	Stewart	11,010:1	Franklin	3,506:1
Cannon	No Providers	Morgan	No Providers	Carter	9,790:1	Maury	3,422:1
Cheatham	No Providers	Perry	No Providers	Carroll	8,197:1	Cumberland	3,325:1
Clay	No Providers	Pickett	No Providers	Grundy	7,733:1	Robertson	3,183:1
Crockett	No Providers	Rhea	No Providers	Roane	7,117:1	Sumner	3,081:1
Decatur	No Providers	Sequatchie	No Providers	Claiborne	5,914:1	Davidson	3,062:1
Fayette	No Providers	Smith	No Providers	Montgomery	5,847:1	Weakley	3,023:1
Fentress	No Providers	Trousdale	No Providers	Sevier	5,631:1	Coffee	3,018:1
Gibson	No Providers	Unicoi	No Providers	Obion	5,518:1	Hamilton	2,853:1
Giles	No Providers	Union	No Providers	Lincoln	5,493:1	Washington	2,841:1
Grainger	No Providers	Van Buren	No Providers	Dyer	5,069:1	Warren	2,780:1
Hancock	No Providers	White	No Providers	Meigs	5,035:1	Henry	2,473:1
Hawkins	No Providers	Cocke	59,900:1	Tipton	4,954:1	McMinn	2,426:1
Henderson	No Providers	Jefferson	47,800:1	Blount	4,910:1	Overton	2,345:1
Hickman	No Providers	Chester	36,550:1	Monroe	4,669:1	Putnam	2,230:1
Houston	No Providers	DeKalb	34,100:1	Hardin	4,626:1	Sullivan	2,170:1
Humphreys	No Providers	Haywood	32,930:1	Wilson	4,383:1	Bradley	2,156:1
Jackson	No Providers	Polk	27,820:1	Shelby	4,122:1	Knox	2,098:1
Lake	No Providers	Wayne	24,300:1	Scott	4,117:1	Hamblen	1,885:1
Lauderdale	No Providers	Hardeman	19,510:1	Campbell	3,943:1	Bledsoe	1,323:1
Lewis	No Providers	Johnson	12,530:1	Lawrence	3,770:1	Madison	1,044:1
Loudon	No Providers	Marion	12,398:1	Williamson	3,728:1		

Pediatric Providers

The population of children 0-18 years is compared to full-time equivalent Pediatric Care providers (physicians, advanced practice nurses, or physician assistants with specialties in pediatrics or general pediatric care who may provide family and general practice, internal medicine, in addition to pediatric health care), in order to calculate the population-to-pediatric provider ratio for each county, as shown in Figures 12 and 13. See Appendix Figure 4 for a map of the state-designated Pediatric Health Resource Shortage Areas, representing the thirty counties with the worst population-to-pediatric provider ratios.

Figure 12: Pediatric Population-to-Pediatric Provider Ratios in 2019

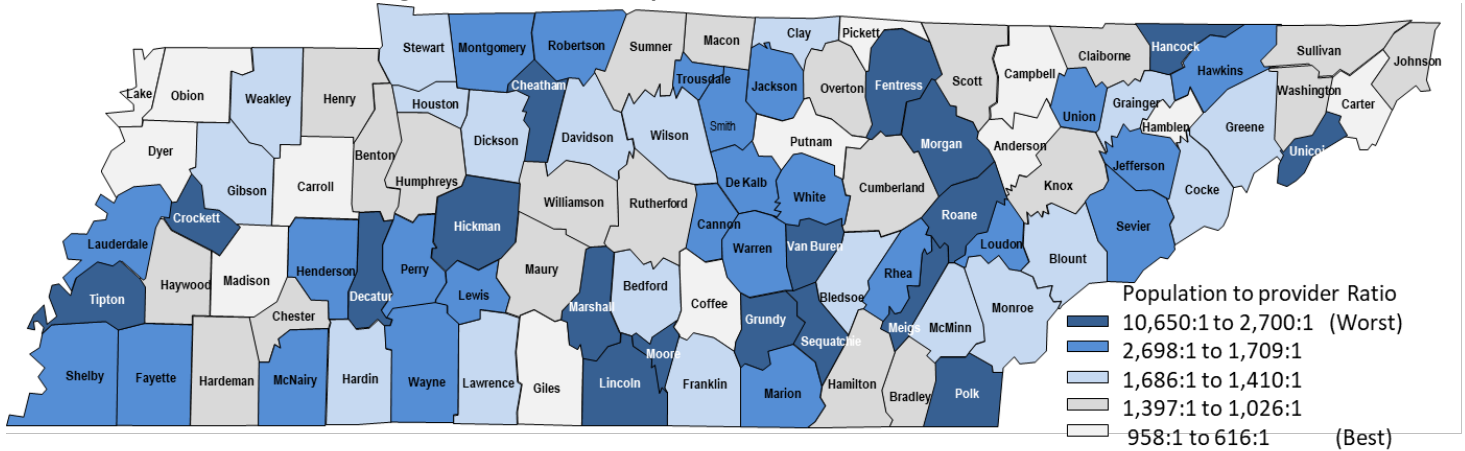


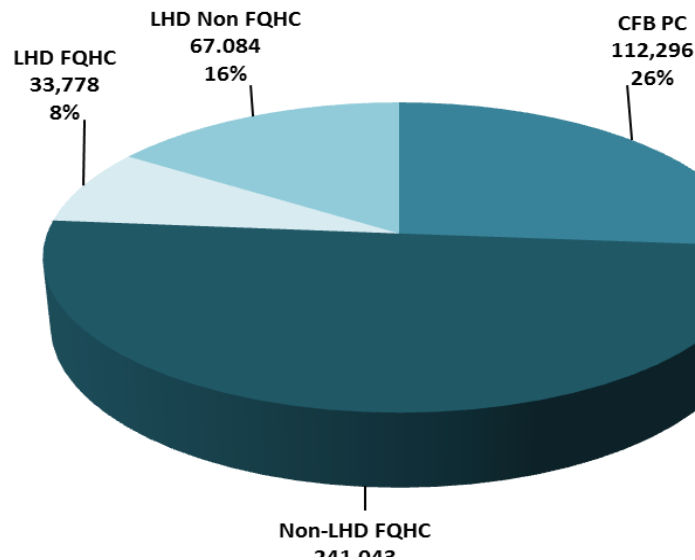
Figure 13: County-Level Pediatric Population-to-Pediatric Provider Ratios in 2019

County	Ratio	County	Ratio	County	Ratio	County	Ratio	County	Ratio	County	Ratio
Van Buren	10,650:1	Tipton	2,736:1	Robertson	2,004:1	Hardin	1,581:1	Scott	1,328:1	Henry	1,058:1
Meigs	8,243:1	Hancock	2,700:1	McNairy	1,993:1	Cocke	1,579:1	Macon	1,322:1	Overton	1,026:1
Sequatchie	8,125:1	Jackson	2,698:1	White	1,946:1	Greene	1,543:1	Bradley	1,304:1	Carter	977:1
Moore	4,207:1	Loudon	2,691:1	Jefferson	1,876:1	Weakley	1,508:1	Cumberland	1,290:1	Coffee	958:1
Marshall	3,969:1	Cannon	2,688:1	Rhea	1,816:1	Dickson	1,499:1	Maury	1,254:1	Anderson	887:1
Grundy	3,745:1	Trousdale	2,666:1	Shelby	1,729:1	Stewart	1,488:1	Hamilton	1,180:1	Dyer	857:1
Decatur	3,529:1	DeKalb	2,520:1	Sevier	1,724:1	Bledsoe	1,488:1	Haywood	1,162:1	Obion	854:1
Lincoln	3,263:1	Marion	2,425:1	Perry	1,724:1	Wilson	1,482:1	Humphreys	1,155:1	Madison	849:1
Roane	3,081:1	Smith	2,409:1	Lauderdale	1,712:1	Lawrence	1,481:1	Chester	1,155:1	Putnam	843:1
Morgan	3,001:1	Hawkins	2,390:1	Montgomery	1,709:1	McMinn	1,449:1	Knox	1,147:1	Campbell	838:1
Crockett	2,959:1	Wayne	2,361:1	Clay	1,686:1	Bedford	1,437:1	Sullivan	1,147:1	Lake	829:1
Cheatham	2,880:1	Union	2,243:1	Houston	1,665:1	Franklin	1,430:1	Claiborne	1,140:1	Carroll	822:1
Polk	2,846:1	Warren	2,178:1	Grainger	1,660:1	Monroe	1,410:1	Williamson	1,108:1	Giles	742:1
Unicoi	2,825:1	Fayette	2,175:1	Gibson	1,650:1	Hardeman	1,397:1	Sumner	1,096:1	Hamblen	706:1
Hickman	2,805:1	Henderson	2,150:1	Davidson	1,630:1	Benton	1,395:1	Washington	1,082:1	Pickett	616:1
Fentress	2,772:1	Lewis	2,133:1	Blount	1,600:1	Rutherford	1,377:1	Johnson	1,058:1		

IV. Service Delivery Sites

In FY 19, the safety net service providers (both those receiving funding through the Uninsured Adult Healthcare Safety Net program, and also the separately-funded services at Local Health Departments providing primary care service not designated as Federally Qualified Health Centers) provided a combined total of 427,201 medical encounters to uninsured adults ages 19 to 64. Figure 14 below shows the percentage of medical encounters delivered by each type of safety net provider.

Figure 14: Percent of FY19 Medical Encounters by Type of Safety Net Provider



Local Health Department (LHD) Primary Care Safety Net Services

In FY19, the 40 Local Health Department clinics (LHDs) not designated as Federally Qualified Health Centers provided 67,084 primary care medical encounters for uninsured Tennesseans, a decrease from FY18. These clinics do not receive funding through the Uninsured Adult Health Care Safety Net program, but provide primary care and emergency dental services for uninsured adults in addition to traditional public health services such as immunizations, family planning, screening for breast and cervical cancers, case management and supplemental nutrition services for pregnant women, infants and children (WIC). Figure 15 below shows the number of medical encounters in FY19 for each age group.

Figure 15: Medical Encounters for Uninsured Adults in Non-FQHC Local Health Departments FY19

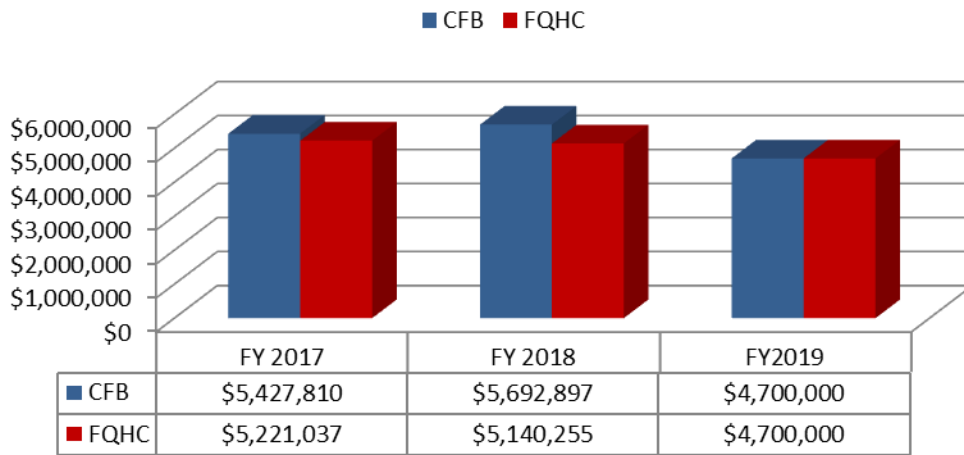
Uninsured Adult Age	FY19 Medical Encounters	% of Total Encounters for Uninsured Adults
19-20 Years	1,472	2.2%
21-24 Years	3,772	5.6%
25-29 Years	5,127	7.6%
30-34 Years	5,110	7.6%
35-39 Years	5,302	7.9%
40-44 Years	5,919	8.8%
45-49 Years	8,791	13.1%
50-54 Years	11,208	16.7%
55-59 Years	11,247	16.8%
60-64 Years	9,136	13.6%
Total Medical Encounters	67,084	100.0%

State Funding Expenditures for Uninsured Adult Healthcare Safety Net Services

In FY19, the Tennessee Department of Health State Office of Rural Health and Health Access administered \$9.4M in state-allocated funding to support the Uninsured Adult Healthcare Safety Net Program, a funding decrease compared to previous years. As shown in Figure 16 below, 50% of the FY19 funding was allocated to support primary medical care services delivered by Federally Qualified Health Centers (FQHC), while the remaining 50% was allocated to support Community and Faith-Based organizations (CFB) to deliver primary medical and dental care, and to Project Access entities providing care coordination and referrals for specialty services.

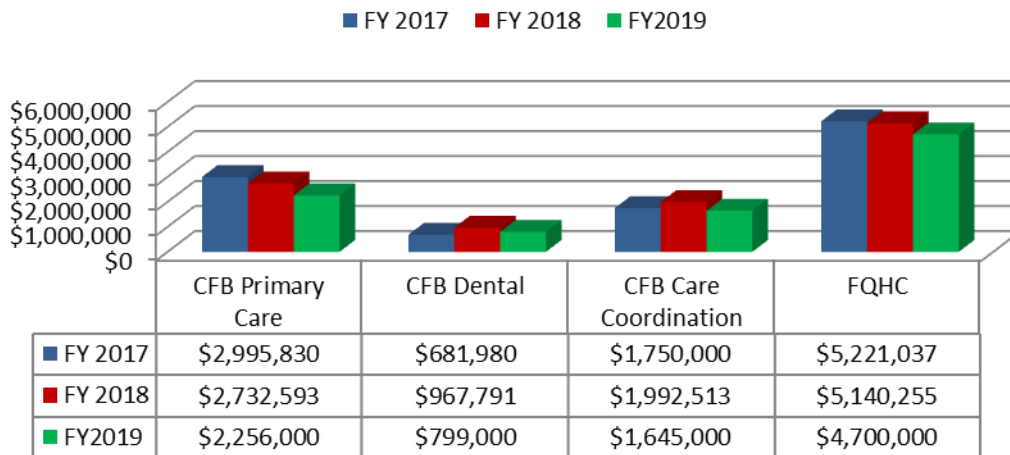
Figure 16: State Funding Expenditures for Uninsured Adult Healthcare Safety Net Services FY17-F19

Uninsured Healthcare Adult Safety Net State Funding Expenditures
FY17-FY19



Note: CFB includes primary care, dental, and care coordination services

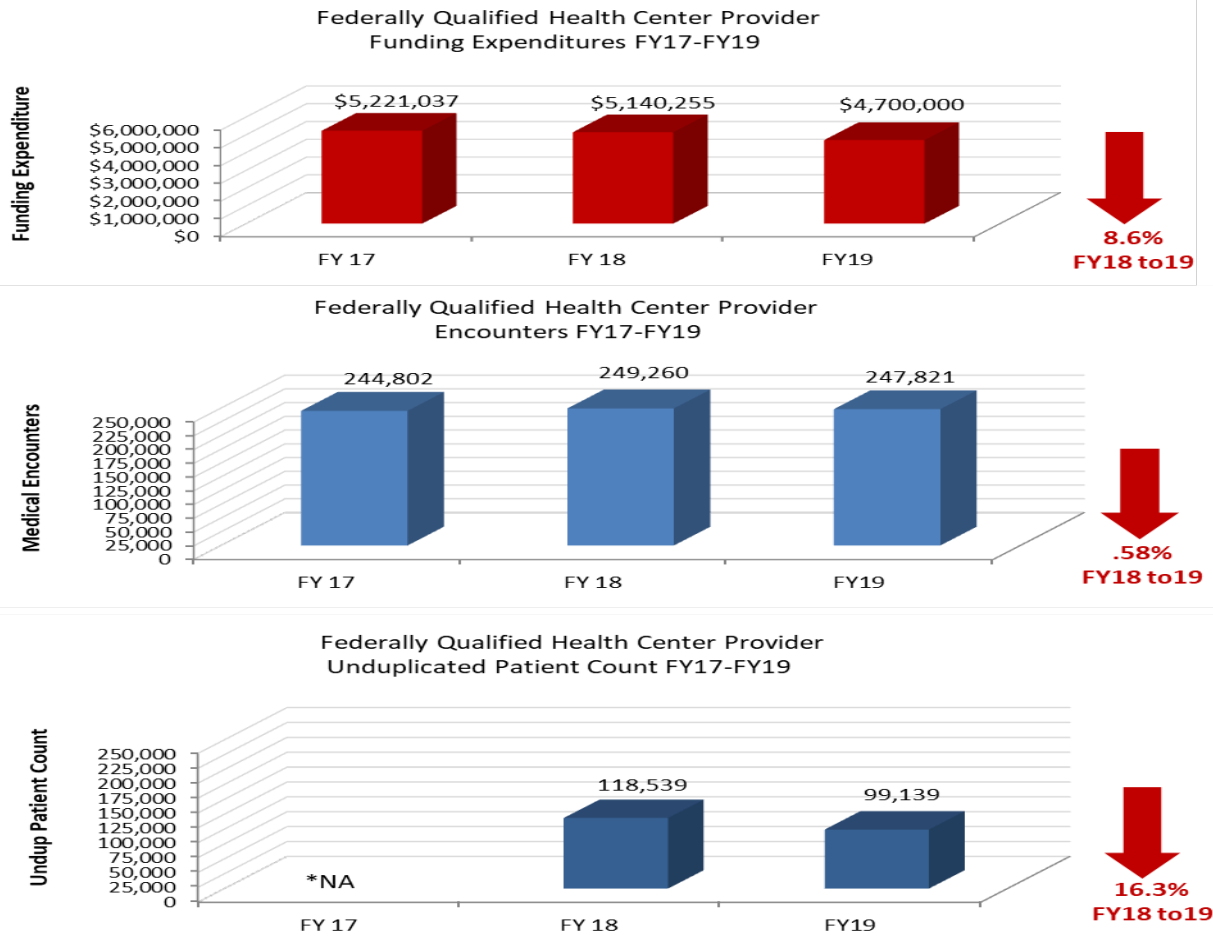
Uninsured Healthcare Adult Safety Net State Funding Expenditures
by Provider Type
FY17-FY19



Federally Qualified Health Centers (Local Health Department and non-Local Health Department)

In FY19, there were 115 Community Health Center clinics across the state operated by 27 organizations designated as Federally Qualified Health Centers (FQHC), including 3 Local Health Departments (LHD). In FY19, these entities collectively provided 247,821 medical encounters to 99,139 uninsured adults, 1,439 fewer encounters than the 249,260 medical encounters provided in FY18, a slight decrease of 0.58%. Figure 17 below compares the amount of funding, the number of medical encounters, and the unduplicated patients served by these organizations in FY17-19.

Figure 17: FQHC Medical Encounters, Funding, and Patient Count FY17- FY19



* NA: Due to changes in reporting requirements beginning in FY18, data for FY unduplicated patient data is not comparable to FY18 and FY19.

According to the Tennessee Primary Care Association, the statewide membership organization serving the Tennessee Federally Qualified Health Centers, an average of approximately 33% of patients served by a Community Health Center are uninsured however, that percentage may be as high as 60% in some FQHCs.⁶ In 2018, approximately 72% of FQHC patients had income levels below 100% of the Federal Poverty Level.⁶ In addition to funding through the Uninsured Adult Healthcare Safety Net Program, FQHCs access funding from a variety of sources such as grants from the U.S. Department of Health and Human Services Administration for Health Resources and Services Administration (HRSA) and private foundations. Additionally, all are eligible to participate in the federal 340B Drug Pricing Program, which provide significant savings for patient medication costs.

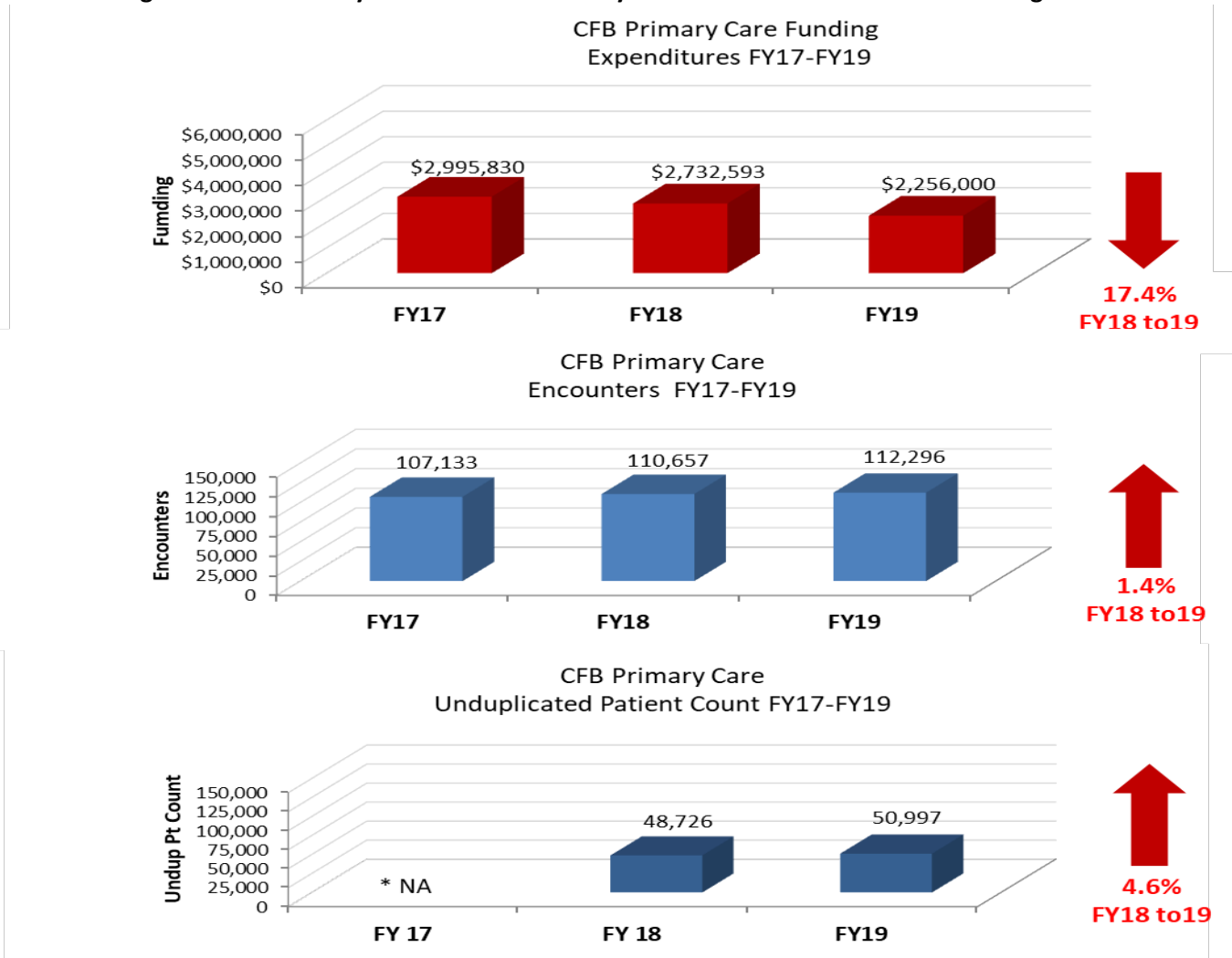
FQHCs are pursuing several strategies to improve access to services and quality of care, including:

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

Community and Faith-Based Providers of Uninsured Adult Health Care Safety Net Services

Community and Faith-Based organizations provide one or more of the following services free or at reduced cost: preventive and wellness services, primary medical care, specialty care, oral health care, mental health services, substance abuse services, vision services, diagnostic services, and pharmaceutical assistance. The patients that are served by charitable care organizations frequently have poor health conditions arising from lack of access to preventive care services, social support networks and financial resources. Not-for-profit charitable organizations are important partners in the Tennessee Healthcare Safety Net, often leveraging the services of volunteers to fulfill clinical and administrative functions, in addition to donated equipment and supplies. In many instances, funding from the Uninsured Adult Healthcare Safety Net is a small but important percentage of the total resources required to fulfill their mission. The Tennessee Charitable Care Network (TCCN), a statewide membership association which serves as the collective voice for Tennessee’s free and charitable care clinics, reports that its members help uninsured patients access over \$9.5 Million in medications annually. More than 1,100 clinicians and 2,000 lay volunteers contributed approximately 66,000 hours annually to help charitable clinics fulfill their mission to serve Tennessee’s uninsured and under-insured populations.⁷ In FY19, 45 Community and Faith-Based organizations provided 112,296 primary medical care encounters to 50,997 unduplicated patients with \$2,256,000 in funding support through the Uninsured Adult Health Care Safety Net program. Figure 18 below demonstrates the yearly totals for number of encounters and patients served, reflecting a decrease in funding support and an increase in encounters and unduplicated patients from FY17 through FY19.

Figure 18: Community and Faith-Based Safety Net Medical Encounters and Funding for FY17-FY19



* NA: Due to changes in reporting requirements beginning in FY18, data for FY unduplicated patient data is not comparable to FY18 and FY 19.

According to the 2019 Director’s Report published by the Tennessee Charitable Care Network in April 2019, 35 members (some but not all participating in the Uninsured Adult Healthcare Safety Net program) responded to a survey and highlighted the following:⁷

- 46% of members classify themselves as charitable clinics (accepting sliding scale fees or donations), 24% classify themselves as free clinics (do not ask for payment), and 12% classify themselves as hybrid clinics (receive payment from health insurance plans). On average, organizations have provided services for 16 years.
- 71% use electronic medical records systems, while 29% do not use electronic medical record systems.
- Survey respondents collectively reported a total of 260,303 patient encounters for 53,156 unique patients.
- Survey respondents also reported a collective total of 5,442 clinical and administrative volunteers annually, for an average of 164.9 volunteers per organization.
- Collectively, the organizations report annual budgets totaling \$54,785,328, of which \$2,256,000 is state funding allocated through the Uninsured Adult Healthcare Safety Net program.

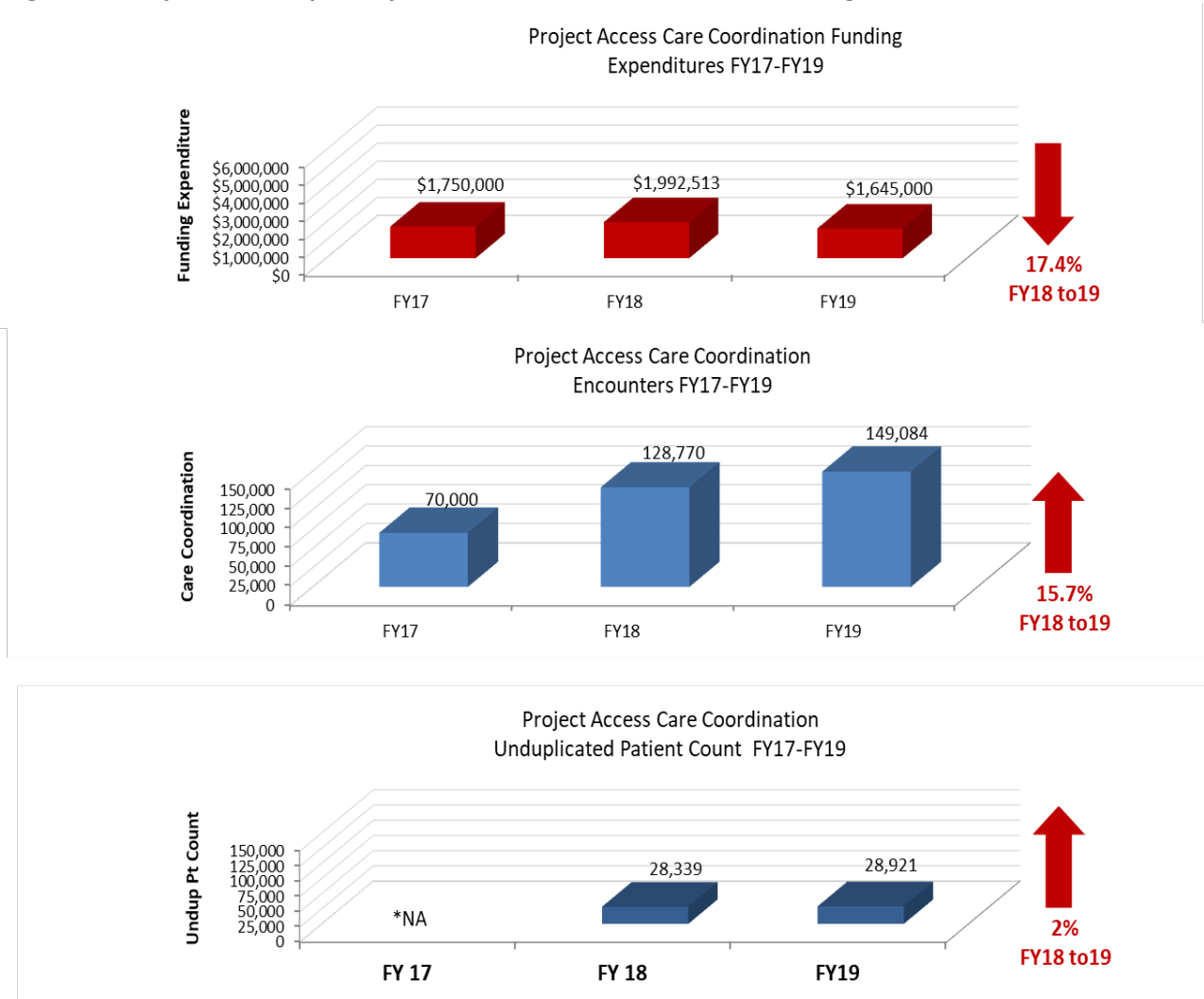
Project Access Care Coordination Services

Project Access services are available in four metropolitan areas: Nashville, Chattanooga, Knoxville and Johnson City (Carter, Johnson, Unicoi and Washington Counties). Project Access entities do not provide clinical health care services, but are affiliated with networks of clinical care providers and assist patients with scheduling, fee waivers and other support needed to access specialty care and diagnostic services. According to information from the Project Access providers, in FY19, Project Access entities in Tennessee received \$1,645,000 in Uninsured Adult Health Care Safety Net funding. Funded services provided 149,084 medical care coordination encounters for 28,921 uninsured patients ages 19-64, as shown in Figure 19 below. Collectively, the network of providers included 4,927 physicians and physician extenders statewide, who provide free or discounted primary and specialty care services, as well as ancillary lab and diagnostic services for between 1,800 to 2,100 uninsured residents of Tennessee per month. Collectively, in FY19 Project Access entities coordinated \$41,598,478 in donated health services, for a return of over \$39 for each \$1 of state-allocated funding.⁸

Figure 19: Tennessee Project Access Entities

Project Access Provider	Services Provided	Population Served	Network of Service Providers	Value of Donated Services
Nashville Project Access Medical Foundation of Nashville	Comprehensive case management and coordination of specialty, diagnostic and inpatient services	300-400 uninsured Davidson County residents per month, and pilot with limited residents from Rutherford and Williamson Counties	1,430 physicians and physician extender volunteers providing specialty, diagnostic and inpatient care for 27 primary care clinics, serving in partnership with 2 hospital systems with 6 facilities and additional surgery centers	\$1,397,161 in FY19 \$41.6 Million since 2005
Hamilton County Project Access	Comprehensive coordination of specialty, diagnostic, and inpatient services, and connection to community resources	400-500 uninsured residents of Hamilton County per month	1,124 physicians and extender volunteers providing primary, diagnostic, and inpatient care and medical review at 14 primary care centers, 3 hospital systems with 7 campuses, and mental health partner	\$13,701,317 in FY19 \$191 Million since 2004
Knoxville Area Project Access (KAPA)	Continuum of medical care and coordination with social services (food, housing, health literacy, transportation, drug/alcohol dependency)	800-900 low-income uninsured East Tennesseans monthly	1,873 physicians and physician extenders, and all Knoxville area hospitals offering primary care, specialty, inpatient, ancillary, psychiatric care and pharmacy services. These providers consist of 4 hospital systems with 7 campuses, primary care clinics with over 16 locations, as well as mental health partners.	\$16 million in FY19 \$350 Million since 2006
Appalachian Mountain Project Access (AMPA)	Coordination of specialty, diagnostic and inpatient medical care along with Comprehensive case management of social service needs	300 uninsured individuals monthly in Carter, Johnson, Unicoi, and Washington Counties	500 physicians and physician extenders volunteers providing primary, specialty, diagnostic, ancillary and inpatient care along with 7 primary care clinics and 2 hospitals	\$10 Million in FY19 \$74.5 Million since 2008

Figure 20: Project Access Specialty Care Coordination Encounters, Funding, & Patient Count FY17-FY19



NA: Due to changes in reporting requirements beginning in FY18, data for FY unduplicated data is not comparable to FY18 and FY19

V. Oral Health Services

Access to oral health services has been recognized as an important contributor to health and wellbeing, yet several counties in Tennessee have no dental providers: Grundy, Hancock, Houston, Pickett, and Van Buren counties. According to the 2019 America’s Health Rankings Report, Tennessee has 49.4 dentists for every 100,000 residents, compared to the nationwide rate of 61 dentists per 100,000 residents, ranking Tennessee 39th among the 50 states.¹ The State Office of Rural Health and Health Access conducts a Census of dental providers (adult and pediatric dentists), and compares that to the population in order to identify dental health professional shortage areas, as shown in Figures 21 and 22 below. See Appendix Figure 5 for a map of the state-designated dental health resource shortage areas, representing the thirty counties with the worst population-to-dentist ratios.

Figure 21: Dental-Population-to-Provider Ratios in 2019

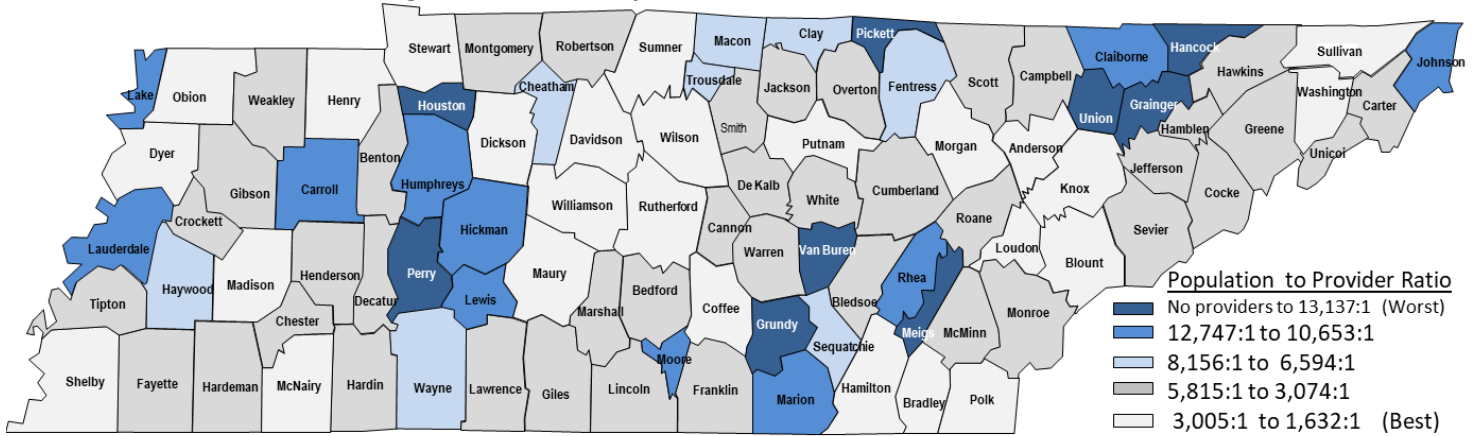
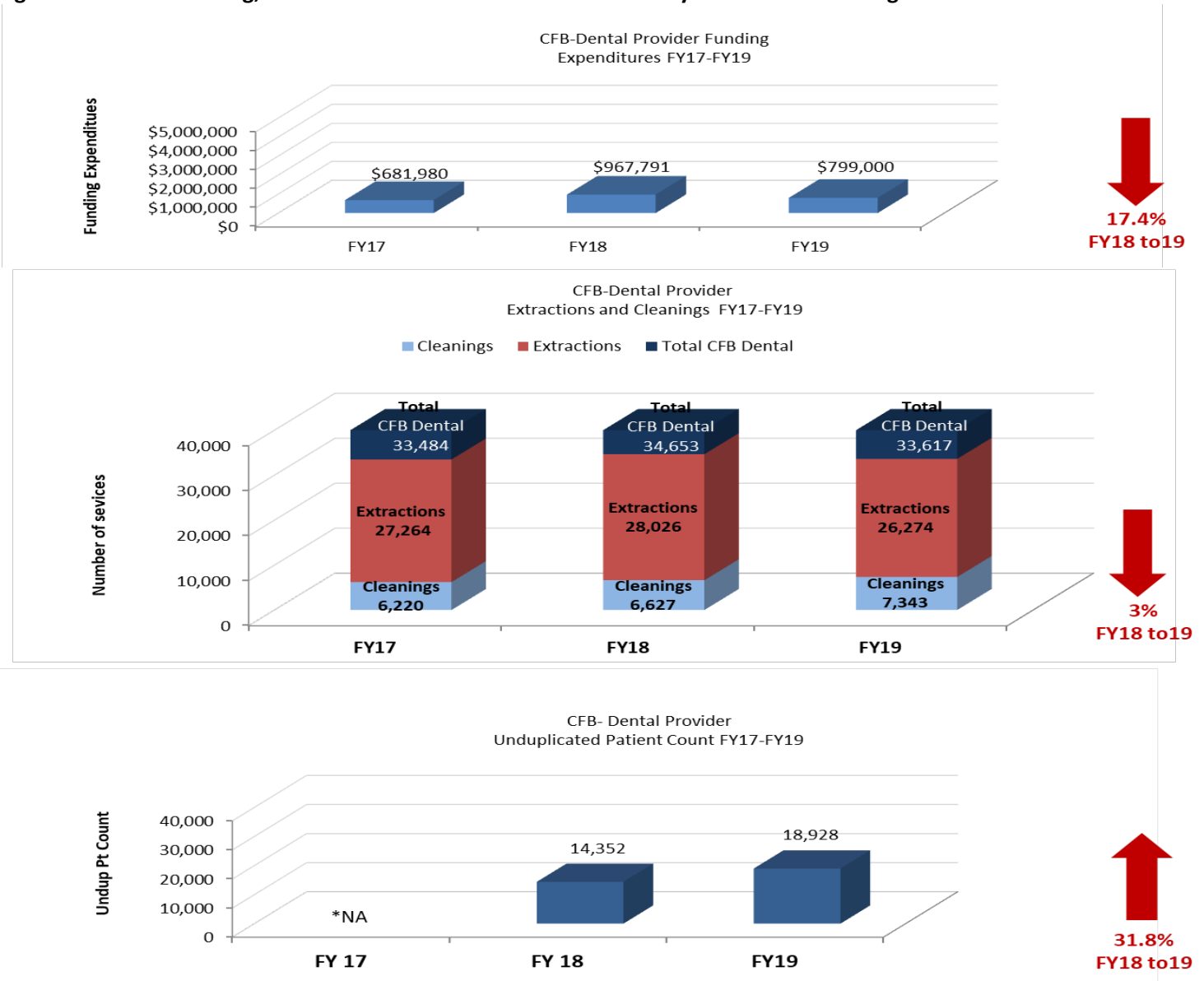


Figure 22: County-Level Dental-Population to Provider Ratios in 2019

County	Ratio	County	Ratio	County	Ratio	County	Ratio	County	Ratio
Grundy	No Providers	Sequatchie	8,141:1	Jefferson	4,989:1	McMinn	3,782:1	Loudon	2,804:1
Hancock	No Providers	Macon	8,013:1	Scott	4,988:1	Jackson	3,733:1	Sumner	2,803:1
Houston	No Providers	Clay	7,684:1	White	4,980:1	Sevier	3,717:1	Henry	2,711:1
Pickett	No Providers	Wayne	7,597:1	Giles	4,919:1	Hamblen	3,668:1	Dickson	2,688:1
Van Buren	No Providers	Trousdale	7,311:1	Lawrence	4,896:1	DeKalb	3,657:1	Stewart	2,650:1
Meigs	14,788:1	Cheatham	7,092:1	Overton	4,888:1	Cumberland	3,614:1	Wilson	2,635:1
Union	14,751:1	Lewis	7,026:1	Chester	4,885:1	Gibson	3,541:1	Obion	2,620:1
Grainger	13,495:1	Claiborne	7,015:1	Fayette	4,856:1	Warren	3,466:1	Blount	2,616:1
Perry	13,137:1	Marion	6,594:1	Cocke	4,830:1	Crockett	3,465:1	Anderson	2,535:1
Johnson	12,747:1	Hawkins	5,815:1	Roane	4,811:1	Greene	3,392:1	Knox	2,473:1
Lake	12,647:1	Lincoln	5,591:1	Henderson	4,648:1	Robertson	3,345:1	Putnam	2,376:1
Lauderdale	12,618:1	Bedford	5,386:1	Smith	4,590:1	Montgomery	3,074:1	Washington	2,341:1
Moore	12,604:1	Cannon	5,323:1	Monroe	4,437:1	Morgan	3,005:1	Hamilton	2,227:1
Humphreys	11,426:1	Carter	5,280:1	Tipton	4,266:1	Dyer	2,996:1	Coffee	2,137:1
Rhea	10,826:1	Hardeman	5,262:1	Bledsoe	4,118:1	Bradley	2,970:1	Maury	2,056:1
Carroll	10,822:1	Unicoi	5,244:1	Campbell	4,106:1	Polk	2,934:1	Madison	2,018:1
Hickman	10,653:1	Hardin	5,163:1	Decatur	4,028:1	McNairy	2,915:1	Davidson	2,009:1
Haywood	8,156:1	Franklin	5,111:1	Marshall	3,920:1	Rutherford	2,912:1	Sullivan	1,902:1
Fentress	8,155:1	Benton	5,048:1	Weakley	3,882:1	Shelby	2,845:1	Williamson	1,632:1

Since 2017, safety net dental service providers also receive funding support for oral health cleanings and oral hygiene counseling services provided for uninsured Tennesseans ages 19-64 through the Uninsured Adult Healthcare Safety Net Funding. In FY19, twenty Community and Faith-Based organizations received \$799,000 in funding through the Uninsured Adult Healthcare Safety Net to support emergency and preventative oral health services for uninsured adults ages 19-64, a decrease in funding of 17.4 percent from FY18. The Uninsured Adult Health Safety Net dental patient services included: 26,274 emergency tooth extractions in FY19, a 4.5% decrease from FY18, and 7,343 hygienic cleanings in FY19, a 10.8% increase over FY18. The dental health services were provided to 18,928 unduplicated patients in FY19, an increase of 31.9% from FY18, as shown in Figure 23 below.

Figure 23: Dental Funding, Services and Patient Count for Community and Faith-Based Organizations FY17-FY19



* NA: Due to changes in reporting requirements beginning in FY18, data for FY unduplicated data is not comparable to FY18 and FY 19.

In addition to the oral health services supported by the Uninsured Adult Healthcare Safety Net funds, other public and non-profit organizations provide a variety of dental services for uninsured Tennesseans. Some of these include:

- a. In addition to oral health screenings and hygienic cleanings for children in schools with high percentages of low-income students, local health departments offer emergency dental services to uninsured adults with funding provided by TennCare. Forty-eight Local Health Department facilities provide emergency dental services to uninsured adults in 47 of Tennessee’s 95 counties, although only 38 facilities were staffed and open 1-5 days per week in FY19, due to lack of available staff. Four of these clinics offer expanded dental services provided by fourth-year dental students from the University of Tennessee Health Sciences Center and Meharry Medical College School of Dentistry: Fayette County, Tipton County, Maury County and Montgomery County Health Departments. The Metro Public Health Department in Davidson County also offers emergency dental services, while the Shelby County Health Department provides emergency dental services for adults and comprehensive dental services for individuals less than 21 years old.⁹

b. A one-time grant awarded in 2018 by the Davidson County Chancery Court, Part III from the SeniorTrust/ElderTrust settlement (Case No. 11-1548-III) to the Interfaith Dental Clinic and administered by the Tennessee Commission on Aging and Disabilities (TCAD) supports preventative, emergent and basic restorative dental services through the SMILE ON 60+ program for Tennesseans ages 60 and older who are below 200% of poverty and who lack dental insurance coverage. Case management and education are at the heart of the program to place older adults in safety net clinic dental homes for restorative care. Transportation services are also available when necessary. Each dollar spent in the program has resulted in \$3 of market value dental care provided. After one year of the program, 5,626 unique seniors became engaged in conversations about their oral health needs and understandings; of these, 3,153 unique older adults living in 83 counties received direct dental services from 19 contracted safety net dental providers at 29 different sites¹⁰

c. Dental Lifeline Network, a not-for-profit organization based in Colorado, partners with the Tennessee Dental Association to recruit dental providers to provide *pro bono* services to elderly, disabled and medically-frail Tennesseans. Direct funding allocations from the Tennessee General Assembly administered by the Tennessee Department of Health and the Tennessee Department of Developmental and Intellectual Disabilities supported oral health services in FY19 for 120 individuals in Anderson, Coffee, Davidson, Knox, Madison, Maury, Montgomery, Rutherford and Shelby counties, who each received an average of \$4,982 in donated oral health services for a total of \$248,301 in treatment costs, leveraging \$3.52 for every \$1.00 in state-allocated funding. Services were provided by 191 volunteer dentists (46 of whom were new volunteers in 2019) and 53 dental laboratories. As of July 1, 2019, there is a waiting list of 192 individuals who have applied for services and are waiting to be referred to oral health providers¹¹

VI. Behavioral Health Safety Net of Tennessee

The Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) administers the Tennessee Behavioral Health Safety Net, which was initiated in 2005 as the Mental Health Safety Net when funding was authorized by the Tennessee General Assembly through Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005. The Behavioral Health Safety Net has continued to be funded entirely through annual legislative appropriations to TDHMSAS. The Tennessee Behavioral Health Safety Net provides essential outpatient mental health services to uninsured Tennesseans who meet program eligibility criteria through a network of 15 participating community mental health centers, delivering community-based services for people with severe mental illness to help them continue to lead functional, productive lives. Essential services offered through the Behavioral Health Safety Net program include: assessment, evaluation, individual and group therapy, case management, psychiatric medication management, laboratory testing related to medication management, and pharmacy assistance and coordination. In FY18 and FY19, a pilot project was implemented as part of the Behavioral Health Safety Net program, to support individuals enrolled in the program to receive transportation services needed in order to access mental health services.

Access to Mental and Behavioral Health Services

According to the 2019 America's Health Rankings Report, Tennessee is ranked 45th among the 50 states for access to mental health professionals (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, substance abuse treatment counselors, and advanced practice nurses and physician assistants specializing in mental health care), with 153 mental health providers per 100,000 residents, far lower than the national rate of 247.4 mental health providers per 100,000 residents.¹ Figures 24 and 25 below show the population-to-mental health provider ratios for 2019, as reported by the Robert Wood Johnson Foundation in its 2019 County Health Rankings and Roadmap;¹² a map of the state-designated mental health regions can be found in Appendix Figure 6. Two Tennessee counties (Jackson and Pickett) report no mental health provider, and only four of 95 Tennessee counties (Williamson, Rutherford, Sumner, and Wilson) are not federally-designated as Mental Health Professional Shortage areas.⁵ According to the Kaiser Family Foundation quarterly summary of designated Health Professional Shortage Areas for September 30, 2019, the United States has only 27.24% of the mental health practitioners needed to serve the population's mental health needs. In comparison, Tennessee has 11.39% of the mental health practitioners needed, and would require 367 additional practitioners in order to fully meet the needs.¹³

Figure 24: Mental Health Population-to-Providers Ratio in FY19

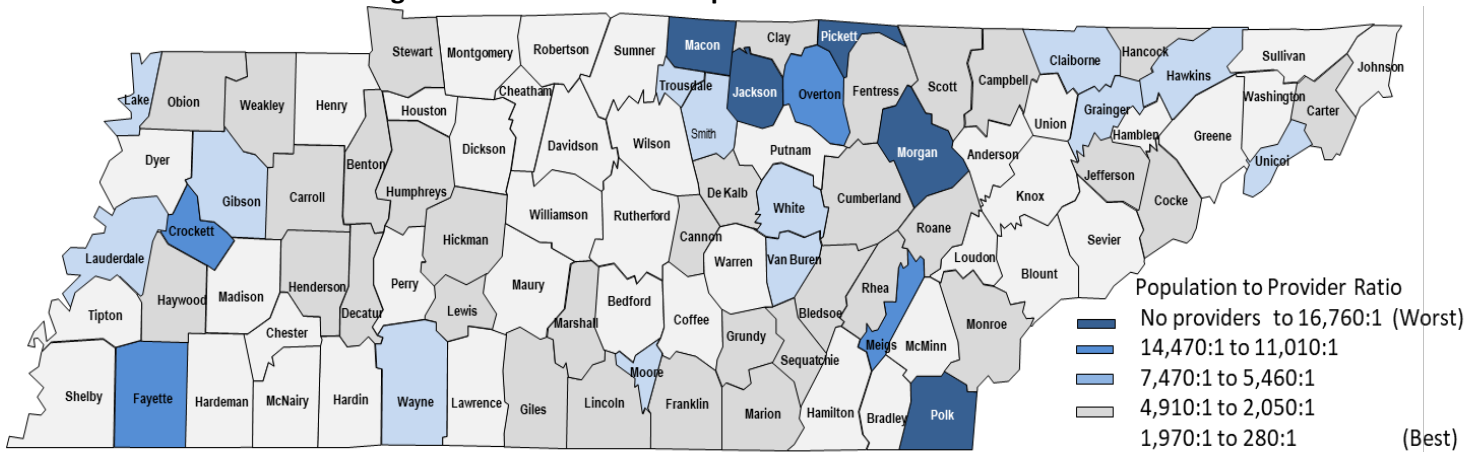


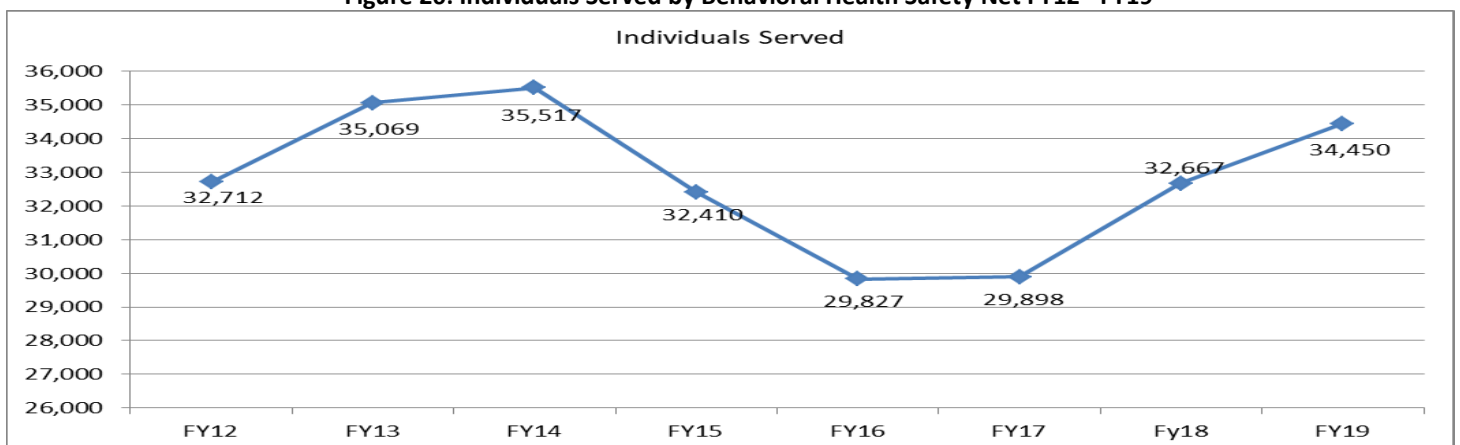
Figure 25: County-Level Mental Health Population-to-Provider Ratios FY19

County	Ratio	County	Ratio	County	Ratio	County	Ratio
Jackson	No Providers	Fentress	4,530:1	Lewis	2,410:1	Sumner	1,340:1
Pickett	No Providers	Marion	4,060:1	Carroll	2,320:1	Hardin	1,230:1
Macon	24,080:1	Clay	3,851:1	Henderson	2,310:1	Johnson	1,180:1
Morgan	21,640:1	Bledsoe	3,680:1	Giles	2,260:1	Greene	1,150:1
Polk	16,760:1	Cannon	3,550:1	Roane	2,210:1	Anderson	1,110:1
Crockett	14,470:1	Carter	3,530:1	Franklin	2,190:1	Hardeman	880:1
Fayette	13,350:1	Lincoln	3,380:1	Humphreys	2,050:1	Sullivan	850:1
Meigs	12,070:1	Jefferson	3,360:1	Dyer	1,970:1	Blount	840:1
Overton	11,010:1	Weakley	3,330:1	Rutherford	1,890:1	McNairy	760:1
Trousdale	7,816:1	Hancock	3300:1	Wilson	1,840:1	Shelby	740:1
Lake	7,470:1	Cumberland	2,950:1	Robertson	1,800:1	Williamson	670:1
White	6,690:1	Haywood	2929:1	McMinn	1,710:1	Hamblen	660:1
Smith	6,550:1	DeKalb	2,840:1	Loudon	1,680:1	Houston	590:1
Moore	6,380:1	Scott	2,750:1	Sevier	1,680:1	Montgomery	550:1
Claiborne	6,320:1	Cocke	2,740:1	Cheatham	1,610:1	Henry	550:1
Lauderdale	6,320:1	Grundy	2,670:1	Perry	1,600:1	Hamilton	520:1
Hawkins	6,270:1	Benton	2,660:1	Warren	1,510:1	Putnam	490:1
Unicoi	5,920:1	Campbell	2,640:1	Dickson	1,510:1	Coffee	470:1
Grainger	5,790:1	Monroe	2,570:1	Union	1,500:1	Maury	430:1
Van Buren	5,740:1	Marshall	2,530:1	Tipton	1,500:1	Madison	430:1
Wayne	5,530:1	Obion	2,530:1	Bedford	1,460:1	Davidson	340:1
Gibson	5,460:1	Rhea	2,510:1	Bradley	1,430:1	Washington	330:1
Sequatchie	4,910:1	Hickman	2,490:1	Lawrence	1,360:1	Knox	280:1

Source: County Health Rankings.org, December 2019

The Behavioral Health Safety Net program serves eligible Tennesseans through a statewide provider network of fifteen Community Mental Health Agencies, operating 146 sites in 71 counties, 54 of which are considered rural. These Community Mental Health Agencies provided services to 34,450 individuals through the Behavioral Health Safety Net Program in FY19, an increase of 5.5% compared to FY18¹⁴ as shown in Figure 26 below.

Figure 26: Individuals Served by Behavioral Health Safety Net FY12 - FY19



VII. Special Populations

Since 2006, the Tennessee General Assembly has appropriated funding to support treatment for uninsured, low-income patients who test positive for Human Immunodeficiency Virus (HIV). This includes Tennessee's requirements under the Ryan White Comprehensive AIDS Resource Emergency (CARE) Act, whereby the state of Tennessee matches federal grant funds to support HIV positive populations within the state. In FY 2019, the Tennessee state government provided \$9.2 Million to support people enrolled in TennCare who were living with HIV, and people living with HIV/AIDS within correctional facilities.¹⁵

Additionally, the Tennessee Department of Health and the Tennessee Department of Health and Human Services jointly administer the Ryan White Part B program, with funding from federal grants and qualifying pharmaceutical rebates. The Ryan White Program acts as a payer of last resort after Medicaid and Medicare, providing HIV services for eligible clients who have incomes up to 400 percent of the federal poverty guidelines.

Some of the key services provided by the Ryan White Part B program to qualifying clients include:

- 1) the Insurance Assistance Program (IAP), which covers insurance premiums for outpatient medical care and prescriptions;
- 2) the HIV Drug Assistance Program (HDAP), which procures and directly delivers antiretroviral and other HIV treatment drugs to eligible clients; and
- 3) HIV Centers of Excellence, a network of 14 clinics, private practitioners, and health departments across the state that provide outpatient medical services to people living with HIV/AIDS.¹⁵

Figure 27: Ryan White Part B HIV Drug Assistance Program (HDAP) and Insurance Assistance Program

Federal Fiscal Year	HDAP		IAP		Total(duplicated)		Total(un-duplicated)	% Growth from previous year
	Enrollment	% Growth from previous year	Enrollment	% Growth from previous year	Enrollment	% Growth from previous year	Enrollment	
FY 2015	3,314	-12%	3,964	71%	7,278	19%	5,663	Not available
FY 2016	2,442	-26%	4,981	26%	7,423	2%	6,177	9%
FY2017	2,512	3%	5,403	8%	7,915	7%	6,682	8%
FY 2018	3,128	25%	5,643	4%	8,771	11%	7,426	11%
FY 2019	3,397	9%	5,821	3%	9,218	5%	7,805	5%

VIII. Emerging Issues and Strategies

The Tennessee Department of Health has assessed the state of the health care safety net in Tennessee, including an evaluation of the array of services, adequacy of services, and access to care. The assessment shows a comprehensive approach for health care safety net services and a strong collaborative effort among federal, state, public and private entities. State funds allocated for safety net programs administered by the Tennessee Department of Health, the Tennessee Department of Mental Health and Substance Abuse Services, and the Division of TennCare are being fully utilized, but many Tennesseans continue to encounter barriers which limit access to preventive, primary care and specialty health services. A few of the pressing safety net concerns and strategies are discussed below.

- Residents residing in rural areas of Tennessee have less access to care than residents of more urbanized areas. As reported by the Sycamore Institute,¹⁶ data analysis shows that more densely-populated counties in Tennessee have higher incomes, less poverty, and lower percentages of uninsured individuals. Tennessee Governor Bill Lee issued an executive order on his first day in office, requiring all state departments to provide recommendations for how to better serve rural Tennessee through a statement of rural impact.¹⁷ Tennessee has proposed funding Medicaid services through a block grant, a change in use of the \$7.5 Billion in annual federal funding which could potentially impact 1.4 Million Tennesseans.¹⁸ Governor Lee has also appointed members to serve on a Health Care Modernization Task Force, charged with recommending ways to address some of the state's major healthcare issues, including access to quality and affordable healthcare, market forces, and addressing community-specific characteristics that contribute to health issues.¹⁹
- According to the Tennessee Department of Health, State Office of Rural Health and Health Access, increased financial pressure on smaller hospitals, particularly those in rural communities, has led to 12 hospital closures since 2013, placing Tennessee among the top in the nation for hospital closures.²⁰ The loss of 24-hour emergency services, inpatient care, and obstetric services reduces access and increases demand for EMS and other transportation services. Communities see hospitals as essential to attracting and retaining health professionals, as well as other businesses and employers, compounding the loss of jobs and revenue. In FY18 the Tennessee Department of Economic and Community Development initiated the Rural Hospital Transformation Initiative, securing consulting services to assist cohorts of rural hospitals to develop strategic plans and strengthen financial viability while sustaining an appropriate level of services for their communities. Common themes identified in the first cohort of hospitals included: clinical workforce gaps, continuum of care for patients suffering from substance abuse disorder, transportation challenges, under-utilized telehealth capacity, and challenges in transitioning to new payment models.²¹
- There are fewer health professionals in rural communities, even for patients with adequate insurance coverage. Health professional shortages are particularly acute for obstetric, dental, and mental health professionals. Several organizations work to offer incentives to clinicians who commit to provide care in underserved communities, but need and demand exceed funding availability. In FY19, increased funding was allocated through the Tennessee State Loan Repayment Program, which awarded \$1,105,000 in incentives for medical, dental and mental health professionals serving uninsured individuals in outpatient settings.²⁰ In FY19, J-1 Visa waivers were awarded to 17 foreign-born physicians to provide specialty and primary care services in hospital settings, while the Tennessee Center for Health Workforce Development provided stipends for residents participating in clinical residency rotations in rural communities.²⁰ Other opportunities to increase access to health services include the development of recruitment and training programs to expand community paramedicine and community health outreach workers serving throughout the state.
- Tennessee has invested \$15,000,000 to expand broadband access through the Tennessee Broadband Accessibility Grant and tax incentives to internet service providers, which can be leveraged to increase access to primary and specialty care providers through telehealth service delivery. In December 2018, Tennessee joined 23 other states in the Interstate Medical Licensure Compact,²² making it easier for physicians licensed in other states to treat Tennessee patients, and for Tennessee physicians to treat patients in other states. However, ongoing barriers include lack of payment by some health insurance plans, limitations of technology infrastructure and lack of clinician training.

- Substance use disorder is a primary healthcare issue. The opioid epidemic has been declared a national emergency. The Tennessee Department of Health and the Tennessee Department of Mental Health and Substance Abuse Services have received additional federal funding to increase access to medication-assisted treatment, reduce unmet treatment needs and opioid overdose-related deaths. State agencies and private-sector organizations are collaborating to create, implement and monitor strategies to address substance use disorders.
- While the importance of care coordination services is recognized, particularly for individuals with chronic diseases and health risk behaviors, funding support for care coordination of specialty services through the Uninsured Adult Healthcare Safety Net program currently limited to only 7 of Tennessee's 95 counties.⁸ Strategies to expand statewide access to specialty care and care coordination services, and to link with prevention, primary medical, dental and mental health services offered by existing and new health care safety net providers are being explored.

IX. Conclusion

The Uninsured Adult Healthcare Safety Net fund helps to fulfill the mission of the Tennessee Department of Health to protect, promote and improve the health and prosperity of Tennessee by enhancing access to quality, affordable primary care, dental, behavioral health and care coordination services for uninsured adults in Tennessee. Likewise, the Behavioral Health Safety Net advances the mission of the Tennessee Department of Mental Health and Substance Abuse Services to create collaborative pathways to resiliency, recovery and independence for Tennesseans living with mental illness and substance use disorders. The greatest strength of the Uninsured Adult Safety Net Program is the dedicated workforce. Those providers of healthcare services for the most vulnerable Tennesseans have endured fluctuating and decreased funding through the years, yet have maintained or increased services. Working together, dedicated professionals and volunteers at community health centers, community and faith-based clinics, Project Access entities, community mental health agencies and local health departments deliver services to these vulnerable populations, with support from professional associations including as the Tennessee Primary Care Association, the Tennessee Charitable Care Network, the Tennessee Association of Mental Health Organizations, and many others. These partner organizations, along with the dedicated health professionals and the patients they serve, deeply appreciate Tennessee Governor Bill Lee and members of the Tennessee General Assembly, who have increased funding to support expansion of safety net programs to meet growing needs. Barriers such as the provider shortages and geographic distribution of services documented in this report still present significant challenges to health access in Tennessee, and TDH is grateful to the commitment, hard work, and innovation of its partners and providers to address these challenges together.

X. Glossary of Terms

Behavioral Health Safety Net - Pursuant to Tenn. Code Ann. § 71-5-148, the behavioral health safety net fund provides support for community-based providers of behavioral health services to seriously and persistently mentally ill adults who are uninsured and lack financial resources to secure behavioral health care.

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

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

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

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

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

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

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

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

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

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

Appendix: Health Resource Shortage Areas 2019

In 1989, the Tennessee General Assembly amended the Tennessee Code Annotated, Title 66, Chapter 29, Part 1 to require the Commissioner of Health to designate Health Resource Shortage Areas, to inform decisions about allocation of funding for programs intended to encourage the location of health care practitioners in areas of greatest need. Health Resource Shortage Areas (HRSA) are identified as the 30 areas of the state with the worst population-to-provider ratios, as calculated by comparing the relevant population to the number of full-time equivalent clinicians practicing in that area, as follows:

Health Resource Shortage Area (HRSA): The 30 highest ranking "population-to-provider ratios" for Rational Service Areas designated for Primary Care, Obstetric, Pediatric, TennCare and Dental providers.

Rational Service Area (RSA): Comprised of individual counties or groups of counties that display specific and obvious migration patterns, distance and travel time to access primary care, pediatric, obstetric, dental or primary care services.

TennCare HRSA: The 30 highest ranking TennCare enrollees to TennCare provider ratios among the TennCare Rational Service Areas. TennCare primary care providers are defined a physician, advanced practice nurse and physician assistant providing primary care services to the TennCare enrollees within a TennCare Rational Service Area.

Primary Care HRSA: The 30 highest ranking total population to primary care provider ratios among the Primary Care Rational Service Areas. A Primary Care provider is defined as a family practice, internal medicine and general practice physician, family nurse practitioners and physician assistants.

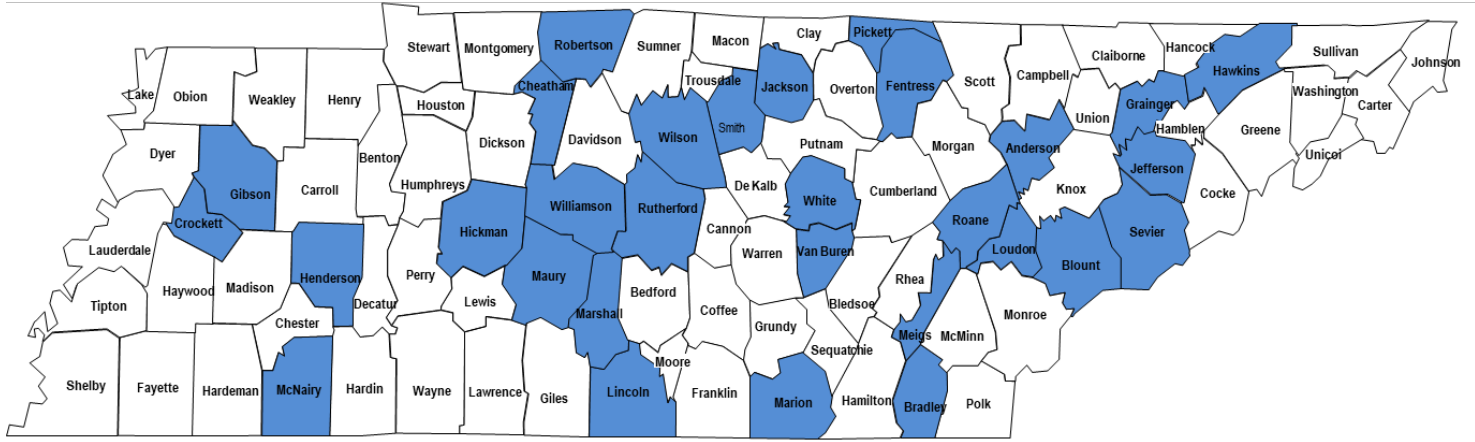
Obstetric HRSA: The 30 highest ranking female population of child bearing age (15-44 years) to obstetric provider ratios among the Obstetric Rational Service Areas. An obstetric provider is defined as a physician, physician assistant, nurse practitioner or certified nurse mid-wife who specializes in obstetrical care or provides prenatal services and delivery or who may provide these services in addition to practicing in another specialty care area.

Pediatric HRSA: The 30 highest ranking population of children, 0-18 years, to pediatric provider ratios among the Pediatric Rational Service Areas. A pediatric provider is defined as a physician, nurse practitioner and physician assistant specializing in pediatrics or general pediatric care or who may provide these services in addition to specializing in family medicine, internal medicine or general practice medicine.

Dental HRSA: The 30 highest ranking total population to primary care dental provider ratios among the Dental Rational Service Areas. A primary care dentist is defined as a DDS, DMD or pediatric dentist.

Appendix Figure 1: TennCare Health Resource Shortage Areas 2019

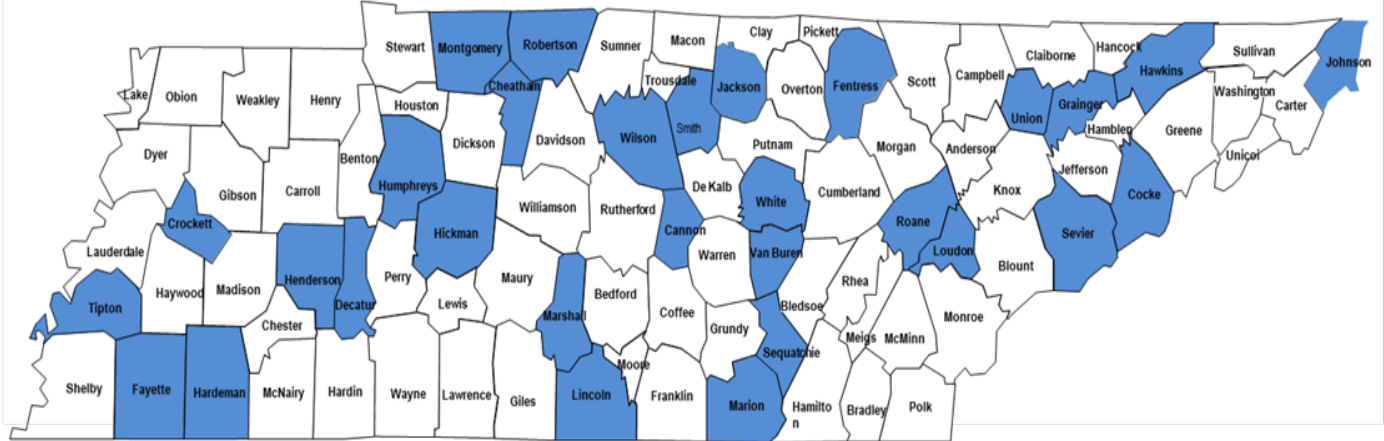
TennCare Health Resource Shortage Areas 2019



County	Ratio	Rank	County	Ratio	Rank	County	Ratio	Rank
SEVIER	1,321:1	1	LINCOLN	862:1	11	GIBSON	649:1	21
LOUDON	1,151:1	2	FENTRESS	860:1	12	ROANE	648:1	22
JACKSON	1,071:1	3	CHEATHAM	849:1	13	BLOUNT	646:1	23
WILLIAMSON	1,065:1	4	SMITH	779:1	14	MCNAIRY	625:1	24
HICKMAN	1,063:1	5	WILSON	779:1	14	HENDERSON	621:1	25
GRAINGER	1,029:1	6	HAWKINS	763:1	16	JEFFERSON	612:1	26
MARSHALL	1,025:1	7	MAURY	703:1	17	ANDERSON	606:1	27
RUTHERFORD	1,004:1	8	ROBERTSON	700:1	18	MARION	601:1	28
CROCKETT	972:1	9	VAN BUREN	695:1	19	BRADLEY	600:1	29
PICKETT	876:1	10	WHITE	695:1	19	MEIGS	599:1	30

Appendix Figure 2: Primary Care Health Resources Shortage Areas 2019

Primary Care Health Resource Shortage Areas 2019



County	Ratio	Rank	County	PRatio	Rank	County	PRatio	Rank
MARSHALL	3,696:1	1	ROANE	2,233:1	11	TIPTON	1,786:1	21
HICKMAN	3,603:1	2	CROCKETT	2,109:1	12	HENDERSON	1,743:1	22
GRAINGER	2,868:1	3	LINCOLN	2,096:1	13	JOHNSON	1,733:1	23
MARION	2,780:1	4	COCKE	2,038:1	14	MONTGOMERY	1,732:1	24
FENTRESS	2,718:1	5	CHEATHAM	2,037:1	15	ROBERTSON	1,714:1	25
HAWKINS	2,686:1	6	FAYETTE	2,028:1	16	UNION	1,697:1	26
LOUDON	2,564:1	7	CANNON	1,870:1	17	SMITH	1,679:1	26
JACKSON	2,315:1	8	SEVIER	1,848:1	18	WILSON	1,679:1	26
VAN BUREN	2,258:1	9	DECATUR	1,825:1	19	HARDEMAN	1,663:1	29
WHITE	2,258:1	9	SEQUATCHIE	1,809:1	20	HUMPHREYS	1,662:1	30

Appendix Figure 3: Obstetric Health Resources Shortage Areas 2019

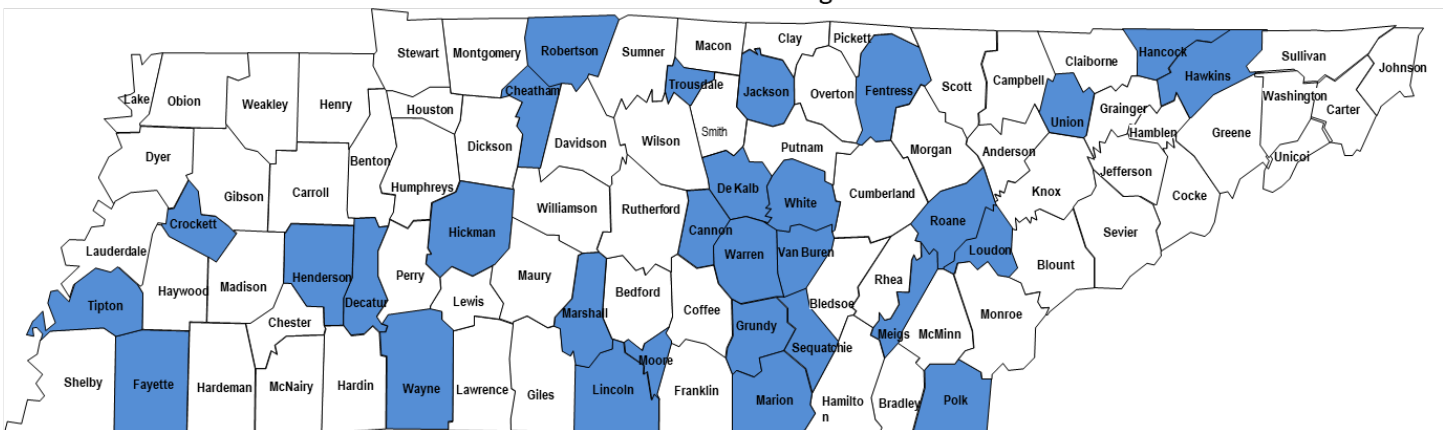
Obstetric Health Resource Shortage Areas 2019



County	Ratio	Rank	County	Ratio	Rank	County	Ratio	Rank
FAYETTE	No Prov	1	MORGAN	20,718:1	10	LAUDERDALE	7,568:1	19
HAYWOOD	No Prov	1	ROANE	20,718:1	10	OBION	7,568:1	19
FENTRESS	No Prov	1	DICKSON	16,033:1	13	GILES	7,199:1	23
DEKALB	No Prov	1	HUMPHREYS	16,033:1	13	HICKMAN	7,199:1	23
COCKE	No Prov	1	HARDIN	9,578:1	15	LEWIS	7,199:1	23
SEVIER	31,841:1	6	MCNAIRY	9,578:1	15	MARSHALL	7,199:1	23
CUMBERLAND	23,272:1	7	LOUDON	9,342:1	17	MAURY	7,199:1	23
SCOTT	21,949:1	8	MONROE	9,342:1	17	PERRY	7,199:1	23
GREENE	21,413:1	9	DYER	7,568:1	19	HOUSTON	6,148:1	29
ANDERSON	20,718:1	10	LAKE	7,568:1	19	MONTGOMERY	6,148:1	29
						STEWART	6,148:1	29

Appendix Figure 4: Pediatric Health Resources Shortage Areas 2019

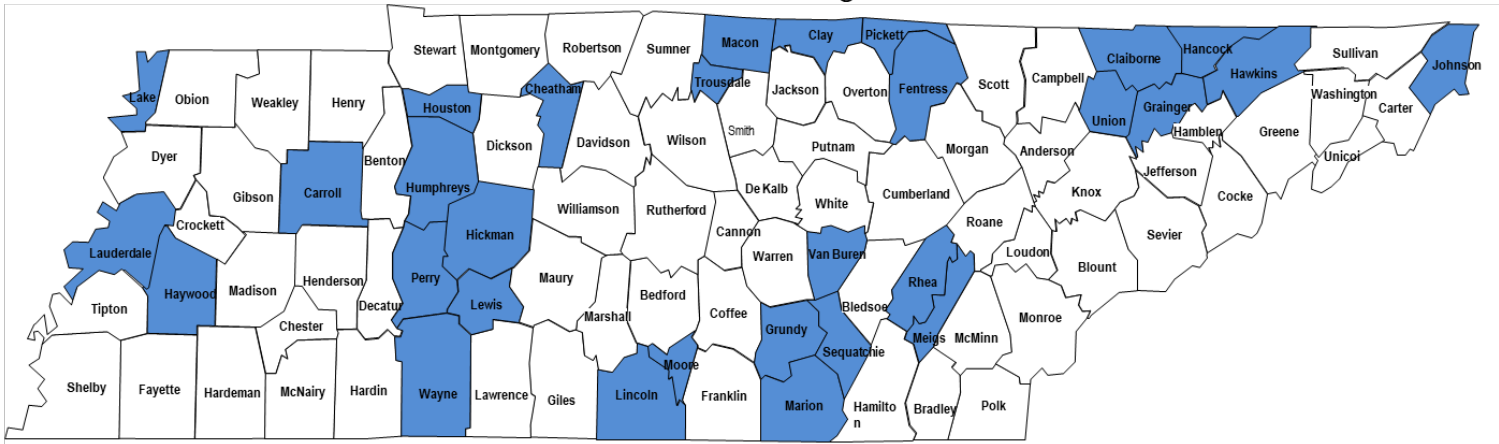
Pediatric Health Resource Shortage Areas 2019



County	Ratio	Ranking	County	Ratio	Ranking	County	Ratio	Ranking
MEIGS	8,243:1	1	CROCKETT	2,959:1	11	TROUSDALE	2,666:1	21
SEQUATCHIE	8,125:1	2	CHEATHAM	2,880:1	12	DEKALB	2,520:1	22
MARSHALL	3,969:1	3	POLK	2,846:1	13	MARION	2,425:1	23
GRUNDY	3,745:1	4	HICKMAN	2,805:1	14	HAWKINS	2,390:1	24
DECATUR	3,529:1	5	FENTRESS	2,772:1	15	WAYNE	2,361:1	25
VAN BUREN	3,486:1	6	TIPTON	2,736:1	16	UNION	2,243:1	26
WHITE	3,486:1	6	HANCOCK	2,700:1	17	WARREN	2,178:1	27
LINCOLN	3,263:1	8	JACKSON	2,698:1	18	FAYETTE	2,175:1	28
ROANE	3,081:1	9	LOUDON	2,691:1	19	HENDERSON	2,150:1	29
MORGAN	3,001:1	10	CANNON	2,688:1	20	ROBERTSON	2,004:1	30

Appendix Figure 5: Dental Health Resources Shortage Areas 2019

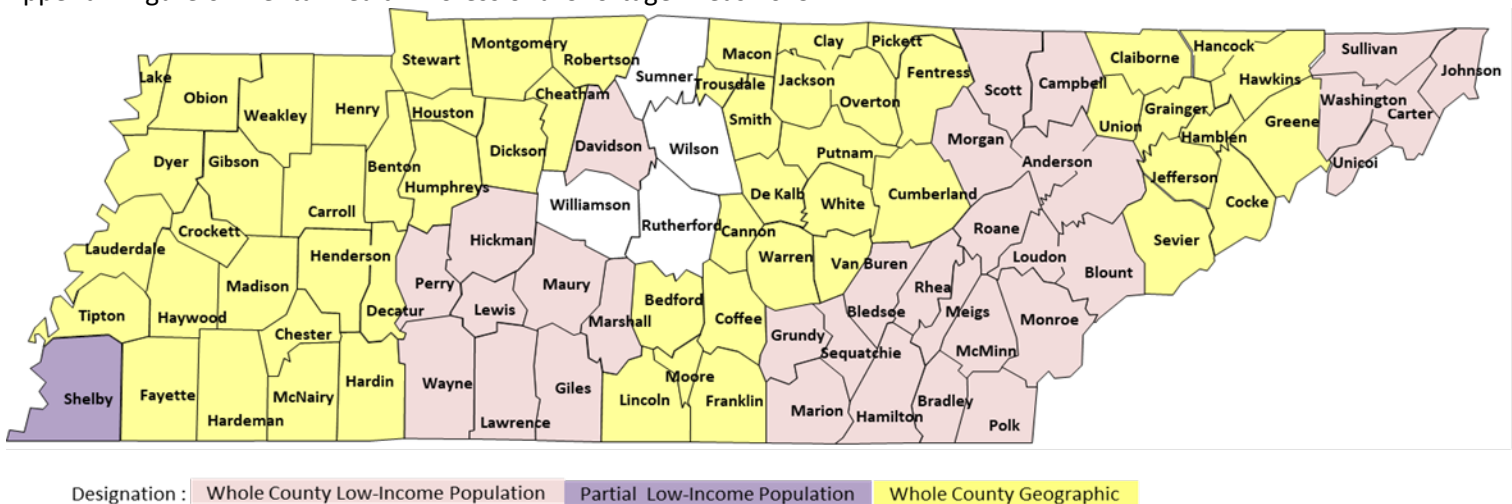
Dental Health Resource Shortage Areas 2019



County	Ratio	Rank	County	Ratio	Rank	County	Ratio	Rank
Grundy	No Providers	1	Lake	12,647:1	11	Macon	8,013:1	21
Hancock	No Providers	1	Lauderdale	12,618:1	12	Clay	7,684:1	22
Houston	No Providers	1	Moore	12,604:1	13	Wayne	7,597:1	23
Pickett	No Providers	1	Humphreys	11,426:1	14	Trousdale	7,311:1	24
Van Buren	No Providers	1	Rhea	10,826:1	15	Cheatham	7,092:1	25
Meigs	14,788:1	6	Carroll	10,822:1	16	Lewis	7,026:1	26
Union	14,751:1	7	Hickman	10,653:1	17	Claiborne	7,015:1	27
Grainger	13,495:1	8	Haywood	8,156:1	18	Marion	6,594:1	28
Perry	13,137:1	9	Fentress	8,155:1	19	Hawkins	5,815:1	29
Johnson	12,747:1	10	Sequatchie	8,141:1	20	Lincoln	5,591:1	30

Mental Health: The state mental health professional shortage areas are comprised of individual counties, as depicted Figure 6 below. Davidson, Hamilton, and Knox counties are federally-designated as HPSAs due to the high percentage of low-income individuals. Shelby’s HPSA designations are composed of designated census tracts. Only Williamson, Rutherford, Sumner, and Wilson counties have no HPSA designations. Hence, counties have whole county designations and one county has a partial county designation. Providers located in the HPSAs have leverage in recruiting mental health professionals such as psychiatric physicians, licensed psychologists, licensed clinical social workers, etc.

Appendix Figure 6: Mental Health Professional Shortage Areas 2019



Designation : Whole County Low-Income Population Partial Low-Income Population Whole County Geographic

Data Source: Health Resources and Services Administration, U.S. Department of Health and Human Services, 2019

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