April 19, 2022

The Honorable Gabe Albornoz
President, Montgomery County Council
Stella Werner Council Office Building
100 Maryland Avenue, 4th Floor
Rockville, MD 20850

Re: FY23 Operating Budget Priorities – Healthcare for the Uninsured

Dear Council President Albornoz and Councilmembers,

Providing access to essential health services for vulnerable residents is crucial. Never before has the importance of a strong and vibrant health care safety net been more apparent. Providing access to high quality, affordable health care for all residents regardless of their ability to pay, country of origin or documentation status has been a community value in Montgomery County and the Council has long supported that priority. Because of those investments safety-net health centers have been able to work quickly and collaboratively during the pandemic to address emerging needs and continue to provide essential primary care.

As you prepare the county's operating budget for fiscal year 2023, I urge you to consider the following priorities that affect the health and lives of our neighbors who cannot get health insurance and who have low-incomes. Investing in these areas will help to ensure that Montgomery County's health safety net infrastructure is preserved and strengthened in its capacity to respond to the changing needs of the community. In FY23, we expect increased demand for primary care, behavioral health, specialty care, and oral health services as restrictions are lifted and patients seek care that had been delayed during the pandemic. Safety-net providers will need the resources and added capacity to respond to that increase in demand.

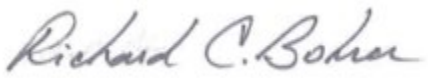
- Increase the reimbursement rate for Montgomery Cares and Care for Kids providers to keep up with rising costs of providing care
- Provide funds to meet rising demand for specialty care for Montgomery Cares patients and retain participating providers
- Provide psychiatric services in shelter settings for residents experiencing homelessness
- Make Care for Kids a robust program with the appropriate scale and capabilities to ensure existing CFK children and newcomers have access to comprehensive care and case management
- Implement a comprehensive quality framework for Care for Kids to regularly monitor clinical outcomes for the thousands of children receiving care
- Convene a collaborative design process engaging community stakeholders to co-create a multi-year strategy to enhance safety-net dental services
- Provide healthy starts services by launching a breastfeeding support program within Maternity Partnership.

While this list seems long, we ask you to remember that it includes the needs of five different programs which together make up Montgomery County's Health Care for the Uninsured Portfolio. A detailed explanation of each request is provided in the Appendix.

For almost 30 years the Primary Care Coalition has worked to make Montgomery County healthy by building partnerships with other nonprofits, private sector organizations, and local government. We have appreciated the County's commitment to these programs and ask that this Council continue that level of commitment to ensure every resident of Montgomery County can access high-quality, affordable health care. We recognize that fiscal restraint is necessary. We also recognize the risks to the progress that has been made in establishing a truly remarkable health care safety-net system in this community. We stand

ready to work with you to preserve the integrity of the safety net health care programs that meet the health care needs of our most vulnerable neighbors.

Sincerely,



Richard C. Bohrer
External Affairs Committee Chair
Primary Care Coalition

MARCH 2022

Healthcare for the Uninsured

FY2023 Joint Advocacy Statement

PREPARED BY

Health Centers Leadership Council
Primary Care Coalition
Montgomery Cares Advisory Board
(Support)

In FY21, safety-net organizations worked with DHHS to mount a response to an unprecedented public health crisis while continuing to meet primary care needs of vulnerable patients.

19,800 adults received medical care
53,300 in person encounters
20,800 telehealth encounters
1,700 specialty care encounters

6,400 children received health care
520 arrived as unaccompanied minors
140 received specialty dental care
370 received glasses

$5.8 million in free brand name medications
Secured through MedBank partnership with pharmaceutical programs

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Introduction: Rebuild and Rise

Montgomery County provides access to affordable health services for County residents through a portfolio of five programs collectively referred to as the Healthcare for the Uninsured Programs. On behalf of the Health Centers leadership Council, representing the executive directors of 10-safety-net health centers, Montgomery Cares Advisory Board, and the Primary Care Coalition, we ask that Council continue to make strategic investments to shore up the public-private partnerships that have been critical in improving the health of our community and responding to public health crises.

The importance of enhancing public-private capacity to improve the health safety net serving our community cannot be disputed. This infrastructure has been vital in the fight against COVID-19 by:

- Providing treatment and remote monitoring of non-critical infected patients
- Managing health conditions to prevent avoidable hospital use
- Caring for residents who delayed treatment during the pandemic and therefore have more complex health conditions than they might otherwise have had
- Augmenting public health system capacity for testing, vaccination, and community education and outreach efforts

Like other health care and social services organizations, safety-net clinics are facing workforce burnout and significant recruitment and retention challenges while rallying to support post-pandemic recovery efforts. The priorities described in this document will help truly advance health equity and social justice in our community and design a recovery process that is not merely a return to the status quo but an opportunity to **rebuild and rise!**

Support clinic sustainability by providing reimbursement for primary care services sufficient to meet rising costs.

Make Care for Kids a robust program with the appropriate scale and capabilities to ensure existing CFK children and newcomers have access to comprehensive care and case management.

Enhance Healthcare for the Uninsured Programs to Provide Healthy Starts and Services Across the Lifespan .

Develop a coordinated public-private safety-net oral health system enhancing capacity of DHHS, nonprofit dental clinics, schools of dentistry, and private dental practices.

Overview of Budget Requests

Request	Budget (Indirect not included)
Montgomery Cares: Reimburse primary care encounters to cover increased operating costs	$1,100,000
Montgomery Cares: Specialty care services to address treatments delayed during pandemic	$100,000
Healthcare for Homeless: Fund specialty care access for Healthcare for the Homeless patients	$90,000
Healthcare for Homeless: Psychiatric services in shelter setting for residents experiencing homelessness	$300,000
Care for Kids: Fund primary care services to meet needs of growing enrolled population and provide fair market reimbursement for providers	$272,000
Care for Kids: Add 1.0 FTE Administrative Coordinator to address administrative needs associated with program growth	$70,500
Care for Kids: Establish quality improvement program in Care for Kids	$145,600
Dental: Launch collaborative design process to reimagine dental safety-net	$160,000
Maternity Partnership: Launch breastfeeding support program within Maternity Partnership	$114,500
Total	**$2,352,600**

In addition to the above we wish to record support for the following items included in the County Executive proposed budget: $4.4 million for Newcomers Assistance including funds for 2.0 FTE in Care for Kids to screen and enroll children/families in health services at time of school enrollment.

Budget Priorities Justification

Request:$1,100,000

as part of a phase-in plan to gradually increase the reimbursement rate for primary care visits to provide a regionally competitive reimbursement for primary care and ensure adequate funding for the comprehensive services that underpin value-based care delivery.

Recipient:

Providers via MCares Contract

This significant increase is warranted due to inflation, considerable increases in market competitive salaries for medical personnel, and other direct cost increases. The requested primary care reimbursement increase for Montgomery Cares also reflects increasing service requirements on providers and current market conditions. The size of the request represents the many years in which the reimbursement rate for Montgomery Cares primary care has lagged the market.

The request represents a 20% increase for primary care visits provided by Montgomery Cares providers in FY23 as part of a three-year phase-in plan to achieve a regionally competitive rate that aligns with what similarly situated health centers are reimbursed.

Year	Target Rate (2% increase)	MCares Rate % of Target	MCares Rate	Primary Care Total	Year Over Year Increase
FY22	$200.00	38%	$76.50	$ 5,500,000.00	
FY23	$204.00	45%	$92.04	$ 6,600,000.00	$ **1,100,000.00**
FY24	$208.08	80%	$166.46	$ 10,392,680.45	$ 3,792,680.45
FY25	$212.24	100%	$212.24	$ 12,175,807.12	$ 1,783,126.67

As part of this phase in plan, payment for primary care encounters will continue to be allocated using the alternative payment methodology that was implemented in the spring of 2020 to shield clinics from revenue uncertainty during the pandemic. The introduction of the alternative payment mechanism also provided a serendipitous steppingstone toward a value-based care model. While the specific rate calculation under value-based care is still to be determined, alternative payment is typical under such arrangements.

Regional competitiveness. With the establishment of Montgomery Cares in 2005, Montgomery County was a trailblazer creating a system of care that would provide access to high quality health services for low-income and uninsured residents. Unfortunately, Montgomery County has not kept up with the pace of change.

The DC Healthcare Alliance is a locally funded program providing medical assistance to non-Medicaid eligible District residents who have an income below 200% of FPL. The Alliance uses a Managed Care Model and reimburses providers using an Enhanced Ambulatory Patient Group methodology.

Adult preventive medicine is reimbursed at a rate equating to 100% of the Medicare fee schedule: [1] $157.89 using the same combination of evaluation and management codes that were used to establish the Montgomery Cares reimbursement rate. Launched in 2019, the Prince George's County Health Assures program, is a locally funded safety-net fund that was created to provide access to health services for uninsured residents of Prince George's County who are not eligible for other programs. Prince George's Health Assures reimburses primary care visits at a flat rate of $180 per visit.

Market pressures. Historically, Montgomery Cares reimbursement has been calculated using a formula that considers evaluation and management fees for new and returning patients. When first established, the rate was pegged 70% of the Maryland Medicaid rate for evaluation and management visits. Over time the reimbursement rate has fallen to 56% of the typical Medicaid rate and 38% of the average rate paid to federally qualified health centers and other safety-net providers. This enhanced rate is used as our basis for analysis because it recognizes the added costs associated with managing patients with complex medical and social needs.

Although compensation was lacking prior to the pandemic, Montgomery Cares providers rose to the challenges presented by Covid-19 adapting operations, initiating new service areas, and working tirelessly to safeguard the health of our community. Consistent with national workforce trends clinics staff have experienced significant burnout. Staffing shortages naturally result in increased labor costs and higher expenses for health care providers. In this market environment safety-net clinics are competing for the same workers as private practices and hospital systems which provide higher compensation. Clinics are now faced with crippling staffing shortages, but without sufficient revenue to offer competitive compensation they are struggling to recruit and retain the health care workers.

[1] D.C. Government Department of Health Care Finance https://dhcf.dc.gov/release/important-notice-primary-care-providers
U.S. Faces Crisis of Burned-Out Health Care Workers, U.S. News and World Report, November 2021https://www.usnews.com/news/health-news/articles/2021-11-15/us-faces-crisis-of-burned-out-health-care-workers

"Nationally about 20% of health care workers have quit during the pandemic… 4 out of 5 of those who remain say that staff shortages have affected their ability to work safely and to satisfy patient needs."

Victor Dzau, president of the National Academy of Medicine quoted in U.S. News and World Report

Request:

- *$90,000 Healthcare for Homeless Specialty Care*
- *$100,000 Montgomery Cares Specialty Care*

Recipient:

PCC via Services to End and Prevent Homelessness and MCares Contract respectively.

As we continue the path toward recovery from the Covid-19 pandemic adjustments in care-seeking behavior and health system capacity challenges have formed a perfect storm. Patients who deferred treatment during the early years of the pandemic are no longer able to postpone these needs. Providers, including specialty practices, are facing staff burnout and increased costs. Specialty care access challenges are even greater for patients who are experiencing homelessness because the Healthcare for the Homeless primary care provider is not currently linked to the Project Access specialty care network.

Funds to coordinate access to specialty care for patients serviced by the healthcare for the homeless. It is estimated that 150 to 200 people experiencing homelessness per year could benefit from specialty care services provided through the established specialty care network. This request would add funds and staffing capacity needed to facilitate access for these patients.

- $ 53,500 for payment to specialty practices
- $ 21,000 for part time RN referral specialist to coordinate specialty care for Healthcare for the Homeless patients
- $ 15,500 for part time Client Services Referral Specialist for Healthcare for the Homeless patients
- $100,000 for specialty care for Montgomery Cares patients

Request: $300,000

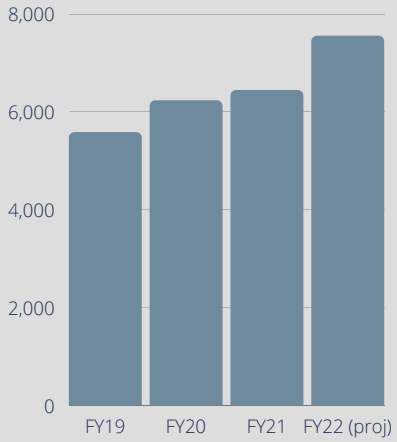
Onsite psychiatric services at homeless shelters

Recipient:

DHHS Services to End and Prevent Homelessness

Our goal with this request is to reduce avoidable hospital use by providing ongoing onsite psychiatric support at all shelter locations in the County. The request will include visits from a certified psychiatrist, psychotherapy services from a permanent therapist, and monthly trainings for staff and clients. The psychiatrist onsite will be able to engage 50 – 60 clients in psychiatric treatment that may otherwise go untreated. Majority of these cases are complex cases who need in person visits and don't do well with telehealth.

- 40 hours weekly for psychotherapy services
- 5 to 8 hours weekly to support weekly medication management, psychiatric discharge planning, etc.
- 0.5 FTE addiction counselor



CFK Total Unduplicated Children Served

Make Care for Kids a robust program with the appropriate scale and capabilities to ensure existing CFK children and newcomers have access to comprehensive care and case management.

Request: $272,000

Fund Care for Kids medical services line to meet needs of growing enrolled population and provide fair market reimbursement for providers.

Recipient:

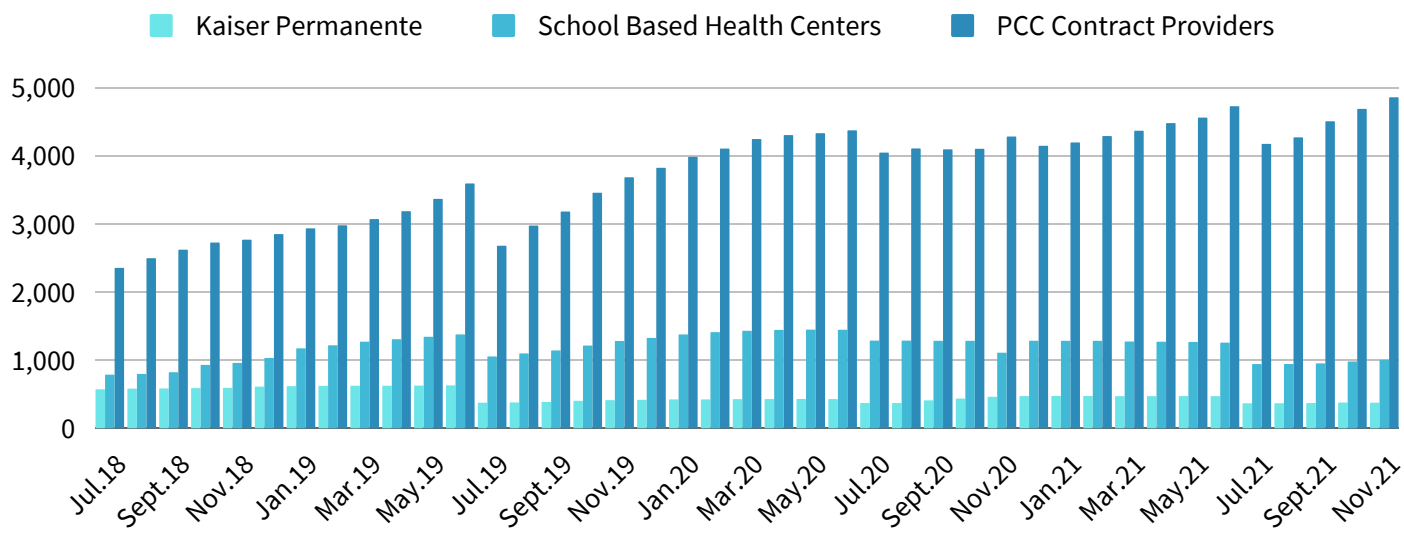
Providers via CFK Contract

In the first quarter of FY22, Care for Kids enrolled an average of 119 new children per month (immediate post pandemic). In Q1 and Q2 of FY20 (pre-pandemic) CFK was enrolling 230 new children on average per month. These are net new enrollments signaling program growth over the existing participants.

Increases in enrollment are putting pressure on the service network. The program must be prepared to place more children with contracted health care providers and reimburse these providers whose practices are recovering from the economic effects of the pandemic and who are struggling to meet operating costs in an era of inflation and rising labor costs. Benchmarking CFK reimbursement to Medicaid would create a more sustainable network of culturally sensitive providers able to meet the primary care needs of the CFK population.

The CFK Network consists of three categories of provider: Kaiser Permanente (Pro-Bono), School Based Health Centers, and Contracted Providers. As enrollments rise, the proportion of children enrolled in Kaiser and School Based Health has shrunk compared to the number enrolled with contracted providers. Competitive reimbursement positions CFK to recruit more providers into the network which may be necessary given rapid program growth that is expected to continue in the coming years.

Using historic utilization data, the projected cost of increasing payments to be comparable with prevailing market rates is between $203,000 and $272,000. The larger amount was chosen because of a belief that CFK numbers will return to pre-pandemic levels in FY23.



CFK Provider Network Distribution Over Time

Using average cost through all acute CPT codes rates - Projection using FY19 through FY21						
CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	$70.00	$125.88	154	$19,323.19	$10,745.00	$8,578.19
99211-99215	$60.00	$96.98	1982	$192,186.00	$118,900.00	$73,286.00
99381-99385	$80.00	$123.77	534	$66,112.74	$42,733.33	$23,379.41
99391-99395	$70.00	$110.35	1892	$208,800.59	$132,451.67	$76,348.92
99354	$106.79	$130.73	246	$32,203.16	$26,305.94	$5,897.22
				Total		$187,489.74
				(8.28% Indirect Expense)		$15,524.15
					Total	$203,013.89

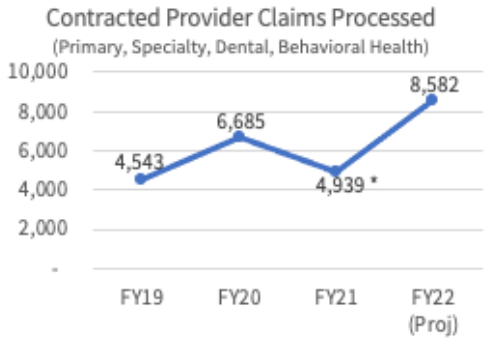
Using average cost through all acute CPT codes rates - Projection using FY18 through FY20						
CPT Codes	Current rate	100% of Medicaid	FY23 Encounters (Projected)	Cost with new rates	Cost with current rate	Difference
99201-99205	$70.00	$125.88	415	$52,283.82	$29,073.33	$23,210.49
99211-99215	$60.00	$96.98	3020	$292,853.31	$181,180.00	$111,673.31
99381-99385	$80.00	$123.77	1749	$216,428.98	$139,893.33	$76,535.64
99391-99395	$70.00	$110.35	904	$99,793.18	$63,303.33	$36,489.85
99354	$106.79	$130.73	136	$17,779.28	$14,523.44	$3,255.84
				Total		$251,165.13
				(8.28% Indirect Expense)		$20,796.47
					Total	$271,961.61

Request: $70,500

Add capacity to the Care for Kids program to assure continued high quality program administration and respond to unprecedented program growth.

Recipient:

PCC via CFK Contract



* FY21 encounters low due to pandemic related anomalies.

As the number of children actively enrolled in CFK increases, so too does the level of service provided and the associated number of claims and invoices from providers that need to be adjudicated, processed, and paid. CFK billing infrastructure is at a breaking point and will not be able to keep up with the pace of claims without added capacity. Staff project processing over 8,500 claims in FY22 an 89% increase over the number of claims processed in FY19. Our high estimate for FY23 could generate over 12,000 claims for primary care alone.

The PCC seeks to add 1.0 FTE Administrative Coordinator: Claims and Billing. In addition to ongoing claims adjudication and processing, there are increased administrative needs such as liaising with OESS to ensure complete and timely transfer of information between eligibility determination and enrollment, and managing relationships with provider offices. This role may also take over other administrative functions in support of the program Director so that the Director can focus on strategic oversight and prepare the program for continued growth.

Request: $145,600

Establish a quality improvement program in Care for Kids

Recipient:

PCC via CFK Contract

Unlike, Montgomery Cares, Care for Kids does not have funding to regularly monitor clinical outcomes for the thousands of children receiving care. Experience with the adult program demonstrates that dedicating resources for a clinical quality improvement program has tremendous benefits on health outcomes. In the adult program, quality improvement efforts have led to substantial increases in cancer screening rates, and improved diabetes and hypertension control at a population level. Children in CFK should have the same attention to clinical outcomes as their counterparts enrolled in Medicaid or insured programs which included dedicated resources to assess and continuously improve clinical quality.

The addition of 0.75 FTE Quality Improvement Manager and 0.5 FTE Data Analyst would help align CFK with other pediatric safety-net programs and with Montgomery Cares. These staff would be responsible for implementing a quality improvement program within Care for Kids consistent with the principles recommended by a 2019 workgroup of MCAB, Health Center Leadership Council, and PCC stakeholders with professional expertise in clinical quality improvement and quality assurance. The recommended quality program would include the following components.

- $92,600 fir 0.75 FTE Quality Improvement Manager (salary and fringe)
- $53,000 for 0.5 FTE Data Analyst (salary and fringe)

Measures development and reporting

- Adapt from existing endorsed clinical measures e.g. HEDIS Medicaid or CMS Core set, Dental Quality Alliance, etc.
- Gain consensus and commitment to measure set ensuring balance of outcome and process measures
- Define technical specifications
- Reporting for key clinical indicators using clinical data, diagnostic and billing codes
- Data analysis at determined interval identify trends and outcomes related to agreed upon measures

Shared learnings

- Measures performance reviewed at a determined interval (quarterly)
- Identify trends and opportunities for improvement
- Determine change initiatives

Quality improvement coaching

- Technical assistance to support improvement activities
- Change management support

A DentaQuest Institute study found that:

- In 2016 there were 42,000 emergency room visits in Maryland related to dental care.
- The rate of dental related ED visits is 40% higher than the national rate.

Request: $160,000

Convene a collaborative design process engaging community stakeholders to co-create a multi-year strategy to enhance safety-net dental services.

Recipient:

DHHS Public Health Service

The 2020 U.S. Census reports 86,000 Montgomery County residents are uninsured, and 71,000 live in poverty.[1] It is estimated that some 36,000 (rising to 39,000 by FY25) of these are eligible for Montgomery Cares or Care for Kids and will rely on the local dental safety-net for this care; the existing structure of County supported oral health care can serve just 8,500 individuals per year.
Although many organizations provide some oral health services to low-income residents, the system is fragmented and access to services is layered with complex navigation and referral systems, long wait times, and inconsistent policies that create lack of parity in accessing services. Existing institutions are seeking to expand their capacity to further meet the demand for services and additional organizations are seeking to join a network of care – expanding the capacity of the dental safety-net in Montgomery County. Additional services can be offered through enhanced coordination among safety-net dental providers operating in the County. (See Appendix A: Safety-Net Dental Capacity in Montgomery County).

A multi-year year strategy is recommended to enhance safety-net dental services for Montgomery County residents by strengthening collaboration among providers and developing processes and protocols to ensure information sharing and promote coordination of care between medical and oral health providers. The most effective collaborative efforts are born out of collaborative design processes. Therefore, we recommend engaging an independent consultant to facilitate a series of multi-partner design meetings to engage with safety-net dental providers and discuss what a dental network and referral processes should look like. (See Appendix B: Dental Collaborative Facilitator Scope of Work)

This design process should occur as soon as possible, and recommendations should be pilot tested in FY23 so that operational resources for sustainability can be considered for the FY24 operating budget.

- $60,000 for consultant to lead collaborative design process
- $100,000 to provide specialty dental referral for patients

[1] U.S. Census Bureau: 8.1% of 1,062,061 residents are uninsured. 6.7% are uninsured.
https://www.census.gov/quickfacts/fact/table/montgomerycountymaryland# and
Baltimore Sun, August 22, 2019 https://www.baltimoresun.com/health/bs-hs-maryland-dental-pilot-program-20190822-imqsqrels5gv3df6dqd2sr6tqe-story.html

Breast milk provides the best nutrition, immune protection and regulation of growth and development for the infant and the mother and decreases rates of infant and maternal morbidity and mortality.

- Reduces risk of infections; breastfed babies have stronger immune systems
- Reduces risk of Sudden Infant Death Syndrome (SIDS)
- Protects against allergies, asthma, diabetes, and obesity
- Breastfed babies have been shown to have higher intelligence
- Reduces risk of postpartum depression in breastfeeding moms
- Reduces risk of postpartum hypertension, cardiovascular disease, diabetes, obesity and other maternal morbidities.
- Reduces risk of breast, uterine and ovarian cancer in mom
- Helps suppress ovulation and can aid in healthy child spacing
- Breast feeding saves a household money: Formula costs between $800 and $3,000 a year, depending on the brand and specific needs of a baby. Plus, there are added costs of bottles, bottle, and formula accessories

Request: $114,500

Provide healthy starts services by launching a breastfeeding support program within Maternity Partnership.

Recipient:

DHHS Public Health Service

Positive effects of breastfeeding are well documented. To reap the health and economic benefits associated with breastfeeding, health programs must support breastfeeding promotion. Although mothers in Montgomery County receive breastfeeding support in the hospital or birthing center before they go home, mothers and infants are typically discharged just as breastfeeding dynamics rapidly change and the infant's nutritional needs increase. Holy Cross Hospital reports that 99% of the Maternity Partnership patients initiate breastfeeding before leaving the hospital, yet MPP data indicates that at approximately 2 weeks postpartum, only 26% are exclusively breastfeeding, 62% are breastfeeding, but supplementing with formula and the remaining 12% have stopped breastfeeding altogether and are only giving formula. There is a strong base of evidence showing that breastfeeding interventions using lactation consultants and counselors increase the number of women initiating breastfeeding and improves breastfeeding rates.

Home visits that promote breastfeeding dynamics in the postpartum period provide continued support to mothers and babies to establish and maintain breastfeeding.

- $19,800 for breastfeeding supplies such as breast pumps and other supplies
- $12,500 for safe-newborn supplies for families in need such as safe sleep blankets, and pack'n' play
- $82,200 for a lactation consultant RN

The scope of work for the lactation consultant will include:

- Home visits and/or telephone consultation with prenatal and postpartum women to provide one-on-one breastfeeding guidance
- Coordinate support groups, breast feeding classes and other educational/support opportunities for MPP patients
- Provide training and consultation to Area Health Center staff
- Provide training and consultation to other County and community programs serving high risk pregnant and postpartum women.
- Coordinate breastfeeding guidance and services with hospital prenatal clinic staff, hospital Mother-Baby staff, WIC staff, and other community programs working with pregnant and postpartum women.

Appendix A: Safety-Net Dental Capacity in Montgomery County

Local dental partners for low income and uninsured Montgomery County residents include.

- The County Dental Program operated by DHHS that serve children, adults and seniors
- Four of the ten nonprofit safety-net dental clinics participating in Montgomery Cares also provide dental services:
  - **Catholic Charities Dental Clinic:** receives DHHS funding through PCC's Montgomery Cares contract to serve MCares adults. It also is contracted under CFK to provide pediatric specialty dental care. Further, Catholic Charities has a dental clinic in the District of Columbia and can provide services to patients at that site (including some specialty), but because the location of the service site, rather than the eligibility of the patient, drives service reimbursement that presents a barrier to care that could reasonably be met.
  - **Muslim Community Center (MCC) Dental Clinic**: receives DHHS funding through PCC's Montgomery Cares contract to serve MCares adults. It does not provide pediatric dentistry.
  - **CCI Health and Wellness Dental Clinic** and **Mary's Center**: both are FQHC's that provide dental services but do not receive funding through PCC's Montgomery Cares contract.
- **American Diversity Group** is a new safety-net dental provider serving ~350 patients per year in Montgomery County. ADG does not operate a dental clinic but partners with private practice dentists to provide discounted services. ADG hosts dental fairs that provide dental screenings and treatments. And facilitates emergency access to care serving referrals from community organizations.
- Various private dental practices.

Appendix B: Dental Collaborative Facilitator Scope of Work

The consultant shall serve as a convener of multi-partner meetings (“dental design collaborative”), inclusive of at least the organizations listed above, for discussion of topics to include:

- Options to load balance/refer among safety-net providers in order to utilize available appointment slots and specialists not available at all providers, and decrease wait time to appointment for patients.
    - How will providers know what services are available across the safety-net provider network, when, and at what volume? (CHNA oral health survey may provide a baseline)
    - How can any resource availability database be maintained, regularly updated, and made accessible? (a living resource)
    - What is a viable referral processes across the network? Are referrals centrally managed (similar to Project Access), or decentralized? Is patient navigation needed?
    - What additional specialty services or provider capacity is needed to serve the volume and specific specialty needs of the low-income population? (considering impact of a potential Maryland adult Medicaid dental benefit)
- Is there value in creating a more formal safety- net dental provider network? If so, what form would this take?
- Is there interest/value in an ongoing safety-net dental learning collaborative (e.g. to share data, identify service gaps, improve referral processes, advocate)?

From above discussions/input, Consultant shall provide recommendations on:

- Designs for a dental network, resource database, referral process or other mechanisms that more efficiently utilize the available dental safety-net providers to reduce patient wait times. Design shall include cost estimates for operating the network, referral processes, etc.
- Additional dental providers or capacity to recruit or grow within the dental safety-net.
- An ongoing dental learning collaborative

Consultant must provide the dental design collaborative the option to review Consultant recommendations prior to finalizing. If a Consultant recommendation differs from those the dental design collaborative, Consultant shall include a notation describing the difference with the dental design collaborative.

Thank You!

For more information or follow up questions contact:
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Primary Care Coalition
hillery_tsumba@primarycarecoalition.org