

# Regional Primary Care Coalition

## Prince George's County Community Health Center Collaborative

### February 26, 2025



# Regional Primary Care Coalition

An experienced learning organization and active collaborator committed to reducing health disparities and promoting health equity in the National Capital Region.

RPCC is a unique collaboration of local philanthropies, primary care associations and more than 50 health care providers serving the lower-income residents and under resourced communities in the District of Columbia, Northern Virginia and suburban Maryland. RPCC is committed to advancing regional partnerships, policies and practices to:

- Improve population health
- Address the underlying determinants of health
- Promote health equity across the region

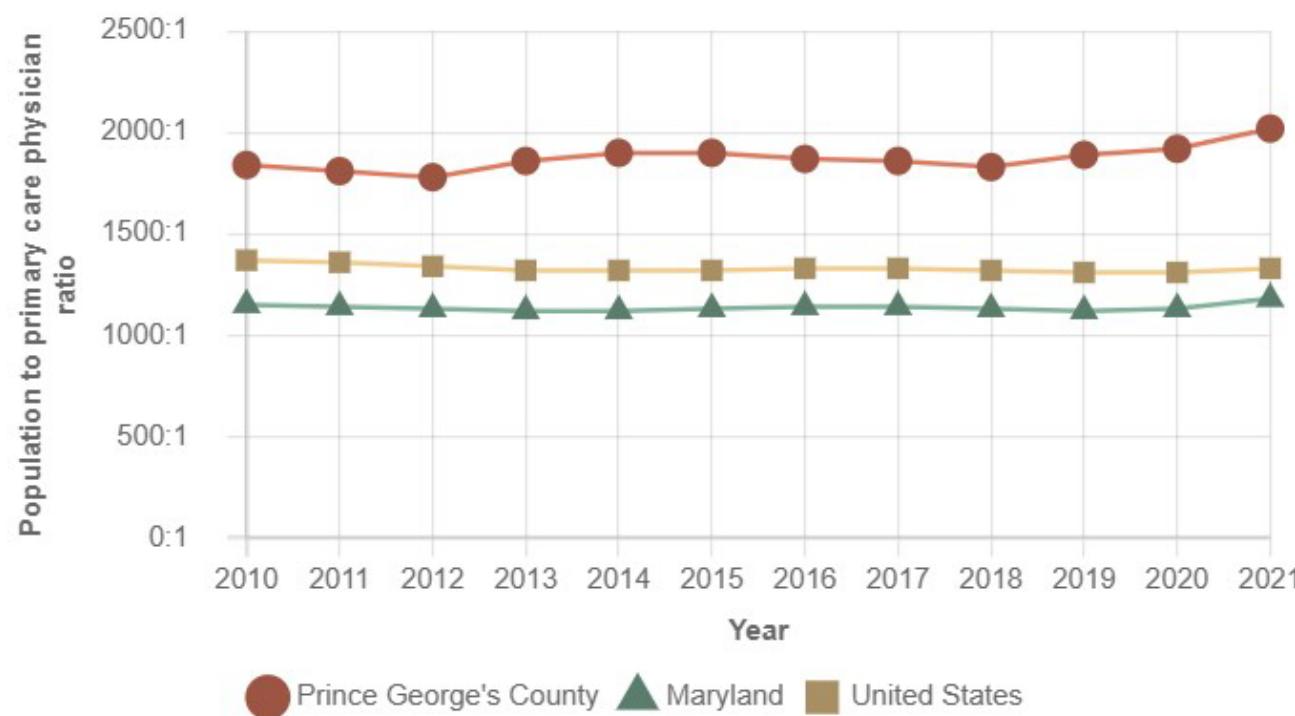
RPCC has worked in partnership with Prince George's County Health Centers and the Department of Health for over 10 years to build an equitable primary health care system with the ability to meet the needs of all Prince George's County residents.

## Primary Care Access and Affordability

- The MHBE estimates that 11% of Prince George's County residents are uninsured; 90,000 to 96,000 adults and children.
- Of those, we estimate that 63,000 to 67,000 are ineligible for Medicaid or subsidized health insurance because of immigration status.
- Lack of health care coverage and access to “primary health care homes” disproportionately impacts the health and well-being of communities of color and lower income residents.
- These and other inequities have contributed to significant, long-term health disparities experienced by many Prince George's County residents throughout their lives.

# Prince George's County Primary Health Care Infrastructure

- The County Health Ranking and Roadmap Project highlights Prince George's County significant health profession shortages compared to the State, neighboring Counties and the District of Columbia.
  - 1 physician per 2,020 residents v. 1,180 Maryland average
  - 1 dentist per 1,580 residents v. 1,240 Maryland average
  - 1 behavioral health professional per 460 residents v. 290 Maryland average
- Both Montgomery County and the District of Columbia have more than 3x the number of primary health care providers per resident than Prince George's County; 2x the number of dentists and 2x the number of behavioral health providers.



**County Health  
Rankings & Roadmaps**

The data in this table reflect the average population served by a single primary care physician.

Click here to learn more about measuring progress and using trends:

<https://www.countyhealthrankings.org/health-data/measuring-progress-change>

More trend data and documentation can be found here:

<https://www.countyhealthrankings.org/health-data/methodology-and-sources/data-documentation>

# Federally Qualified Health Centers

“Federally Qualified Health Centers are community-based health care providers that receive funds from HRSA’s Health Center Program to provide primary care services in underserved areas. They must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.”

– *Health Resources and Services Administration*

## Community Health Centers Serve Everyone

FQHCs must demonstrate that facilities are located within or near under resourced communities and commit to serving all residents, regardless of their ability to pay.

- All payment methods are accepted: Medicaid, Medicare, MCHIP, private insurance and patient payment.
- All must have a sliding fee schedule for self-pay patients based on Health Center costs and patient income.
- Sliding fee schedules must go to \$0.
- Patients may not be turned away due to their inability to pay.

## Comprehensive Health Services

CHCs serve adults, children and seniors. FQHCs must provide (or provide for) the following services:

- primary medical
- behavioral health care
- oral health care
- pre-natal care, family planning and other reproductive health services
- pharmacy and lab services
- “wrap-around” services including case management, patient education and other patient and family supports

## Health Center Financing

- FQHCs receive an annual HRSA grant that comprises 10 to 15% of the total budget.
- Health Centers generate 50 to 75% of their revenue through fees collected from public and private insurance.
- Patient fees are less than 10% of revenue, often in the 3 to 5% range.
- Federal, state and local government grants and contracts account for the remainder of FQHC budgets.
- Special projects are often funded by private foundation grants.

# Community Health Centers

Community Health Center	Locations	All Patients*	Prince George's County Residents	Percent of Total
CCI Health & Wellness Services	<u>Greenbelt</u> , Takoma Park, Silver Spring, Wheaton, Rockville, Gaithersburg	37,246	15,912	43%
Elaine Ellis Center of Health	<u>College Park</u> , Northeast DC	5,496	1,583**	29%
Family Medical Counseling Services	<u>Seat Pleasant</u> , Anacostia in DC	3,237	1,000**	31%
Greater Baden Medical Services	<u>Brandywine</u> , <u>Capitol Heights</u> , <u>Oxon Hill</u> , Charles and St. Mary's	18,551	15,000**	81%
La Clinica del Pueblo	<u>Hyattsville</u> , Columbia Heights DC	4,464	1,458	33%
Mary's Center	<u>Adelphi</u> and Silver Spring in MD, Adams Morgan, Petworth and Fort Totten in DC	56,643	16,173	30%
	11 Facilities located in Prince George's County.	125,657	51,126	Average: 41%

\*2023 HRSA UDS Data \*\*Estimates based on past performance.

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## Essential Community Service Providers

- Collectively, these six FQHCs served 125,637 patients in 2023; over 50,000 were Prince George's County residents.
- The payor mix for PGC patients varies significantly by Health Center. The percent of uninsured ranges from 30 to 60%.
- On average 54% of PGC patients seen by the Health Centers have Medicaid/Medicare; 36% are uninsured and 10% have private insurance.
- In 2023, Health Assures subsidized 45,166 visits provided to uninsured residents that met Health Assures eligibility criteria.

## Health Assures Eligibility

There are an estimated 90,000 to 96,000 uninsured Prince Georges County residents. An estimated 70% of these are ineligible for any subsidized health coverage.

- Uninsured adults and children residing in Prince George's County
- Ineligible for Medicaid or other subsidized health programs
- Income at or below 200% Federal Poverty Level

## Contributing Health Resources in Prince George's County

Community Health Centers play a role in addressing the health care workforce shortage by creating jobs and training opportunities to build a diverse, culturally competent health care workforce.

- Employ Prince George's County residents
- Recruit and hire clinicians and behavioral health professionals to practice in the County
- Provide training opportunities for health professionals including:
  - medical residency programs;
  - clinical rotations for social workers;
  - training and employment for medical assistants, dental assistants and community health workers.

## Health Assures

- The PGC Health Department established Health Assures with \$250,000 seed money from its budget.
- PGC Healthcare Alliance contracted with six FQHCs to provide primary medical and behavioral health care for low-income, uninsured adults and children. Dental care was added in 2022.
- In 2022, Health Assures funding also increased to \$5.6 million. The budget was supplemented by funding earmarked for Covid-related services for any resident that needed them.
- In FY2023 and FY2024, \$5 million was allocated to Health Assures. The primary source of funding was the American Recovery Plan Act (ARPA).
- Health Assures is currently funded at \$4.2 million. As of February, funds are fully expended.

## Health Assures Cost Sharing

- Health Assures is public/private partnership.
- The cost of care is shared by the County and the Health Centers.
- Health Assures compensation is \$180 for most encounters and \$90 for behavioral health follow-up and some other services.
- The averaged costs of visits for PGC Health Centers is:
  - \$287 for Primary Medical Care
  - \$320 for Preventive Dental Care
  - \$287 for Behavioral Health Evaluation
- The per encounter compensation rate does not cover the full cost of care provided by the Health Centers.

## Annual Funding Gaps

Health Assures funding does not compensate for the total number of eligible encounters provided by the Health Centers annually.

- Funds are fully expended 6 to 8 months into the fiscal year.
- In 2021, the Health Assures funding shortfall was nearly \$3.8 million.
- The estimated funding gap for 2023 was nearly \$4 million.
- The estimated funding gap for 2024 was over \$4.5 million.
- The shortfall for 2025 may be higher because funding for services was reduced from \$5 million to \$4 million; \$1 million less than the previous 2 years.

# Health Assures Annual Encounter Payments

Fiscal Year	Health Assures Eligible Visits	Cost at \$90 For Medical *Cost at \$180 for Medical & Dental	Unduplicated Health Assures Eligible Patients	Health Assures Funding Allocation	Visits Funded with Allocation	Estimated Funding Gap
<b>FY 2018</b>	16,726	\$1,505,340	5,913	\$117,500	1,306	<b>-\$1,387,840</b>
<b>FY 2019</b>	31,752	\$2,857,680	11,156	\$250,000	2,778	<b>-\$2,607,680</b>
<b>FY 2020</b>	24,140	\$2,172,600	9,853	\$250,000	2,778	<b>-\$1,922,600</b>
<b>FY 2021</b>	48,021	\$4,321,890	18,701	\$250,000	2,778	<b>-\$3,821,890</b>
<b>COVID Cares Fund 2022</b>	7,831		4,866	\$2,280,000	Funds were used to support visits and other Covid-related activities.	
<b>FY 2022</b>	53,188		44,940	\$2,800,000	Funds were fully expended by December 2021.	
<b>FY 2023*</b>	45,166	\$6,616,260		\$5,000,000	Funds were fully expended by February 2023.	

*Data Source through 2022: Prince George's County Healthcare Alliance*

*\*2023 Health Assures Visits Billed through February 2023.*

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# Health Assures Funding Gap

FY23 Health Assures Encounters: July 1, 2022 to February 2023										
FQHC	Primary Medical	Behavioral Health	Dental	Prenatal	Nutrition	Other	FY23 Visits Billed	Amount Billed	FY23 Total Paid	Feb-June Funding Gap *
CCI	10,058	415	653	2,371	125	1,118	14,740	\$ 2,094,480	\$ 2,094,480	\$ 1,571,130
FMCS	194	33				22	249	\$ 50,310	\$ 50,310	\$ 5,760
GBMS	6,339	15	1,173	966			8,493	\$ 1,156,590	\$ 706,571	\$ 729,739
LCDP	2,784	348	-	-	-	178	3,310	\$ 523,800	\$ 319,595	\$ 466,105
MCenter	11,775	963	4,251	1,194	191		18,374	\$ 2,791,080	\$ 2,791,080	\$ 1,196,177
<b>Total</b>	<b>31,150</b>	<b>1,774</b>	<b>6,077</b>	<b>4,531</b>	<b>316</b>	<b>1,318</b>	<b>45,166</b>	<b>\$ 6,616,260</b>	<b>\$ 5,962,036</b>	<b>\$ 3,968,911</b>

FY24 Health Assures Encounters: July 1, 2023 to February 2024										
FQHC	Primary Medical	Behavioral Health	Dental	Prenatal	Nutrition	Other	FY24 Visits Billed	Amount Billed	FY24 Total Paid	Feb-June Funding Gap *
CCI	8,779	402	2,059	794	105	1,319	13,458	\$ 1,498,410	\$ 1,498,410	\$ 1,141,110
FMCS	284	35				24	343	\$ 52,203	\$ 52,203	\$ 5,130
GBMS	5,909	636	1,095	262			7,902	\$ 836,100	\$ 804,000	\$ 858,750
LCDP	2,836	196	-	-	-	305	3,337	\$ 558,450	\$ 464,220	\$ 373,454
MCenter	7,234	446	5,032	485	-		13,197	\$ 2,107,800	\$ 2,107,800	\$ 2,155,783
<b>Total</b>	<b>25,042</b>	<b>1,715</b>	<b>8,186</b>	<b>1,541</b>	<b>105</b>	<b>1,648</b>	<b>38,237</b>	<b>\$ 5,052,963</b>	<b>\$ 4,926,633</b>	<b>\$ 4,534,227</b>

\*The funding gap represents Health Assures eligible encounters that were not compensated from February through June.

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## Investing in Health

The future of health care funding is uncertain. State and local funding will be increasingly important to maintaining systems of care to meet the needs of lower-income, uninsured, and under-insured residents. Full funding for Health Assures will:

- Ensure that at-risk residents can access medical care, behavioral health services and dental care before they become critically ill.
- Reduce hospitalizations, alleviate pressure on Emergency Departments and cut overall healthcare costs.
- Ensure a healthy workforce, healthier children, less burdened families and more stable communities.

When Community Health Centers are compensated fairly, they can sustain operations, build capacity, and be valuable partners in efforts to improve the health of Prince George's residents.