

Maryland Community Health Resources Commission

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Medicaid Matters Maryland
Affordable Care Act
Workforce Development Forum

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Today's Remarks

- Background of the Maryland Community Health Resources Commission (CHRC)
- Affordable Care Act and Maryland's safety net providers
- Health Enterprise Zones (HEZ) Initiative

CHRC: Building Capacity in Maryland's Safety Net Community

- The Community Health Resources Commission (CHRC) was created in 2005 as a quasi-independent agency to expand access to health care for low-income Marylanders and underserved communities in the state.
- 11 Members of the CHRC are appointed by the Governor. John Hurson, former Chairman of the HGO Committee, serves as Chairman of the Commission. Nelson Sabatini, former DHMH Secretary, serves as Vice Chairman.
- The CHRC has a history of working with safety net providers, as its grantees include FQHCs, local health departments, free clinics, and behavioral health providers.

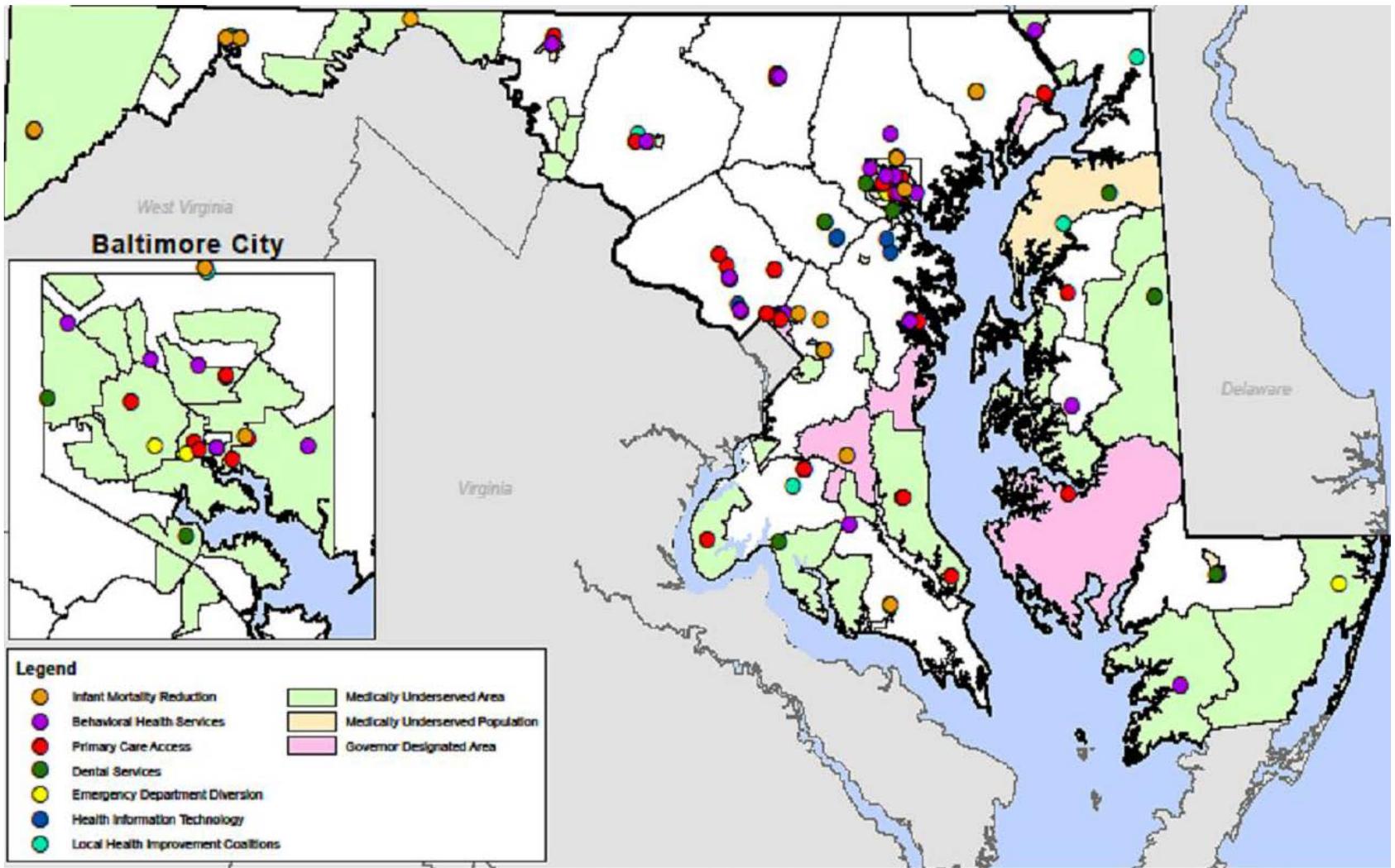
CHRC: Building Capacity in Maryland's Safety Net Community

- Over the last eight years, the CHRC has awarded 115 grants totaling \$29.7 million supporting programs in all 24 jurisdictions of Maryland.
- These programs have provided services for approximately 110,000 patients resulting in more than 325,000 patient visits.
- The grant funding provided by the CHRC has enabled its grantees to leverage \$10.1 million in additional federal and private/non-profit resources.

Core Areas for CHRC Funding

1. **Expanding Access to Primary Care** – 25 projects, \$6.6 million.
2. **Increasing Access to Dental Care** – 20 projects, \$4.6 million.
3. **Reducing Infant Mortality** – 11 projects, \$2.4 million.
4. **Decreasing health care costs through ER Diversions** – 6 projects, \$2.0 million.
5. **Promoting Health Information Technology Adoption** – 9 projects, \$3.1 million.
6. **Integrating Behavioral Health Services** – 22 projects, \$6.5 million.
7. **Supporting the State Health Improvement Process (SHIP)** – 17 grants, \$600,000.
8. **Establishing Health Enterprise Zones** – 5 grants, \$3.85 million.

CHRC Grantees by Grant Focus Area



Data Source: HRSA, CHRC

Map created October 2012



Affordable Care Act and Maryland's safety net providers

- Responding to the recommendations of the Health Care Reform Coordinating Council, the CHRC developed a business plan outlining recommendations for how the state could promote the readiness of safety net providers as Maryland implements the Affordable Care Act.
- Central questions of the CHRC Business Plan
 - What should be expected of traditional safety net providers in an environment in which more people have insurance coverage?
 - How can the capacity of these providers be leveraged and fostered?

Key Recommendations of CHRC Business Plan

- **Provide technical assistance and support related to “mechanics” of health reform legislation.**
- Work with DHMH, the Governor’s Workforce Investment Board, and other agencies to support statewide plans for workforce development.
- Assist community health resources by facilitating access to data and interpreting or translating this data to meet customized needs.
- Support efforts to develop expanded systems for eligibility and enrollment of uninsured and underinsured patients.
- **Catalyze innovative public-private partnerships that will leverage additional private resources.**

Affordable Care Act and Maryland's safety net providers

- The state developed the **Access to Care Program**, jointly administered by the DHMH, the Maryland Health Benefit Exchange (MHBE), and the CHRC.
- As part of these efforts, a survey was distributed to collect information from safety net providers regarding the services that are provided to the uninsured, where the uninsured are accessing care, and help the state plan to meet the increase in demand for health services in 2014 and beyond.

Affordable Care Act and Maryland's safety net providers

- Data collection: Online survey was disseminated in mid-December to Maryland safety net providers. Data was collected from survey respondents, and aggregate data reports were created for each County.
- Survey respondents: 101 organizations/215 facilities
- Facility types: Local Health Departments, Behavioral Health providers, Federally Qualified Health Centers and look alike, Ryan White grantees, Charitable/Free Clinics, Mobile Clinics, Homeless Services, Family Planning providers

Affordable Care Act and Maryland's safety net providers

- County level aggregate data summaries include:
 - County population insured and uninsured
 - Total emergency room visits by uninsured
 - Total patients served by survey respondents
 - Uninsured patients served by survey respondents
 - Facility type
 - Health care providers by type and FTE
 - Population to provider ratios for primary care, mental health, and dental
 - Provision of Essential Health Benefits

Affordable Care Act and Maryland's safety net providers

- The information will be utilized by the state for planning purposes to
 - Prepare for the expected demand for health services in 2014;
 - Provide information about safety net providers for the Qualified Health Plans; and
 - Guide CHRC-supported grants and technical assistance opportunities.

Affordable Care Act and Maryland's safety net providers

- **Meet & Greet Sessions later this spring**
 - CHRC will partner with the DHMH and the MHBE to host regional meet and greet sessions to allow participating carriers and safety net providers to begin discussions on contracting.
 - Information on expected enrollment
 - Information on Medicaid & Commercial Carrier requirements
 - Technical assistance overview
 - Carriers will be encouraged to attend these sessions in order to identify community providers who are available to contract within their service area.

Affordable Care Act and Maryland's safety net providers

■ Technical Assistance Program

- In consultation with the MHBE and DHMH, the CHRC is planning to support a technical assistance program to build capacity and promote readiness of safety net providers.
- The assistance will be geared towards helping safety net providers transition from a grant-based revenue structure to one that involves billing third-party payers (Medicaid/MCO and commercial plan/QHP networks).
- The CHRC may also provide opportunities for grant funding to support infrastructure development later this year.

The Maryland Health Improvement and Disparities Reduction Act (HEZ)

- The purpose of establishing Health Enterprise Zones (HEZs) is to target State resources to:
 - Reduce health disparities among racial and ethnic groups and geographic areas;
 - Improve health care access and health outcomes in underserved communities; and
 - Reduce health care costs and hospital admissions/readmissions.

The Maryland Health Improvement and Disparities Reduction Act

- Apply principles of economic development to community health/population health improvement
- Provide a range of incentives and benefits to galvanize action and expand access in some of the most underserved communities of the state, including:
 - Loan assistance repayment;
 - State income and hiring tax credits;
 - Maryland Patient Centered Medical Home (PCMH) Program;
 - CHRC grant funding; and
 - Potential EHR funding.

HEZ Selection principles

- **HEZ designations reflect a combination of both demonstrated need and intervention strategies to improve health outcomes in the potential Zone.**
 - 105 zip codes met baseline threshold eligibility (economic and health status) - “cast a wide net”
 - 19 applications received from 17 jurisdictions
1. **Purpose**
 2. **Description of need**
 3. **Core disease targets**
 4. **Goals**
 5. **Strategy**
 6. **Cultural competence**
 7. **Balance**
 8. **Coalition**
 9. **Work-plan**
 10. **Program Management and Guidance**
 11. **Sustainability**
 12. **Evaluation**
 13. **Collaboration**

HEZ Designations

- **MedStar – St. Mary’s Hospital – Greater Lexington Park (Rural)**
 - Create new community health center and develop a “health care” transportation route.
- **Dorchester County Health Department – Competent Care Connections (Rural)**
 - Target MH-related ED visits and create new mobile mental health crisis team.
- **Prince George’s County Health Department – Capital Heights (Suburban)**
 - Create 5 new PCMHs to serve 10,000 residents; may create a blueprint for establishing and sustaining PCMHs that can be replicated.
- **Anne Arundel Health System – Annapolis (Suburban)**
 - Embed primary care physician (staffed 40 hours per week) in senior public housing facility; site selected by targeting high volume of 9-1-1 calls.
- **Bon Secours – West Baltimore (Urban)**
 - Target CVD and expand access to primary and preventative care; deploy CHWs; provide training/employment opportunities for residents of the Zone interested in careers in health care (paraprofessionals).

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