

Workgroup to Explore Equitable Access to Primary Health Care
for all Prince George's County Residents
Minutes
February 26, 2025

• Members Present

Wala Blegay, Council Member, Chair

Krystal Oriadha, Council Member

Sonya Bruton, CEO, CCI Health and Wellness

Suyanna Barker, Chief Program Officer, La Clinica del Pueblo

Miriam Hauser, VP of Behavioral Health (Mental Health)

Sharon Zalewski, Executive Director, Regional Primary Care Coalition

Chris DeMarco, CEO, Greater Baden Medical Services

Richard Gesker, Interim CEO, Mary's Center

George Escobar, CASA (nonprofit)

Dr. Levy, Health Officer, Department of Health

Nick Venturini, Prince George's County Schools

Roxanne Leiba Lawrence, VP, Primary Care & Community Medicine, Luminis Health

Jaclin Warner Wiggins, Office of Finance

Stephanie Slowly Little, Family Health Services Division

Terra Bynum, Office of Management and Budget

Monique Powell-Davis, MD, FACOG, Chief Medical Officer, Mary's Center

Dr. Diane Young, PhD, MS, RN, Associate Director, Family Health Services Division

• Members Absent:

Wanika Fisher, Council Member

Bradford Seamon, VP of Government and Public Affairs for Prince George's County, UMD System

Caitlin Murphy, Family Health Services Division, Health Department

Elana Belon-Butler, Director, Department of Family Services

• Others Present:

Ellie Heffes

Donalyn Holloway, Greater Baden Medical Services

• Staff Present

Sandra Eubanks, HHSPS Committee Director

Rhonda Riddick, HHSPS Committee Aide

Leroy Maddox, Legislative Attorney

Anya Makarova, Senior Advisor to the Board of Health

David Noto, Budget and Policy Analyst

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James Walker-Bey, Associate Clerk of the Council
Ayana Crawford, Chief of Staff to Council Member Wala Blegay
Nikia McBride, GOFP Committee Aide

- **Welcome & Opening Remarks**

Chair Blegay welcomed the members, reaffirmed the Workgroup's purpose, and, given the ambitious agenda, proceeded directly to the presentations, inviting Health Officer Levy to begin.

- **Presentations:**

**Dr. Matthew Levy, Health Officer
Health Department**

Dr. Levy, the Health Officer, provided an overview of the county's health insurance program, highlighting its purpose, budget history, and future considerations.

Dr. Levy explained that the program was initially established in 2018 to support uninsured residents, particularly those ineligible for other insurance or government assistance, including undocumented individuals. It aimed to improve access to primary care and reduce financial hardship.

Dr. Levy discussed the program's mission and vision, which focus on expanding access to high-quality outpatient and telehealth services through strategic partnerships and innovative reimbursement models. He also outlined key values such as access, affordability, quality, integrity, and collaboration, which align with the Health Department's broader mission.

Dr. Levy highlighted the program's funding, expressing that the funding started at \$117,000 in county funds and gradually increased to \$5.2 million in FY25, primarily due to COVID-19 and ARPA funding,

He further stated that the current funding will expire at the end of this fiscal year, raising concerns about the future of the program. He provided data on reimbursed visits, noting that funding shortages led to some visits going unpaid in previous years.

Looking ahead, Dr. Levy emphasized the need for sustainable funding, more explicit eligibility criteria for providers and patients, and improved tracking of health outcomes.

He also discussed the importance of structuring the program more like a formalized health plan, ensuring accountability and efficiency in reimbursement processes.

Dr. Diane Young, Associate Director of the Family Health Services Division, Health Department, emphasized that the current program operates solely as a reimbursement model for Federally Qualified Health Centers (FQHCs) rather than a structured claims-based system. She

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noted the lack of an administrative framework for tracking services or submitting claims, which limits oversight. Unlike traditional health programs, the funding does not follow individual residents but reimburses providers per service rendered.

Dr. Young clarified the breakdown of payments, emphasizing that the reported figures represent visits rather than individual patients. She explained that the cost per visit was calculated by dividing the total budget by the number of reported visits rather than reflecting the actual cost of services.

Dr. Young also noted that variations in cost per visit across fiscal years were influenced by available funding rather than service pricing. Additionally, she confirmed that spending more money did not necessarily equate to serving more patients, as fund constraints and reimbursement structures played a role in determining how many visits were covered.

Dr. Young suggested that actual service costs would need to be covered by healthcare providers.

Dr. Levy clarified that the figures noted in the presentation represent the total number of reimbursed visits rather than an average. He highlighted that some visits were not covered due to funding limitations.

Chair Blegay inquired about visit numbers between 2023 and 2024 and asked the FQHCs how they utilize Health Assures. Dr. Levy clarified that Health Assures is a reimbursement model used between the FQHCs and the Health Department rather than a direct enrollment program. The eligibility criteria for reimbursement include being uninsured, ineligible for other insurance or government assistance, and living below 200% of the federal poverty level.

- **Sharon Zaleswki, Executive Director,
Regional Primary Care Centers**

Ms. Zalewski presented an overview of Federally Qualified Health Centers (FQHCs) in Prince George's County, focusing on their role, funding, and challenges. She aimed to provide context on FQHCs, their financial limitations, and the gap between the number of healthcare encounters.

Ms. Zaleswki expressed that Prince George's County has a significant shortage of primary care providers compared to other regions in Maryland. There is one physician per 2,000 residents, twice as many as the state average. This shortage leads 40% of the population to seek care outside the county.

She highlighted the roles of the FQHCs, indicating that they are designed to serve underserved areas and accept all patients, regardless of their ability to pay. They operate on a sliding fee scale, and no patient can be turned away due to inability to pay. However, HRSA grants cover only 10-15% of their budget, with most revenue coming from Medicaid, Medicare, and private insurance. Uninsured patient fees account for only 3-5% of revenue.

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Beyond providing medical care, these centers contribute to the local economy by employing residents, recruiting clinicians, and offering training opportunities for various health professionals.

In discussing their budget and funding gaps, Ms. Zaleswki expressed that in 2023, six FQHCs operated 11 clinics in the county, serving over 125,000 patients, more than 50,000 of whom were county residents. A significant percentage (30-60%) of patients are uninsured, and while 54% of county patients have Medicaid or Medicare, 36% are uninsured, and 10% have private insurance.

A funding gap has persisted since the program's inception in FY18. While funding has increased over time, covering a full year of services has never been sufficient. When the county took over program administration, health centers stopped submitting claims once funds were depleted, making it difficult to assess the actual shortfall. The gap has grown, with \$4 million in unpaid services from March to June in FY23 and over \$4.5 million from February to June in FY24.

Ms. Zaleswki highlighted the disparity between the reimbursement rate and the actual cost of care. The county reimburses \$180 per visit, but the average price is significantly higher: \$287 for medical and behavioral health visits and \$320 for preventive dental care. This shortfall requires health centers to absorb unreimbursed costs, reinforcing their role in public-private partnerships.

Health Assures subsidized 45% of visits for uninsured patients who met eligibility criteria, being uninsured, ineligible for Medicaid or subsidized health programs, and earning below 200% of the federal poverty level (\$31,000 for individuals, \$65,000 for a family of four).

Ms. Zaleswki closed by emphasizing that the Community Health Centers play a critical role in reducing hospitalization, easing emergency department burdens, and lowering overall healthcare costs. However, their future is uncertain due to potential federal and Medicaid policy changes that could increase the uninsured population and threaten funding streams. Sustaining and experiencing these centers is essential to maintain healthcare access, workforce health, and community stability. Ms. Zaleswki urged continued investment to ensure their viability in an unpredictable healthcare landscape.

- **FQHCs Presentations:**

**Christopher DeMarco, PhD, MBA, Chief Executive Officer,
Greater Baden**

Mr. DeMarco provided an overview of the organization's scope, services, patient demographics, financial structure, and challenges.

1) Organizational Overview:

- Serving Prince George's, Charles, and St. Mary's Counties since 1972.
- Operates five primary care sites in Prince George's County, including a new site in Capital Heights this year.

- Three WIC sites in Prince George's County.

2) Services Provided:

- Similar to other FQHCs, Greater Baden provides medical, dental, and mental health services, women's health, infectious disease care, and an on-site pharmacy.
- Key programs include WIC, Ryan White HIV care, Babies Born Healthy, and Title X.
- Accredited by the Joint Commission and recognized as a Patient-Centered Medical Home.

3) Patient Demographics

- Serves 15,000 patients in Prince George's County.
- 35-36% are Spanish-speaking, with the rest speaking English and identifying as African-American, White, or Asian.

4) Financial Overview:

- 71% of patients are uninsured, with 29% covered by private insurance, Medicaid, or Medicare.
- Medicaid and Medicare reimburse more than private insurance, so the organization prioritizes enrolling eligible patients.
- Contracts two Prince George's County Medicaid enrollers to help with patient registration.
- In FY24, billed \$1.3 million to health insurers but was only reimbursed \$800,000 due to funding limitations.
- The HRSA grant accounts for only 7-8% of total revenue, contrary to the misconception that FQHCs receive significant government funding.

5) Reimbursement per medical visit:

- \$184, meaning there is a funding gap per visit since the provided services cost more.

Mr. DeMarco emphasized that Greater Baden Medical Services continues to expand access to healthcare in Prince George's County but faces significant financial challenges, particularly in covering uninsured patient care and low reimbursement rates. The organization is actively working to enroll more patients in Medicaid and Medicare while continuing to provide services.

Sonya Bruton, CEO, CCI Health and Wellness

Ms. Bruton provided an overview of CCI's operations, patient demographics, services, financial investments, and staffing.

▪ Organization Overview:

- CCI is a 52-year-old organization in Montgomery and Prince George's counties. I

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- In the last calendar year, CCI served 18,416 Prince George's County residents, with most coming from Hyattsville, Riverdale, and College Park.

1) **Patient Demographics:**

- Medicaid covers 52% of patients; 36% are uninsured, 8% have private insurance, and 4% have Medicare.
- Total patient census exceeds 40,000. 78% of patients receive care in a language other than English.
- CCI holds a state contract for refugees, asylees, and unique vis holders, serving a diverse linguistic population, primarily English and Spanish speakers.

2) **Services Provided:**

- Comprehensive care, including medical, dental, behavioral health, pharmacy, infectious disease, and nutrition services.
- Uses a group/centering prenatal care model.
- Operates three health center locations in Greenbelt, with expansion plans.
- The PACE program (not classified as a health center) serves frail elderly patients in Landover-Hyattsville.

3) **Financial Investment and Support:**

- CCI's fiscal partnership amounted to \$2.6 million last year, receiving \$1.7 million from Health Assures while continuing to invest in serving uninsured patients.

4) **Staffing and Economic Impact:**

- Described position held by her diverse healthcare team.

**Suyana Barker, Chief Program Officer,
LaClinica del Pueblo (add space)**

Ms. Barker provided an overview of LA Clinica del Pueblo, its mission, services, financial challenges, and community impact.

1) **Mission & Background:**

- LaClinica's mission is to build a healthier Latino community through culturally appropriate healthcare.
- It has been in Prince George's County since 2016, expanding from its base in D.C.
- Operates a clinic in Hyattsville and provides school-based mental health services in three schools (one high school and two elementary schools).

2) **Financial Overview:**

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- Only 22% of the budget comes from earnings.
- 63% of patients are uninsured and below 20% poverty level, requiring financial support.

3) Services Provided:

- Primary care, behavioral health, and substance use treatment.
- Support services include case management, health education, transportation, language interpretation, and enrollment assistance.

Outreach programs reach early 50,000 people yearly, promoting lifestyle changes and primary care access.

4) Special Programs:

- LGBTQIA+ health program, women's health, school-based mental health, HIV prevention and care (Ryan White Grant).
- High HIV care retention rate with 90% viral suppression among patients.

5) Community Impact in Prince George's County (2024):

- 2,711 unique patients served.
- 9,000 clinical visits and 2,000 telehealth visits.
- School-based health programs are growing, with more engagement in high schools than elementary schools.
- Majority patients prefer Spanish services, are female, and 95% live at or below 20% of the poverty level.

6) Staffing:

- **26 employees in Prince George's County, around 30 in school programs.**
- **Includes doctors, technicians, social workers, service workers, and administrative support.**
- **The finance department is based in Prince George's County.**

Ms. Barker emphasized that the La Clinica del Pueblo focuses on providing accessible and culturally competent healthcare to low-income, uninsured Latino residents in Prince George's County. The organization faces financial challenges but continues to expand outreach, telemedicine, and specialized programs to serve the community effectively.

Richard Gesker, DMD, MBA, Interim Chief Executive Officer, Mary's Center

Dr. Richard Gesker highlighted the ongoing financial struggles faced by Federally Qualified Health Center despite its commitment to serving underserved and vulnerable populations.

1) Key Points:

- Underfunding & commitment to the underserved.
- Like other FQHCs, Mary's Center remains underfunded while prioritizing care for low-income, uninsured, and immigrant populations.

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- Their Prince George's County patient base accounts for about one-third of total patients, and they plan to relocate their existing site with county support. (add space)

2) Political & Financial Risks:

- Threats to FMAP (Federal Medical Assistance Percentage) Medicaid funding and upcoming executive orders could negatively impact healthcare access.
- The current political climate and policy changes pose increased risks to their patient population.
- Advocacy is crucial, and Mary's Center leaders plan to visit Capitol Hill to push for sustained Medicaid support.

3) Funding Gaps & Growing Needs:

- The cost per visit is significantly higher than reimbursement rates, challenging financial sustainability.
- Rising immigrant populations in the region require additional resources.
- Beyond financial support, political backing is also needed to protect funding streams.

4) Quality of Care Despite Financial Challenges:

- Despite tight funding, Mary's Center and other FQHCs have maintained or improved their quality metrics, demonstrating effective patient care despite financial strains.

Dr. Gesker urged county and political leaders to provide financial and legislative support to ensure continued healthcare access for vulnerable communities. He emphasized that Mary's Center remains committed to serving future generations, but urgent policy and funding solutions are needed.

• Identify Next Steps

- The next meeting will focus on questions, answers, and discussion to better understand the challenges and needs of FQHCs.
- Members were encouraged to submit questions in advance to Ms. Eubanks, who will distribute them accordingly.
- Hospital representatives were invited to provide input for discussion.
- Dr. Levy was asked to forecast federal budget expectations and their effect on county funding at the next meeting.

Future discussions will focus on policy recommendations, funding strategies, and securing financial support.

Council Member Oriadha expressed that a proposed funding stream for the health department is in development to create a dedicated budget allocation for healthcare, similar to funding structures for education and public safety. This legislation ensures continued support for FQHCs, even if funding is not explicitly included in the county's 2026 budget.

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- **Next Meeting**

The next regularly scheduled meeting is on Wednesday, March 12, 2025, at 1:30 PM.

- **Adjournment**

The meeting adjourned at approximately 2:45 pm.