Summary of Maryland Mobile Integrated Health Care Programs (October 1, 2018)

Program	Overall Goals	Program Support to Date	Program Details
Queen Anne's County	Reduce 911 calls Reduce unnecessary ED visits Reduce readmissions Increase primary care use Increase referrals to community resources	UM Shore Regional Health MD Department of Health QAC Department Emergency Svcs CareFirst Blue Cross / Blue Shield QAC Commissioners Anne Arundel Medical Center	#Enrolled - 265 as of 9/25/2018 RN/NP + Paramedic AARP 1 0.38% Aetna 4 1.51% Amerigroup 1 0.38% BlueCross BlueShield 11 4.15% Evergreen Insurance 2 0.75% Johns Hopkins USFHP 1 0.38% Medical Assistance 13 4.91% Medicare 207 78.11% None 7 2.64% Priority Partners 9 3.40% Self-Pay 4 1.51% Standard Life and AC Comp 1 0.38% United Healthcare 4 1.51% Program Funding: CareFirst telehealth grant-received \$66,668 in August 2018 for the current fiscal year Anne Arundel Medical Center-\$75,000 FY19 UM Shore Regional Health Systems-\$50,000 FY19 QAC Commissioners match hospital contributions *DOH grant of \$125,000 *financial support for MICH from DOH grant negotiated at end of each fiscal year
Montgomery County	Reduce 911 calls Reduce unnecessary ED visits	Mont. Co Fire & Rescue Svcs Mont. Co Dept. Health & Human Svcs Suburban Hospital Adventist HealthCare Shady Grove Medical Center Adventist HealthCare Washington Adventist Hospital Montgomery County Department of Health & Human Services Holy Cross Health	# Enrolled: 187 with a projection of 349 by end of calendar year per month CHN + Paramedic MC 66%; MA 8%; Private 20%; Kaiser 2%; Uninsured 4% Program Funding: Montgomery County FRS

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Prince George's County	Reduce unnecessary ED visits Increase primary care use Increase referrals to community resources Reduce hospital readmissions Improve health literacy	Prince George's Dept. Health Prince George's Dept. Social Services Doctor's Community Hospital Anne Arundel Medical Center UM Prince George's Hospital Center Adventist HealthCare Washington Adventist Hospital Kaiser Permanente Mid-Atlantic Region UM Laurel Regional Hospital	# Enrolled: 116 NP/RN + Paramedic + LCSW-C MC 38%; MA 43% (referral agreements with 7 MCOs) Program Funding: Prince George's County Fire/EMS Department: (3 FTE, Vehicles, Equipment) Total Funding: \$510,000 Expirations: No expiration Maryland Community Health Resources Commission: (1 FTE, Equipment) Total Funding: \$175,000 Expiration: 04/30/2020 Totally Linking Care in Maryland: (1 Intern, Spring 2018) Total Funding: \$10,000 Expiration: 05/30/2018 Kaiser Permanente: (Supplies, Equipment) Total Funding: \$25,000 Expiration: 12/01/2018
Salisbury – Wicomico	Reduce 911 calls Reduce unnecessary ED visits	Salisbury Fire Department Peninsula Regional Medical Center Wicomico Health Department City of Salisbury	# Enrolled:46 NP + Paramedic – initial Then RN + Paramedic MC 71%; MA 15% Program Funding: 10-1-17 to 9-30-18 CareFirst Grant (\$95,000) 5-1-18 to 4-30-19 MCHRC Grant (\$50,000) 5-1-19 to 4-30-20 MCHRC Grant (\$40,000)

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Charles County	Reduce 911 calls Reduce unnecessary ED visits Increase visits to primary care Increase health literacy Increase referrals to community resources Reduce hospital readmissions	MD Community Health Resources Com UM Charles Regional Medical Center Charles County Commissioners Charles County Dept. of Emergency Services	# Enrolled: -40 actively enrolled, 9 successful discharges and 2 dropped. RN + Paramedic + CHW 64% are M\C and or M\C, the rest are covered by private health care insurance. Funding: 25% thru program period Funding secure thru the end of 2020
Frederick County	Reduce 911 calls Reduce unnecessary ED visits Increase primary care use Increase referrals to community resources	Frederick County Div. of Fire & Rescue Svcs Frederick County Health Department Frederick Memorial Hospital	# Enrolled: 13 NP + Paramedic + Program Manager MC 33%; MA 33%
Baltimore City (May 2018) + University of Maryland Medical Center	Reduce unnecessary: -911 calls -ED visits -30-day hospital readmission	2-year grant from Health Services Cost Review Commission	Program 1: Minor Definitive Care Now NP + Paramedic Immediate on scene care for low-acuity 911 calls Anticipated to "go-live" in October, 2018 Funding: \$1020,000.00 2yr HSCRC grant Program 2: Transitional Health Support RN + Paramedic In-home follow up care for chronic patients post discharg Enrolled: 96, Discharged:48 Funding: \$1020,000.00 2yr HSCRC grant Program 3: Alternative Destination NP + Paramedic Transport to Urgent Care Clinic for low-acuity 911 calls Screened: 37, Transported: 8 Funding: BCFD - No additional funding source