

TENNESSEE DEPARTMENT OF HEALTH

**UPDATE ON THE HEALTHCARE
SAFETY NET**

Presented to

The General Assembly,

State of Tennessee

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Table of Contents

I.	.Executive Summary for the Update on the HealthCare Safety Net	1
II.	.INTRODUCTION	3
III.	.ACCESS TO CARE AND ARRAY OF SERVICES	3
A.	.Public Health Primary Care Safety Net Expansion	3
1.	<i>.Statewide Expansion of the Capacity of Local Health Departments</i>	3
2.	<i>.State Funded Expansion of the Capacity of Federally Qualified Health Centers or FQHC Look-A-Likes & Local Health Department (LDH) Federally Qualified Health Centers</i>	4
3.	<i>.Statewide Expansion of the Capacity of Selected Faith-Based, Community-Based Rural Health and Federally Funded Centers</i>	7
4.	<i>.Comparison of HealthCare Safety Net Uninsured Adult Medical Encounters for FY2008-2013</i> .	11
5.	<i>.Access To Statewide Dental Services</i>	12
i)	<i>.Rural Regions</i>	12
ii)	<i>.Metropolitan Regions</i>	12
B.	.Behavioral Health Safety Net	15
C.	.Special Populations	16
1.	<i>.Ryan White Part B Funds</i>	16
D.	.Insurance Options for Uninsured	17
1.	<i>.CoverTN</i>	17
2.	<i>.CoverKids</i>	17
3.	<i>.AccessTN</i>	18
E.	.Pharmacy Assistance	18
1.	<i>.CoverRX</i>	18
IV.	.SUMMARY	19

List of Visuals

Table 1: Non-FQHC Local Health Department Primary Care Clinics	4
Table 2: FQHC Growth and State Funding, FY2008-2013	5
Table 3: Community/Faith Based Growth and Funding, FY 2008-2013	9
Table 4: Uninsured Adult Primary Care Visits in Local Health Departments and Safety Net Provider Sites, FY2008-2013.....	11
Graph 1: Adult Primary Care Visits in Local Health Departments and Safety Net Provider Sites, FY2008-2013 (To complement Table 4)	11

List of Attachments

Attachment 1: Map of Primary Care Health Professional Shortage Areas (HPSAs) Listings for Primary Care, Dental and Mental Health HPSAs	21
Attachment 2: Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs).....	33
Attachment 3: Adult Dental Data, FY2011-2012 & FY2012-2013	40
Attachment 4: FQHC Grant Recipients Serving a 30 Mile Radius	43
Attachment 5: Local Health Department Primary Care Sites Serving a 30 Mile Radius	44
Attachment 6: Community and Faith Based Sites Serving a 30 Mile Radius	45
Attachment 7: HealthCare Safety Net Services	46

Executive Summary for the Update on the HealthCare Safety Net

The Update to the HealthCare Safety Net Report as prepared by the Tennessee Department of Health provides an assessment of the FY 2012-2013 HealthCare Safety Net Program consistent with the intent of TCA 681-123, which is to evaluate “the array of services, adequacy of services, and access to care”. This annual update is a comprehensive look of access to care through the collaborative efforts among state, public, private not-for-profit and private for profit sectors.

Safety Net Primary Care :

The HealthCare Safety Net Primary Care for Uninsured Adults 19-64 Years of Age, provided a total of six hundred forty eight thousand four hundred twenty two (648,422) medical encounters by all service providers, as compared to six hundred forty six thousand sixty two (646,062) reported in FY 11-12 (< 1% increase). A delineation of medical encounters by service provider follows with supporting details referenced in Table 4, page 11 of this report. Of the total six hundred forty eight four hundred twenty two (648,422) medical encounters, the Department of Health’s forty-one (41) non-FQHC Local Health Department (LHD) Clinics provided one hundred twenty nine two hundred four (129,204) medical encounters, compared to one hundred forty one, one hundred forty (140,140) reported in FY 11-12 (9% decrease); fifteen (15) FQHC designated LDH clinics, provided forty four thousand thirty (44,030) as compared to forty six thousand nine hundred forty (46,940) in FY 11-12 (<1% decrease); Federally Qualified Health Centers (excluding the 15 LDH clinics with an FQHC designation) provided two hundred eighty eight five hundred eight (288,508) as compared to two hundred fifty nine thousand three hundred ninety six (259,396) in FY 11-12 (9 % increase); Community & Faith-Based providers performed one hundred eighty six thousand six hundred eighty thousand (186,680) as compared to one hundred ninety nine five hundred eighty six (199,586) in FY 11-12 (6% decrease).

In FY 12-13 the continued funding of the case management component of the HealthCare Safety Net Primary Care Program enabled the continued assistance to the uninsured with obtaining necessary medical care and treatment that extends beyond the realm of primary cares services. Programs such as Project Access: Nashville Academy of Medicine, formally, Bridges to Care; Appalachian Mountain; Hamilton County Project Access and Knox County Project Access ; have provided assistance to thousands of uninsured Tennesseans with obtaining access to specialty care, diagnostic testing procedures, in addition to surgery and hospitalization at little to no cost.

Safety Net Emergency Dental:

The Safety Net Emergency Dental Program for Uninsured Adults 19-64 Years of Age, comprised of sixteen (16) Dental Providers, performed a total of twenty thousand five hundred sixty-nine (20,569) extractions in FY 12- 13, as compared to twenty two thousand four hundred sixty four (22,464) in FY 11-12 (< 1% decrease). Of these twenty thousand five hundred sixty-nine (20,569) extractions, twelve (12) Community Faith Based providers performed twelve thousand eight hundred forty eight (12,848) extractions and four (4) non-FQHC LDH sites equipped with dental clinics performed seven thousand seven hundred twenty one (7,721).

Behavioral Health Safety Net:

In an effort to help Tennesseans with serious mental illness that lack behavioral health insurance coverage, the BHSN of TN collaborates with community mental health agencies across the state to provide vital services, helping people with serious mental illness lead functional and productive lives. Services include assessment, evaluation, diagnostic, therapeutic intervention, case management, peer support services, psychosocial rehabilitation services, psychiatric medication management, labs related to medication management, and pharmacy assistance and coordination.

During FY13, the BHSN of TN partnered with seventeen (17) Community Mental Health Agencies that provided vital behavioral health services to approximately thirty five thousand sixty-nine (35,069) individuals across the state of Tennessee. The top three (3) services utilized were: Case Management; Pharmacological Management; and Individual Therapy.

Cover TN:

New enrollment in Cover TN has remained suspended since December 1, 2009; however, businesses already participating in the program were allowed to continue to enroll new employees. Since it is a limited benefit program, CoverTN will not meet the new insurance requirements that go into effect January 1, 2014. Members have been sent notices informing them that their coverage will end December 31, 2013, and information on the federal Health Insurance Marketplace. Individuals will have access to coverage through the Marketplace or through their employer in the federally-run SHOP exchange.

Cover Kids enrollment, which was also suspended on December 1, 2009, reopened on March 1, 2010 and continued to enroll eligible children. However, with the passage of the Affordable Care Act and access to the Health Insurance Marketplace, the small amount of members in the CoverKids buy-in program were notified that their coverage will end December 31, 2013 and sent information about enrolling for alternative coverage in the Marketplace.

AccessTN also continued to provide comprehensive coverage for members in FY 12-13 who were chronically ill and uninsurable due to their health status. However, with the passage of the Affordable Care Act the AccessTN Hamilton County Project Access program will not meet the new federal insurance regulations after the one-year extension previously granted by the federal government for calendar year 2014. Given that information and with the understanding that individuals will likely be able to access lower cost coverage in the Marketplace the AccessTN board of directors voted to limit eligibility to the program. Existing members with incomes below the federal poverty level AND who currently receive premium assistance will be able to maintain their coverage in 2014.

INTRODUCTION

This report is provided in response to Tennessee Code Annotated 68-1-123, which requires the Commissioner of Health, in consultation with the Department of Finance and Administration and any other state agencies involved in the administration of the HealthCare Safety Net Program to provide a report to the General Assembly regarding data relating to access to care and healthcare safety net adequacy related issues. The aforementioned report addresses the allocation of scarce healthcare safety net resources with attention to developing a rational health care system that does not duplicate services as well as access to care in rural and underserved areas across the state. *Please note that this report is due during a calendar year period; however, references to allocation of funding and service provision throughout the report are based on the State's fiscal year.*

II.

ACCESS TO CARE AND ARRAY OF SERVICES

A. Public Health Primary Care Safety Net Expansion

1. *Statewide Expansion of the Capacity of Local Health Departments*

On January 1, 2006, the Department of Health initiated a statewide expansion of primary care services to uninsured adult Tennesseans in the following ways: (1) increasing access for acute and episodic care and chronic disease management; and (2) offering the “best care possible” via preventive physical exams and essential health screenings. These strategies assist in individual preventive health maintenance, which in turn aids significant reduction in unnecessary hospitalizations. Prior to the safety net statewide expansion of primary care services on January 1, 2006, local health departments in seventeen (17) counties across the state provided primary care in a total of twenty (20) sites. At present, primary care services are provided in fifty-six (56) local health department (LHD) sites in fifty-one (51) of Tennessee's ninety-five (95) counties, including fifteen (15) Department of Health Federally Qualified Health Center (FQHC) clinic sites located in fifteen (15) counties of the state.

In fiscal year 2012-13, forty-one (41) local health department (LHD) sites provided, approximately one hundred twenty nine thousand two hundred four (129,204) uninsured adult medical encounters to adult Tennesseans nineteen (19) to sixty-four (64) years of age, a decrease of approximately nine (9) percent from the Department of Health's uninsured adult encounters in FY2011-2012.¹ The aforementioned encounter numbers do not include the fifteen (15) local

¹ ¹ In response to compliance with 2012 Tenn. Pub. Acts, ch. 1061 (the “Eligibility Verification for Entitlements Act”) as required by Tenn. Code Ann. § 4-57-106(b). The Tennessee Department of Health, including local health departments, boards and commissions, has implemented protocols and policies to verify that every adult applicant for “public benefits” is an United States citizen or a “qualified alien”, within the meaning of Chapter 1061.

health departments operated by the Department of Health that are designated FQHCs. The visit numbers of the forty-one (41) local health department sites are included in Table 1.

Table 1:

Non FQHC Local Health Department Primary Care Clinics	
Primary Care Age Groups	Uninsured Adult Encounters FY2012-2013
19-20 Years	2,597
21-24 Years	9,279
25-29 Years	11,131
30-34 Years	10,545
35-39 Years	10,566
40-44 Years	14,081
45-49 Years	18,700
50-54 Years	21,451
55-59 Years	17,370
60-64 Years	13,484
Grand Total	129,204

In conjunction with expanded primary care services, LHDs offer prescription medications, including generic drugs, priority drug groups, patient drug assistance programs and referral for specialty care when necessary. For example, some local health departments have partnered with local hospitals to offer discounted diagnostic services or a limited amount of diagnostics at no charge for uninsured adult health department patients. Also, some local hospitals have allowed the health department online access to emergency room records. Finally, in addition to expanded primary care services at many local health departments, all health departments continue to provide traditional public health services such as Family Planning, Communicable Disease Surveillance and Management, Breast and Cervical Cancer Screening, Immunizations, and Women, Infants, and Children (WIC) services.

2. State Funded Expansion of the Capacity of FQHCs, FQHC Look-A-Likes & LDH FQHCs

In fiscal year 2007, twenty-three (23) FQHCs with a total of eighty-four (84) sites received \$6 million in funding to expand existing capacity of primary care services in forty-one (41) of Tennessee’s ninety-five (95) counties. This provided funding for a total of two hundred seventeen thousand six hundred seventy-three (217,673) uninsured adult medical encounters (**not reflected in Table 2 due to table’s six year view window**). In fiscal year 2008, the FQHCs were allocated \$4.6 million of recurring funding and \$3 million of non-recurring funding for a total of \$7.6 million resulting in the provision of two hundred forty-one thousand seven hundred

thirty-seven (241,737) uninsured adult medical encounters. In fiscal year 2009, the FQHCs were allocated \$6.9 million, resulting in the provision of two hundred eighty thousand four hundred four (280,404) uninsured adult medical encounters. In fiscal year 2010, FQHCs were awarded \$6 million and provided two hundred ninety-six thousand nine hundred forty-two (296,942) uninsured adult medical encounters. The FQHCs were awarded \$6 million in fiscal year 2011 and provided two hundred ninety four thousand four hundred twenty seven (294,427) uninsured adult medical encounters. In 2012 & 2013, \$6 million per year was re-awarded with encounters for fiscal year 2012 reported at three hundred six thousand three hundred thirty six (306,336) and two hundred eighty eight thousand five hundred eight (288,508) encounters for fiscal year 2013.

Table 2: FQHC State Funding Picture FY 2008 – FY 2013

FQHC State Funding Picture FY2008-FY2013		
State Fiscal Year Period	Allocation	Number of Uninsured Adult Medical Encounters
FY2008	\$7,600,000	241,737
FY2009	\$6,900,000	280,404
FY2010	\$6,000,000	296,942
FY2011	\$6,000,000	294,427
FY2012	\$6,000,000	306,336
FY2013	\$6,000,000	288,508

Tennessee received one (1) federal grant in fiscal year 2010-2011 to open a new Homeless Health Care Center in Nashville operated by United Neighborhood Health Services. In addition, the Health Resources and Services Administration, U.S. Department of Health and Human Services (HRSA), awarded planning grants to three (3) community-based organizations to help develop viable proposals for new FQHC sites in Lebanon, Hohenwald, and Harrogate. In June 2012, HRSA awarded Section 330 Public Health Service Act grants to three (3) FQHCs in Sumner, Williamson and Rutherford Counties. In addition, two (2) Tennessee FQHC organizations received federal grant awards for the addition of new clinic sites in Knox and Lauderdale Counties.

In November 2013, HRSA awarded a Section 330 Public Health Service Act grant to one (1) organization in Maury County for a primary care service delivery site in Lewis County. In addition, one (1) FQHC organization in Knox County received a federal grant award for the addition of a primary care service delivery site in Anderson County. Currently, there are twenty-seven (27) FQHCs and one (1) FQHC Look-A-Like in Tennessee with nearly 190 service delivery sites. Delivery sites include primary care service delivery sites, school-based health

centers, dental service delivery sites, and other miscellaneous service delivery sites. Approximately ninety-two (92) of the one hundred thirty (130) FQHC primary care safety net sites are located in the Tennessee Department of Health's seven (7) rural regions. **Note: Attachment 7 lists only Safety Net primary care FQHC sites.**

These private, nonprofit, consumer-directed health care facilities provide high-quality, cost-effective and comprehensive primary and preventive care to medically underserved and uninsured Tennesseans. According to the Tennessee Primary Care Association (TPCA), on average approximately 40% of FQHC patients are uninsured; however, that number may be as high as 80% for some centers. Historically, FQHCs participated in Health Disparities Collaboratives, a national effort to improve health outcomes for all medically underserved people with chronic diseases, such as diabetes, cardiovascular disease, depression and asthma. This initiative has prepared FQHCs to begin transitioning to Patient Centered Medical Homes. Within the next year most all FQHCs will have an electronic health record and will continue working towards achieving meaningful use federal criteria. These centers are consistently providing the recommended standards of care for the aforementioned health conditions, which should result in improved health outcomes for participants. In addition, FQHCs are eligible and may participate in the federal 340B Drug Pricing Program, which provides significant savings on pharmaceuticals for their patients.

Many Tennessee FQHCs are using the advanced technology of telehealth to improve patient access to primary and specialty care. Telehealth uses electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.² Nationwide studies have found that telehealth can reduce the cost of health care, reduce travel times, and result in better management of chronic diseases.³ Telehealth units fall into three main categories; mobile carts, desk top or whole room immersion. Best results are achieved when the units use high definition monitors and web camera, enabling patients and providers the ability to see and speak directly to each other in real time. The use of peripheral devices including vital sign monitors, stethoscopes, dermoscopes, and otoscopes enhance the information transmitted to providers. Telehealth can link patients to specialists to whom they would otherwise not have access. Tennessee FQHCs have telehealth arrangements with many specialists including, pediatric and adult psychology, psychiatry, gastroenterology, dermatology, endocrinology, pediatric endocrinology, neurology, pediatric and adult otolaryngology, pediatric and adult infectious disease and trained medical interpreters. Additionally, some FQHCs are using telehealth to provide care to students in public schools. The use of telehealth in schools can

¹ U.S. Department of Health Resources Services Administration. <http://www.hrsa.gov/ruralhealth/about/telehealth/>

² American Telehealth Association. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3308>

³ American Telehealth Association. <http://www.americantelemed.org/i4a/pages/index.cfm?pageID=3308>

reduce student absenteeism, reduce the amount of work missed by parents to transport children to physicians' offices, and improve school nursing staffing requirements.⁴

Diabetes Telehealth Pilot

A diabetes self-management telehealth pilot project was conducted from March through June of 2013, as a collaborative initiative among the Tennessee Department of Health, the Tennessee Primary Care Association and local FQHCs. The goal was to increase access to supplemental primary care services for uninsured adult patients dually diagnosed with diabetes and depression. The intention was to provide nutritional and behavioral counseling to improve diabetes self-management outcomes for adult patients diagnosed with diabetes who received primary care through one of five (5) contracted Community Health Center safety net providers. The target patient population selected for a telehealth consult were patients diagnosed with diabetes and screened as positive for depression or those who were referred because of continuing self-management issues related to diet and weight issues. Barriers that impede access to nutritional counseling or a behavioral health intervention have been identified as contributors to poor health status and outcomes for people diagnosed with diabetes, especially for residents of rural areas. Patients referred for a telehealth consultation received a nutritional consult from a designated Tennessee Department of Health nutritionist and a behavioral health telehealth consult provided by an East Tennessee State University Staff, Clinical Psychologist. The outcome of this pilot was a successful demonstration of telehealth as an effective means of remote access to patient care from both the patient and telehealth consultant perspective. Patients experienced the convenience of scheduling appointments and receiving consultation services directly from their primary care medical home as opposed to a lengthy commute to an unfamiliar provider site. Alleviating distance as a access barrier to care increased the likelihood of returned patient visits for subsequent consults which is directly associated with enhanced patient self-management outcomes. Additionally, this pilot also proved telehealth services as a successful technology to support an interdisciplinary health care team approach for patient care.

3. Statewide Expansion of the Capacity of Selected Faith-Based, Community-Based Rural Health, and Federally Funded Centers

In September of 2005, the Department of Health received an appropriation of approximately \$6.3 million by the General Assembly. The Department of Health accepted, reviewed, and awarded grant applications for expansion of primary care services among faith-based, community-based, rural health, and other federally funded centers. The grant process funded an additional sixty-seven (67) healthcare safety net providers and created expanded capacity in forty-four (44) counties. From July 15, 2005 (date of actual TennCare disenrollment) through June 30, 2006,

⁴ American Telehealth Association.

this further expansion of the healthcare safety net resulted in basic primary care for an additional fifty-seven thousand six hundred seventy-one (57,671) uninsured adult Tennesseans (visit data was not required to be reported), which included a medical home for health conditions including hypertension, diabetes, hyperlipidemia, allergies, and asthma. In addition, laboratory services, pharmacy services and referral to specialty care was provided.

A second phase of the HealthCare Safety Net Grant Application process was initiated during fiscal year 2007. The Department of Health accepted, reviewed, and implemented forty-two (42) grant awards. The healthcare safety net grantees provided one hundred sixty-four thousand six hundred eight (164,608) uninsured adult medical encounters during the July 1, 2006 through June 30, 2007 period (***not reflected in Table 2 due to table's six year view window***). In fiscal year 2008, forty-four (44) grant awards were issued and the healthcare safety net grantees provided one hundred eighty-five thousand five hundred (185,500) total uninsured adult medical encounters from July 1, 2007 through June 30, 2008. In fiscal year 2009, grant awards were issued to forty-one (41) safety net providers and the grantees provided one hundred sixty-two thousand one hundred forty-one (162,141) total uninsured adult medical encounters from July 1, 2008 through June 30, 2009. In fiscal year 2010, forty-eight (48) grant awards were issued and the safety net grantees provided one hundred seventy-two thousand six hundred fifty-six (172,656) primary care medical encounters. In fiscal year 2011, fifty-eight (58) safety net grantees with clinics located in thirty-two (32) of Tennessee's ninety-five (95) counties performed one hundred eighty four six hundred seventy-eight (184,678) uninsured adult medical encounters. In fiscal year 2012, fifty-nine (59) grantees in thirty-two (32) counties provided one hundred ninety-nine, five hundred eighty six (199,586) uninsured adult medical encounters, an increase of approximately eight (8) percent from the prior fiscal year. Thirty-four (34) or approximately fifty-eight (58) percent of the clinics were located in counties located in the Tennessee Department of Health's seven (7) rural regions. In fiscal year 2013, seventy one (71) grantees in thirty-three (33) counties provided one hundred eighty six thousand , six hundred eighty (186,680) uninsured adult medical encounters, a decrease of approximately six (6) percent from the prior fiscal year. Thirty-four (34) or approximately forty six (46) percent of the clinics were located in counties located in the Tennessee Department of Health's seven (7) rural regions (*Note: Seventy one (71) grant awards were awarded to sixty five (65) providers. Some providers received both a primary care and dental grant.*)

Table 3: Community/Faith Based Growth and Funding, FY 2008-FY2013

Community/Faith Based Growth and Funding, FY2008-FY2013		
State Fiscal Year Period	Allocation	Number of Uninsured Adult Medical Encounters
FY2008	\$6,000,000	185,500
FY2009	\$6,000,000	162,141
FY2010	\$5,100,000	172,656
FY2011	\$5,100,000	184,678
FY2012	\$5,100,000	199,586
FY2013	\$5,100,000	186,680

Throughout each of these grant application processes, the Department of Health gave preference to applicants that proposed to provide primary care services to meet the needs of a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Health Professional Shortage Area (HPSA) where current Safety Net services are limited. HPSAs are federally designated counties, parts of counties (such as census tracts), or public facilities that have been recognized as meeting or exceeding the standards of need for certain services. Primary care HPSAs meet or exceed the following thresholds:

- For a geographic designation, the population to physician ratio is greater than 3,500:1.
- For a population designation, a segment of the population experiencing barriers to care and a population to physician ratio that is greater than 3,000:1.
- For a facility designation, a public or private nonprofit medical facility is providing primary medical care services to an area or population group designated as having a shortage of primary care professional(s), and the facility has insufficient capacity to meet the primary care needs of that area or population group. A community health center or homeless clinic is an example of such a designation.

A listing of HPSAs, MUAs, and MUPs for primary care, dental, and mental health services is included as Attachments 1 and 2. (*Note: A map of the primary care HPSAs is included with Attachment 1.*)

In addition to providing funding support for primary care services, the Department of Health has also continued to award grants for innovative approaches to expanding access to primary care through Project Access networks, which provides links for the uninsured to primary care medical homes, specialty care services, and diagnostics. Agencies that received funding in fiscal year 2013 to serve as referral services for linking uninsured adults to these services were: Nashville

Academy of Medicine, Appalachian Mountain Project Access, Hamilton County Project Access, and Knox County Project Access.

- The Project Access Nashville network (formerly Bridges to Care) network is comprised of nine (9) hospitals, seven (7) federally subsidized primary care clinics, ten (10) faith-based public and private hospital sponsored primary care clinics, four (4) dental clinics, four (4) mental health centers, three (3) alcohol and drug treatment centers.

Uninsured adults who are enrolled in Project Access Nashville and are at 200% or below of the poverty level have access by referral to approximately one thousand four (1,004) volunteer physician specialists through the Project Access Nashville – Specialty Care Program, operated by the Nashville Academy of Medicine. From July 1, 2012 through June 30, 2013, the Nashville Academy of Medicine coordinated services for two thousand four hundred thirty three (2,433) specialty care encounters with physicians and four hundred sixty four (464) hospital encounters. The reported value of coordinated care was four million one hundred sixty five thousand two hundred ninety three dollars (\$4,165,293).

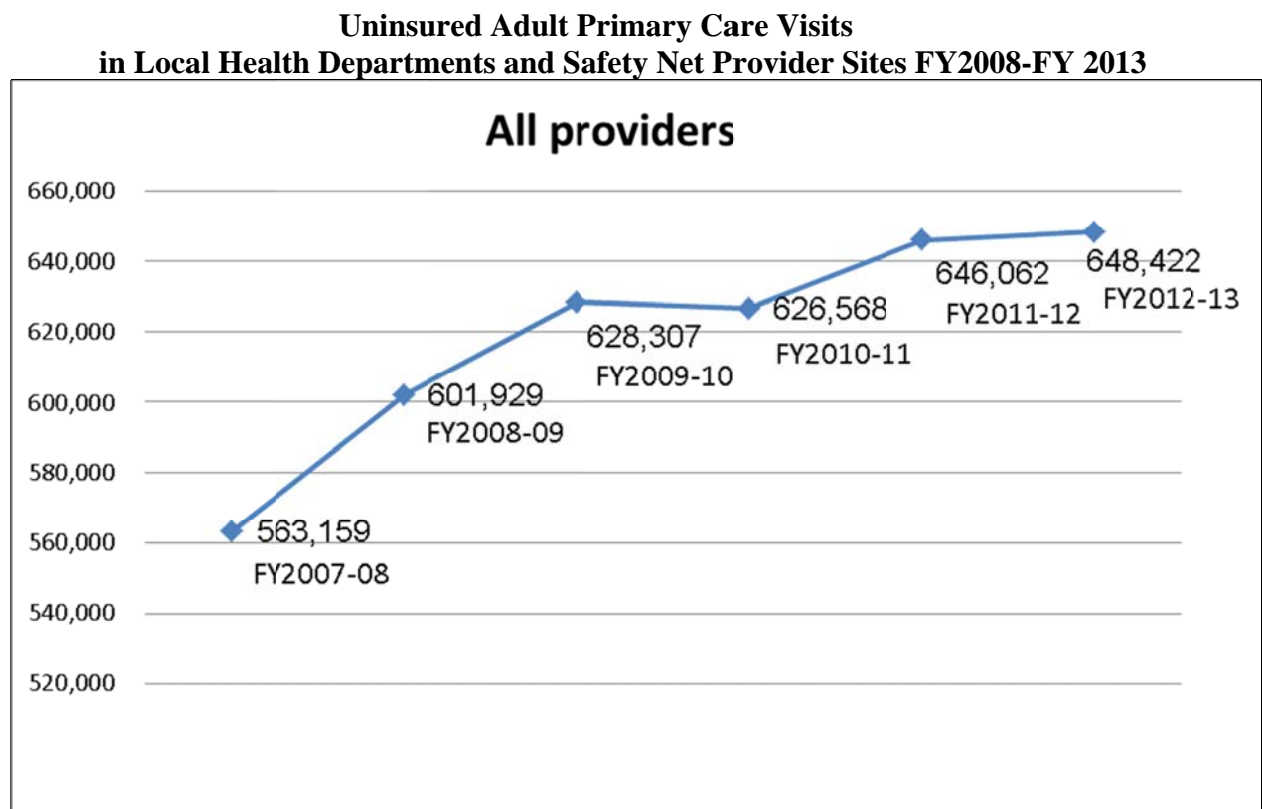
- Appalachian Mountain Project Access has a network of approximately five hundred sixty four (564) primary care physicians and physician extender volunteers, and provided six thousand four hundred sixty six (6,466) medical visits for uninsured adults during fiscal year 2013.
- The Hamilton County Project Access network is comprised of approximately seven hundred (700) physician and physician extender volunteers, and coordinated services for sixteen thousand (16,000) medical encounters in fiscal year 2013. Donated medical services have surpassed over \$112 million since the program began in April 2004.
- Knox County Project Access is comprised of one thousand one hundred-fifty seven (1,157) physicians and physician extender volunteer providers and coordinated services for twenty thousand five hundred forty (20,540) medical encounters in fiscal year 2013.

4. Comparison of HealthCare Safety Net Uninsured Adult Medical Encounters for FY2008- 2013

Table 4: HealthCare Safety Net Medical Encounters FY 2008 – FY 2013

	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013
Local Health Departments	135,922	159,384	158,709	147,463	140,140	129,204
Local Health Departments which are FQHCs	43,350	49,070	51,555	50,433	46,940	44,030
FQHCs (Non - LHD)	198,387	231,334	245,387	243,994	259,396	288,508
Community & Faith-Based	185,500	162,141	172,656	184,678	199,586	186,680
TOTAL:	563,159	601,929	628,307	626,568	646,062	648,422

Graph 1 (To complement Table 4): Primary Care Visits FY 2008 – FY 2013



5. *Access to Statewide Dental Services*

Safety Net legislation and funding were intended to enable provision of primary care to TennCare disenrollees and was not intended to exceed the level of previous benefits (e.g., TennCare does not cover adult dental services). There is no public mandate for the Department of Health to provide dental services. The Department strives to address oral health needs of vulnerable citizens and currently awards grants for the provision of emergency dental services to uninsured adults ages nineteen (19) to sixty-four (64).

Tennessee Department of Health (TDH) Dental Resources:

Different levels of supplemental funding from county governments, community partnerships, and other public and private agencies and organizations contribute to variations in availability of adult dental services across the state, e.g. some clinics are staffed five (5) days/week while others are staffed only one (1) to two (2) days per week.

i) Rural Regions

- In forty nine (49) rural counties and one regional office, there are fifty-one (51) dental clinics located within the local public health departments of which the TDH has oversight. As of October 2013, there were forty-two (42) of the fifty-one (51) dental clinics staffed and open one (1) to five (5) days per week. The days and times that clinics are open is dependent upon location. All staffed clinics provided emergency dental care for adults in fiscal year 2013.
- The West Tennessee Regional Office Dental Clinic opened in March 2011 and provides comprehensive care to adults and children. Fourth year dental students from the University of Tennessee Health Sciences Center in Memphis rotate through the facility providing care to the underserved.
- In September 2013, the Montgomery & Maury County Health Department Dental Clinics expanded their scope of services to include comprehensive care to a targeted diabetic adult population as well as comprehensive care to children and emergency care to adults. Fourth year dental students and dental residents from the Meharry Medical College School of Dentistry rotate through those facilities providing dental care to the underserved.

ii) Metropolitan Regions

- Hamilton and Knox provide emergency dental care to uninsured adults ages nineteen (19) to sixty-four (64) at their health departments.
- The Metro Public Health Department in Davidson County provides adult emergency dental services at the Lentz Public Health Center. The Metro Public Health Department also coordinates services with the Matthew Walker Comprehensive Care Clinic to access additional adult emergency dental care.

- The Shelby County Health Department provides comprehensive dental services to patients less than twenty-one (21) years of age and adult emergency dental services. Referrals are made. Adults seeking non-emergency dental services are referred to full service dental clinics in the community.⁵
- The Jackson-Madison County Health Department does not currently provide dental services.
- The Sullivan County Health Department Dental Clinic ceased operations in September 2011 and no longer provides dental services to patients.

In fiscal year 2008, the Tennessee Department of Health initiated a dental safety net program for emergency dental services for uninsured adults ages nineteen (19) to sixty-four (64). Grants were awarded to seven (7) dental providers; emergency dental services (extractions) were provided to approximately three thousand two hundred eighty-five (3,285) uninsured adults. In fiscal year 2009, we were able to award seven (7) contracts to these same dental providers and six thousand three hundred eighty-one (6,381) extractions were performed for uninsured adults. In fiscal year 2010, fifteen (15) dental providers received uninsured adult safety net grants resulting in eighteen thousand sixteen (18,016) extractions. In fiscal year 2011, sixteen (16) dental providers received grant awards and performed eighteen thousand seven hundred seventy-eight (18,778) extractions. In fiscal year 2012, fifteen (15) grantees received emergency dental grant awards resulting in twenty two thousand four hundred sixty-four (22,464) extractions. In fiscal year 2013, sixteen (16) grantees received emergency dental grant awards resulting in twenty thousand five hundred sixty nine (20,569) extractions.

Dental Prophylaxis Pilot

The Tennessee Department of Health facilitated a pilot project to determine the level of responsiveness of patients who were given the option of returning for a prophylactic dental cleaning, post extraction. Regular cleanings decrease the risk of caries and gingivitis which, if left untreated, can lead to the loss of permanent teeth. The pilot was conducted as a collaborative initiative among the Tennessee Department of Health, the Tennessee Primary Care Association and four (4) local FQHC safety-net dental provider sites, from April through August, 2013. Patient population demographics and oral health indicators to assess the overall status of oral hygiene for patient participants, appears in Table 5. This information provides an insight into the likelihood of permanent tooth loss if early intervention to mitigate the risk of dental disease is not received.

A total of approximately 689 participating patients were offered a dental cleaning. The rate of participation in the pilot was 34.3% for men, and 65.7% for women.

⁵ This information is believed to be representative of the current status based on information provided by Shelby County.

The age group with the highest participation among males was 40-49 at 34%, followed by ages 30-39 at a rate of 25%. The age group with the least participation was 60-64 at 5.7%. The age group among women with the highest participation was 30-39 year olds at 29.0%, followed by the 40-49 age group at 23.6%. The age group with the least participation among women was 60-64 year olds at 6.5%.

TABLE 5: Dental Prophylaxis Pilot FY 2012- 2013

Indicators	Males-%	Females-%
< 3 permanent missing teeth	27.6	24.8
3-10 permanent missing teeth	52.9	57.8
> 10 permanent missing teeth	16.2	14.1
History of regular brushing and flossing	39.5	53.3
Incipient caries	26.7	33.3
Moderate caries	38.1	33.7
Severe caries	11.4	10.9
General gingivitis	30.5	41.4
Moderate general gingivitis	42.9	31.5
Severe general gingivitis	11.4	6.5
Localized gingivitis	19.0	28.3
Localized moderate gingivitis	20.5	18.9
Localized severe gingivitis	11.0	7.7

Women had higher rates of brushing and flossing than men. A number of participants had regular brushing, but no flossing; they were captured in the data as **not** having a history of regular brushing and flossing. Women had higher rates than men in 3-10 permanent missing teeth, incipient caries and general gingivitis. Approximately 96.7% of patients had some missing teeth.

Of the total of six hundred and eighty nine (689) patients who were offered a dental cleaning after an extraction, 39.5% actually returned and received a cleaning by the end of the four (4) month pilot period. The length of the pilot may have influenced the return rate, as patients are medically advised of a specific wait period between extraction and cleaning which may have impacted return rates for patients who received extractions near the end of the pilot. Dental providers reported that patients responded well to the option of receiving a cleaning, as preventive care is reinforced during the patient visit. Further feedback from dental providers supported the need to extend safety-net services beyond pain relief and extractions and incorporate preventive care to reduce future trends of periodontal disease that leads to tooth loss.

B. Behavioral Health Safety Net of Tennessee

1. Program Background and Overview

In response to Tennessee Public Chapter No. 474 and Section 59 of the Tennessee Appropriations Act of 2005, the former Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD), currently referred to as the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS), created the Mental Health Safety Net (MHSN) to provide essential mental health services to the twenty one thousand (21,000) individuals identified as severely and /or persistently mentally ill (SPMI/SMI) of the one hundred ninety-one thousand (191,000) individuals who were dis-enrolled from the TennCare Program due to TennCare Reform. In July 2005, \$11.5 million was appropriated to fund the MHSN, also referred to as Clinical Therapeutics and Recovery (CTR). The MHSN covered vital core mental health services for individuals identified as SPMI, helping them lead more functional and productive lives in their communities. The MHSN would not have been possible without the successful partnership between the TDMHSAS and the twenty (20) mental health agencies that agreed to be providers of services through the MHSN.

Individuals who were registered into the MHSN were eligible to receive mental health services such as assessment, evaluation, diagnostic and therapeutic sessions; case management, psychiatric medication management, lab services related to medication management; and pharmacy assistance and coordination. In addition to these services, funds were allocated to the Tennessee Department of Finance and Administration to provide prescription assistance through CoverRx (a state prescription assistance program). CoverRx provided discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with a \$5 co-pay. On March 1, 2010, due to fiscal mandates, CoverRx removed the brand name atypical antipsychotic drugs from the formulary but still provides access to some generic versions, if available. Currently, CoverRx offers over two hundred fifty (250) generic and brand name drugs with a \$3, \$5, or \$8 co-pay. Each provider also has a Pharmacy Assistance Coordinator(s) who assists service recipients in applying for CoverRx and accessing brand drugs through Pharmaceutical Manufacturer's Patient Assistance Programs.

On January 1, 2009, the TDMHSAS assumed full responsibility for the State Only program, the out-patient portion of the TennCare Partners initiative, which at the time was covering the provision of services to approximately twelve thousand (12,000) very low income Tennesseans diagnosed with SPMI. TDMHSAS staff examined various alternatives for provision of core mental health services and determined that the services offered through the MHSN would be the most appropriate for this population. Therefore, the MHSN and State Only programs were merged into a single program. This combined program was named the Behavioral Health Safety Net of Tennessee (BHSN of TN) and served the State Only out-patient population, as well as the original MHSN population. At this time, the BHSN of TN became eligibility based, and opened

enrollment to all Tennesseans who met the eligibility criteria. To facilitate the implementation of the BHSN of TN with its expanded enrollment base, an additional \$10 million was appropriated. There is no federal financial participation for BHSN of TN service recipients. The ability of TDMHSAS to cover services is dependent on annual appropriations by the legislature.

Beginning July 1, 2009, the TDMHSAS agreed to offer three (3) BHSN of TN services to Daniels Class Dis-enrollees with Medicare and original MHSN individuals with Medicare who meet all other eligibility criteria except the age limit. The three (3) services offered were: Case Management; Medication Training and Support; and Clinically Related Group (CRG) Assessment, which were not covered by Medicare. These exception populations do NOT have access to CoverRx. Effective February 1, 2011, the CRG assessment was no longer being covered due to discontinuation as a tool used to determine eligibility. As a result of this change, only two (2) services were being offered: Case Management; and Medication Training and Support.

As of September 1, 2013, individuals who have Medicare Part B, and meet all other eligibility requirements for the BHSN of TN may be enrolled. They are eligible only for the four (4) approved services: Case Management, Medication Training and Support, Peer Support and Psychosocial Rehabilitation Services.

During FY13, the BHSN of TN partnered with seventeen (17) Community Mental Health Agencies that provided vital behavioral health services to approximately thirty five thousand sixty nine (35,069) individuals across the state of Tennessee. The top three (3) services utilized were: Case Management; Pharmacological Management; and Individual Therapy.

C. Special Populations

1. Ryan White Part B Funds

Beginning in 2006, the General Assembly appropriated \$1.2 million of recurring state funding and \$3 million of one-time state funding to assist the Department of Health with providing HIV treatment for former TennCare clients. In fiscal year 2007, the General Assembly appropriated the same funds plus an additional \$3 million of healthcare safety net funding for the Ryan White Program to continue providing care. Funding for fiscal years 2008 through 2013 was continued at the same levels. These additional funds have enabled the Department to provide health services to more than one thousand one hundred (1,100) HIV positive clients who were disenrolled from TennCare, and a growing population of uninsured low income clients (three thousand six hundred sixty two [3,662] HIV Drug Assistance Program and one thousand eight hundred sixty three [1,863] Insurance Assistance Program clients). These funds, along with \$9.6 million in drug company rebates in 2012, have allowed the Department to continue serving all individuals in the growing state program with critical HIV medications and outpatient medical services.

D. Insurance Options for Uninsured

1. CoverTN

Since launching in April 2007, CoverTN has provided limited benefit health insurance where the cost of the premium is split among the employee, the employer and the state. This program receives no federal funding. The plan has an annual benefit limit of \$25,000. The health coverage is administered by BlueCross BlueShield of Tennessee and offers two plan options for members.

Members experienced no premium increase in 2013, which marked five full years without a rate increase. The average member paid \$61.39 per month for their one-third share, which was matched by the state and the employer.

New enrollment in the program has been closed since December 2009; however businesses already participating in the program were allowed to continue to enroll new employees. Since it is a limited benefit program, CoverTN will not meet the new insurance requirements that go into effect January 1, 2014. Members have been sent notices informing them that their coverage will end December 31, 2013, and information on the federal Health Insurance Marketplace. Individuals will have access to coverage through the Marketplace or through their employer in the federally-run SHOP exchange.

CoverTN had sixteen thousand seven (16,007) members as of June 30, 2013.

2. CoverKids

Qualifying families in Tennessee have been able to receive comprehensive health insurance since 2007 through CoverKids which serves children in families who do not qualify for TennCare but cannot afford private health coverage.

Administered by BlueCross BlueShield of Tennessee, the program covers children whose families earn within 250 percent of the federal poverty level (FPL), which was \$58,875 per year for a family of four in 2013, as well as providing unborn/maternity coverage through HealthyTNBabies. Families earning more than 250 percent FPL continued to have the option of buying into the plan for a per-child-per-month premium.

However, with the passage of the Affordable Care Act and access to the Health Insurance Marketplace, the small amount of members in the CoverKids buy-in program were notified that their coverage will end December 31, 2013, and sent information about enrolling for alternative coverage in the Marketplace.

CoverKids had sixty-three thousand one hundred twenty-nine (63,129) members enrolled as of June 30, 2013.

3. *AccessTN*

Access TN is the state's high risk pool which offers coverage to individuals who are uninsurable due to pre-existing conditions. Members pay monthly premiums for this comprehensive coverage. At one time, premium assistance was available to help off-set the cost of coverage, however premium assistance for new members ended in December 2010.

Total monthly premiums in 2013 for the program ranged from \$284 to \$1,225, depending on the plan option selected, and the member's age, weight and tobacco use. There are no income limits and no asset tests. Current members who utilized premium assistance continue to do so and have an annual certification of current income.

With the passage of the Affordable Care Act the AccessTN program will not meet the new federal insurance regulations after the one-year extension previously granted by the federal government for calendar year 2014. Given that information and with the understanding that individuals will likely be able to access lower cost coverage in the Marketplace the AccessTN board of directors voted to limit eligibility to the program. Existing members with incomes below the federal poverty level AND who currently receive premium assistance will be able to maintain their coverage in 2014.

Individuals above the federal poverty level and/or not receiving premium assistance will be able to maintain their current coverage through April 30, 2014. This extension will allow these individuals to find alternative coverage through the Marketplace which has an open enrollment period through March 31, 2014.

In 2010, the newly created and federally funded Pre-existing Condition Insurance Plan (PCIP) became available to Tennesseans. As of June 30, 2013, one thousand eight hundred thirty-six (1,836) Tennesseans were enrolled in this plan. The federal government closed new enrollment into PCIP on February 16, 2013. Like AccessTN, PCIP members are responsible for paying monthly premiums that may vary from \$133 to \$426 per month, depending on the individual's age.

AccessTN had two thousand seven hundred seventeen (2,717) members as of June 30, 2013.

E. Pharmacy Assistance

1. CoverRx

CoverRx is the state's pharmacy assistance program for Tennesseans who do not have prescription drug coverage. With a formulary of more than 250 generic medications, as well as brand name insulin and diabetic supplies, CoverRx provides affordable medications to those who may otherwise be unable to fill prescriptions.

Qualifying CoverRx members pay no monthly premiums and only low, income-based co-pays for 30 and 90-day supplies of medications. Co-pays are based on household income and each member has a five (5) prescription-per-month limit.

CoverRx has always included members of the Mental Health Safety Net population, who may receive a limited supply of specific brand name mental health medications in addition to the formulary.

CoverRx will close to members above the federal poverty level after December 31, 2013 due to new opportunities through the federal Health Insurance Marketplace. Members have been sent notices informing them their coverage will be ending December 31, 2013 and to provide them information about enrolling in the federal Marketplace.

CoverRx had fifty-seven thousand two hundred seventy four (57,274) members as of June 30, 2013.

III

SUMMARY

The Tennessee Department of Health has assessed the state of the healthcare safety net in Tennessee and evaluated “the array of services, adequacy of services, and access to care.” The assessment shows a comprehensive approach for healthcare safety net services both long and short term through a strong collaborative effort among state, public/private, not-for-profit and for-profit sectors. Notwithstanding variations in funding, steady increases in numbers of uninsured patient encounters have been recorded since 2006.

In FY 13, the BHSN of TN provided vital behavioral health services to approximately thirty five thousand sixty nine (35,069) individuals across the state of Tennessee. The top three (3) services utilized were: Case Management; Pharmacological Management; and Individual Therapy. In FY 14, the BHSN of TN will continue to provide vital behavioral health services through a network of fifteen (15) community mental health agencies covering all ninety five (95) counties of Tennessee.

Although CoverTN, Cover Kids, and AccessTN provided health coverage on a limited basis in FY 13, going forward, CoverTN and CoverKids shall be impacted by the Affordable Care Act, and individuals will be referred to access coverage through the Marketplace .

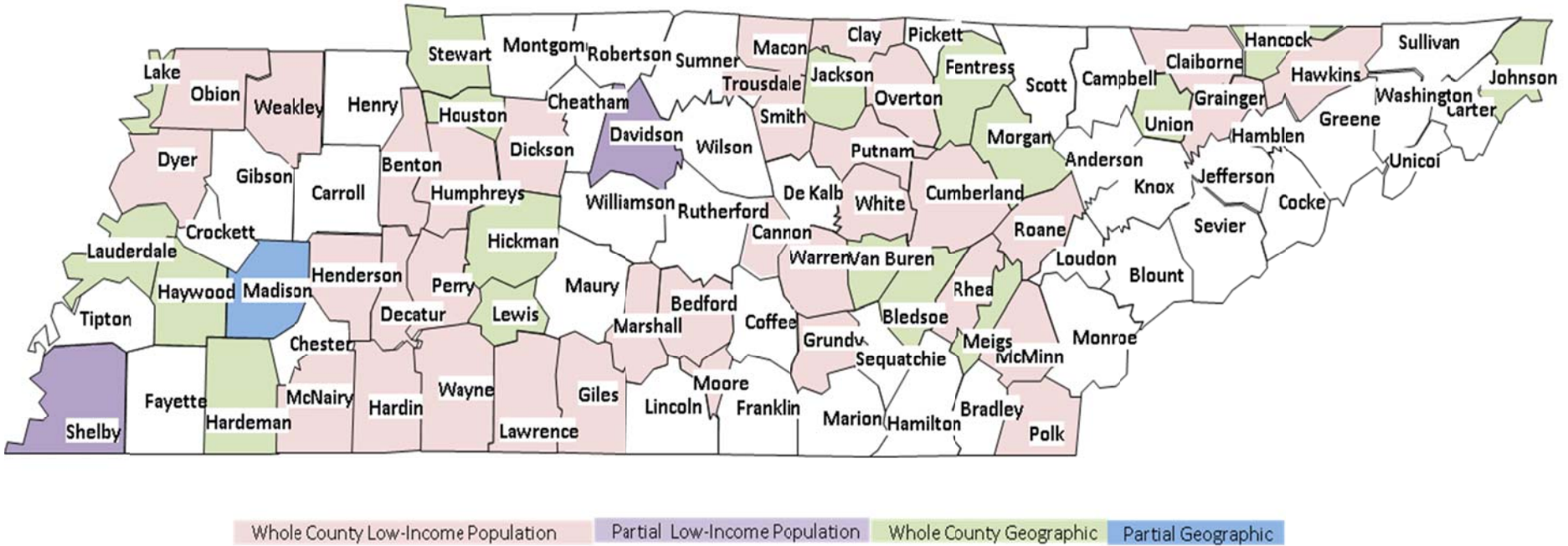
AccessTN existing members with incomes below the federal poverty level AND who currently receive premium assistance will be able to maintain their coverage in 2014. Individuals above the federal poverty level and/or not receiving premium assistance will be able to maintain their current coverage through April 30, 2014. This extension will allow these individuals to find

alternative coverage through the Marketplace which has an open enrollment period through March 31, 2014.

Case management as a component of the healthcare safety net both formally and informally has significantly helped in assisting the uninsured obtain necessary services. County health departments and FQHCs perform the role of identifying those uninsured who might benefit and be eligible to enroll in public insurance programs being sponsored by TennCare, the state (via BlueCross) and the federal government. Other examples includes Project Access programs Nashville Academy of Medicine-formally Bridges to Care; Appalachian Mountain Project Access; Hamilton County Project Access and Knox County Project Access, have provided thousands of uninsured Tennesseans assistance with obtaining services such as specialty care, diagnostic services, hospitalizations, and in some instances even surgical procedures at little to no cost to the individual. These models are a means to expand the patient service area in contiguous and outlying counties.

Attachment one (1) is the most current overview available by county of the Federal Health Professional Shortage Areas (HPSA) for Primary Care, Dental Health, and Mental Health. In addition, Attachment two (2) displays the Medically Underserved Areas (MUAs) by county and census tracts. Attachment three (3) is a table showing Unduplicated Department of Health Dental Patients and Visits by Region and County. Attachments four (4), five (5), and six (6). are buffer maps showing accessibility of primary care services within a thirty (30) mile radius at local health departments, federally qualified health centers, and safety net primary care sites. Attachment seven (7) is a table of healthcare safety net service provision delineated by region and county including FQHC sites, health departments offering primary care services, faith-based or community-based grantees, mental health service providers, adult dental services through the health departments, adult dental emergency safety net sites, and adult dental services available at FQHCs.

Federal Health Professional Shortage Areas Primary Care, December, 2013



**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR PRIMARY CARE, DECEMBER 2013**

County	Area Name/Parts	Type of Designation
Anderson	None	No HPSAs in this county
Bedford	Low – Income Population	Population
	Wartrace Family Practice	Facility
	Bedford Urgent Care	Facility
	Lynette M. Adams, M.D.	Facility
Benton	Low – Income Population	Population
Bledsoe	All	Geographic
	Ocoee Regional Health Center - Bledsoe County Primary Care Center	Facility
Blount	Cherokee Health Systems - Alcoa Good Samaritan Community Health Center	Facility
Bradley	Ocoee Regional Health Center - Cleveland Family Health Care Center	Facility
Campbell	Dayspring Family Health Center, Inc. - Indian Mountain Clinic	Facility
	REACHS LaFollette Community Health Center	Facility
Cannon	Low – Income Population	Population
	Upper Cumberland Primary Care Project - Cannon County Health Department	Facility
Carroll	None	No HPSAs in this county
Carter	None	No HPSAs in this county
Cheatham	Family Health Center – Ashland City	Facility
Chester	Rickard Clinic	Facility
	Hardeman County Community Health Center - Henderson Health Center	Facility
Claiborne	Low – Income Population	Population
	Cherokee Health Systems - New Tazewell Center	Facility
	Dayspring Family Health Center, Inc. - Clear Fork Clinic	Facility
Clay	Low – Income Population	Population
	Upper Cumberland Primary Care Project - Clay County Health Department	Facility
Cocke	Rural Medical Services - Cosby Center - Grassy Fork Center - Newport Center - Parrottsville Center & Migrant Program	Facility
	Cherokee Health Systems - Cocke County Center, Newport	Facility
Coffee	None	No HPSAs in this county
Crockett	None	No HPSAs in this county
Cumberland	Low – Income Population	Population
	Upper Cumberland Primary Care Project - Cumberland County Health Department	Facility
Davidson	United Neighborhood Health Services, Inc. - Cayce Family Health Center - Waverly Belmont Family Health Center - Madison Family Clinic - Main Street Family Clinic - Northeast Family Clinic - Wallace Road Family Clinic - Dalewood School Clinic - Healthcare for the Homeless - Downtown Clinic at the Nashville Rescue Mission	Facility
	Bordeaux/Inglewood census tracts available upon request	Population
	South Nashville/Vine Hill census tracts available upon request	Population

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR PRIMARY CARE, DECEMBER 2013**

Attachment 1

County	Area Name/Parts	Type of Designation
Davidson (continued)	Matthew Walker Comprehensive Health Center, Inc.	Facility
	University Community Health Services - Parthenon Towers Clinic - Vine Hill Community Clinic	Facility
	Prohealth Medical Center at Southern Hills	Facility
Decatur	Low Income Population	Population
	Jennings Family Medical Clinic	Facility
DeKalb	Upper Cumberland Primary Care Project - DeKalb County Health Department	Facility
Dickson	Low – Income Population	Population
Dyer	Low – Income Population	Population
	Dyersburg Family Walk-In Clinic – Taylorsburg	Facility
	Dyersburg Family Walk-In Clinic – Dyersburg	Facility
Fayette	None	No HPSAs in this county
Fentress	All	Geographic
	Upper Cumberland Primary Care Project - Fentress County Health Department	Facility
Franklin	None	No HPSAs in this county
Gibson	None	No HPSAs in this county
Giles	Low – Income Population	Population
	Low-Income Population	Population
Grainger	Cherokee Health Systems - Bean Station Medical Center - Blaine Health Center - Washburn Medical Center	Facility
Greene	Rural Health Service Consortium - Baileyton Medical Center	Facility
Grundy	Low – Income Population	Population
	Ocoee Regional Health Corporation - Grundy County Primary Care Center	Facility
Hamblen	Cherokee Health Systems - Morristown Center - Talbott	Facility
Hamilton	County Health Department – CHC	Facility
	Erlanger Health System – CHC	Facility
	Southside Community Health Center - Southside Community Health Center - Dodson Ave. Community Health Center	Facility
	Hamilton County Health – Homeless Health Care	Facility
Hancock	All	Geographic
	Rural Health Services Consortium, Inc. - Hancock Medical Center - Sneedville Medical Center	Facility
Hardeman	All	Geographic
	Hardeman County Community Health Center - Bolivar Health Center	Facility
	New Hope Family Health Center, Inc	Facility
Hardin	Low-Income Population	Population
	Hardin County Regional Health Center	Facility
Hawkins	Low-Income Population	Population
	Rural Health Services Consortium - Bulls Gap Medical Center - Hawkins Medical Center - West Main Medical Center	Facility

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR PRIMARY CARE, DECEMBER 2013**

County	Area Name/Parts	Type of Designation
Henderson	Low – Income Population	Population
Haywood	All	Geographic
	Hardeman County Community Health Center - Stanton Health Center	Facility
Henry	None	No HPSAs in this county
Hickman	All	Geographic
	Three Rivers Community Health Group – Hickman	Facility
Houston	All	Geographic
Humphreys	Low – Income Population	Population
Jackson	All	Geographic
	Upper Cumberland Primary Care Project - Jackson County Health Department	Facility
Jefferson	Cherokee Health Systems - Jefferson City	Facility
	Rural Medical Services - Chestnut Hill Center	Facility
Johnson	All	Geographic
	Rural Health Services Consortium, Inc. - Mountain City Medical Center	Facility
Knox	Cherokee Health Systems - Center City Clinic, Knoxville - Knox County Health Department - North Broadway Homeless Clinic - North Knoxville - West Knoxville	Facility
Lake	All	Geographic
	Citizens of Lake County for Health Care, Inc. - Lake County Primary Health Care Center - William B. Acree Clinic	Facility
Lauderdale	All	Geographic
	Christian Family Medicine	Facility
	Rural Health Clinics of West Tennessee – East Main	Facility
	Rural Health Clinics of West Tennessee – Anthony Site	Facility
Lawrence	Low – Income Population	Population
Lewis	All	Geographic
Lincoln	None	No HPSAs in this county
Loudon	Cherokee Health Systems - Loudon County	Facility
Macon	Low –Income Population	Population
	Upper Cumberland Primary Care Project - Macon County Health Department	Facility
Madison	East Jackson census tracts available upon request	Geographic
Marion	None	No HPSAs in this county
Marshall	All	Geographic
Maury	Prohealth Medical Center - Prohealth Columbia Community Care Clinic	Facility
McMinn	Low – Income Population	Population
McNairy	Low – Income Population	Population
Meigs	All	Geographic
	Ocoee Regional Health Center - Meigs County Primary Care Center	Facility
Monroe	CHOTA Community Health Services - Tellico - Vonore - Tellico Plains Elementary - Tellico Plains High	Facility
Montgomery	Matthew Walker Comprehensive Health Center	Facility
Moore	Low – Income Population	Population

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR PRIMARY CARE, DECEMBER 2013**

County	Area Name/Parts	Type of Designation
Morgan	All	Geographic
	Morgan County Health Council, Inc. - Morgan County Medical Center - Deer Lodge Medical Center	Facility
Obion	Low – Income Population (Obion/Weakley)	Population
Overton	Low – Income Population	Population
	Upper Cumberland Primary Care - Overton County Health Department	Facility
Perry	Low – Income Population	Population
	Three Rivers Community Health Group – Perry	Facility
Pickett	Upper Cumberland Primary Care - Pickett County Health Department	Facility
Polk	Low – Income Population	Population
	Ocoee Regional Health Center - Benton Family Health Center	Facility
Putnam	Low – Income Population (Putnam/White)	Population
	Upper Cumberland Regional TN Department of Health Baxter Medical Clinic	Facility
Rhea	Low – Income Population	Population
	Ocoee Regional Health Center - Rhea County Primary Care Center	Facility
Roane	Low – Income Population	Population
	Mountain City Medical Center	Facility
Robertson	None	No HPSAs in this county
Rutherford	Rutherford County Primary Care	Facility
Scott	Mountain People’s Health Councils - Area Health Center (Norma) - Highland Health Center - Huntsville Primary Care Center - Oneida Clinic - Winfield Medical Center	Facility
Sequatchie	None	No HPSAs in this county
Sevier	Cherokee Health Systems - Sevier County	Facility
Shelby	Northwest Memphis census tracts available upon request	Population
	Southwest Memphis census tracts available upon request	Population
	Federal Correctional Institution, Memphis	Facility
	Christ Community Medical Clinic - Third Street Clinic - Broad Ave Health Center - Christ Community Health Services Mobile Van - Frayser Health Center - Hickory Hill Health Center - Orange Mound Health Center	Facility
	Memphis Health Center, Inc. - Memphis Health Center - Towne Center Family Services	Facility
Smith	Low – Income Population	Population
Stewart	All	Geographic
	Stewart County Health Department	Facility
Sullivan	Rural Health Services Consortium, Inc. - Bluff City Medical Center - Kingsport Medical Center	Facility
Sumner	None	No HPSAs in this county
Tipton	Family First Medical Center	Facility
	Low-Income Population	Population
Trousdale	United Neighborhood Health Services - Hartsville Family Clinic	Facility
Unicoi	Rural Health Service Consortium - Dry Creek Medical Center	Facility

*Counties highlighted in gray have no HPSAs

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR PRIMARY CARE, DECEMBER 2013**

Attachment 1

County	Area Name/Parts	Type of Designation
Union	All	Geographic
	Cherokee Health Systems - Union County Health Department, Maynardville	Facility
Van Buren	All	Geographic
	Upper Cumberland Primary Care Project - Van Buren County Health Department	Facility
Warren	Low – Income Population	Population
	Pioneer Pediatrics	Facility
	Upper Cumberland Primary Care Project - Warren County Health Department	Facility
Washington	East Tennessee State University College of Nursing - Asbury Research Family Resource Center - Johnson City Downtown Clinic - Johnson City Downtown Clinic Day Center	Facility
	Rural Health Services Consortium, Inc. - Limestone Medical Center	Facility
Wayne	Low – Income Population	Population
	Lifespan - Natchez Trace Family Health & Birth Center - Lifespan Clinton	Facility
Weakley	Low – Income Population (Obion / Weakley)	Population
White	Low – Income Population (Putnam/White)	Population
Williamson	Prohealth Rural Health Services, Inc. (Franklin)	Facility
Wilson	None	No HPSAs in this county

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR DENTAL CARE, DECEMBER 2013**

Attachment 1

County	Area Name/Parts	Type of Designation
Anderson	Low – Income Population	Population
Bedford	Low – Income Population	Population
	Lynette M. Adams, M.D.	Facility
Benton	Low – Income Population	Population
Bledsoe	Low – Income Population	Population
Blount	None	No HPSAs in this county
Bradley	Low – Income Population	Population
Campbell	All	Geographic
	Community Health of East TN CHC	Facility
	REACHS Community Health Center	Facility
	Dayspring Family Health	Facility
Cannon	Low – Income Population	Population
Carroll	Low – Income Population	Population
Carter	Low – Income Population	Population
Cheatham	None	No HPSAs in this county
Chester	Low – Income Population	Population
Claiborne	Low – Income Population	Population
Clay	Low – Income Population	Population
Cocke	All	Geographic
	Rural Medical Services, Inc.	Facility
Coffee	Low – Income Population	Population
Crockett	Low – Income Population	Population
Cumberland	Low – Income Population	Population
Davidson	Bordeaux/Inglewood census tracts available upon request	Geographic
	South Nashville/Vine Hill census tracts available upon request	Geographic
	Healthcare for the Homeless/Nash Metro Health Dept	Facility
	Interfaith Dental Clinic	Facility
	United Neighborhood Health	Facility
	Matthew Walker Comprehensive Health Center, Inc.	Facility
	Stewart County CHC	Facility
	University Community Health Services	Facility
Decatur	Low – Income Population	Population
	Jennings Family Medical Clinic	Facility
DeKalb	Low – Income Population	Population
Dickson	Low – Income Population	Population
Dyer	Low – Income Population	Population
Fayette	Low – Income Population	Population
Fentress	Low – Income Population	Population
Franklin	Low – Income Population	Population
Gibson	Low – Income Population	Population
Giles	Low – Income Population	Population
Grainger	Low – Income Population	Population
Greene	Low – Income Population	Population
Grundy	All	Geographic
Hamblen	Low – Income Population	Population
	Cherokee Health Systems	Facility
Hamilton	Low Income Population	Population
	Chattanooga/East Ridge census tracts available upon request	Population
	North Chattanooga census tracts available upon request	Population
	Chattanooga/Hamilton County Health Department	Facility
	Erlanger Health Systems	Facility

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR DENTAL CARE, DECEMBER 2013**

Attachment 1

County	Area Name/Parts	Type of Designation
Hamilton (continued)	Southside & Dodson Avenue – CHC	Facility
Hancock	All	Geographic
Hardeman	Low – Income Population	Population
	Hardeman County Community Health Center	Facility
Hardin	Low – Income Population	Population
	Lifespan Health – CHC	Facility
Hawkins	Low – Income Population	Population
	Rural Health Services Consortium, Inc.	Facility
Haywood	Low – Income Population	Population
Henderson	Low – Income Population	Population
Henry	Low – Income Population	Population
Hickman	Low – Income Population	Population
Houston	All	Geographic
Humphreys	All	Geographic
Jackson	Low – Income Population	Population
Jefferson	Low – Income Population	Population
Johnson	Low – Income Population	Population
Knox	Low – Income Population	Population
	Knoxville census tracts available upon request	Census Tract
	Cherokee Health Systems – CHC	Facility
Lake	All	Geographic
	Lake County Community Health Center	Facility
Lauderdale	Low – Income Population	Population
	Christian Family Medicine, Inc.	Facility
	Rural Health Clinics of West Tennessee – East Main	Facility
	Rural Health Clinics of West Tennessee – Anthony Site	Facility
Lawrence	All	Geographic
Lewis	All	Geographic
Lincoln	Low – Income Population	Population
Loudon	None	No HPSAs in this county
Macon	Low – Income Population	Population
Madison	Low – Income Population	Population
Marion	All	Geographic
Marshall	All	Geographic
Maury	Low – Income Population	Population
McMinn	Low – Income Population	Population
McNairy	Low – Income Population	Population
Meigs	All	Geographic
Monroe	Low – Income Population	Population
	Chota Community Health Services	Facility
	Women’s Wellness and Maternity Center	Facility
Montgomery	Low – Income Population	Population
Moore	All	Geographic
Morgan	Low – Income Population	Population
	Morgan County Health Council, Inc.	Facility
Obion	Low – Income Population	Population
Overton	All	Geographic
Perry	All	Geographic
	Perry County Medical Center, Inc	Facility
Pickett	Low – Income Population	Population
Polk	Low – Income Population	Population
	Ocoee Regional Health Center	Facility
Putnam	Low – Income Population	Population
	Upper Cumberland Primary Care Project	Facility
Rhea	Low – Income Population	Population

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR DENTAL CARE, DECEMBER 2013**

Attachment 1

County	Area Name/Parts	Type of Designation
Roane	Low – Income Population	Population
Rutherford	Rutherford County Primary Care	Facility
Robertson	None	No HPSAs in this county
Scott	Low – Income Population	Population
	Mountain People’s Health Council, Inc.	Facility
Sequatchie	Low – Income Population	Population
Sevier	Low – Income Population	Population
Shelby	SW Memphis/Whitehaven-Levi census tracts available upon request	Population
	Millington census tracts available upon request	Population
	NW Memphis/Frayser census tracts available upon request	Population
	Christ Community Health Services	Facility
	Memphis Health Center, Inc.	Facility
Smith	All	Geographic
Stewart	Low – Income Population	Population
	Stewart County Community Medical Center – CHC	Facility
Sullivan	Low – Income Population	Population
Sumner	None	No HPSAs in this county
Tipton	Family First Medical Center	Facility
Trousdale	Low – Income Population	Population
Unicoi	Low – Income Population	Population
Union	Low – Income Population	Population
Van Buren	All	Geographic
Warren	Low – Income Population	Population
	Pioneer Pediatrics	Facility
Washington	Low – Income Population	Population
	East Tennessee State University - CHC	Facility
Wayne	Low – Income Population	Population
Weakley	All	Geographic
White	Low – Income Population	Population
Williamson	Prohealth Rural Health Services (Franklin)	Facility
Wilson	None	No HPSAs in this county

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR MENTAL CARE, DECEMBER 2012**

Attachment 1

County	Catchment Area	Area Name/Parts	Type of Designation
Anderson	6	All	Low-Income Population
Bedford	19	All	Geographic
		Lynette M. Adams M.D.	Facility
Benton	21	All	Geographic
Bledsoe	12	All	Geographic
Blount	8	All	Low-Income Population
Bradley	10	All	Geographic
Campbell	6	All	Low-Income Population
		Dayspring Family Health Center, Inc.	Facility
		Community Health of East TN – CHC	Facility
Cannon	9	All	Geographic
Carroll	21	All	Geographic
Carter	1	All	Low-Income Population
Cheatham	14	All	Geographic
Chester	24	All	Geographic
Claiborne	5	All	Geographic
Clay	9	All	Geographic
Cocke	5	All	Geographic
		Rural Medical Services, Inc.	Facility
Coffee	19	All	Geographic
Crockett	22	All	Geographic
Cumberland	9	All	Geographic
Davidson		Healthcare for the Homeless/Nashville Metropolitan Health Department	Facility
		United Neighborhood Health Services, Inc.	Facility
		Matthew Walker Comprehensive Health Center, Inc.	Facility
		University Community Health Services	Facility
Decatur	24	All	Geographic
		Jennings Family Medical Clinic	Facility
DeKalb	9	All	Geographic
Dickson	14	All	Geographic
Dyer	22	All	Geographic
Fayette	25	All	Geographic
Fentress	9	All	Geographic
Franklin	19	All	Geographic
Gibson	21	All	Geographic
Giles	20	All	Geographic
Grainger	5	All	Geographic
Greene	4	All	Geographic
Grundy	12	All	Geographic
Hamblen	5	All	Geographic
		Cherokee Health Systems	Facility
Hamilton		All	Whole Income Population
		Homeless Health Care Center, Chattanooga Health Department	Facility
Hancock	4	All	Geographic
Hardeman	24	All	Geographic
		Hardeman County Community Health Center	Facility
Hardin	24	All	Geographic
		Lifespan Health - CHC	Facility

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR MENTAL CARE, DECEMBER 2012**

Attachment 1

County	Catchment Area	Area Name/Parts	Type of Designation
Hawkins	4	All	Geographic
		Rural Health Services Consortium, Inc.	Facility
Haywood	23	All	Geographic
Henderson	23	All	Geographic
Henry	21	All	Geographic
Hickman	20	All	Geographic
Houston	14	All	Geographic
Humphreys	14	All	Geographic
Jackson	9	All	Geographic
Jefferson	5	All	Geographic
Johnson	1	All	Low-Income Population
Knox		All	Whole-Income Population
		Cherokee Health Systems	Facility
Lake	22	All	Geographic
		Citizens of Lake County for Health Care, Inc. - Lake County Primary Health Care Center - William B. Acree Clinic	Facility
Lauderdale	25	All	Geographic
		Christian Family Medicine, Inc.	Facility
		Rural Health Clinics of West Tennessee – West Main	Facility
		Rural Health Clinics of West Tennessee – Anthony Site	Facility
Lawrence	20	All	Geographic
Lewis	20	All	Geographic
Lincoln	19	All	Geographic
Loudon	8	All	Low-Income Population
Macon	9	All	Geographic
Madison	23	All	Geographic
Marion	12	All	Geographic
Marshall	20	All	Geographic
Maury	20	All	Geographic
McMinn	10	All	Geographic
McNairy	24	All	Geographic
Meigs	10	All	Geographic
Monroe	8	All	Low-Income Population
		CHOTA Community Health Center	Facility
Montgomery	14	All	Geographic
Moore	19	All	Geographic
Morgan	6	All	Low-Income Population
		Morgan County Health Council, Inc.	Facility
Obion	22	All	Geographic
Overton	9	All	Geographic
Perry	20	All	Geographic
		Perry County Medical Center, Inc.	Facility
Pickett	9	All	Geographic
Polk	10	All	Geographic
		Ocoee Regional Health Center	Facility
Putnam	9	All	Geographic
		Upper Cumberland Primary Care Project	Facility
Roane	6	All	Low-Income Population
Rhea	12	All	Geographic

*Counties highlighted in gray have no HPSAs.

**FEDERAL HEALTH PROFESSIONAL SHORTAGE AREAS
FOR MENTAL CARE, DECEMBER 2012**

Attachment 1

County	Catchment Area	Area Name/Parts	Type of Designation
Robertson	14	All	Geographic
Rutherford		Rutherford County Primary Care	Facility
Scott	6	All	Low-Income Population
		Mountain People's Health Council, Inc.	Facility
Sequatchie	12	All	Geographic
Sevier	8	All	Low-Income Population
Shelby		Memphis Health Center, Inc.	Facility
		Northwest Memphis/Frayser census tracts available upon request	Population
		Southwest Memphis/Whitehaven-Levi census tracts available upon request	Population
Smith	9	All	Geographic
Stewart	14	All	Geographic
Sullivan	1	All	Low-Income Population
Sumner		None	No HPSAs in this county
Tipton	25	All	Geographic
Trousdale		None	No HPSAs in this county
Unicoi	1	All	Low-County Population
Union	5	All	Geographic
Van Buren	9	All	Geographic
Warren	9	All	Geographic
		Pioneer Pediatrics	Facility
Washington	1	All	Low-Income Population
		East Tennessee State University	Facility
Wayne	20	All	Geographic
Weakley	22	All	Geographic
White	9	All	Geographic
Williamson		Pro Health Rural Services (Fairview)	Facility
		Pro Health Rural Services (Franklin)	Facility
Wilson		None	No HPSAs in this county

*Counties highlighted in gray have no HPSAs.

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Anderson	Census Tracts:	
	207	MUA
	208	MUA
	210	MUA
	212.01	MUA
	212.02	MUA
Bedford	All	MUA
Benton	All	MUA
Bledsoe	All	MUA
Blount	Census Tracts:	
	101	MUA
	105	MUA
	108	MUA
	112	MUA
	113	MUA
	114	MUA
	116.02	MUA
Bradley	Cleveland Division	MUA
	South Bradley Division	MUA
Campbell	All	MUA
Cannon	All	MUA
Carroll	All	MUA
Carter	All	MUA
Cheatham	All	MUA
Chester	All	MUA
Claiborne	All	MUA
Clay	All	MUA
Cocke	All	MUA
Coffee	Beech Grove Division	MUA
	Hillsboro Division	MUA
	Manchester Division	MUA
	Summitville Division	MUA
Crockett	All	MUA
Cumberland	All	MUA
Davidson	Census Tracts:	
	101.02	MUA
	109.03	MUA
	109.04	MUA
	110.01	MUA
	110.02	MUA
	113	MUA
	114	MUA
	117	MUA

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Davidson (continued)	118	MUA
	119	MUA
	123	MUA
	124	MUA
	125	MUA
	126	MUA
	127.01	MUA
	127.02	MUA
	128.01	MUA
	128.02	MUA
	136	MUA
	137	MUA
	139	MUA
	140	MUA
	141	MUA
	142	MUA
	143	MUA
	144	MUA
	145	MUA
	147	MUA
	148	MUA
	160	MUA
	161	MUA
	162	MUA
	163	MUA
	164	MUA
	168	MUA
	169	MUA
	170	MUA
	171	MUA
Decatur	All	MUA
DeKalb	All	MUA
Dickson	Charlotte Division	MUA
Dyer	Mississippi-Obion Division	MUA
	Newbern Division	MUA
Fayette	All	MUA
Fentress	All	MUA
Franklin	All	MUA
Gibson	All	MUA
Giles	All	MUA
Grainger	All	MUA
Greene	Baileyton Division	MUA
	Jeroldstown Division	MUA

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Greene (continued)	Mohawk Division	MUA
	Rheatown-Chucky Division	MUA
	Southeast Nolichucky Division	MUA
	Southwest Nolichucky Division	MUA
Grundy	All	MUA
Hamblen	Whitesburg Division	MUA
Hamilton	Census Tracts:	
	1	MUA
	2	MUA
	4	MUA
	6	MUA
	8	MUA
	10	MUA
	11	MUA
	12	MUA
	13	MUA
	14	MUA
	15	MUA
	16	MUA
	18	MUA
	19	MUA
	20	MUA
	23	MUA
	24	MUA
	25	MUA
	26	MUA
	31	MUA
	115	MUA
Hancock	All	MUA
Hardeman	All	MUA
Hardin	All	MUA
Hawkins	All	MUA
Haywood	All	MUA
Henderson	All	MUA
Henry	Henry Division	MUA
	Puryear Division	MUA
	Springville Division	MUA
Hickman	All	MUA
Houston	All	MUA
Humphreys	Bakerville-Bold Spring Division	MUA
Jackson	All	MUA
Jefferson	Chestnut Hill Division	MUA
	Dandridge Division	MUA

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Jefferson (continued)	Strawberry Plains Division	MUA
	White Pine Division	MUA
Johnson	All	MUA
Knox	Census Tracts:	
	1	MUA
	2	MUA
	3	MUA
	4	MUA
	5	MUA
	6	MUA
	7	MUA
	9	MUA
	10	MUA
	11	MUA
	12	MUA
	13	MUA
	14	MUA
	16	MUA
	17	MUA
	18	MUA
	19	MUA
	20	MUA
	21	MUA
	28	MUA
	30	MUA
	31	MUA
	32	MUA
	33	MUA
Lake	All	MUA
Lauderdale	All	MUA
Lawrence	All	MUA
Lewis	All	MUA
Lincoln	All	MUA
Loudon	All	MUA
Macon	All	MUA
Madison	Census Tracts:	
	5	MUP
	8	MUP
	9	MUP
	10	MUP
	11	MUP
Marion	All	MUA
Marshall	All	MUA

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Maury	Culleoka Division	MUA
	Santa Fe Division	MUA
McMinn	All	MUA
McNairy	All	MUA
Meigs	All	MUA
Monroe	All	MUA
Montgomery	All	MUA
Moore	All	MUA
Morgan	All	MUA
Obion	All	MUA
Overton	All	MUA
Perry	All	MUA
Pickett	All	MUA
Polk	Turtletown Division	MUA
Putnam	Buffalo Valley Division	MUA
	Monterey Division	MUA
Rhea	All	MUA
Roane	All	MUA
Robertson	All	MUA
Rutherford	Christiana Division	MUA
	Kittrell Division	MUA
Scott	All	MUA
Sequatchie	All	MUA
Sevier	Dunn Creek Division	MUA
	Knob Creek Division	MUA
	Sevierville Division	MUA
Shelby	Census Tracts:	
	2	MUA
	3	MUA
	4	MUA
	5	MUA
	6	MUA
	7	MUA
	8	MUA
	9	MUA
	10	MUA
	11	MUA
	12	MUA
	13	MUA
	14	MUA
	15	MUA
	17	MUA
	18	MUA

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Shelby (continued)	19	MUA
	20	MUA
	21	MUA
	22	MUA
	23	MUA
	24	MUA
	25	MUA
	27	MUA
	28	MUA
	30	MUA
	36	MUA
	89	MUA
	90	MUA
	99	MUA
	100	MUA
	101.10	MUA
	101.20	MUA
	102.10	MUA
	102.22	MUA
	103	MUA
	201	MUA
	202.10	MUA
	205.12	MUA
	205.21	MUA
	205.22	MUA
	216.20	MUA
	219.00	MUA
	220.10	MUA
	220.21	MUA
	220.22	MUA
	221.11	MUA
	221.12	MUA
	222.10	MUA
	222.20	MUA
	223.10	MUA
	223.21	MUA
	223.30	MUA
	224.10	MUA
	224.21	MUA
Smith	Forks of the River Division	MUA
Stewart	All	MUA
Sullivan	None	No MUA
Sumner	Census Tracts:	

**Medically Underserved Areas (MUAs) and
Medically Underserved Populations (MUPs), December 2013**

Attachment 2

County	Area Name/Parts	Designation Type
Sumner (continued)	201	MUA
	202.01	MUA
	202.02	MUA
	203	MUA
	207	MUA
	208	MUA
Tipton	All	MUA
Trousdale	All	MUA
Unicoi	All	MUA
Union	All	MUA
Van Buren	All	MUA
Warren	All	MUA
Washington	Bethesda Division	MUA
	Telford Division	MUA
Wayne	All	MUA
Weakley	All	MUA
White	All	MUP
Williamson	Bethesda Division	MUA
	Boston Division	MUA
Wilson	All	MUA

Adult Dental Data for FY 11-13*					
		FY 11-12	FY 12-13	FY 11-12	FY 12-13
HD Type		Adult Dental Patients	Adult Dental Patients	Adult Dental Visits	Adult Dental Visits
Rurals	1 - Northeast	633	994	923	1,379
	2 - East Tennessee	653	500	867	637
	3 - Southeast	307	330	372	389
	4 - Upper Cumberland	173	154	180	167
	5 - Mid Cumberland	762	707	1,192	1,187
	6 - South Central	590	655	875	1,132
	7 - West	1,975	1,674	3,670	3,628
	Totals:	5,093	5,014	8,079	8,519
Metros	Knox	2,527	2,250	4,732	4,383
	Sullivan**	0	-	0	0
	Davidson***	20	101	34	154
	Hamilton	391	355	455	440
	Shelby****†	0	0	0	0
	Totals:	2,938	2,706	5,221	4,977
	State Totals:	8,031	7,720	13,300	13,496

*Data reported is based upon adults defined as 21 years of age and older.

**Sullivan County Closed their dental clinic in September 2011.

*** The Metro Public Health Department provides adult dental emergency services at the Lentz Dental Clinic. They also coordinate services with the Matthew Walker Clinic to access additional adult emergency dental care.

****Data not entered into PTBMIS.

†Shelby County defines adults as being ages 18-64

Adult Dental Data for FY 12-13*			
Region	County	Adult Dental Patients	Adult Dental Visits
Rurals:			
1 - Northeast	010 - Carter	231	254
	030 - Greene	445	717
	034 - Hancock	*****	*****
	037 - Hawkins	148	148
	046 - Johnson	97	121
	086 - Unicoi	16	21
	090 - Washington	57	57
	Total:	994	1,379
2 - East Tennessee	005 - Blount	57	58
	007 - Campbell	66	116
	015 - Cocke	43	43
	032 - Hamblen	23	28
	053 - Loudon	****	****
	065 - Morgan	*****	*****
	073 - Roane	277	358
	078 - Sevier	34	34
	Total:	500	637
3 - Southeast	004 - Bledsoe	90	132
	006 - Bradley	101	102
	031 - Grundy	*****	*****
	058-Marion	*****	*****
	054 - McMinn	139	155
	061 - Meigs	*****	*****
	072-Rhea	*****	*****
	Total:	330	389
4 - Upper Cumberland	008-Cannon	2	3
	018-Cumberland	7	7
	021-DeKalb	*****	*****
	044-Jackson	15	16
	056-Macon	*****	*****
	067-Overton	28	34
	069-Pickett	1	1
	071-Putnam	75	78
	080-Smith	*****	*****
	088-Van Buren	4	5
	089-Warren	7	7
	093 - White	15	16
	Total:	154	167

Adult Dental Data for FY 12-13*			
Region	County	Adult Dental Patients	Adult Dental Visits
5 - Mid Cumberland	022 - Dickson	*****	*****
	063 - Montgomery	174	237
	074- Robertson	32	40
	075 - Rutherford	64	79
	081 - Stewart	113	410
	094 - Williamson	199	248
	095 - Wilson	125	173
	Total:	707	1,187
6 - South Central	051-Lewis	*****	*****
	052 - Lincoln	103	182
	060 - Maury	552	950
	Total:	655	1,132
8 - West Tennessee	009 - Carroll	274	653
	024 - Fayette	225	343
	027 - Gibson	342	488
	035 - Hardeman	118	154
	084 - Tipton	325	648
	WTRO Dental Clinic	472	1,281
	Total:	1,674	3,628
Metros	Hamilton	355	440
	Knox	2,250	4,383
	Davidson***	101	154
	Shelby [†]	0	0
	Sullivan**	0	0
Total:	2,706	4,977	

*Data reported is based upon adults defined as 21 years of age and older.

**Sullivan County Closed their dental clinic in September 2011.

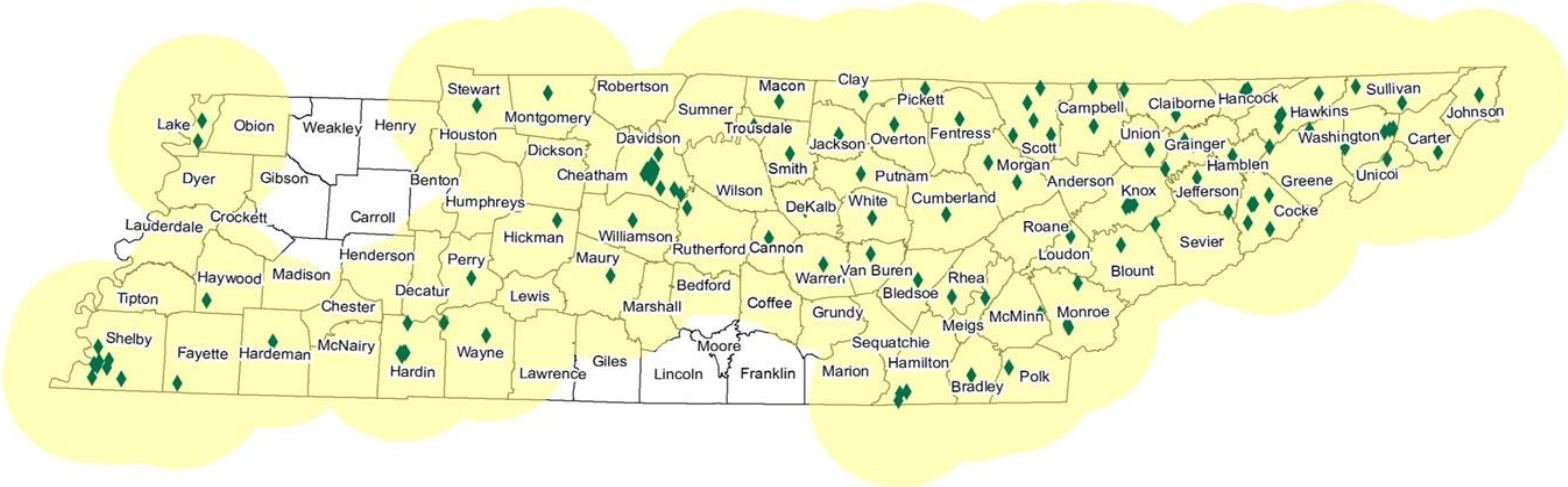
*** The Metro Public Health Department provides adult dental emergency services at the Lentz Dental Clinic. They also coordinate services with the Matthew Walker Clinic to access additional adult emergency dental care.

****Vacant Dentist position during the report period.

[†]Shelby County defines adults as being ages 18-64.

Tennessee Department of Health Healthcare Safety Net FQHC Grant Recipients Serving a 30-Mile Radius

December, 2013



Legend

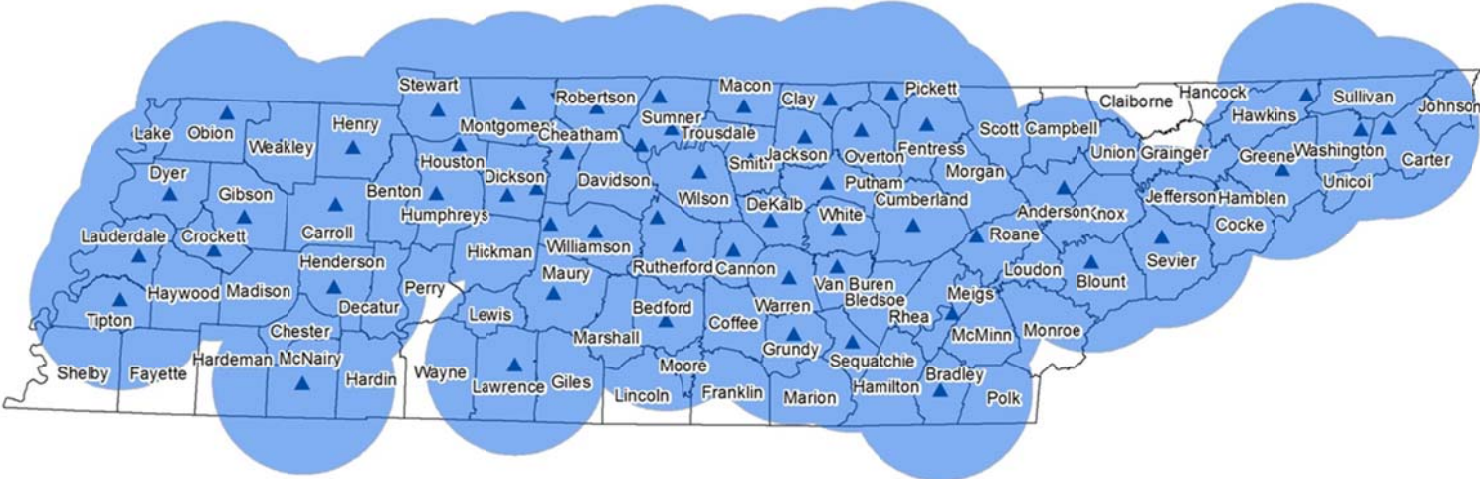
- ◆ FQHC Sites
- FQHC Service Area

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

Tennessee Department of Health Local Health Department Primary Care Sites Serving a 30-Mile Radius

December, 2013



Legend

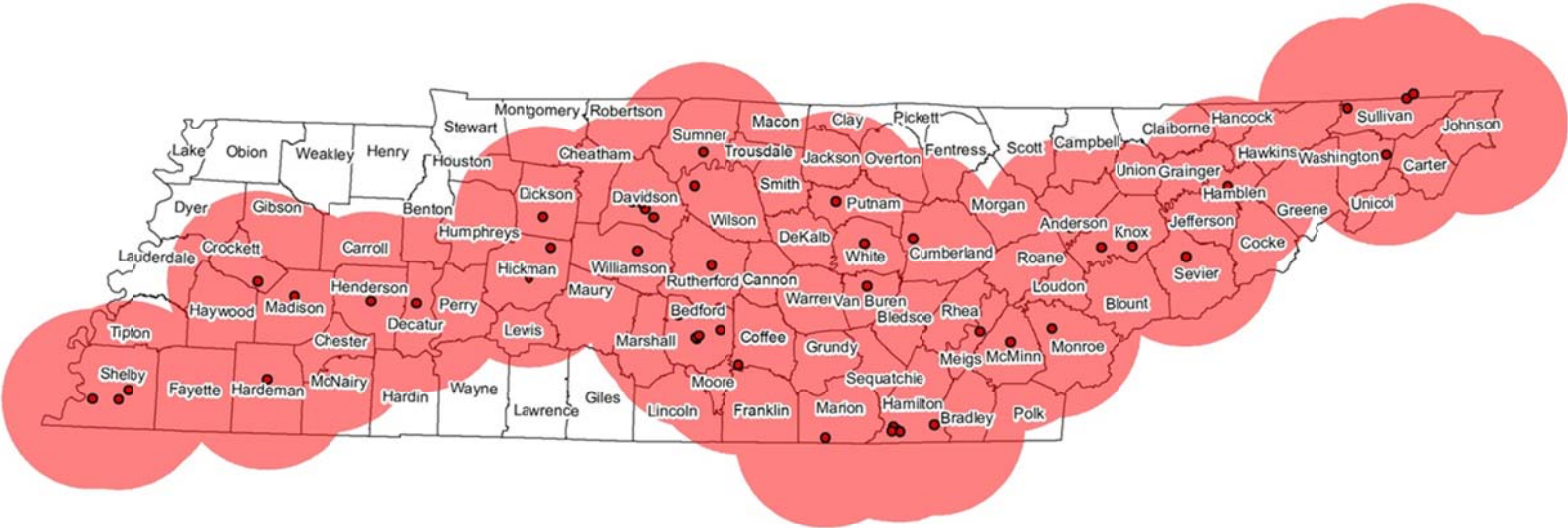
- ▲ Local Health Department Sites
- Local Health Department Service Area

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

Tennessee Department of Health Community & Faith Based Sites Serving a 30-Mile Radius

December, 2013



Legend

- Community & Faith Based Sites
- Community & Faith Based Service Area

*For the purposes of this endeavor Upper Cumberland County Health Departments and Stewart County Health Department are only reflected as FQHCs

Tennessee Department of Health
Division of Policy, Planning and Assessment
Surveillance, Epidemiology and Evaluation

HealthCare Safety Net Services								
Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2013)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
East	Anderson		1	3	1	x	x	
	Blount	1	1	1	3	x	x	
	Campbell	2			2	x		x
	Claiborne	2			1			
	Cocke	5			2	x		
	Grainger	4			3			x
	Hamblen	2		1	3	x		
	Jefferson	2			1			
	Loudon	1			2	x		
	Monroe	5		1	1			
	Morgan	2			1	x		
	Roane			1	1	x		
	Scott	5			1			x
	Sevier	1		1	2	3	x	x
Union	1				1			x
East Totals		32	4	8	26			
Mid-Cumberland	Cheatham		1					
	Dickson		2	1	2	x		
	Houston		1					
	Humphreys		1					
	Montgomery	1	1		2	x		x
	Robertson		1		1	x		
	Rutherford	3	2	1	5	x		
	Stewart	1	0					x
	Sumner		3	1	4		x	
	Trousdale	1	0					
	Williamson	2	2	1	2	x		
Wilson		1	1	2	x			
Mid-Cumberland Totals		7	15	5	18			

HealthCare Safety Net Services								
Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2013)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
Northeast	Carter	1	1		1	x		
	Greene		1		2	x		
	Hancock	3			1	x		x
	Hawkins	6	1	1	1	x		
	Johnson	1		3	1	x	x	
	Unicoi	1			1	x		
	Washington	4	1	1	1	x		
Northeast Totals		16	4	5	8			
South Central	Bedford		1	6	1			
	Coffee			1	1			
	Giles				2			
	Hickman	1		1				
	Lawrence		1		2			
	Lewis				1	x		
	Lincoln				1	x		
	Marshall				1			
	Maury	1	1		3	x		
	Moore							
	Perry	1						
Wayne				2				
South Central Totals		5	3	8	14			
Southeast	Bledsoe	1				x		
	Bradley	1	1		1	x		
	Franklin				1			
	Grundy	1	1			x		
	McMinn	1		1	2	x		
	Marion				1	x		
	Meigs	1	1	1		x		
	Polk	1						

HealthCare Safety Net Services

Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2013)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
	Rhea	1			1	x		
	Sequatchie		1					
Southeast Totals		7	4	2	6			
Upper Cumberland	Cannon	1						x
	Clay	1						x
	Cumberland	1		1	1			x
	DeKalb	1						x
	Fentress	1			1			x
	Jackson	1						x
	Macon	2						x
	Overton	1			1			x
	Pickett	1						x
	Putnam	1		1	3			x
	Smith	1						x
	Van Buren	1		1				x
Warren	1						x	
White	1			1			x	
Upper Cumberland Totals:		15	0	4	6			
West	Benton				1			
	Carroll		1		1	x		
	Chester	1			1			
	Crockett		1	1				
	Decatur			1	1			
	Dyer		1		2			
	Fayette	1			1	x		
	Gibson		1		2	x		
	Hardeman	1		1	2	x		
	Hardin	5			1			
Haywood	1			2				

HealthCare Safety Net Services

Region	County	FQHC Sites**	Primary Care Health Department (excluding LHD/FQHC)	Community or Faith-Based Grantee(s) (FY2013)	Mental Health Service Providers	Adult Dental Services Health Department	Adult Dental Emergency Safety Net Services	Adult Dental FQHC
West	Henderson		1	2	2			
	Henry		1		2			
	Lake	2			1			
	Lauderdale		1		1			
	McNairy		1		1			
	Obion		1	1	2		x	
	Tipton		1		1	x		
	Weakly		1		1			
	West TN Regional Office*						x	
West Totals		11	11	6	25			
Metro	Davidson	19		8	6	x	x	x
	Hamilton	3		4	3	x	x	x
	Knox	4		6	7	x	x	
	Madison			2	3			
	Shelby	9		4	10		x	x
	Sullivan	2		4	2		x	
Metro Totals		37	0	28	31			
Tennessee Totals		130	41	66	134			

*West TN Regional Office is not part of the Jackson-Madison County Metro

**FQHC sites do not include non-clinical sites such as: administrative, school/children, mental, dental, or other miscellaneous sites