2020

Uninsured Adult Healthcare Safety Net Annual Report

Presented to the General Assembly State of Tennessee

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TN Department of Health

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Acknowledgements

On behalf of the Tennessee Department of Health, the State Office of Rural Heath & Health Access wishes to express gratitude to all of our stakeholders, partners, policy and decision makers, primary care health entities, health care professionals, and advocates for your ongoing support and your contributions to this annual report.

Our sincere appreciation goes to the Uninsured Adult Health Care Safety Net Provider network of Community Health Centers, Community and Faith-Based organizations, Project Access entities, as well as, respective clinical and administrative professionals for consistently collecting and reporting the data and information used to complete this report.

We are extremely grateful for the Professional Associations whose memberships consist of Uninsured Adult Health Care Safety Net providers, to include, the Tennessee Primary Care Association and the Tennessee Charitable Care Network. Thank you for your commitment to advocacy and providing information used in this report to inform policy and decision making associated with bridging gaps in access to care for uninsured, under insured and low-income adults in Tennessee.

A special note of recognition is extended in appreciation of contributing Tennessee State Government Departments to include the Tennessee Department of Mental Health & Substance Abuse Services, Tennessee Department of Economic and Community Development, and Tennessee Department of Finance and Administration, Division of TennCare.

Lastly, we want to acknowledge the efforts of the Tennessee Department of Health State Offices and Program Areas for whom we are grateful to for providing current data, metrics and information, to include Community Health Services, Ryan White Part B Program, Oral Health Services and the Uninsured Adult Health Care Safety Net Program.

Executive Summary

The Uninsured Adult Health Care Safety Net Fund is administered by the Tennessee Department of Health, State Office of Rural Health, which supports access to care for uninsured adults ages 19-64. Healthcare services are provided by Federally Qualified Health Centers, Community and Faith-Based clinics and Project Access entities. Services for uninsured adults provided by Local Health Departments are also supported with funding f rom the annual departmental budget including primary care, emergency dental and care coordination 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, to provide access to services through contracts with 15 community mental health agencies for essential outpatient mental health and support services.

In FY20 (July 1, 2019 to June 30, 2020) the Tennessee Department of Health, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Department of Finance and Administration, and the 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 an estimated 9.8 percent of adult Tennesseans who are uninsured. This funding increases access to primary medical, dental, mental and behavioral health care, as well as care coordination services, which connects patients to specialty care and other support services.

In FY20, $12.9M 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:

- 331,387 total medical encounters for 145,606 uninsured Tennessee patients, including:
    - 207,768 encounters provided by 27 primary care clinic organization Community Health Centers designated as Federally Qualified Health Centers (FQHC), which included 10,981 telemedicine encounters
    - 24,327 encounters provided in 16 Local Health Departments designated at FQHCs
    - 99,292 encounters provided in 40 clinics operated by Community and Faith-Based (CFB) primary care organizations, which included 4,277 telemedicine encounters
- 26,859 total dental services for 13,271 unduplicated patients including:
    - 20,058 dental extractions, 5920 dental cleaning and counseling sessions, and 881 tele dentistry sessions provided by 20 Community and Faith-Based Dental service providers
- 165,918 care coordination encounters for 12,834 unduplicated patients provided by four Project Access entities

In FY20, 53,985 medical encounters for uninsured adults ages 19-64 were provided at 40 local health department primary care clinics. These clinics are not designated as Federally Qualified Health Centers; however, they are supported by state funding allocated separately through the Tennessee Department of Health, Division of Community Health Services.

In FY20, the Behavioral Health Safety Net program was allocated an additional $5 million by the Tennessee General Assembly and the Governor to expand eligibility criteria which include raising income eligibility and changing the age minimum f rom 19 years old to 18 years old.

In FY20, the Tennessee Department of Mental Health and Substance Abuse Services administered $28.1 Million in state funding allocated through the Behavioral Health Safety Net program, providing essential outpatient mental health and support services for eligible Tennesseans ages 18 years and older. Funds support a statewide provider network of 15 community mental health agencies which together operate 157 sites in 73 counties.

In FY20, the Behavioral Health Safety Net program supported services for 39,034 individuals, an increase in patients of 13 percent compared to FY19.

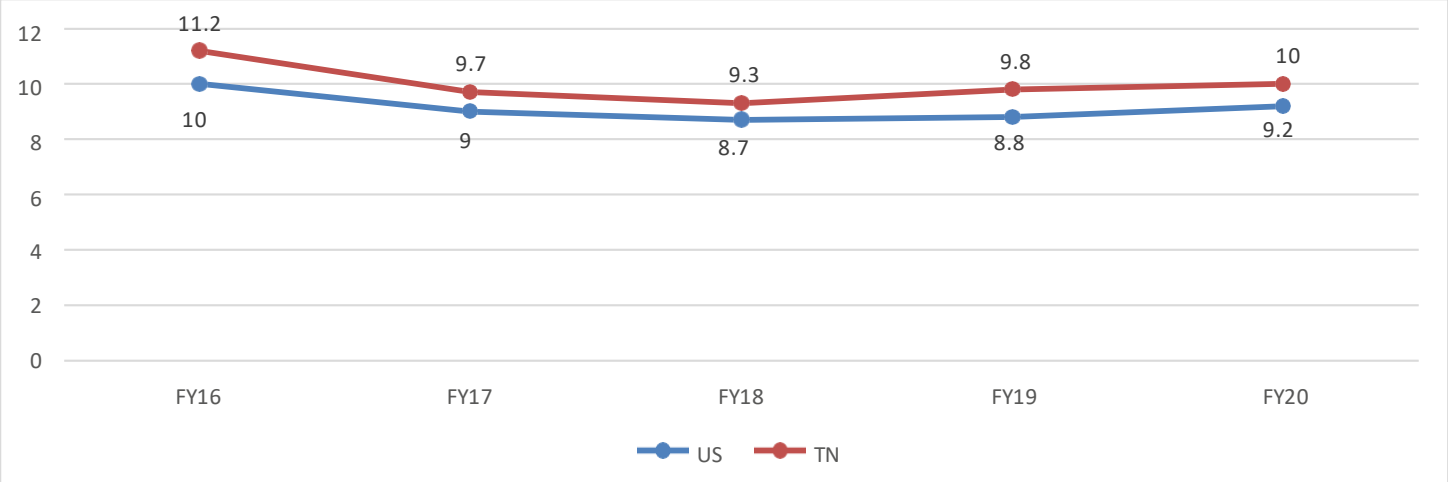
Introduction

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 Tennessee 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, the Tennessee Department of Health's Strategic Plan to achieve strategic priorities which include primary prevention and enhancing access to health care and services, as well as the Tennessee State Health Plan objective to achieve better health through access to health care, https://www.tn.gov/health/health-program-areas/state-health-plan.html.

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 2020 America's Health Rankings Annual Report, published by the United Health Foundation to compare data from multiple sources, 10 percent of Tennessee's total population was uninsured in 2020, compared to 9.2 percent nationally, as shown in Figure 1 below. Tennessee ranked 37th among the 50 states for the percentage of the population that isuninsured.[1]

Figure 1: FY20 Comparison of Tennessee's Uninsured Population to National Rates



According to the October 2020 TennCare report, 605,422 adults ages 19-64 were currently enrolled in TennCare.[2] In 2020, 200,445 Tennessee residents were enrolled for individual health insurance benefit plans offered by five insurers through Tennessee's health insurance marketplace exchange, a decrease from 221,553 in 2019. [3] Individuals covered by health insurance may still face barriers to access health services, including the location and scheduling availability of the service provider.

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 Local Health Department (LHD) clinics, 40 of which are not designated as Federally Qualified Health Centers (FQHCs) that provide primarymedical 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
- 60 Community and Faith-Based Clinics (CFBs) that provide primary medical and dental health careservices
- 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 specialty 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. 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 funded through TDMHSAS.

Figure 2: TDH Funded Primary Care Safety Net Locations

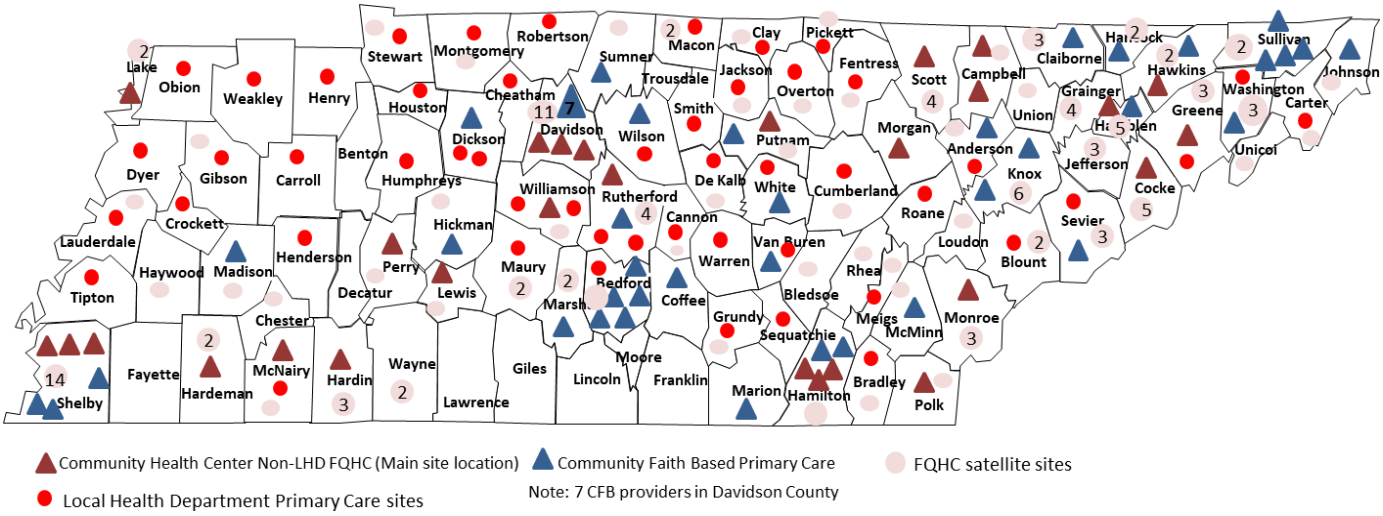
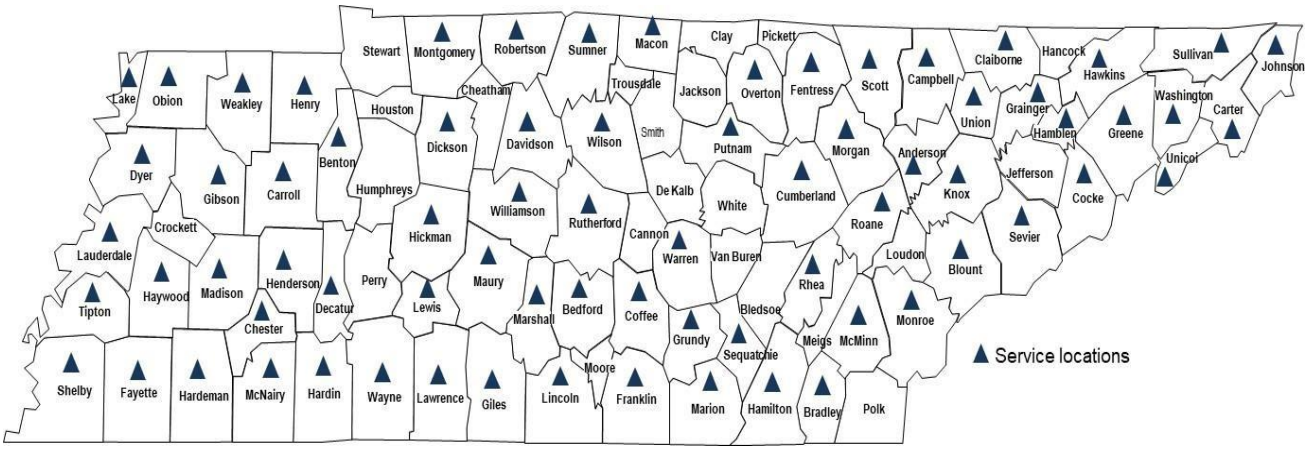


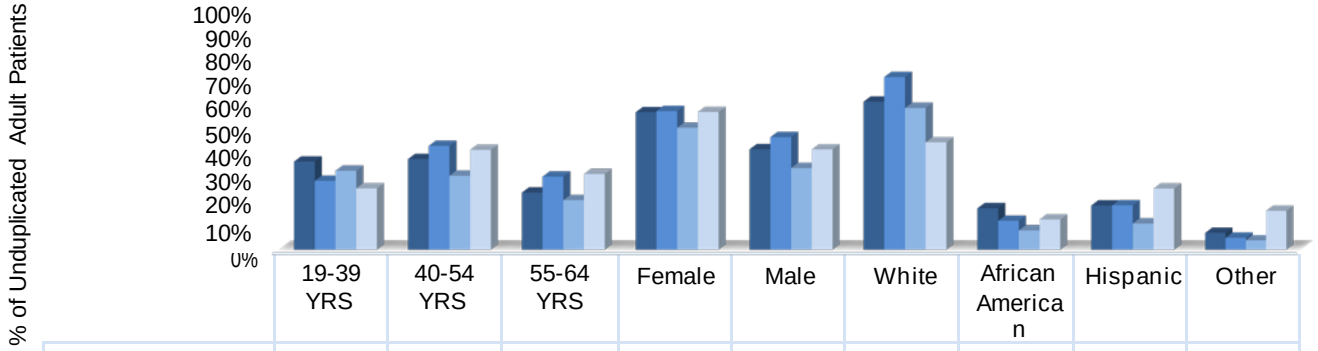
Figure 3: TDMHSAS Funded Behavioral Safety Net Service Locations



Tennessee Uninsured Adult Healthcare Safety Net Patient Demographics, Risk Factors, and Chronic Disease

Figure 4 below shows the population demographics of safety net patients participating in the Uninsured Adult Safety net program in FY20 by program type. The age range with the highest percentage of patients, among all program types, were in the 40-54 age range. Additionally, more females than males were served across all program types. The predominate race/ethnicity of safety-net patients in FY20 was Caucasian, followed by Hispanic, Af rican American and lastly the other category among all program types.

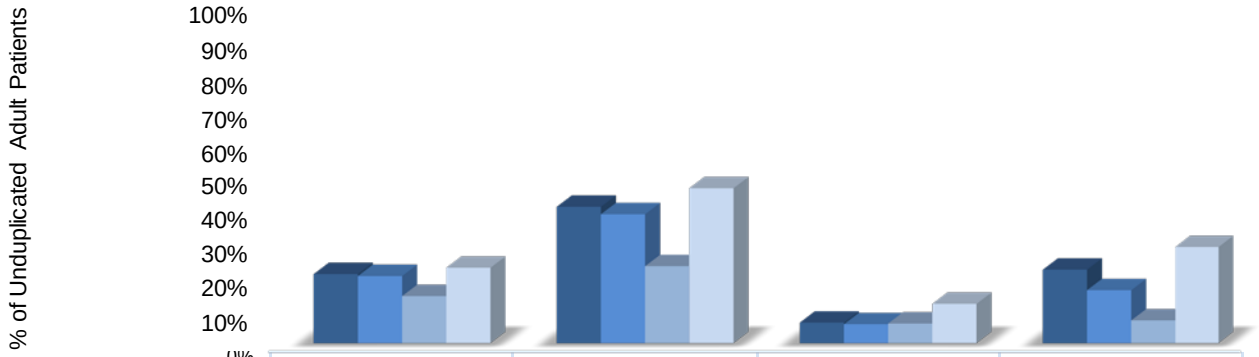
Figure 4: FY20 TDH-Funded Uninsured Adult Healthcare Safety Net Population Demographics



	19-39 YRS	40-54 YRS	55-64 YRS	Female	Male	White	African American	Hispanic	Other
FQHC	37.1%	38.2%	24.1%	57.7%	42.3%	62.1%	17.4%	18.6%	7.1%
CFB-Primary Care	29.0%	43.7%	30.8%	58.2%	47.4%	72.5%	12.1%	18.7%	5.0%
Dental	33.3%	31.2%	20.9%	51.1%	34.4%	59.5%	8.1%	11.0%	3.9%
Project Access	25.8%	42.1%	31.9%	57.8%	42.3%	45.3%	12.7%	25.7%	16.4%

Figure 5 below, shows the chronic disease average percentage of safety net patients participating in the Uninsured Adult Health Care Safety Net program in FY20. 36.54% of the patients served through the program suffer f rom hypertension, 19% from diabetes, 18.3% f rom 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.

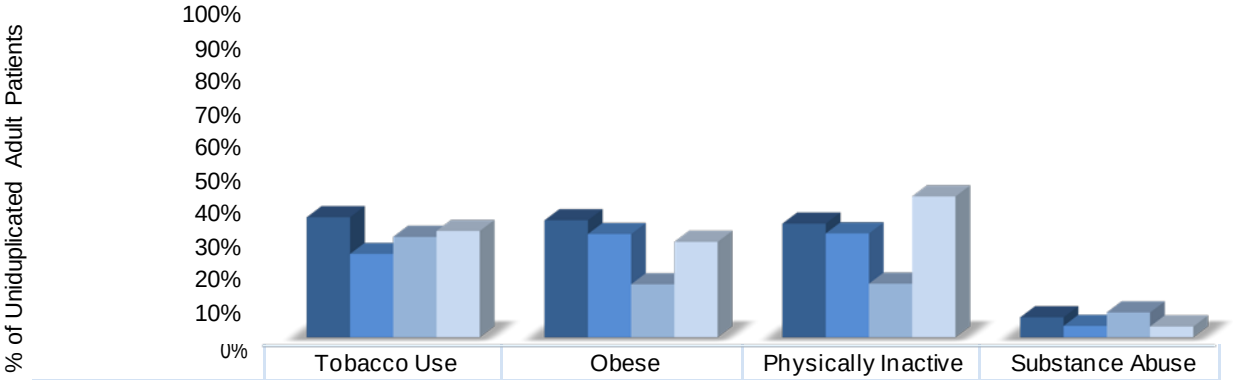
Figure 5: FY20 TDH Funded Safety Net Patients Reported Chronic Diseases



	Diabetes	Hypertension	COPD	Hyperlipidemia
FQHC	20.32%	40.20%	6.01%	21.61%
CFB-Primary Care	19.74%	38.00%	5.54%	15.57%
Dental	13.82%	22.65%	5.76%	6.67%
Project Access	22.18%	45.68%	11.56%	28.29%

Figure 6 below, shows the health risk behaviors of safety net patients participating in the Uninsured Adult Health Care Safety Net program in FY20. The Uninsured Adult Healthcare Safety Net programs provide information and education services to reduce unhealthy behaviors for the average percentage of 30.7% of the patient population who use nicotine products, the 30.9% who are physically inactive, the 27.6% who are overweight or obese, and the 5% who report substance abuse.

Figure 6: FY20 TDH Funded Safety Net Patients Reported Health Risk Factors



	Tobacco Use	Obese	Physically Inactive	Substance Abuse
FQHC	36.02%	35.12%	34.12%	5.98%
CFB-Primary Care	24.97%	30.96%	31.15%	3.38%
Dental	30.12%	15.86%	16.06%	7.43%
Project Access	31.89%	28.61%	42.29%	3.22%

Primary Care Provider Access

Federally designated Health Professional Shortage Areas (HPSAs) and state-designated Health Resource Shortage Areas (HRSAs) identify communities underserved by health prof essionals. Ninety-three of ninety-f ive counties in Tennessee contain designated shortage areas for primary medical care, dental and/or mental health services.[4]

Health Professional Shortage Area (HPSA) is a 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.

Access to Primary Care Services

To assess the adequacy of access to care including Tennessee health care safety net providers, the Tennessee Department of Health State Office of Rural Health and Health Access conducts a state-wide Census of Primary Care Providers, including physicians, nurse practitioners and physician assistants, practicing in the f ields of general and family practice, internal medicine, obstetrics and pediatrics. The Census data is used to determine the ratio of the population to primary care providers or the number of individuals served by one provider in a county. Counties with the highest population to provider ratio are considered the worst in terms of access to a primary care provider and are identified as a state-designated Health Resource Shortage Area for access to Primary Care, TennCare, Pediatric or Obstetric providers.

TennCare Providers

The population to provider ratio associated with access to a TennCare provider represents the number of TennCare Enrollees in the general population served by one primary care TennCare provider in a county. The Primary Care Provider Census conducted by the Tennessee Department of Health, State Office of Rural Health and Health Access is the data source for the number of county level primary care TennCare providers, defined as physicians, advanced practice nurses and physician assistants providing family and general practice, internal medicine, obstetrics, and pediatric health care.

The TennCare Enrollee population-to-TennCare Provider ratios for each county are shown in Figure 7 and Table 1 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 TennCare Enrollee population to TennCare provider ratios.

Figure 7: TennCare Enrollees to TennCare Provider Ratios 2020

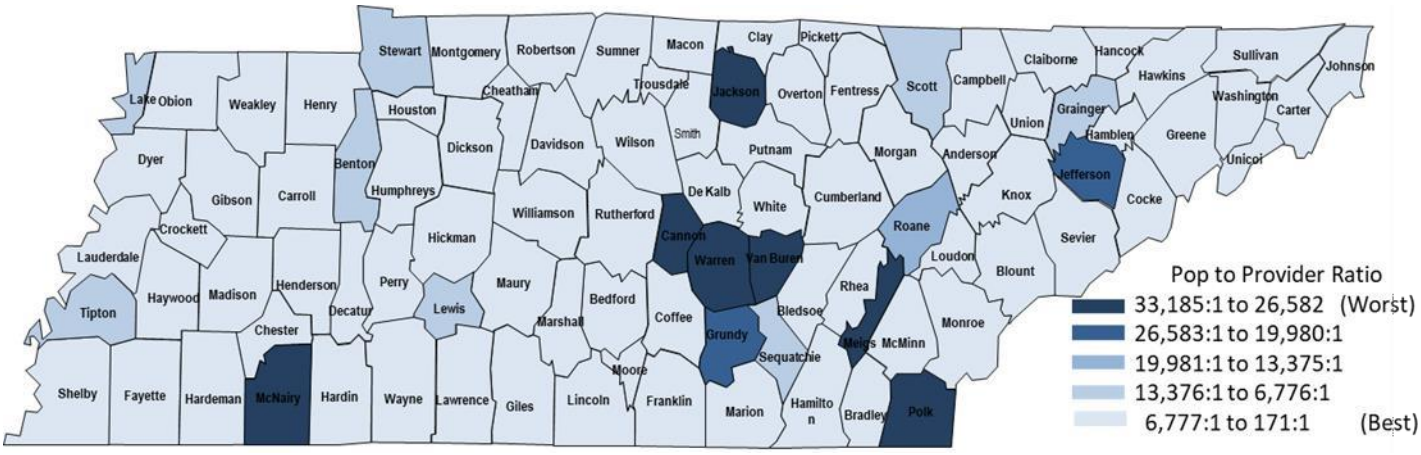


Table 1: County Level Primary Care Population to Provider Ratios in 2020

County	Ratio TN Care	County	Ratio TN Care	County	Ratio TN Care	County	Ratio TN Care
Jackson	No Providers	Bedford	2,876:1	Hardin	2,752:1	Blount	1,667:1
Meigs	No Providers	Chester	2,818:1	Weakley	2,750:1	Bradley	1,614:1
Polk	No Providers	Wayne	5,057:1	Marion	2,698:1	Humphreys	1,611:1
Van Buren	No Providers	Fayette	5,017:1	Rhea	2,681:1	Greene	1,589:1
Warren	No Providers	Marshall	4,646:1	Robertson	2,641:1	Obion	1,504:1
McNairy	33,185:1	Perry	4,555:1	Johnson	2,626:1	Anderson	1,456:1

Cannon	30,540:1	Gibson	4,490:1	Henderson	2,499:1	Montgomery	1,413:1
Grundy	20,930:1	Hancock	4,342:1	Monroe	2,442:1	Hamilton	1,410:1
Jefferson	19,765:1	Union	4,122:1	Haywood	2,432:1	Knox	1,354:1
Roane	15,520:1	Overton	4,033:1	Lincoln	2,238:1	McMinn	1,330:1
Tipton	10,130:1	Lauderdale	3,993:1	Putnam	2,175:1	Maury	1,305:1
Lake	9,980:1	Moore	3,975:1	Sumner	2,085:1	Sevier	1,278:1
Scott	9,036:1	Clay	3,938:1	Cheatham	2,075:1	Coffee	1,232:1
Benton	7,696:1	Morgan	3,872:1	Claiborne	2,054:1	Giles	1,141:1
Sequatchie	7,430:1	Trousdale	3,756:1	Madison	2,050:1	Hamblen	1,123:1
Stewart	7,123:1	Sullivan	3,713:1	Dyer	2,039:1	Carter	1,103:1
Lewis	7,085:1	Shelby	3,676:1	Macon	2,027:1	Franklin	1,077:1
Grainger	7,064:1	Unicoi	3,616:1	Henry	1,945:1	Loudon	980:1
White	6,754:1	Bledsoe	3,616:1	Rutherford	1,849:1	Washington	963:1
Houston	6,443:1	Decatur	3,458:1	Dickson	1,815:1	Cocke	914:1
Hawkins	6,001:1	DeKalb	3,321:1	Lawrence	1,815:1	Wilson	806:1
Smith	5,780:1	Hickman	3,279:1	Davidson	1,755:1	Pickett	701:1
Fentress	5,526:1	Hardeman	3,050:1	Campbell	1,753:1	Williamson	171:1
Crockett	5,089:1	Carroll	2,953:1	Cumberland	1,682:1		

Obstetric Providers

The worst primary care workforce shortages are in the field of Obstetrics. There are fifty -two counties with no obstetric providers. The population-to-provider ratio associated with access to an Obstetric provider represents the county population of women of childbearing age (15-44 years old) served by one Obstetric provider. The Primary Care Provider Census administered by the Tennessee Department of Health State Office of Rural Health is the data source for the number of county level Obstetric providers, defined as physicians, advanced practice nurses, physician assistants, or certified nurse mid-wives who specialize in obstetrical care, or provide prenatal services and delivery, and clinicians who may provide obstetric services in addition to practicing in other patient care specialty areas. The population to obstetric provider ratio for each county, is show in Figure 8 and Table 2 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 8: Female Population of Childbearing Age to Obstetric Provider Ratios in 2020

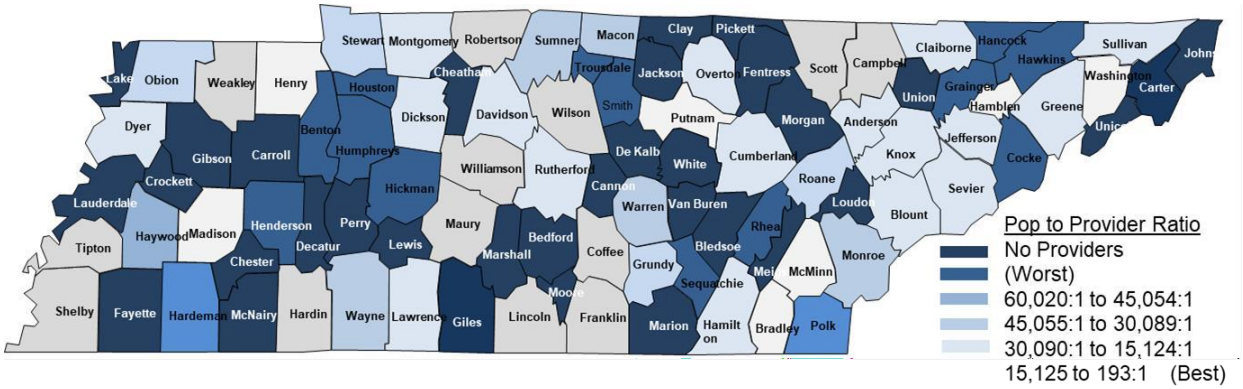


Table 2: County Level Female Population of Childbearing Age to Obstetric Provider Ratios in 2020

County	Ratio OB	County	Ratio OB	County	Ratio OB	County	Ratio OB
Bedford	No Providers	Jackson	No Providers	Unicoi	No Providers	Knox	3,689:1
Bledsoe	No Providers	Johnson	No Providers	Union	No Providers	Dyer	3,502:1
Cannon	No Providers	Lake	No Providers	Van Buren	No Providers	Montgomery	3,127:1
Carroll	No Providers	Lauderdale	No Providers	White	No Providers	Rutherford	3,083:1
Carter	No Providers	Lewis	No Providers	Cocke	60,020:1	Cumberland	2,979:1
Cheatham	No Providers	Loudon	No Providers	Haywood	31,760:1	Greene	2,878:1
Chester	No Providers	Marion	No Providers	Macon	23,728:1	Overton	2,681:1
Clay	No Providers	Marshall	No Providers	Wayne	23,600:1	Blount	2,675:1
Crockett	No Providers	McNairy	No Providers	Monroe	18,793:1	Sullivan	2,674:1
Decatur	No Providers	Meigs	No Providers	Warren	18,405:1	Sevier	2,607:1
DeKalb	No Providers	Moore	No Providers	Sumner	18,014:1	Davidson	2,332:1
Fayette	No Providers	Morgan	No Providers	Dickson	9,950:1	Hamilton	2,177:1
Fentress	No Providers	Perry	No Providers	Claiborne	9,577:1	Lawrence	2,003:1
Gibson	No Providers	Pickett	No Providers	Jefferson	9,279:1	Anderson	1,850:1
Giles	No Providers	Polk	No Providers	Campbell	8,470:1	Franklin	1,804:1
Grainger	No Providers	Rhea	No Providers	Benton	8,217:1	Putnam	1,700:1
Grundy	No Providers	Roane	No Providers	Coffee	6,451:1	Hamblen	1,694:1
Hancock	No Providers	Robertson	No Providers	Hardeman	6,257:1	Bradley	1,602:1
Hawkins	No Providers	Scott	No Providers	Wilson	6,024:1	Obion	1,420:1
Henderson	No Providers	Sequatchie	No Providers	Hardin	5,909:1	Washington	1,070:1
Henry	No Providers	Smith	No Providers	Lincoln	5,656:1	Maury	840:1
Hickman	No Providers	Stewart	No Providers	Weakley	5,231:1	McMinn	727:1
Houston	No Providers	Tipton	No Providers	Shelby	4,530:1	Madison	193:1
Humphreys	No Providers	Trousdale	No Providers	Williamson	3,714:1		

Pediatric Providers

The population-to-provider ratio associated with access to a Pediatric provider represents the number of children 0-18 years of age served by one pediatric provider in a county. The Primary Care Provider Census conducted by the Tennessee Department of Health State Office of Rural Health and Health Access is the data source for the number of county level Pediatric providers, defined as physicians, advanced practice nurses, or physician assistants with specialties in pediatrics or general pediatric care including those clinicians who may provide family and general practice, internal medicine, in addition to pediatric health care. The population-to-pediatric provider ratio for each county, is shown in Figures 9 and Table 3. 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 9: Pediatric Population to Pediatric Provider Ratios in FY2020

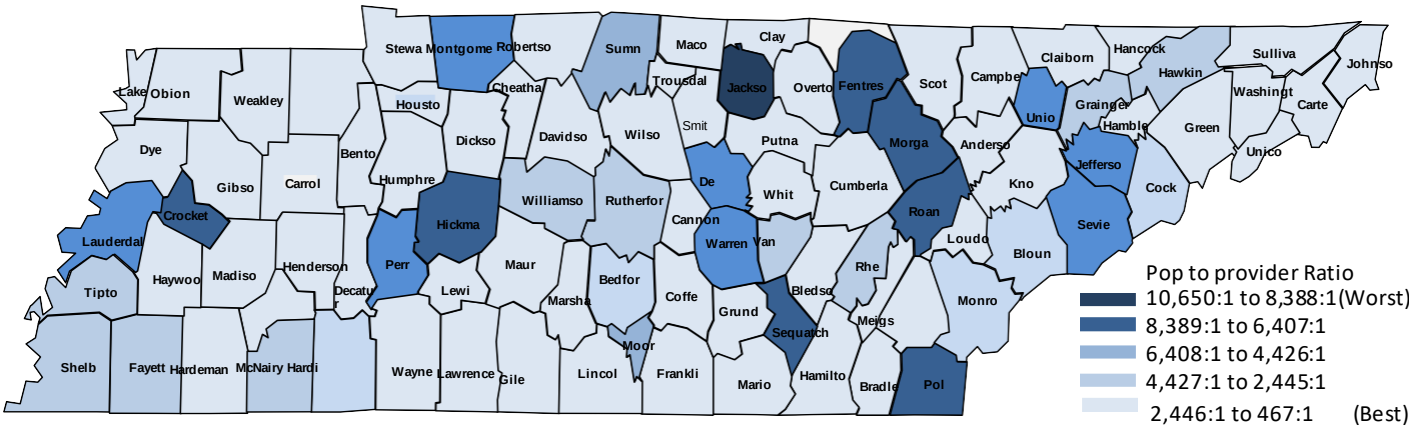


Table 3: County Level Pediatric Population to Pediatric Provider Ratios in 2020

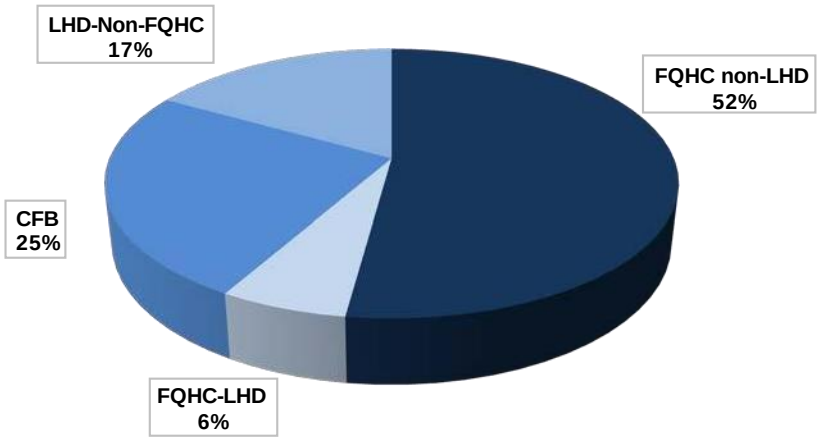
County	Ratio Ped	County	Ratio Ped	County	Ratio Ped	County	Ratio Ped
Jackson	10,370:1	Cannon	1,825:1	Henry	1,211:1	Greene	876:1
Moore	6,225:1	Marion	1,818:1	Henderson	1,208:1	Grundy	853:1
Sumner	4,293:1	Hancock	1,689:1	Chester	1,189:1	Johnson	823:1
Shelby	3,439:1	White	1,637:1	Loudon	1,188:1	Wayne	806:1
Hawkins	3,215:1	Lincoln	1,574:1	Decatur	1,187:1	McMinn	805:1
Tipton	3,134:1	Houston	1,559:1	Trousdale	1,138:1	Cumberland	799:1
Williamson	2,940:1	Weakley	1,552:1	Coffee	1,133:1	Lewis	797:1
Fayette	2,895:1	Dickson	1,522:1	Bradley	1,102:1	Overton	764:1
Van Buren	2,853:1	Hamilton	1,474:1	Carter	1,092:1	Hamblen	732:1
Rutherford	2,839:1	Smith	1,440:1	Clay	1,084:1	Bledsoe	721:1
McNairy	2,602:1	Maury	1,423:1	Stewart	1,080:1	Campbell	674:1
Rhea	2,563:1	Unicoi	1,423:1	Humphreys	1,060:1	Lake	662:1
Grainger	2,417:1	Cheatham	1,389:1	Anderson	1,056:1	Franklin	656:1
Marshall	2,309:1	Davidson	1,378:1	Hardeman	1,033:1	Giles	652:1
Wilson	2,290:1	Gibson	1,378:1	Macon	1,025:1	Putnam	637:1
Robertson	2,234:1	Meigs	1,371:1	Lawrence	996:1	Obion	636:1
Sullivan	2,123:1	Morgan	1,370:1	Sevier	969:1	Claiborne	629:1
Warren	2,109:1	Blount	1,366:1	Benton	964:1	Haywood	628:1
Bedford	2,040:1	Monroe	1,356:1	Dyer	958:1	Hardin	606:1
Polk	1,991:1	Union	1,281:1	Sequatchie	956:1	Fentress	594:1

Hickman	1,974:1	Roane	1,275:1	Lauderdale	951:1	Perry	537:1
Jefferson	1,950:1	Scott	1,243:1	DeKalb	925:1	Cocke	481:1
Montgomery	1,927:1	Madison	1,228:1	Washington	916:1	Pickett	467:1
Knox	1,908:1	Crockett	1,220:1	Carroll	896:1		

Service Delivery Sites

In FY20, the safety net service providers receiving funding through the Uninsured Adult Healthcare Safety Net program, and also the separately-f unded services at Local Health Departments providing primary care service not designated as Federally Qualified Health Centers provided a combined total of 385,372 medical encounters to uninsured adults ages 19 to 64. Figure 10 below shows the number of encounters and the percentage of medical encounters delivered by each type of safety net provider.

Figure 10: Percent of FY20 Medical Encounters by Type of Safety Net Provider



Local Health Department (LHD) Primary Care Safety Net Services

In FY20, the 38 Local Health Department clinics (LHDs) not designated as Federally Qualified Health Centers provided 53,985 medical encounters for uninsured Tennesseans, a decrease from FY19. 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). Table 4 below shows the number of medical encounters in F20 for each age group.

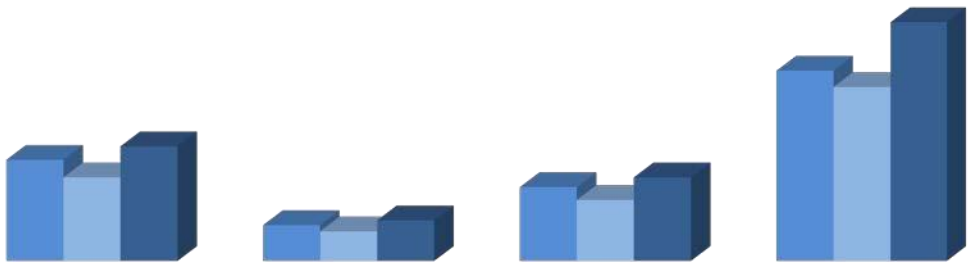
Table 4: Medical Encounters for Uninsured Adults in Non-FQHC Local Health Departments FY20

Safety Net Ages	Medical Encounters	% of Total Encounters
19-20 Years	1,167	2.16%
21-24 Years	3,266	6.05%
25-29 Years	4,315	7.99%
30-34 Years	4,163	7.71%
35-39 Years	4,450	8.24%
40-44 Years	4,868	9.02%
45-49 Years	6,928	12.83%
50-54 Years	8,484	15.72%
55-59 Years	8,888	16.46%
60-64 Years	7,456	13.81%
TOTAL	**53,985**	**100.00%**

State Funded Expenditures for Uninsured Adult Healthcare Safety Net Services

In FY20, the Tennessee Department of Health State Office of Rural Health and Health Access administered $12.9M in state-allocated funding to support the Uninsured Adult Healthcare Safety Net Program, a funding increase of $3.0M compared to FY19. As shown in Figure 11 below, 50% of the FY20 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. CFB includes primary care, dental, and care coordination services. CFB providers include the Community & Faith Based or f ree and charitable clinics that provide primary care, dental, and the Project Access entities that provide care coordination services.

Figure 11: State Funding Expenditures for Uninsured Adult Healthcare Safety Net Services FY18-F20



	CFB-Primary Care	Dental	Care Coordination	FQHC
FY 2018	$2,732,593	$967,791	$1,992,513	$5,140,255
FY2019	$2,256,000	$799,000	$1,645,000	$4,700,000
FY2020	$3,096,000	$1,096,500	$2,257,500	$6,450,000

Federally Qualified Health Centers

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 is as high as 60% in some FQHCs. In 2019, approximately 72% of FQHC patients had income levels below 100% of the Federal Poverty Level. In addition to funding through the Uninsured Adult Healthcare Safety Net Program, FQHCs access funding f rom a variety of sources such as grants f rom 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.

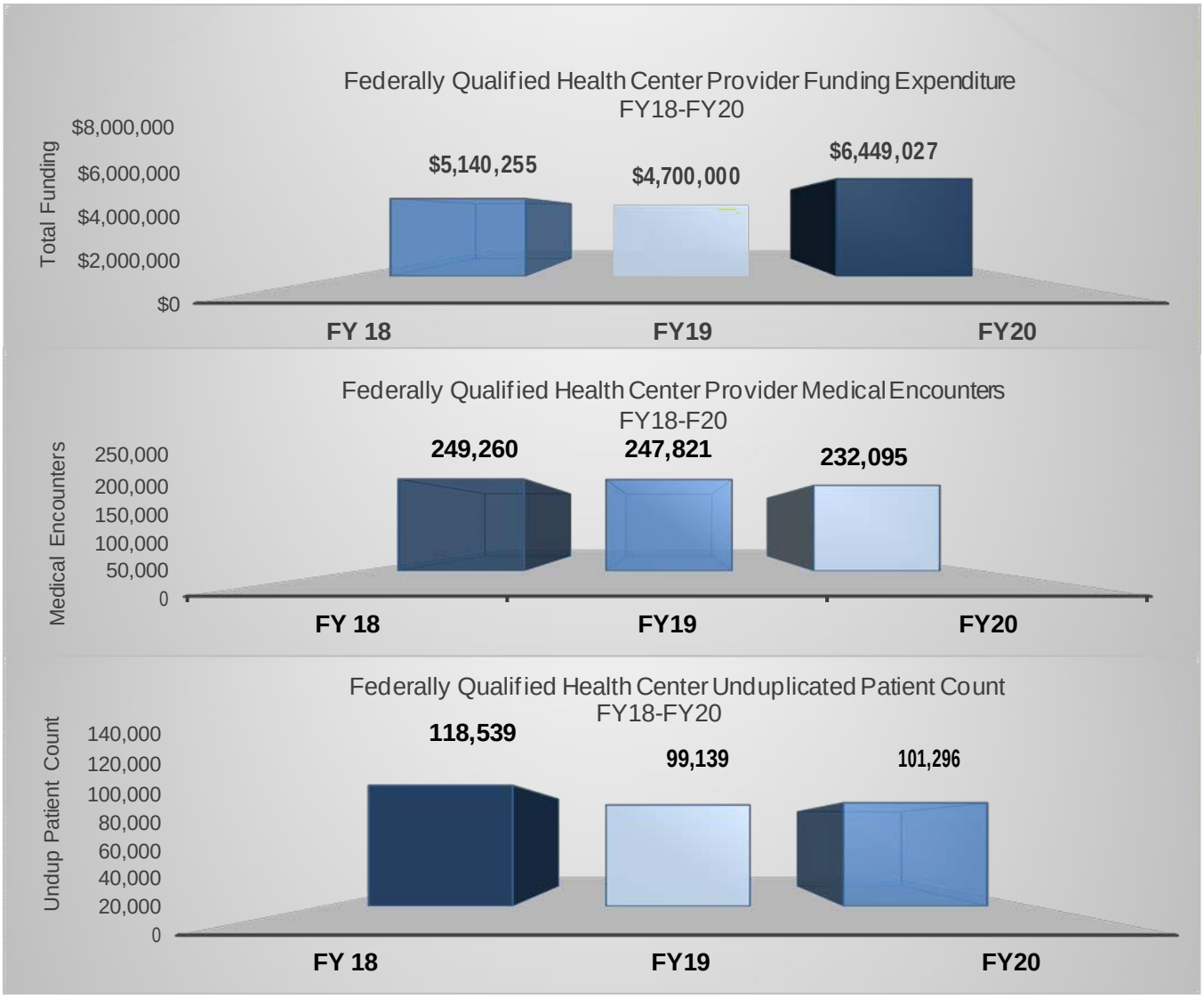
FQHCs are pursuing several strategies to improve access to services and quality of care, including:

- Certification by the Joint Commission or recognition by the National Center for Quality Assurance (NCQA) as a Patient-Centered Medical Home (PCMH)
- Using population health management tools and resources to improve patient care
- 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

Figure 12 shows a 6.3% decrease in the number of medical encounters with 232,095 reported in FY 20 as compared to 247,821 in FY 19. The impact of COVID-19 generated 10,981 telemedicine encounters from April 1 June 30, 2020 which is 4.7% of the total 232,095 medical encounters reported in FY 20. The unduplicated patient count increased slightly by 2.2% in FY 20. In order to accommodate funding needs, an additional $500,000 above the total budget allocation was appropriated to provide COVID-19 funding relief at the peak of the pandemic, which included a provision to expand the definition of an allowable medical encounter to include telemedicine and telehealth visits.

Additionally, The Department of Health created a COVID-19 Laboratory Testing Reimbursement Program to cover reference laboratory fees associated with performing the COVID-19 PCR test and patient lab results. In an endeavor to support surge testing and infection control protocol, the Department also provided an on-line platform to order PPE , COVID-19 specimen collection kits, as well as, COVID - 19 CLIA-waived testing kits and correlating testing supplies, at no cost to Safety Net provider clinics.

Figure 12: Federally Qualified Health Centers State Safety Net Funding, Medical Encounters, and Unduplicated Patient Count FY18-FY20



State Funded Community and Faith-Based Safety Net Providers

Community and Faith-Based organizations provide one or more of the following services f ree 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 fulf ill clinical and administrative functions, in addition to donated funding, equipment and supplies. In many instances, state funding f rom the Uninsured Adult Healthcare Safety Net is a small but important percentage of the total resources required to fulfill their mission.

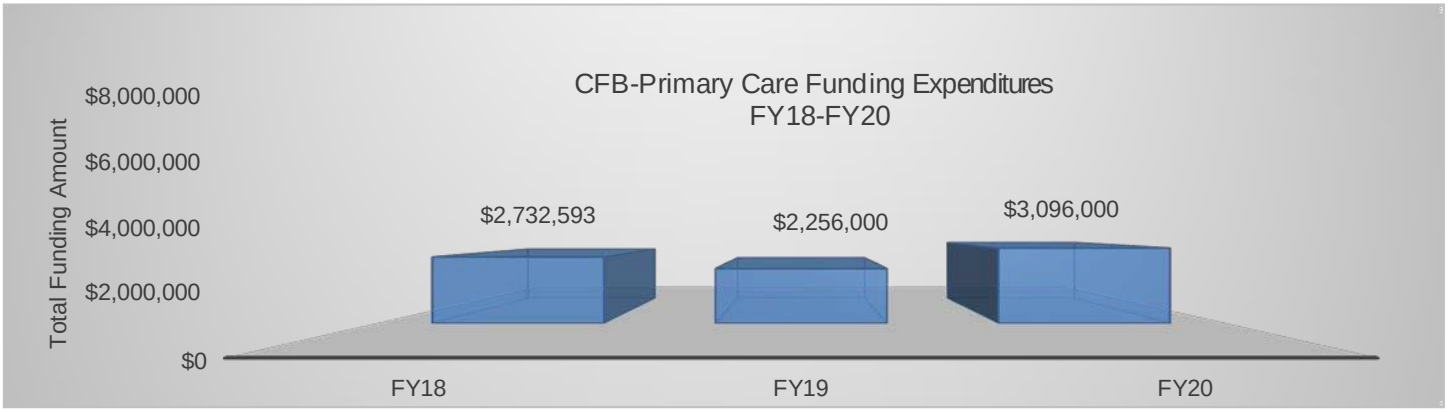
In FY20, 40 Community and Faith-Based organizations provided 99,292 primary medical care encounters to 44,310 unduplicated patients with $3,096,000 in funding support through the Uninsured Adult Health Care Safety Net program. Figure 13 below demonstrates the yearly totals for number of encounters and patients served.

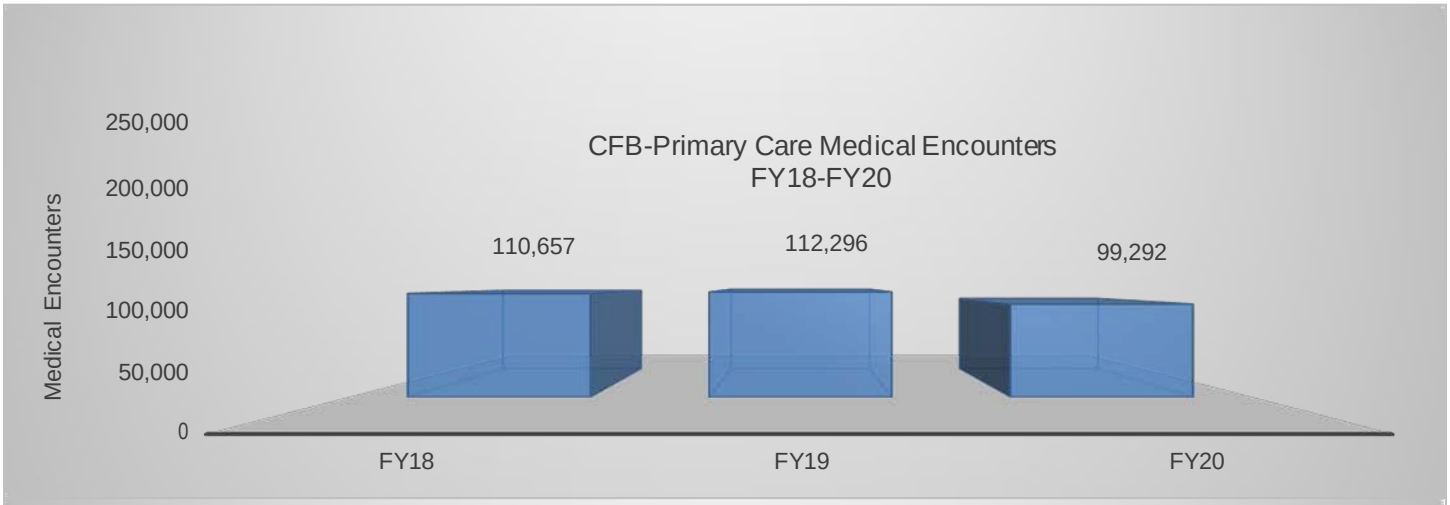
The Tennessee Charitable Care Network (TCCN), is the statewide membership association which serves as the collective voice for Tennessee's free and charitable care clinics. Comprised of 52 members in 58 locations across the state, the Tennessee Charitable Care Network (TCCN) provides services in 70 of Tennessee's 95 counties. In communities across Tennessee, doctors, nurses, dentists, aides, and other caring individuals daily meet the challenge of lack of access to health care, through non-profit charitable clinics that provide high quality, free or reduced cost medical, dental, mental health care, care coordination and medication services for low-income, uninsured, and underserved populations. By providing consistent, culturally sensitive, health care, Tennessee's charitable care clinics minimize the inappropriate and costly utilization of emergency room services and other hospital resources while providing vulnerable Tennesseans with a stable medical home and continuity of care.

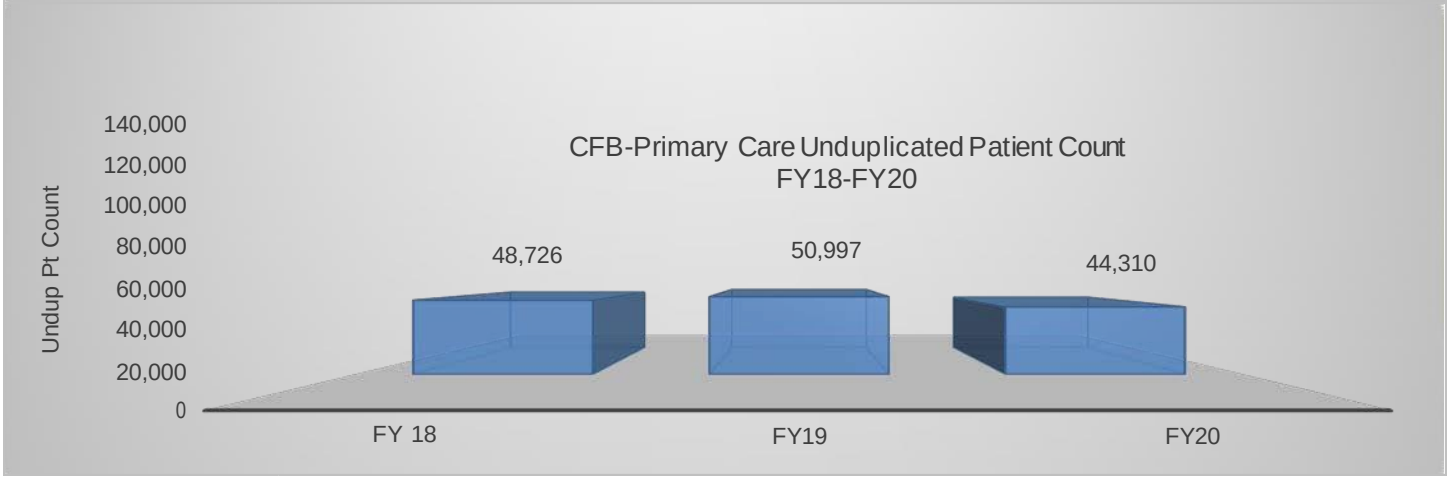
Research confirms that a lack of adequate health insurance and/or poor access to health care services leads to an overall poorer health status that contributes to worse outcomes not only in a wide variety of health-related outcomes but also in other areas of life including educational attainment, employment, vulnerability to addictions, exposure to trauma, etc. In addition to the preventable suffering at a personal level caused by lack of health care, the societal costs are extraordinarily high, including but not limited to a disproportionate share of low-income, uninsured people living with multiple chronic conditions that go unmanaged and can lead to disability and early death. The disparity caused by lack of access to quality healthcare impacts people across the state - in urban and rural areas, of all races, nationalities and sexual orientation, regardless of gender or age. TCCN members and the network itself exist to reduce the health disparity of lack of access to quality healthcare. TCCN partners closely with the Tennessee Department of Health, the Tennessee Primary Care Association, The Rural Health Association of Tennessee and many other outstanding organizations to fulfill its vision of "Working Together to Create a Stronger and More Compassionate Health Care Safety Net for All Tennesseans in Need."

The impact of COVID-19 shows a 13.1% decrease in the unduplicated patient count, as well as, a 11.6% decrease in the number of medical encounters from FY 19 to FY 20. Of the total number of 99,292 FY 20 medical encounters, 4.3% are reported as telemedicine visits performed from April 1 thru June 30, 2020. In order to provide funding accommodations for clinics with infrastructure to transition to telemedicine and telehealth visits, an additional $500,000 above the total budget allocation was appropriated to provide COVID-19 CFB relief funding at the peak of the pandemic, which included a provision to expand the definition of an allowable medical encounter to include telemedicine and telehealth visits. Community and Faith-Based free and charitable clinics experienced significant workforce shortages during the public emergency, as their core medical staff are volunteer clinical practitioners, many of which are in the high risk age-related category. CFB clinics were not eligible to receive the first round of the federally funded CARES Act Provider Relief Fund. Subsequently, The Tennessee Department of Health disseminated COVID-19 CFB Safety Net Relief funding awarded directly from the State to CFB clinics affected by decreased patient volumes, workforce shortages, as well as, those that were not equipped to transition to telemedicine visits. Additionally, The Department of Health created a COVID-19 Laboratory Testing Reimbursement Program to cover reference laboratory fees associated with performing the COVID-19 PCR test and patient lab results. In an endeavor to support surge testing and infection control protocol, the Department also provided an on-line platform to order PPE, COVID-19 specimen collection kits, as well as, COVID-19 CLIA-waived testing kits and correlating testing supplies, at no cost to Safety Net provider clinics.

Figure 13: Community and Faith-Based State Safety Net Funding, Medical Encounters, and Unduplicated Patient Count FY18-FY20







Project Access Care Coordination to Specialty Medical Services

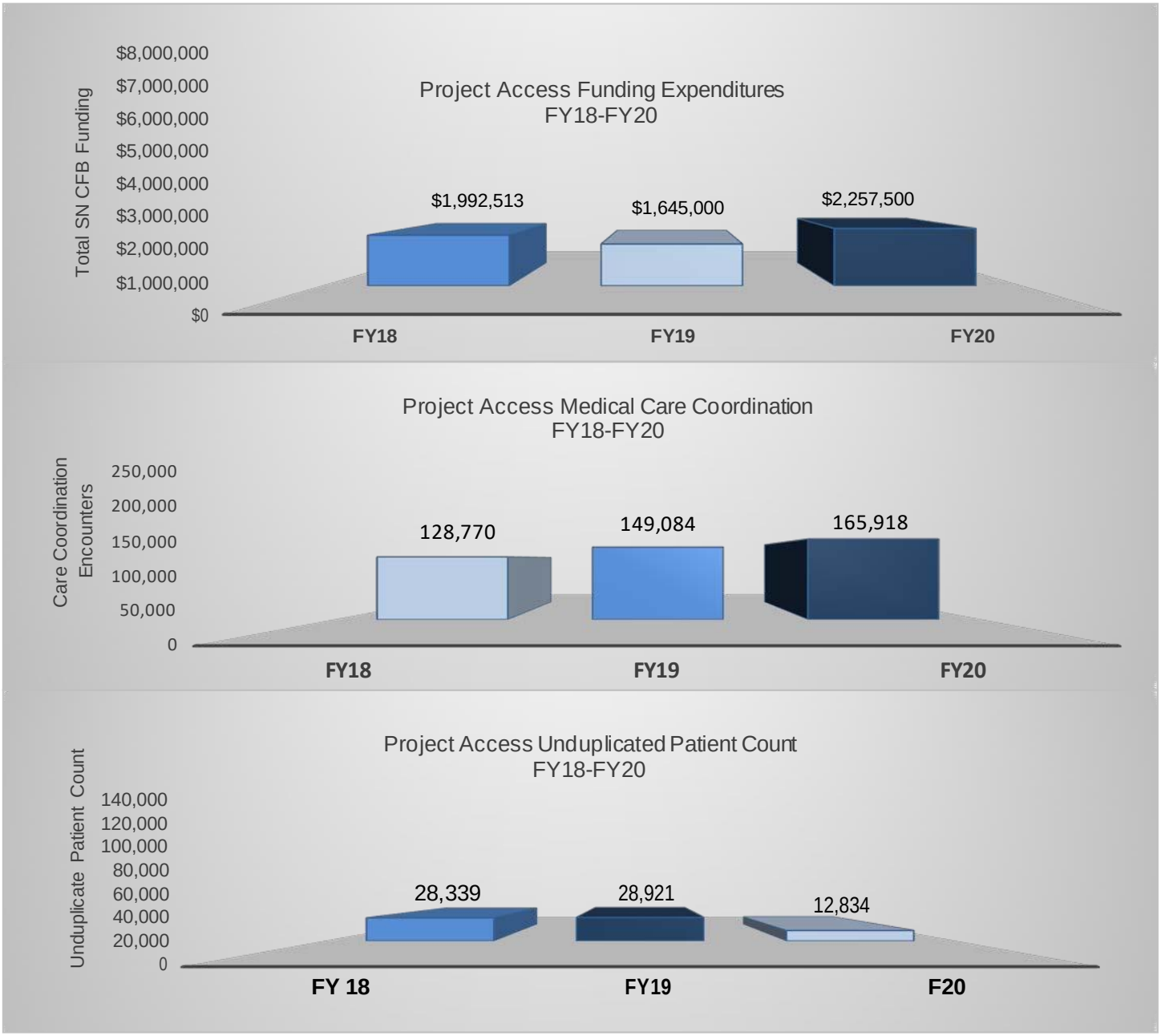
Project Access services are available in four metropolitan areas: Nashville, Chattanooga, Knoxville and Johnson City (Carter, Johnson, Unicoi and Washington Counties). Project Access entities do not provide clinical health care services, but are affiliated with networks of clinical care providers and assist patients with comprehensive care navigation to support needed eligibility and access to specialty care and diagnostic services in addition to preventative care and comprehensive case management of social service needs. According to information from the Project Access providers, in FY20, Project Access entities in Tennessee received $2,082,500 in Uninsured Adult Health Care Safety Net funding. Funded services provided 165,918 medical care coordination encounters for uninsured patients ages 19 -64, as shown in Table 5 below. Collectively, the network of providers included 5,341 physicians and physician extenders statewide, who provide free primary and specialty care services, as well as ancillary lab and diagnostic services for between 2,200 - to 2,500 uninsured residents of Tennessee per month. Collectively, in FY20 Project Access entities coordinated $49.6 million in donated health services, for a return of nearly $24 for each $1 of state-allocatedfunding.
The impact of COVID-19 can be seen in Figure 14 which shows a 55.6% decrease in the unduplicated patient count from FY 19 to FY 20. However, the number of medical care coordination encounters shows an 11.3% increase from FY 19 to FY 20 which reveals the degree of specialty care coordination required to support specific needs for these patients.

Table 5: Tennessee Project Access Entities

Project Access Entity	Service Areas	Uninsured Served perMonth in Project Access Program County	Specialty Care Physicians and physician extender volunteers	Network of Service Providers	Value of Donated Services FY20 & life of Program
Project Access Nashville/ Medical Foundation of Nashville	Middle Tennessee residents	600-700	1,485	30 primary care clinics, serving in partnership with 2 hospital systems with 6 facilities and additional surgery centers	$3 million* in FY20 $44.5 million since 2005
Hamilton County Project Access	Hamilton County residents	500	1,139	14 primary care centers 3 hospital systems with 7 campuses, and mental health partners	$14 million* in FY20 $205 million since 2004
Knoxville Area Project Access (KAPA)	East Tennessee residents	800-900	2,202	4 hospital systems with 6 campuses, primary care clinics with over 40 locations, as well as mental health partners who provide psychiatric care	$20 million* in FY20 $350 million since 2006
Appalachian Mountain Project Access (AMPA)	Carter, Johnson, Unicoi, and Washington County residents	300-400	515	7 primary care clinics 2 hospitals	$12.6 million* in FY20 $87.1 million since 2008

* *All Project Access programs are continuing to receive donated service claims data for FY20*

Figure 14: Project Access Specialty Care Coordination Funding, Encounters, and Patient Count FY18-Y20



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 The Tennessee Department of Health State Office of Rural Health and Health Access conducts a Census of general practice Dentists defined as (adult and pediatric dentists), as the source for county level data. The population to provider ratio associated with access to a Dentists, represents the population served by one dentist in a county as shown in Figures 15 and Table 6 below the state designated Dental Health Resource Shortage Areas, represents the counties with the worst population-to-dentist ratios, Figure 16 shows location of state funded CFB – Dental providers. See Appendix Figure 5 for a map of the federally designated Dental Health Resource Shortage Areas or Dental HPSAs.

Figure 15: Dental Population to Provider Ratios in 2020

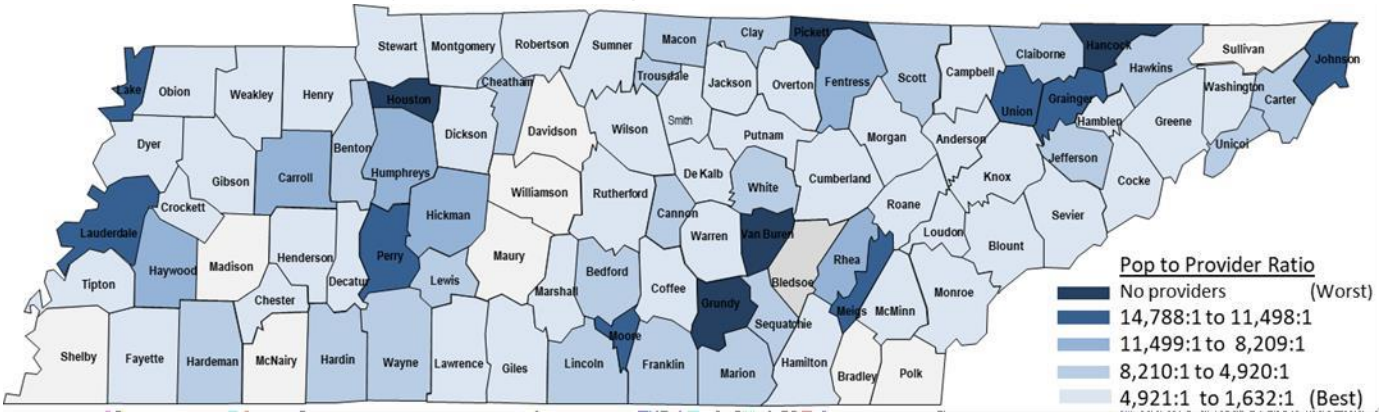
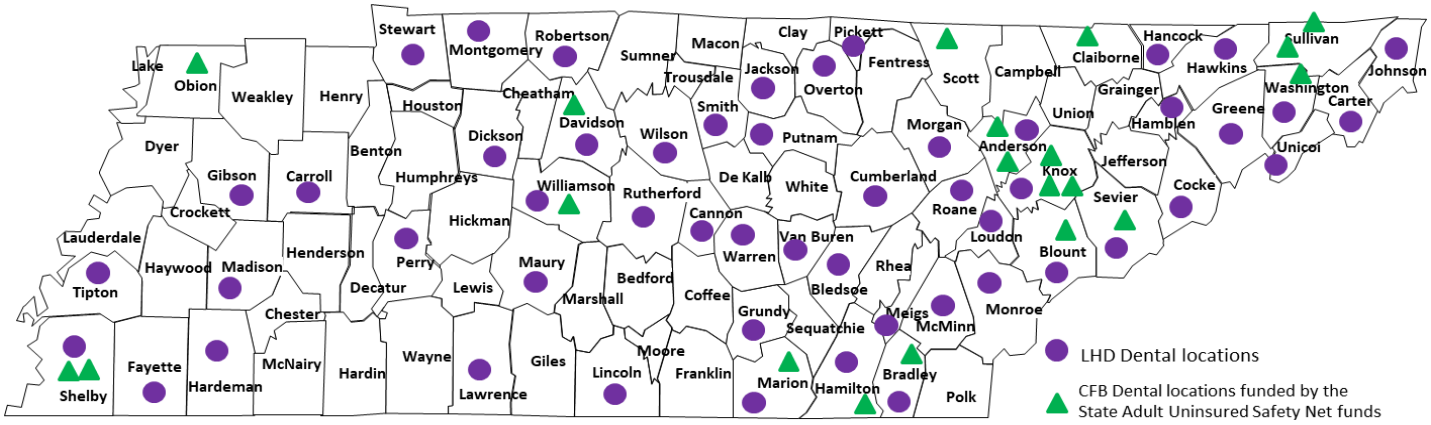


Table 6: County Level Dental Population to Provider Ratios in 2019

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

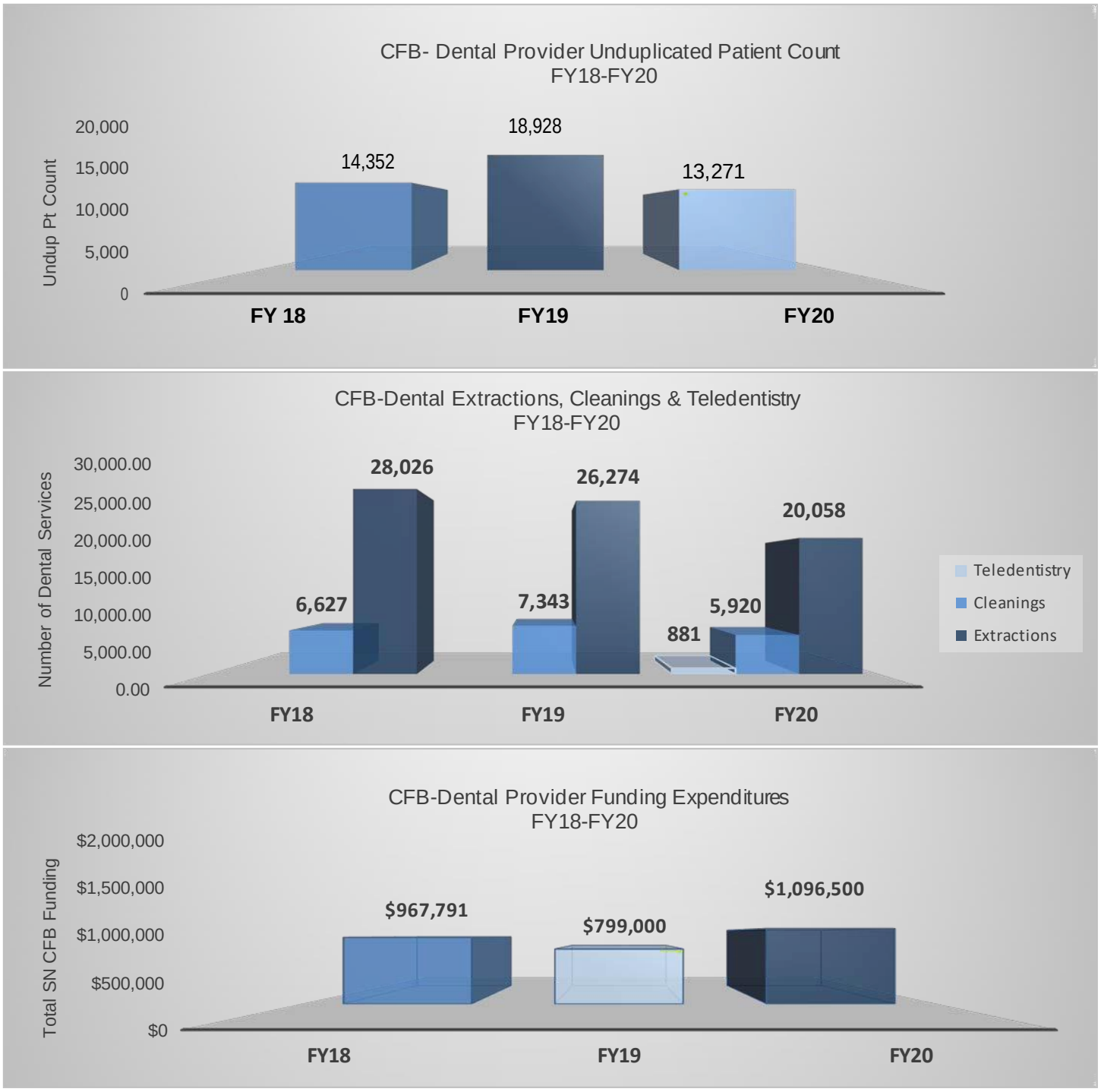
Figure 16: CFB Dental Provider and LHD Dental Locations



In FY20, twenty Community and Faith-Based organizations received $1,096,500 in funding through the Uninsured Adult Healthcare Safety Net to support emergency and preventative oral health services for uninsured adults ages 19-64, The Safety Net dental patient services included: 20,619 emergency tooth extractions, 5,940 hygienic cleanings and 881 telemedicine sessions Dental providers were allowed to expand services to include teledentistry in quarters 3 and 4. Dental health services were provided to 13,271 unduplicated patients in FY20, as shown in Figure 18 below.

The impact of COVID-19 is shown in Figure 17 which reveals a 21.5 % decrease in the number of extractions and a 19.1 % decrease in the number of cleanings and consultations f rom FY 19 to FY 20. The unduplicated patient count also shows a decrease 29.8%, as well. During the peak of the pandemic in compliance with Executive Orders to shelter in place, dental providers were only allowed to treat patients at the clinic location on an emergency basis, which drastically impacted patient volumes. Additionally, clinics that rely upon volunteer practitioners experienced workforce shortages, particularly with dentists and oral health professionals in the high risk age-related category. Many clinics were not equipped to transition to a teledentistry platform. In order to accommodate funding needs, an additional $500,000 above the total budget allocation was appropriated to provide COVID -19 CFB Dental funding relief at the peak of the pandemic, which included a provision to expand the definition of an allowable dental encounters to include telemedicine and telehealth visits. CFB Dental clinics were not eligible to receive the first round of the federally funded CARES Act Provider Relief Fund. Subsequently, The Tennessee Department of Health disseminated COVID -19 CFB Safety Net Relief funding awarded directly f rom the State to CFB Dental clinics affected by decreased patient volumes, workforce shortages, as well as, those that were not equipped to transition to teledentistry visits. Additionally, The Department of Health created a COVID-19 Laboratory Testing Reimbursement Program to cover reference laboratory fees associated with performing the COVID-19 PCR test and patient lab results. In an endeavor to support surge testing and infection control protocol, the Department also provided an on-line platform to order PPE , COVID-19 specimen collection kits, and COVID- 19 CLIA-waived testing kits and correlating testing supplies, at no cost to Safety Net provider clinics.

Figure 17: Dental Funding, Services, Patient Count for Community and Faith-Based Clinics FY18-FY20



In addition to the oral health services supported by the state 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: Oral Health Services, a division within TDH, provides programs for the prevention of oral disease and education of the public regarding the value of good oral health. In addition, the program identifies those without access to dental care and attempts to assure basic care, as well as care for acute dental issues. The division has identified key objectives that are pursued in partnership with local and metro health departments and Tennessee Department of Education's Coordinated School Health.

Forty-seven Local Health Department facilities provide emergency dental services to uninsured adults in 46 of Tennessee's 95 counties, although only 27 facilities were staffed and open 1-5 days per week in FY20, due to lack of available staff. Three 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, and Maury 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.

SMILE ON 60+ /Senior Dental is an innovative, statewide, sustainable initiative with the goal of improving the overall health and quality of life of low-income, mobile seniors age 60+ through access to oral healthcare services and community education. SMILE ON 60+ evaluates, educates, and navigates seniors into dental homes and then transports, treats, and repeats. As the lead agency of SMILE ON 60+, Interfaith Dental builds a network of care for seniors and transforms oral health for seniors in Tennessee. The network is currently made up of 21 partners with 31 locations.

Successes of the SMILE ON 60+ Program for FY20:

- Community Dental Health Coordinators and Program Administrator completed their SHIP/SMP volunteer certification which has already yielded improvements in navigating older adults through the complex system of insurance benefits, especially as it pertains to Medicare.

- The team has undergone training and are actively involved in the use of teledentistry. CDHCs are participating in regular shifts to conduct teledentistry visits to streamline in-person visits and identify emergent needs. It is expected that the use of this technology will grow in the next year. Also provided training and resources on the use of teledentistry for provider partners.

- Increased comfort and stronger relationships with clinical teams that have become apparent during year two. The connections have created a system of support providing resources outside of SMILE ON 60+, advice on dental topics, advice and guidance for supplies, guidance on COVID-19 protocols, insurance, etc.

- Senior Notes, a letter campaign, has allowed sharing work with groups in the community like Girl Scouts and softball teams, to engage younger people in reaching out to isolated older adults, while providing an extra touch point with our vulnerable population during the pandemic.

- As a shift from traditional outreach, efforts to connect with older adult resource groups and service providers increased, strengthening community relationships. Contact with groups such as the Department of Human Services, Meals on Wheels, Choices, and AAADs has been a valuable tool in contacting the groups they serve.

COVID Impact on SMILE ON 60+ Program:

- Even though services through the SMILE ON 60+ network did not stop during the pandemic, the reduction in capacity has been dramatic. Growing from emergency care only to a broader range of procedures has been dependent on the concentration of the virus by county. Staffing shortages and turnover have been an issue we continue to work through as well as the additional time needed for infection control to safely treat patients. PPE and supply shortages have been an issue that required additional coordination as well.

- Patient navigation was become more difficult and more time consuming during the pandemic. We attribute this to longer wait times at clinics due to capacity limitations, decreased transportation options and availability and older adults requiring, additional reassurance for their anxiety in seeking care during this time.

- Traditional Outreach has pivoted to alternative delivery methods. Virtual and drive-thru events have been tested with success.

- To assist provider partners with staffing shortages, hiring resources were shared, helped screen potential candidates, and held a volunteer recruitment best practices discussion to identify ways to offset this challenge.

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 for individuals in Tennessee FY20:

- 130 patients were served and generated $354,925 in donated treatment (including $25,892 in laboratory fabrications):
    - 30 patients completed their treatment plans and received $137,877 in donated care.

- 43 patients have not yet finished treatment and received $217,048 in services thus far (including two patients who received $1,296 in routine care from volunteer dentists who had donated their initial treatment and wanted to continue contributing ongoing, maintenance services).

- 57 patients have been referred to volunteer dentists but haven't yet finished any treatment services. Each patient who completed treatment received an average of $4,596 worth of dental treatment; comprehensive care that illustrates the generosity of the volunteer dentists and labs. [5]

The Tennessee State Oral Health Plan serves as Tennessee's statewide, comprehensive oral health plan. This plan supports the mission of the Tennessee Department of Health (TDH), "to protect, promote, and improve the health and prosperity of people in Tennessee". The plan was formulated in accordance with Public Chapter 0968, which authorized the Tennessee Department of Health to develop a "comprehensive, state oral health plan".

- The Tennessee State Oral Health Plan frames the issues of dental disease while focusing on four overarching areas to address and improve oral health: 1) Monitoring Disease in Tennessee, 2) Oral Health Education & Advocacy, 3) Prevention, and 4) Oral Health Resources & Workforce. The plan can be found at https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan.html

- During Fiscal Year 2020 the Tennessee Oral Health Data source grid was made available to the public. The data source grid provides information and instructions for accessing resources for dental care, preventive services, and various surveillance systems at the state and national level. The oral health grid is located on the department's website at https://www.tn.gov/health/health-program-areas/oralhealth/state-oral-health-plan/oral-health-resources-and-workforce-updates/oral-health-data-resources.html

- The interactive Dental Care for Tennesseans Map was updated. The map is located on the website at https://www.tn.gov/health/health-program-areas/oralhealth/dental-care-for-tennesseans.html
- Oral Health Services worked with Finance and Administration to provide information on dental resources for the MyTN app. MyTN is a mobile application providing personalized service delivery to Tennesseans through technology solutions. The website with information regarding MyTN is https://www.tn.gov/health/health-program-areas/oralhealth/dental-care-for-tennesseans.html

The ***Dental Care for Tennesseans*** map lists dental and health clinics across the state. These clinics help connect families to dental care. Some clinics may charge a lower fee. Dental services may be dental treatment, dental referrals or a voucher (coupon) program. Click on a county for a list of clinics in the county and surrounding area.

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 FY 20, the Behavioral Health Safety Net program was allocated an additional $5 million by Tennessee N General Assembly and the Governor to expand eligibility criteria. Income eligibility was raised from 100% of the Federal Poverty Level to 138% of the Federal Poverty Level, as well as the minimum age for eligibility was lowered from 19 years of age to 18

years of age. Also, in FY20, transportation to Behavioral Health Safety Net services became a standard billable BHSN service.

Access to Mental and Behavioral Health Services

According to the 2020 America's Health Rankings Report, Tennessee is ranked 42nd among the 50 states for access to mental health prof essionals (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 660:1 rate of mental health providers per 100,000 residents, far lower than the national rate of 290:1 mental health providers per 100,000 residents.[1] Figures 18 and Table 7 below show the population-to-mental health provider ratios for 2020, as reported by the Robert Wood Johnson Foundation in its 2020 County Health Rankings and Roadmap [6] 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 Prof essional Shortage areas.[4] According to the Kaiser Family Foundation quarterly summary of designated Health Prof essional Shortage Areas for September 30, 2020, the United States has only 26.9% of the mental health practitioners needed to serve the population's mental health needs. In comparison, Tennessee has 13.2% of the mental health practitioners needed, and would require 295 additional practitioners in order to fully meet the needs. [7]

Figure 18: Mental Health Population to Providers Ratio in FY20

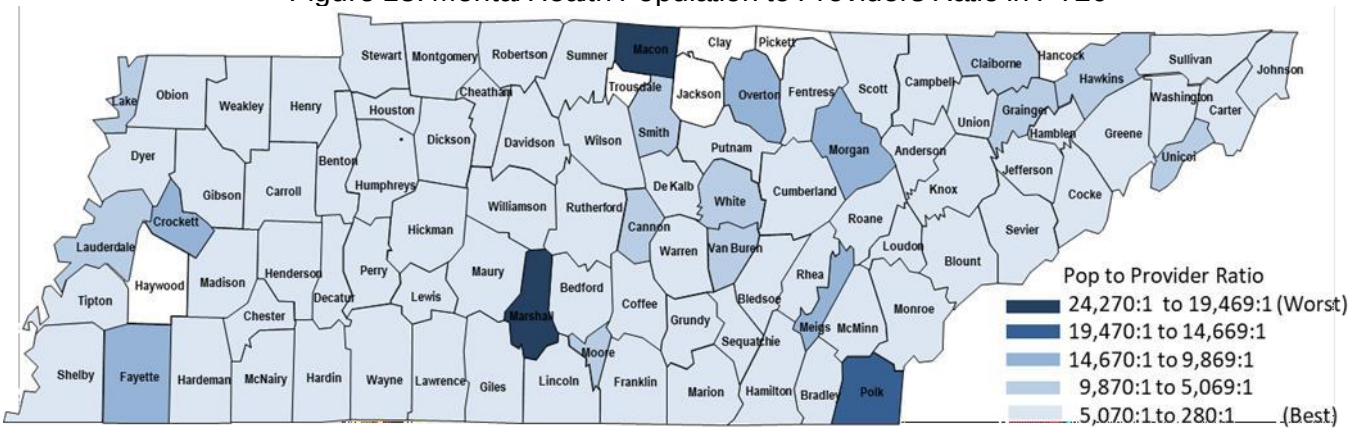


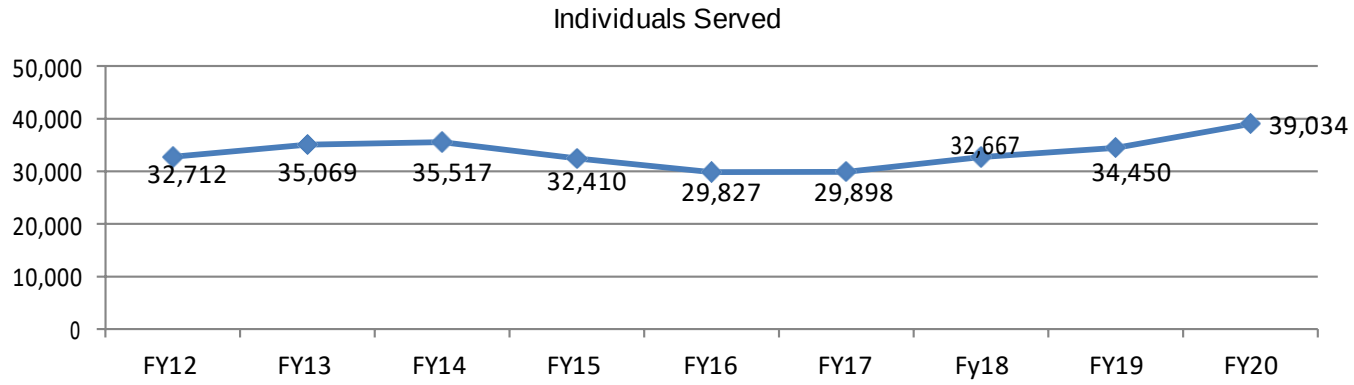
Table 7: County Level Mental Health Population to Provider Ratios FY20

County	Ratio MH	County	Ratio MH	County	Ratio MH	County	Ratio MH
Macon	24,270 1	Stewart	3,390 :1	Scott	1,840 :1	Sullivan	830 :1
Marshall	22,250 :1	Carter	3,310 :1	Wilson	1,800 :1	Blount	810 :1
Polk	16,900 :1	Marion	3,180 :1	Union	1,790 :1	McNairy	740 :1
Crockett	14,330 :1	Jefferson	3,180 :1	Loudon	1,660 :1	Shelby	690 :1
Fayette	13,500 :1	Cumberland	3,140 :1	Perry	1,610 :1	Hamblen	620 :1
Meigs	12,310 :1	Lincoln	2,840 :1	Robertson	1,580 :1	Williamson	580 :1
Overton	11,030 :1	Weakley	2,780 :1	Tipton	1,540 :1	Henry	570 :1
Morgan	10,790 :1	Grundy	2,670 :1	Warren	1,510 1	Montgomery	520 :1
Lake	7,410 :1	Rhea	2,540 :1	Bedford	1,490 :1	Houston	520 :1
Cannon	7,230 :1	DeKalb	2,520 :1	Sevier	1,460 :1	Hamilton	470 :1
White	6,780 :1	Hickman	2,510 :1	McMinn	1,440 :1	Coffee	460 :1
Smith	6,650 :1	Lewis	2,420 :1	Cheatham	1,440 :1	Putnam	450 :1
Lauderdale	6,460 :1	Monroe	2,320 :1	Johnson	1,270 :1	Maury	440 :1
Moore	6,410 :1	Benton	2,310 :1	Lawrence	1,250 :1	Madison	400 :1

Claiborne	6,350 :1	Roane	2,210 :1	Sumner	1,200 :1	Washington	320 :1
Unicoi	5,920 :1	Obion	2,160 :1	Chester	1,150 :1	Davidson	310 :1
Grainger	5,790 :1	Henderson	2,140 :1	Anderson	1,090 :1	Knox	270 :1
Van Buren	5,770 :1	Cocke	2,100 :1	Greene	1,080 :1	Trousdale	na
Hawkins	5,650 :1	Franklin	2,090 :1	Hardin	1,070 :1	Pickett	na
Sequatchie	4,960 :1	Carroll	2,000 :1	Bradley	1,070 :1	Jackson	na
Wayne	4,140 :1	Campbell	1,980 :1	Rutherford	1,060 :1	Haywood	na
Gibson	4,090 1	Giles	1,970 :1	Dickson	1,010 :1	Hancock	na
Bledsoe	3,690 :1	Dyer	1,870 :1	Decatur	980 :1	Clay	na
Fentress	3,640 :1	Humphreys	1,850 :1	Hardeman	870:1		
Source: Robert Wood Johnson, Health Rankings 2020				Note: Blank values are unreliable or missing data			

The Behavioral Health Safety Net program serves eligible Tennesseans through a statewide provider network of fifteen Community Mental Health Agencies, operating 157 sites in 73 counties, 56 of which are considered rural. Regardless of which Tennessee county of residence, the Behavioral Health Safety Net is available to all eligible Tennesseans. These Community Mental Health Agencies provided services to 39,034individuals through the Behavioral Health Safety Net Program in FY20, an increase of 13% compared to FY19as shown in Figure 19 below.

Figure 19: Individuals Served by Behavioral Health Safety Net FY12 – FY20



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. For fiscal year 2020, the Tennessee state government provided $30.6 million to support people living with HIV enrolled in TennCare.

Additionally, the Tennessee Department of Health jointly administers the Ryan White Part B program, with the Department of Health and Human Services. The Ryan White Program, acts as a payer of last resort, and through revenue streams gained from federal grants and qualifying pharmaceutical rebates, the Ryan White Part B program provides HIV services for eligible clients, who have incomes up to 400 percent of the federal poverty levels. Some of the key services provided by the Ryan White Part B program to eligible 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 that are uninsured; and 3) supporting a network of clinics, private practitioners, and health departments across the state that provide outpatient medical services to people living with HIV/AIDS. Please see Table 8 below, which provides an update on the number of clients the Tennessee Ryan White Part B program supports concerning IAP and HDAP services. The 8,264 clients in Tennessee that receive IAP and HDAP services f rom the Ryan White program, account for 46 percent of Tennessee's estimated 18,000 persons living with HIV/AIDS.

Table 8: Ryan White Part B HIV Drug Assistance Program (HDAP) and Insurance Assistance Program (IAP) Enrollment

Federal Fiscal Year	HDAP		IAP		Total (duplicated)		Total (de-duplicated)	
	Enrollment	*% Growth from previous year*	*Enrollment*	*% Growth from previous year*	*Enrollment*	*% Growth from previous year*	*Enrollment*	*% Growth from previous year*
FY2015	3,314	-12%	3,964	71%	7,278	19%	5,663	*Not available
FY2016	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%
FY2018	3,128	25%	5,643	4%	8,771	11%	7,426	11%
FY2019	3,397	9%	5,821	3%	9,218	5%	7,805	5%
FY2020	3,635	7%	6,203	7%	9,838	7%	8,264	5.9%

The Children's Special Services (CSS) program is a critical gap-filling program supported by federal and state Maternal and Child Health Block Grant funds. It serves as both a payor of last resort for Children and Youth with Special Health Care Needs (CYSHCN) as well as a care coordination entity for these families. Founded in 1919, CSS is governed by state statute, and departmental rules. CSS program while striving to maintain the gap filling functions, also provides some direct services to those who do not have public or private insurance and population based, infrastructure and enabling services that support an integrated health care system to meet citizen needs. Services are provided in all 95 counties through local and metropolitan health departments. These services include eligibility determination for the CSS program and a comprehensive screening and assessment for social determinants of health needs. The CSS program provides reimbursement for medical examinations, screening and treatment preventive health exams, medically related durable medical equipment, food and formula, pharmaceuticals, surgeries, inpatient and outpatient medical care, physical, occupational and speech therapies, co-pays, deductibles and co-insurance, etc. Families may qualify financially for the program if their annual income is at or below 225% of the federal poverty level. Families are also assisted with applying for TennCare and other available insurance as appropriate.

While CSS is core to CYSHCN services in Tennessee, CYSHCN priorities for this vulnerable population expand beyond the program to include broad family and stakeholder engagement particularly in the areas of pediatric to adult transition and patient centered medical home, as determined by the state needs assessment. The CYSHCN program has also coordinated some efforts at behavioral health integration, though this has largely taken place within health care delivery facilities, particularly FQHCs and safety net mental health centers. The CSS program consists of a statutorily defined Advisory Committee whose focus is on issues related to the management and operation of the CSS program (Tennessee's Title V CSHCN Program) as well as broader issues impacting the Children and Youth with Special Health Care Needs population.

Current Issues and Priorities

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.

Impact of COVID-19

As a result of the COVID-19 pandemic, Safety-Net provider clinics experienced a drastic reduction in patient volume subsequent to implementing disease transmission mitigation strategies recommended by the CDC, initial PPE supply, and public fear. Clinics that were fully equipped pivoted to a telemedicine platform for patient care delivery. Those that did not have sophisticated telemedicine equipment adapted readily by conducing telephone patient consultations. However, this presented limitations, specifically for patient consultations that required virtual face-time. Community and Faith-Based free and charitable clinics experienced the most severe workforce shortages because their medical staff was comprised of volunteer clinical practitioners who were in the high-risk category for age and followed recommended guidance to stay at

home and work remotely. Workforce shortages also occurred among all clinics, already overwhelmed, due to staff who became ill and needed to quarantine.

This was further compounded because of staff who could not work remotely either due to the nature of their job or for those who were caregivers or had children without daycare provisions shut down due to shelter in place orders. Additionally, most clinics initially experienced extreme PPE and supply shortages related to practicing universal precautions and COVID-19 infection control protocols associated with direct patient care services. Also, COVID -19 testing supplies and costs associated with the inf rastructure to set up temporary drive-thru or walk-up assessment and testing sites became problematic for many clinics.

COVID-19 Relief Funding &Support Services

FQHCs were eligible to receive direct funding through the HRSA CARES Act Provider Relief fund which includes a provision for reimbursement through the federally funded, *Request Reimbursement for COVID-19 Testing and Treatment for the Uninsured Program*. Community and Faith Based (CFB) providers who were not eligible to receive first round funding through the CARES Act Provider Relief fund were awarded two rounds of federally funded CARES Act Coronavirus Relief Fund (CRF) in the form of COVID -19 CFB Safety Net Relief awards disseminated directly through the Department of Health. Additionally, to cover costs incurred associated with the public health emergency, which peaked during the third and fourth quarter of the fiscal year, the Safety-Net program received an additional One Million dollar appropriation and expanded the medical encounter definition to include telemed icine and telehealth visits as allowable to report as a medical encounter for reimbursement. The Department of Health also provided guidance and support for distribution of PPE through TEMA, as well as, COVID-19 testing collection kits and testing supplies distributed by the State. The State also created the *COVID-19 Lab Test Reimbursement Program* which allowed clinics to receive reimbursement for fees charged by a reference laboratory to perform PCR testing and provide patient results. The Office of Minority Health and Disparities Elimination implemented local community surge assessment and testing events. OMHDE facilitates partnership collaborations within local Faith communities to convene COVID -19 Drive Thru Assessment and Testing Events that enhance access to testing for minority and vulnerable populations. In an endeavor to inspire a level of comfort, trust, and convenience, these events are conducted on the campus of a local Faith community partner as the testing site, in partnership with the local Community Health Center or Community and Faith-Based clinic, serving as the clinical partner to perform specimen collection, provide testing results and conduct patient consultations.

- Increased financial pressure on smaller hospitals, particularly those in rural communities, has led to 14 hospital closures since 2013, placing Tennessee among the top in the nation for hospital closures. [8] 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 identif ied in the first two cohorts of hospitals included: clinical workforce gaps, billing and collections challenges, community integration challenges, under-utilized telehealth capacity, and challenges in transitioning to new payment models. Based on a year of self-reported data, participating facilities have projected approximately $3 million in revenue generating improvements and over $2 mill ion in projected expense reduction. Key successes of the program include projected debt reduction and improved up -front collections, updated revenue cycle processes, and positive relationship building with the community and transportation vendors. [9]

- Rural hospitals impacted by the public emergency due to COVID-19 received funding through the state funded Small and Rural Hospital Readiness Grant program, which was administered by the Tennessee Department of Economic and Community Development . Eligible hospitals were awarded up to $500,000 to support hospitals challenged with increased demands for clinical services, supplies and equipment, in addition to, experiencing workforce shortages, and financial challenges associated with meeting the demand to respond the needs of the local rural community. This funding provided relief to hospitals in communities with Uninsured Adult Health Care Safety Net providers who were financially vulnerable during these precedent times.

- 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 FY20, increased funding was allocated

through the Tennessee State Loan Repayment Program, which awarded $1,185, 000 in incentives for medical, dental and mental health professionals serving uninsured individuals in outpatient settings. In FY 20, J -1 Visa waivers were awarded to 22 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. [10] 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.

- 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 has been limited to only 7 of Tennessee's 95 counties. 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 implemented in FY21 with additional funding. The additional funding will suppo rt the Project Access entities in their efforts to expand access to specialists and specialty care into contiguous rural areas and support first time expansion efforts in the West Region.

Conclusion

The Uninsured Adult Healthcare Safety Net fund helps to fulf ill 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 liv ing 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 prof essionals 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 f rom 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 prof essionals 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.

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.

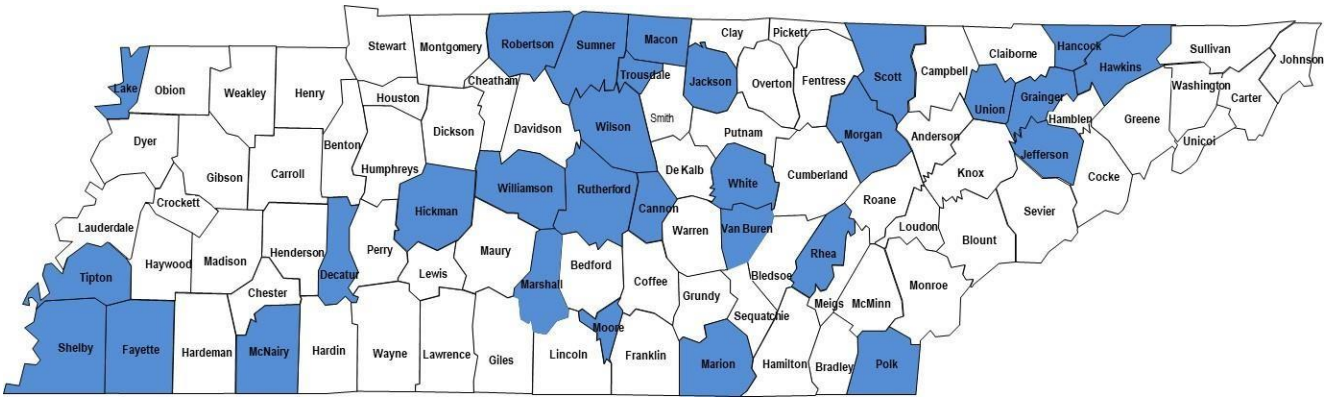
Obstetric HRSA: The 30 highest ranking female population of childbearing age (15-44 years) to obstetric provider ratios among the Obstetric Rational Service Areas. An obstetric provider is defined as a physician, physician assistant, nurse practitioner or certified nurse mid-wife who specializes in obstetrical 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.

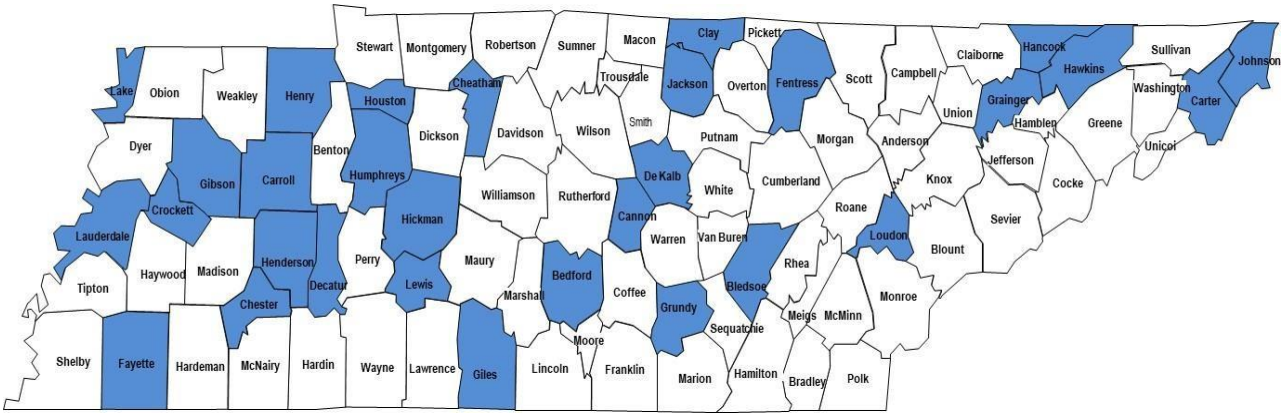
Dental HRSA: The 30 highest ranking total population to primary care dental provider ratios among the Dental Rational Service Areas. A primary care dentist is defined as a DDS, DMD or pediatric dentist.

Appendix Figure 1: TennCare Health Resource Shortage Areas 2020

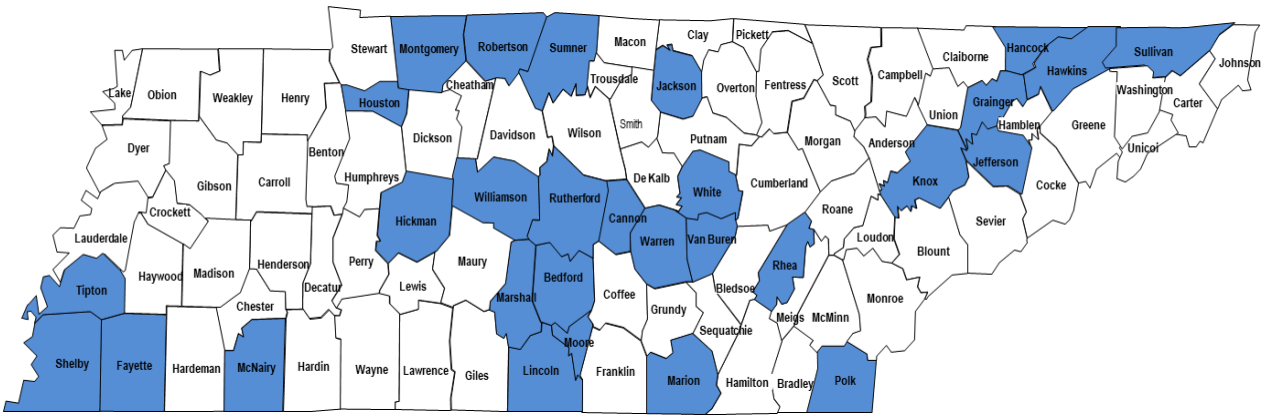
Appendix Figure 2: Primary Care Health Resources Shortage Areas 2020



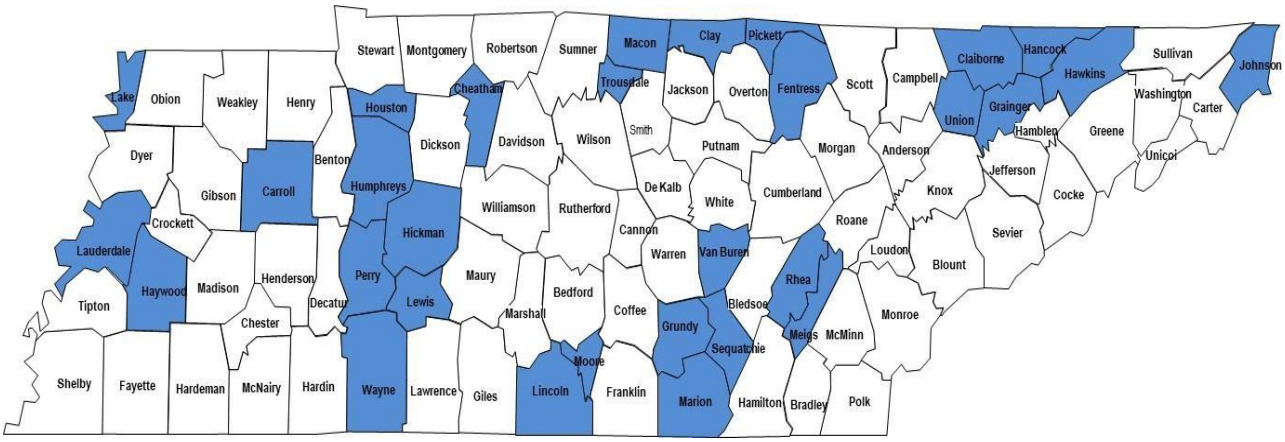
Appendix Figure 3: Obstetric Health Resources Shortage Areas 2020



Appendix Figure 4: Pediatric Health Resources Shortage Areas 2020



Appendix Figure 5: Dental Health Resources Shortage Areas 2019



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