Workgroup Explore Equitable Access to Primary Health Care for all Prince George‘s County Residents
Minutes
March 12, 2025

- Members Present

Wala Blegay, Council Member, Chair
Bradford Seamon, VP of Government and Public Affairs for Prince George’s County, UMD System
Caitlin Murphy, Family Health Services Division, Health Department
Sonya Bruton, CEO of CCI Health and Wellness
Suyanna Barker, Chief Program Officer, La Clinica del Pueblo
Miriam Hauser, VP of Behavioral Health (Mental Health)
Sharon Zalewski, Regional Primary Care Coalition
Chris DeMarco, CEO, Greater Baden Medical Services
Elana Belon-Butler, Director of Prince George’s County Family Services
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
Shanika Griffith, Council Member Fisher’s Office
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:

Krystal Oriadha, Council Member
Richard Gesker, Interim CEO, Mary’s Center
George Escobar, CASA (nonprofit)
Dr. Levy, Health Officer, Department of Health

- Others Present:

Jeff Kurcab, 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
James Walker-Bey, Associate Clerk of the Council

Explore Equitable Access to Primary Health Care for all Prince George‘s County Residents
Minutes
March 12, 2025

Ayana Crawford, Council Member Wala Blegay’s Office
Nikia McBride, GOFP Committee Aide

- **Welcome & Opening Remarks**

The meeting began at approximately 1:30 p.m. Chair Blegay called the meeting to order, welcomed the members, and noted that they would continue from where the previous informative meeting left off.

- **Consideration of Minutes**

Meeting minutes were not reviewed on January 29th and February 26th, 2025, as some members had not had the opportunity to review them beforehand. They will be considered at the next meeting.

- **Presentation**:

Dr. Matthew Levy, Health Officer, indicated before the Workgroup meeting that he could not attend due to a meeting with the State.

- **Q & A on Past Materials and Presentations**

Chair Blegay asked Anya Makarova, Senior Advisor to the Board of Health, to review the follow-up actions. She explained that follow-up questions were sent to FQHCs, county-based hospitals, the Health Department, and CASA. Most questions were directed at FQHCs since they were presented at the last meeting.

The follow-up questions to FQHCs focused on several key areas:

Confirmation of the number of locations they operate both as a system and specifically with Prince George’s County.

Potential consequences of funding reduction on FQHC operations and the residents they serve.

How health insurance programs should be administered and clarify the current relationships between health insurance programs, FQHCs, and the County Health Department, including invoicing processes.

Inquiries covered the actual costs of different types of visits and where there is uniformity in how visit types are classified.

Requested information on revenue sources, recognizing that county-based FQHCs may face different financial situations.

Requested data on patients’ insurance status to determine whether there is uniformity or diversity in the proportion of Medicaid, Medicare, private insurance, and uninsured residents each FQHC serves.

Hospital follow-up questions:

Inquired about their relationship with FQHCs and whether they coordinate care for patients discharged from the emergency room.

Inquired about hospitals to assess the potential impact of reduced funding for FQHCs on hospital operations, particularly the likelihood of increased emergency department visits.

Asked to identify opportunities for closer collaboration with county-based FQHCs to enhance healthcare services.

Health Department Follow-up questions:

Requested additional information about their Health Assures program and its administration.

CASA Follow-up Questions:

Understanding how the healthcare needs of immigrant populations, particularly uninsured immigrants, are currently being met.

Inquired about the potential impact of uncertainties and risks on these populations.

Federal Qualified Health Centers (FQHCs) representatives presented responses to follow-up questions:

Suyana Barker, Chief Program Officer, La Clinica del Pueblo:

The representative provided an overview of the financial information, focusing on the distribution of funds across various budget items for 2024. She noted that the data presented had not yet been audited and could fluctuate after the audit process. This information builds upon what was previously shared for 2023, now offering an updated view for 2024. She also emphasized that the figures reflect the entire organization, not just Prince George’s County.

Additionally, she acknowledged that while the budget details were covered, further explanation is needed on how the current fund allocations impact operations.

Ms. Bruton summarized the impact of health insurance funding reductions on CSI. She explained that due to significant delays in receiving payments, now extending into March with only two months paid, CCI has already begun reducing its workforce to remain financially stable. Previously, payments were typically caught up by December, but the current delay has left over a million dollars unpaid.

Ms. Bruton also addressed invoicing, confirming that CCI submits monthly invoices to the Health Department. She noted that when the program was initially launched in partnership with the county, CCI expanded its staff to meet the demand for uninsured patients. However, adjustments were necessary due to unsustainable payroll costs and unreliable funding.

Regarding eligibility criteria, Ms. Bruton explained that, as a FQHC, CCI collects income and household size data from every patient, insured or uninsured. This information determines the charges based on a sliding scale to ensure affordability for uninsured patients.

Ms. Bruton explained how FQHCs, including CCI, determine the actual cost of their services. They receive an official letter from the state each year confirming their validated charges and rate sheets; for CCI, the state-approved rates are $320.13 for medical visits and $408.48 for dental visits. She noted that the difference between what health insurers pay and these rates represents CCI’s contribution to covering healthcare costs for Prince George’s County residents.

Ms. Bruton explained that nursing visits were initially covered under the program but have since been removed, and nutrition services, previously supported by two nutritionists, were recently eliminated due to funding constraints.

Regarding funding, CCI receives contracts from the state for programs like WIC and Refugee Health Services and minimal federal grant funding (less than $5 million). Their primary revenue sources include Medicaid reimbursements, the National Health Service Corps, and Priority Partners Managed Care Organization (MCO) ownership. However, key funding sources are at risk, particularly state contracts for refugee and asylee services, leading staff to reductions, including in Prince George’s County.

Medicaid, which accounts for over 50% of CCI’s budget, is a critical funding source, and any significant changes to the program would severely impact operations. Other revenue streams include Medicare (less than 5%), private insurance and self-pay (about 8%), and uninsured patients (around 39%).

She also mentioned that CCI’s Chief Financial Officer is finalizing exact figures for funding received in the reporting year, uninsured patient data, and staffing details, which will be shared later. The organization’s budget for the previous fiscal year was $56 million.

Powell-Davis, MD, Chief Medical Officer, Marys Center

Dr. Davis provided an overview of their payer mix in Prince George’s County, noting that in 2024, 36% of their patients were self-pay, while Maryland Medicaid or Managed Care Organizations covered 58%. Most (875) of their revenue at their county site comes from Medicaid MCO payments, with only 10% from self-pay.

Dr. Davis emphasized concerns over potential funding cuts, mainly from jurisdictional sources, which could limit their ability to provide services to uninsured patients. She noted that their organization is already at its limit for uncompensated care and that reductions in funding would likely force them to reduce services.

Regarding federal funding, Dr. Davis acknowledged concerns about possible Medicaid cuts but noted that while reductions have been reported in the news, no official administrative decisions have been made.

Ms. Barker, La Clinica del Pueblo, reiterated that approximately 60-63% of their clients are uninsured, with some costs covered by Health Assures, though not all. She noted that the current program structure is limited in its ability to support every uninsured client in Prince George’s County.

Regarding billing and eligibility, she explained that they use specific criteria in their electronic medical records to filter eligible clients. Their system is based on federal requirements for collecting income data, which helps determine patient eligibility for different payer systems, including Health Assures. Ms. Barker further explained that they can only bill for a limited number of monthly visits, and there is no known external verification process by the Health Department beyond trusting their system.

Ms. Barker emphasized concerns about the impact of funding reductions. She anticipates an increase in uninsured individuals if Medicaid funding is cut, as many people who do not qualify for Medicaid also cannot afford marketplace insurance, even with government subsidies. If Medicaid reductions occur, more patients will be left without coverage, straining their ability to continue providing services to uninsured clients.

Ms. Bruton explained how their organization handles underinsured patients, particularly those with high deductibles. She explained that they apply a sliding fee scale to all patients, including those costs based on income and household size, ensuring that patients only pay what they can afford.

Additionally, Ms. Bruton highlighted the financial risks they take in providing care under the county Health Assures program. She noted that if the county does not reimburse them for services provided, they do not go back and bill the uninsured patients. Instead, they accept that the county pays on the patients’ behalf, even though funding inconsistencies can leave them without full compensation. Ms. Bruton explained that despite these challenges, their commitment to serving Prince George’s County residents remains strong, ensuring that patients continue receiving care regardless of funding uncertainties.

Dr. Diane Young, Associate Director of the Family Health Services Division, Health Department, clarified concerns about the program’s administration, emphasizing that rule changes have not been constant. She explained that Dr. Carter initially designed the program with a structured plan, but funding did not materialize as expected. Dr. Young explained that they had to operate within financial limitations upon taking over the program. When the program was handed over, it had to be managed under financial constraints. Payments are made when funds become available, and delays are not intentional.

Dr. Young indicated that $2.7 million is still owed to FQHCs, and payments are pending until funds are fully uploaded. She reassured providers that their work is valued and that delays are due to funding limitations, not deliberate actions.

Sharon Zelewski, Executive Director, Regional Primary Care Coalition, clarified that advocacy for subsidized care in the county began before Fr. Carter’s involvement. Initially managed by a

nonprofit with $250,000 in funding, the program allowed quick invoice payments. Over time, fund distribution shifted from allocated amounts to a first-come, first-served model and later back to an allocation system due to contracting needs. These changes were administrative adjustments, not intentional disruptions. The program was always intended as a s long-term partnership, though funding levels could fluctuate.

Terra Bynum, Office of Budget and Management, explained that the $2.7 million funding delay is due to its reliance on a general fund supplemental appropriation still awaiting council approval.

Dr. Young explained that past payment delays were usually due to contact processing, but this is the first year they have faced such an issue. The delay is likely due to the reallocation of COVID funds into the general fund, requiring additional appropriations.

When Chair Blegay asked about funding for Health Assures in the FY26 budget, the response was that the budget would be made public the following day, with no confirmed allocation for the program in the Health Department’s budget.

Ms. Makarova noted that in addition to the FQHC in the Workgroup, two others are not currently represented, and responses to questions were sent to them. Additionally, a new FQHC based in Baltimore City was identified, with one location in Prince George’s County, though it is not part of the Health Assures program.

Hospitals

Brad Seamon, Vice President of Government & Public Affairs for Prince George’s County, University of Maryland System

Mr. Seamon responded, highlighting their partnership with CCI’s family medicine residency program, clinical rotations, and collaboration on prenatal care. He shared a case where an FQHC-referred patient received life-saving cancer treatment through their financial assistance program. Greater Baden and Mary’s Center has also worked with Capital Region to recruit residents, improve pediatric care coordination, and participate in advanced obstetrics training.

Mr. Seamon stated that Capital Region’s emergency department does not refer discharged patients to FQHCs for follow-up care. However, they are open to implementing this practice by adding FQHC information to discharge folders. Additionally, the hospital has a transitional care program for inpatients, which schedules follow-up appointments before discharge. Patients are referred to either FQHCs or the hospital’s medical group based on geographic location, with the transitional care team handling appointment scheduling.

Reducing the Health Assures program would decrease access to primary care, leading to more patients visiting the emergency department for avoidable conditions. This would result in longer wait times for patients who do not require emergency care and an increase in the severity of illnesses due to unmanaged chronic conditions.

Mr. Seamon highlighted potential benefits of closer collaboration, including joint funding and grant opportunities and research that they can integrate into their continuing medical education programs, improved referral workflows, enhanced electronic health record integration for better continuity of care, and staff recruitment partnerships.

He also suggested expanding medical resident opportunities to participate in electives and moonlight at FQHCs, which could improve recruitment for these centers.

Chair Blegay emphasized the importance of understanding the relationships between FQHCs and hospitals to highlight their role in strengthening the healthcare infrastructure. She noted that integrating FQHCs into the healthcare system could help address challenges such as high emergency room wait times and hospital capacity issues.

Dr. Powell-Davis highlighted the existing relationship with Capital Region for obstetric patients, noting that while the system generally works well, there are some carrier-related barriers.

She acknowledged the opportunity to enhance collaboration, particularly in medical assistant training programs and ER discharge processes. Dr. Powell-Davis emphasized that referrals should be based on geography rather than insurance status, as no FQHC can absorb all uninsured patients.

She also pointed out the need for better integration of clinical staff in hospital settings and potential agreements to share costs. Additionally, space and budget constraints limit their ability to recruit more providers, making further discussions on expanding partnerships crucial.

Ms. Bruton discussed their ongoing collaboration with Adventists since 2017 to develop an integrated model of care that combines specialty and primary care. She emphasized the importance of real-time partnerships at an affordable cost, which requires specialists to work directly within primary care settings rather than hospitals.

Additionally, she mentioned that their location has a health job center for Employer Prince George’s, where they will train various healthcare professionals. This initiative aims to strengthen the cunty’s healthcare workforce.

Ms. Barker highlighted La Clinica’s strong partnership with Luminis Health since their arrival in the county. They previously collaborated on co-locating orthopedic services in the exact location of La Clinica in Hyattsville and have worked together on grants to support the community beyond clinical care.

Additionally, they have maintained a close relationship, particularly around diabetes care, with a referral system between La Clinica and Luminis Diabetes Center. While their co-location efforts are not active, they have valuable experience in this model collaboration.

Mr. Chris DeMarco, CEO of Greater Baden Medical Services, shared that they collaborate with the Luminis Health Worker Program and MedStar on OB-GYN and primary care services, which are their main areas of partnership.

- **Identify Next Steps**

  - **Follow-up Questions should be forwarded to all county-based hospitals**
  - **Health Department to respond to follow-up questions**
  - **CASA will respond to follow-up questions.**

- **Next Meeting**

The next regularly scheduled meeting is on Wednesday, March 26, 2025, at 1:30 PM.

- **Adjournment**

The meeting adjourned at approximately 2:45 pm.