

Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

Appendix: Matrix of Local Access to Care Programs by State

State/County	Plan Name	Year	Plan Type	Plan Description	Eligibility	Plan Financing	Enrollment Info.
Alaska – Municipality of Anchorage	Anchorage Project Access	2005	National Provider Network Model	Anchorage Project Access is a volunteer provider network that provides a coordinated system of care through 300 health care providers. Enrollees are assigned a primary care provider (PCP) and issued ID cards to facilitate access to care. The program is run through the Anchorage Access to Health Care Coalition, and is based on Buncombe County's Project Access in NC.	Uninsured county residents ineligible for public or private insurance, with incomes at or below 200% Federal Poverty Level (FPL) are eligible.	The program has received start-up funds from the Anchorage Access to Health Care Coalition, The United Way of Anchorage, and other foundations. Ongoing support comes from many sources such as the Providence Alaska Medical Center, Blue Cross Blue Shield and local foundations. The Denali Commission supports the plan's office and travel expenses.	N/A
Arizona – Maricopa County	Maricopa County Access Plan (MCAP) HealthCare Connect	2004	Local Provider-based Model	MCAP HealthCare Connect is a medical discount plan which networks with community health centers, over 200 primary and specialty care providers, area hospitals and pharmacies who offer their services at discounted rates to uninsured county residents. ¹ MCAP was initiated by the Arizona Association of Community Health Centers (AACHC), and is modeled after the Pima County Access Program (PCAP) in Pima County, Arizona. ^{1,2}	Uninsured county residents ineligible for public or private insurance, with incomes between 100-250% FPL are eligible to participate.	In 2003, MCAP received start-up funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration's (HRSA) Healthy Community Access Programs (HCAP) grants in the amount of \$1.3 million. ³ Enrollee co-pays and substantial in-kind donations of medical services from participating hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2005, 1,700 individuals are enrolled in MCAP. Targeted enrollment is 4,000 individuals. ¹
Arizona – Pima County	Pima County Access Program (PCAP)	2001	Local Provider-based Model	PCAP is a discounted health care plan which provides affordable health services to the uninsured. PCAP partners with 7 area clinics, 6 hospitals and over 500 care providers who offer discounts off their services. Enrollees choose a PCP and have a 'medical home.' They are also offered assistance with scheduling appointments and transportation. PCAP is coordinated by El Rio Community Health Centers, who provide in-kind administrative support. ⁴	Uninsured Pima County residents ineligible for public or private insurance, with incomes between 100-250% FPL are eligible to participate.	Start-up funds for PCAP came from the HRSA HCAP program. ⁵ Financing is supplemented through discounted care, with cost-sharing via annual enrollment fees and co-payments. Enrollee co-pays and substantial in-kind donations of medical services from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2004, PCAP has served over 7,500 individuals.

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Arkansas – Franklin, Logan, and Scott Counties	Health Care Access Program (HCAP)	2002	Three-share Model	HCAP is a community-based plan that provides affordable coverage to uninsured working adults by splitting the cost of health coverage three ways: between the employer, employee, and the community. Each pays one-third towards the total cost of coverage for the enrollee. HCAP partners with clinics, hospitals and other providers, who agree to provide reduced-fee services. In addition, pharmacy assistance, health education and disease management services are also offered to improve health outcomes through education and preventive care. ⁶ HCAP is run by the Arkansas River Valley Rural Health Cooperative (ARVRHC).	County-based small businesses that do not offer health coverage are eligible. Uninsured working individuals with incomes at 300% FPL are eligible to participate, and those at 200% FPL receive discounted membership. ⁷	HCAP was a HRSA Community Access Programs (CAP) grantee from 1999-2001. This facilitated ARVRHC to develop a business plan. Contributions from a local faith-based charity funded the HCAP pilot program. HCAP staff salary support is provided through The Robert Wood Johnson Foundation's (RWJF) 'Communities in Charge' initiative. HCAP continues to seek additional subsidies and funds from community groups, foundations and individual donors. ⁷	Enrollment is capped at 80 individuals. ⁷
California – Contra Costa County	Basic Health Care (BHC)	N/A	County-based Indigent Care Model	BHC is a health coverage program which uses a limited provider network of county-run clinics and the Contra Costa Regional Medical Center (CCRMC) to provide inpatient and outpatient services. BHC is coordinated by the Contra Costa County.	Uninsured county residents ineligible for public or private insurance, with incomes below 300% FPL are eligible to participate. Coverage is limited to maximum of 6 months, and can be renewed thereafter subject to plan guidelines. ⁸	The State of California provides two-thirds of the total budget for BHC (approximately \$19 million) through a state/local match financed by vehicle licensing fees and tobacco settlement funds. Cigarette taxes levied by the state also help fund this initiative. Contra Costa County also contributes general revenue dollars, and BHC receives some Disproportionate Share Hospital (DSH) funding through the CCRMC. ⁹	N/A
California – San Francisco City and County	San Francisco Health Access Program (SF HAP)	2007	Local Provider-based Model	SF HAP provides access to affordable health care for uninsured residents of San Francisco City and County. In its planning stages, SF HAP intends to partner with the 400 local PCPs from University of California San Francisco, Kaiser, Department of Public Health, San Francisco Community Clinics and 1500 area specialists to provide care to its future enrollees. In addition to medical services, multi-lingual customer assistance and care management would also be available. Enrollees would be issued an identification card to facilitate access to care and would be assigned a primary care provider. ¹⁰ SF HAP would be administered by the San Francisco Health Plan, which is a City-sponsored health insurance plan.	Uninsured city and county adult residents ineligible for other public or private insurance, with incomes below 500% FPL can participate. ¹¹ San Francisco based small employers with at least 20 workers are also eligible.	SF HAP is estimated to cost \$200 million per year, or \$2,400 per person. Funds for this initiative would come from a combination of sources such as county tax dollars, local business employers, and individual contributions. ¹¹ The City would contribute \$104 million annually by redirecting funds that it currently pays to cover the cost of care for the indigent.	Estimated enrollment is 82,000 of the uninsured San Francisco adults.

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California – San Mateo County	WELL (Wellness Education Linkage Low-cost) Program	1996	County-based Indigent Care Model	The WELL program provides reduced-fee medical services through an integrated care network of community clinics and the San Mateo Medical Center. The program also offers proactive health management education to enrollees. WELL is administered by San Mateo County's Health Services Agency.	Uninsured county residents ineligible for public or private insurance, with incomes at or below 200% FPL are eligible to enroll. ¹²	The WELL initiative received funds from the RWJF 'Communities in Charge' initiative for its planning stages. Currently the program is subsidized by state reimbursement funds and the County General Fund subsidy. The WELL Steering Committee is exploring other feasible financing strategies.	As of 2006, there were 13,000 WELL enrollees. ¹²
Connecticut – Greater Waterbury Area	Waterbury Health Access Program (WHAP)	2003	National Provider Network Model	WHAP uses a coordinated volunteer provider network of physicians, specialists, and area hospitals to serve low-income, uninsured residents. Enrollees receive a Project Access ID card, to facilitate access to care. The program is modeled after Buncombe County's Project Access initiative in NC.	Uninsured greater Waterbury area residents ineligible for public or private insurance, with incomes at or below 200% FPL are eligible to enroll.	Start-up funds for WHAP came from the HRSA HCAP grant. Additional supporters include the WHAP consortium, which consists of local hospitals, health clinics, and the Waterbury Health Department. On-going funding comes from donated medical services, local foundations, and other charitable donations.	Since inception, 106 individuals have been served by WHAP.
Delaware – Various counties	Community Health Care Access Program (CHAP)	2001 ¹³	State-based Indigent Care Model	CHAP offers low-cost or no-cost health care to uninsured county residents. CHAP utilizes an integrated provider network consisting of Federally Qualified Health Centers (FQHCs) and a formal network of private doctors. CHAP is administered by the Delaware Health Care Commission. The formal network of providers is administered by the Delaware Foundation for Medical Services, a supporting foundation of the Medical Society of Delaware. ¹⁴	Uninsured residents of participating Delaware Counties ineligible for public or private insurance, with incomes at or below 200% FPL are eligible to participate.	CHAP was originally funded by a HRSA CAP grant in 2000, which was later augmented by tobacco settlement money. The state has recently decided to use state funds to continue the program. Financial support for VIP comes from the Delaware Foundation for Medical Services, the Medical Society of Delaware and the Delaware Health Care Commission.	As of 2005, 12,000 individuals had been served by CHAP.
Florida – Duval County	JaxCare	2003	Three-share Model	JaxCare is an affordable health plan that facilitates access to health services for uninsured working adults in the county. The cost of employee coverage is shared both by the employer, the employee and the community. The plan utilizes a network of about 900 doctors and 5 local hospitals that provide care at reduced fees. Enrollees are issued ID cards to facilitate access to care. ¹⁵ It is administered and managed by JaxCare Inc., a non-profit organization.	Uninsured employees of Duval County-based small businesses who are ineligible for public or private insurance, with incomes between 150-200% FPL can participate. Employees must have been employed for at least 90 days. Eligible businesses must have at least 3 employees.	Start-up funds were made available through RWJF's 'Communities in Charge' initiative in 2002-2003. JaxCare is additionally financed through member fees (\$15 per month) and cost-sharing in the form of co-payments, employer contributions (\$50 per member per month), and a community share from public and private donations and grant monies.	Enrollment under JaxCare's pilot program is limited to 1,600 members.

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Florida – Duval County	WE CARE Jacksonville	N/A	Local Provider-based Model	WE CARE Jacksonville connects uninsured county residents with primary and specialty health care providers, public health facilities and community health clinics, who offer to donate their services to WE CARE enrollees. The plan is administered by a city-employed nurse who coordinates referrals.	Uninsured county residents who are ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate.	Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	WE CARE provided approximately 12,000 primary care visits and 700 specialty care visits in 2002-2003.
Florida – Hillsborough County	Hillsborough County Healthcare Plan (HCHCP)	1991	County-based Indigent Care Model	HCHCP utilizes a preferred provider network of 600 primary care physicians, 12 clinics and 5 hospitals to provide affordable health care for low-income residents. HCHCP is a managed care model, administered by Hillsborough County Department of Health and Social Services.	Uninsured county residents ineligible for public or private insurance, with incomes below 100% FPL are eligible to participate. ¹⁶	The plan was originally financed by state statute authorizing a \$0.50 cent county sales tax. This was later reduced to \$.25 cents. Other funds include interest from a related trust fund, plus property taxes mandated by the state to fund indigent care.	HCHCP serves more than 25,000 residents annually. ¹⁷
Florida – Leon County	CareNet Partners	1995	County-based Indigent Care Model	CareNet Partners in conjunction with 2 primary care centers, 300 specialty care providers, labs, pharmacies and local hospitals offer to donate or discount their services to uninsured residents. In addition, the plan also offers transportation assistance, and coordinates their referrals. CareNet Partners is administered by Leon County Health Department. ¹⁷	Uninsured adult county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to enroll.	Leon County received a HRSA CAP grant in 2000 for CareNet Partners. ¹⁸ To further support this initiative, the County Board of Commissioners passed a special tax issue in September 2001 to help fund the plan.	CareNet Partners serves approximately 6,000 individuals per year.
Florida – Miami-Dade County	CareNet	N/A	Local Provider-based Model	CareNet is a medical discount health care plan which provides affordable health services to the uninsured. It partners with 16 health centers, 72 primary care sites to provide affordable health services. CareNet also has similar networks on NM and UT. CareNet is coordinated by the Health Choice Network, an entity created by the local community health centers.	Uninsured adult county residents ineligible for public or private insurance, with incomes mostly below 200% can qualify. Enrollment is for a period of one year and can be renewed.	N/A	As of 2003, 330,000 patients have been served under the FL, NM and UT network.
Georgia – Emanuel County	Access Emanuel	2000	National Provider Network Model	Access Emanuel offers discounted access to health services for uninsured area residents. It partners with 16 primary and specialty care providers who see patients for sliding scale fees based on income. The program also provides case management, transportation services, and referrals. It is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured residents of Emanuel and Jenkins Counties ineligible for public or private insurance, with incomes up to 200% FPL are eligible to enroll.	The program is financed primarily through donated medical services. The Georgia Department of Community Health funds administrative staff positions, and the County Health Department and a local medical center donate space and salaries. Cost-sharing in the form of co-payments for drugs (\$7) also contributes to the overall financing of the plan.	Since inception, Access Emanuel has served 1,780 enrollees. ²⁰

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Georgia – Richmond County	Richmond County Medical Society (RCMS) Project Access	2002	National Provider Network Model	The RCMS Project Access initiative is a community-based, local provider-led initiative which provides free health care services. Project Access partners with 300 local providers and 4 county hospitals who volunteer their services to enrollees. RCMS Project Access is coordinated by the Richmond County Medical Society. The program is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents aged 18-64 years with an active health condition who are ineligible for public or private insurance, and have incomes below 150% FPL can participate.	Primary funding for the RCMS Project Access comes from the Augusta-Richmond County Government. Substantial in-kind donations of medical care from the University and the St. Joseph Hospitals, local physicians, labs and other health care providers are critical to this initiative.	RCMS Project Access serves more than 500 individuals at any given time.
Georgia – Seven central counties	Community Health Works (CHW) of Georgia	2001	National Provider Network Model	CHW networks with over 50 physicians, safety net hospitals, clinics, pharmacies, and local health departments, who donate their services to uninsured county residents. ²¹ CHW is a regional non-profit organization that administers the program. CHW is modeled after Buncombe County's Project Access initiative in NC.	Residents of seven central Georgia Counties ineligible for public or private insurance, with incomes at or below 235% FPL are eligible to participate.	Planning and implementation funding came from the RWJF and the MedCen Community Health Foundation in 1999-2000. The Georgia Department of Community Health and the Georgia Health Foundation actively support CHW. Substantial in-kind donations of medical care from the hospitals, local physicians, labs and other health care providers are critical to this initiative.	As of 2003, CHW has served 2,132 individuals.
Illinois – DuPage County	Access DuPage	2002	National Provider Network Model	Access Dupage provides access to discounted primary and specialty medical services to uninsured residents. This initiative grew out of a partnership between the DuPage County government, area hospitals, 250 local providers and social service agencies. Enrollees are assigned a PCP to coordinate care and make referrals. The program is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to enroll. There is a 1 year limit for enrollment, after which enrollees can reapply.	A federal HRSA HCAP grant of \$804,962 was received in 2003. Error! Bookmark not defined. and the DuPage County Board approved a community grant for \$200,000 for mental health services in 2005. ²² Local foundations such as the Community Memorial Foundation and the Topfer Foundation have also donated funds. Substantial support from the state agencies, the County government, and in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, Access Dupage has served over 10,000 members.
Indiana – Marion County	Health Advantage (formerly Wishard Advantage)	1997	Local Provider- based Model	Health Advantage is a managed care program which provides primary and specialty care services to enrollees. Other services offered include disease management and pharmacy assistance. Enrollees are issued ID cards to facilitate access to care and are assigned a PCP who better manages their care. It is administered by Marion County's Health and Hospital Corporation (HHC). HHC contracts with the Indiana University Medical Group/Primary Care (IUMG/PC) for services. ²³	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL can enroll. Once enrolled, members are eligible for 1 year, after which they must reapply.	Initially financed through leveraged DSH funds, the program now relies on a combination of city and county property taxes, and some DSH monies provided through HHC. The Health Advantage initiative is a multi-year grantee of the HRSA HCAP monies from 2001-2003. ²⁴	As of 2004, Health Advantage has served 47,486 members.

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Kansas – Sedgwick County	Medical Society Sedgwick County (MSSC) Project Access	1999	National Provider Network Model	MSSC Project Access coordinates donated health care services for residents through a substantial volunteer provider network of 530 primary and specialty care physicians, pharmacies, and clinics. It is an initiative of the Central Plains Regional Health Care Foundation and the MSSC, and is administered by the MSSC. The program is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with income below 150% FPL are eligible to participate.	Start-up and continuation grants were received in 2000 through the RWJF 'Communities in Charge' initiative. Further grants from the Kansas Health Foundation and the HRSA CAP grant contributed to the implementation of the program. A venture grant was given by the United Way Foundation to fund staffing. The Wichita City Council and the Sedgwick County Commission provide money for prescription assistance to enrollees. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, MSSC Project Access has served 6,053 members.
Kansas – Topeka and Shawnee Counties	Shawnee County Medical Society (SCMS) Health Access	N/A	National Provider Network Model	The SCMS HealthAccess program is a community-based, local provider-led initiative which partners with local health care providers, area hospitals and pharmacies to provide a medical home to the uninsured. Enrollees choose a PCP who makes referrals to specialists and the HealthAccess staff assists in appointment scheduling and tracking referrals. Enrollees are issued a HealthAccess ID card and a pharmacy card to facilitate access to care. This initiative is coordinated by the SCMS, and is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL can participate. Enrollment is limited to 3 months for specialty care and 6 months for primary care. Membership in the SCMS HealthAccess can be renewed subject to a review of enrollee income.	Financial support for SCMS HealthAccess comes from the Shawnee County Commission, SCMS, the United Methodist Health Ministries Fund and the Topeka Community Foundation. In 2004, the city of Topeka and the Shawnee County each contributed \$100,000 in grant money for the SCMS drug assistance program. ²⁵ Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2003, 1,687 people were enrolled in SCMS HealthAccess.
Kentucky – Daviess County	Daviess County Community Access Project (DC-CAP)	2004	National Provider Network Model	DC-CAP is a community-based program that utilizes an integrated network of local health care professionals and reduced-fee/free facilities such as the Owensboro Medical Health System and the Green River District Health Department who donate primary and specialty services. ²⁶ Enrollees are assigned a PCP that makes referrals to specialists when needed. DC-CAP was founded by the Daviess County Medical Society Alliance. The program is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate.	Start-up funds for DC-CAP came from the Wellness Initiative sponsored by the Owensboro-Daviess County Hospital (ODCH) Inc., and the Daviess County Medical Society Alliance. Since then, DC-CAP has been a recipient of an additional support from the Catholic Healthcare Partners' Mercy-Reach Owensboro grant. Substantial in-kind donations of medical care from the Green River District Health Department, physicians, labs and other health care providers are critical to this initiative.	As of 2005, DC-CAP served 154 patients. ²⁶

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Kentucky – Jefferson County	getCare	2001	County-based Indigent Care Model	getCare provided access to affordable health care to the uninsured by referring them to its network of local hospitals and care providers. getCare's takeTen program partnered with local primary and specialty care providers who volunteer their services to enrollees. Enrollees are issued ID cards to facilitate access to care. Oversight is provided by the Louisville Jefferson County Communities in Charge Coalition.	Uninsured county residents aged 19-64 years who are ineligible for public or private insurance, with incomes 200% FPL can participate.	Start-up funds for the getCare pilot program came from the RWJF 'Communities in Charge' initiative. Federal HRSA CAP grants in 2002 contributed to ongoing funding efforts. The Louisville Jefferson County Communities in Charge Coalition secured \$150,000 in initial planning funds in 2000 along with some federal grants in 2002. ²⁷ However, getCare has been unable to secure funds from foundations to support it, and has been discontinued since.	As of 2004, getCare has served 5,000 individuals. ²⁷
Maine – Cumberland, Lincoln and Kennebec Counties	CarePartners	2001	National Provider Network Model.	CarePartners provides access to comprehensive health services, care management and low cost/free drugs to the uninsured residents of the tri-county region in rural Maine. CarePartners networks with local hospitals and 950 area physicians who volunteer their services. Enrollees are assigned a PCP and a case manager to better serve their needs. ID cards are issued to facilitate access to care. ²⁸ CarePartners is initiated by MaineHealth, a local health system. The program is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents who are ineligible for public or private insurance, with income below 175% FPL can enroll.	Start-up grants for CarePartners came from the RWJF 'Communities in Charge' initiative and the HRSA CAP grants. Donations from partner hospitals, local philanthropies such as the Bingham Program and the Davis Family Foundation supported this initiative. In 2003, the Maine Health Access Foundation also granted monies to this initiative. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2004, CarePartners had 950 enrollees. ²⁸
Michigan – Ingham County	Ingham Health Plan (IHP)	1998	County-based Indigent Care Model	IHP is a health coverage plan for underinsured and uninsured county residents. Services are provided at participating hospitals, local health department clinics, pharmacies and labs for nominal co-pays. IHP serves 2 distinct groups of enrollees— former enrollees of the State Medical Plan (SMP) who participate in Plan A, ²⁹ and previously uninsured county residents who participate in Plan B. Enrollees are assigned a PCP who refers them to specialists as needed, and are issued plan-specific ID cards to facilitate access to care. Ingham Health Plan Corporation (IHPC), a non-profit organization run by the county, administers the program. ¹⁶ This has been a successful model to deliver care and has been replicated state-wide across 14 counties in MI.	Former enrollees of the SMP with certain income restrictions as determined by Michigan's Family Independence Agency can participate in Plan A of the IHP. ²⁵ Other uninsured county residents ineligible for public or private insurance, with incomes up to 250% FPL can enroll in Plan B of the IHP.	IHP is funded through a combination of local, state, federal and private monies. RWJF and the Kellogg Foundation's 'Community Voices' initiative funds in 1998 helped establish the plan. ^{25,30} A HRSA CAP grant of \$643,007 in 2001 provided further support. ¹⁸ County indigent care funds and state funds earmarked for former SMP enrollees are combined with the state's share of the Medicaid DSH payment to attain federal Medicaid DSH matching funds. These special DSH funds are assigned to the participating hospitals that then contracted with the IHPC to provide health direct health care and case management services. These leveraged funds are separated from the DSH funds going to hospitals for in-patient care.	As of 2004, IHP had served 31,500 enrollees. ³⁰

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Michigan – Marquette County	Medical Care Access Coalition (MCAC) Medical Access Program (MAP)	2001	National Provider Network Model	MAP offers access to primary care services through a volunteer provider network, for uninsured county residents. The Medical Care Access Coalition (MCAC) offers two plan choices to enrollees— Medical Access Program-Plan A (MAP-A) and Medical Access Program-Plan C (MAP-C). The former is a state funded Medicaid program for adults, and the latter is for uninsured county residents. All of the county’s PCP and over 60% of the area specialists along with county hospitals participate in MAP-C and have agreed to donate their services to enrollees. MAP-C enrollees are issued ID cards to facilitate access to care. ³¹ MAP is administered by MCAC, a faith-based, volunteer non-profit organization. The program is modeled after Buncombe County’s Project Access initiative in NC. ³²	Uninsured county adults with no dependents and incomes below 35% FPL can enroll in MAP-A. Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL can participate in MAP-C.	Start-up funds for MCAC MAP were secured through a HRSA CAP grant in 2001. Successive grants from the United Way helped support components of the plan, develop HEDIS measures and in-patient care. Contributions from GlaxoSmithKline, the Marquette Community Foundation and a subsequent CAP grant provided support for on-going activities. In 2004, the State of Michigan awarded the MCAC DSH expansion funds to continue to provide care to the indigent. ³³ Additional monies to support the MAP-C come from donations from individuals, community organizations, faith communities, volunteers and in-kind donations.	As of 2004, 682 individuals were enrolled in the MCAC MAP.
Michigan – Muskegon County	Access Health	1999	Three-share Model	Access Health is a community-based initiative that provides comprehensive and affordable health services to employees of small-medium size county businesses. Enrollees choose a PCP to manage care and make referrals. The cost of an employees’ health coverage is shared by the employee (the enrollee), the employer and the community. Both the employer and the employee contribute 30% and the community covers the 40% towards coverage costs. Access Health contracts directly with 97% of the county-based hospitals and physicians, and 2 third-party administrators (TPAs) to administer medical ‘claims’ and pharmacy benefits. This initiative was established by the Muskegon Community Health Project (MCHP), and has been replicated widely on a national scale. ³⁴	The program targets employees of small to medium-size (up to 150 workers) businesses who have not offered health insurance in past year. The median wage of eligible uninsured workers must be \$11.50/hour or less, and they must work at least 15.5 hours per week to be eligible.	Start-up funds for Access Health came from the W.K. Kellogg Foundation grant and from Michigan’s Tobacco Settlement Funds. The community share (40%) is raised through an agreement with the state and the county to use the employer’s contribution as part of an intergovernmental transfer (IGT) to the state. The IGT is certified as a DSH payment to local hospitals to generate a federal match. Local hospitals then work with Access Health to offer affordable care.	As of 2004, Access Health has served more than 420 businesses and 1,150 enrollees.

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Michigan – Washtenaw County	Washtenaw Health Plan (WHP)	N/A	County-based Indigent Care Model	WHP is a health coverage program for uninsured low-income residents, run in conjunction with the State of Michigan. ³⁵ Enrollees are assigned a PCP and receive routine health services, drugs, and some specialty care. As with the IHP, 2 different plans are offered: Plan A and Plan B. ^{36,37} WHP also offers Plan C, a health insurance product based on the three-share model. WHP is administered by the Washtenaw Community Health Organization (WCHO), a local non-profit organization.	Uninsured county residents with incomes less than 35% FPL are eligible for Plan A. Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible for Plan B. ³⁸	WHP is financed through a combination of local, state, and federal funds. ³⁵	As of 2004, there were 1,225 individuals enrolled in WHP-Plan A, and 3,396 individuals enrolled in WHP-Plan B. ³⁵
Minnesota – Ramsey, Dakota and Washington Counties	Portico HealthNet (formerly Metro East)	1995	National Provider Network Model	Portico HealthNet is a non-profit organization which connects low-income, uninsured residents to providers of primary and preventive care services. It pays for enrollees' clinic visits, prescriptions and other health services by partnering with three community clinics and eighteen primary care clinics. Portico HealthNet also provides enrollment assistance and case management for qualified applicants to public coverage programs.	Uninsured residents of Ramsey, Dakota, and Washington Counties ineligible for public or private insurance, with incomes at or below 275% FPL are eligible to participate.	In 2004, Portico received substantial grants from the St. Paul/Ramsey County Children's Initiative, other private foundations and individual donors. These monies go towards covering the medical expenses of the participants. In-kind support from partner hospitals, St. Paul Public Schools and the St. Paul–Ramsey County Department of Public Health helps sustain this initiative. Portico has also been a grant recipient of The Otto Bremer Foundation, The Medtronic Foundation, and the St. Croix Foundation. These monies go to the development of outreach and program services. ³⁹	In 2005, 1,600 individuals were enrolled under the Portico coverage program, of which 940 were new enrollees.
New Mexico – Santa Fe County	Santa Fe Project Access (SFPA)	2002	National Provider Network Model	SFPA is a community-based health coverage plan that utilizes an integrated network of volunteer-based health care services, including primary and specialty care and hospital in-patient and out-patient services for uninsured residents. SFPA is sponsored by the Medical Society of Santa Fe County, and is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to participate. There is a six-month enrollment period, which can be renewed.	Significant contribution for the SFPA comes from the Medical Society of Santa Fe County, the McCune Foundation, and United Way of Santa Fe County, among others. Santa Fe County has stepped in to offer sizeable financial support for 2005 and 2006. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2005, 659 individuals have been enrolled in SFPA. Target enrollment for SFPA is 2,000 individuals each year.

Appendix: Matrix of Local Access to Care Programs by State

State/County	Plan Name	Year	Plan Type	Plan Description	Eligibility	Plan Financing	Enrollment Info.
North Carolina – Buncombe County	Buncombe County Medical Society (BCMS) Project Access	1995	National Provider Network Model	BCMS Project Access partners with nearly 500 physicians at county health centers, area hospitals and other community-based clinics, who agree to donate primary and specialty care services, and participating pharmacies offer discounted drugs to BCMS enrollees. It is administered by the BCMS, under contract with the Buncombe County government. The program has received numerous awards, and has been replicated widely on a national scale.	Uninsured county residents ineligible for public or private insurance, with incomes below 175% FPL are eligible to participate.	Start-up funds for BCMS Project Access came from the RWJF for planning and implementation purposes in 1994-1995, followed by successive grants. Considerable support from community partners such as the Buncombe County Board of Commissioners and the Kate B. Reynolds Charitable Trust helped develop different aspects of the initiative such as automating enrollee referrals and tracking system etc. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	BCMS Project Access has served 13,000 members. Target enrollment is 15,000 members.
North Carolina – Mecklenburg County	Mecklenburg County Medical Society (MCMS) Physicians Reach Out (PRO)	2004	National Provider Network Model	MCMS PRO is a community-based, local provider-led initiative with a mission to provide donated health care services to low-income uninsured county residents. 900 physicians partner to provide these services. In addition, enrollees are assigned a PCP in one of two health system networks, and issued ID cards to facilitate access to care. ⁴⁰ The plan was developed by the MCMS, and is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL can enroll. Enrollees cannot have received care at a sliding-scale or subsidized health clinic in the past two years.	MCMS received start-up funding from the Blue Cross and Blue Shield of North Carolina Foundation, The Duke Endowment, The Lincoln Healthcare Foundation and the Mecklenburg Medical Alliance Endowment, Inc. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	The projected three-year enrollment capacity of PRO is 5,000 individuals.
North Carolina – Mitchell and Yancey Counties	Toe River Project Access (TRPA)	N/A	National Provider Network Model	TRPA is a community-based, local provider-driven initiative that offers donated health care services to the low-income, uninsured county residents. Volunteer physicians and the Spruce Pine Community Hospital staff provide medical services. TRPA is jointly administered by local providers, the Spruce Pine Community Hospital, the Toe River Health Department, and Mitchell and Yancey County Department of Social Services. The program is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate. Enrollees must demonstrate an active health problem to participate in the plan.	The TRPA is funded in part by The Duke Endowment, the Kate B. Reynolds Charitable Trust, the Spruce Pine Community Hospital and other local foundations. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	N/A

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North Carolina – Wake County	Project Access of Wake County	2000	National Provider Network Model	Project Access of Wake County is a community-based, local provider-led access initiative that links low-income, uninsured county residents to medical health services. It networks with hospitals, local centers, clinics and 450 area providers who donate their services to enrollees. ⁴¹ Enrollees are issued ID cards to facilitate access to care. It is coordinated by the Wake County Medical Society, and is modeled after Buncombe County's Project Access initiative in NC. ¹⁹	Uninsured county residents ineligible for public or private insurance, with incomes below 185% FPL are eligible to participate. There is a six-month enrollment period, after which eligibility is re-assessed.	Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, Project Access has served over 6,600 patients. ⁴¹
North Carolina – Watauga and Avery Counties	Appalachian Healthcare Project	2001 ⁴²	National Provider Network Model	Appalachian Healthcare Project utilizes a network of volunteer providers who agree to take on a certain number of uninsured residents at reduced fees, to offer them a medical home. It is a collaborative initiative administered through Watauga Medical Center, a local health system. The program is modeled after Buncombe County's Project Access Initiative in NC.	Uninsured Watauga and Avery County residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate. Enrollees must have an active health condition.	Initial funds from the Duke Endowment supported this program. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, 600 individuals have been served by this program. On average, there are about 200 active patients at any one time.
Oklahoma – Oklahoma County	Central Oklahoma Project Access (COPA)	2001	National Provider Network Model	COPA utilizes a coordinated network of physicians, hospitals, clinics, and health centers to provide sliding-fee medical services to enrollees. Services offered are based on a referral program whereby providers refer eligible uninsured residents to COPA, and the COPA Patient Referral Specialists coordinate the needed appointments. COPA is administered by the Central Oklahoma Integrated Network System (COINS), a local non-profit. The plan is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate.	Financial support for COPA comes from the Oklahoma County Medical Society, the Oklahoma City Community Foundation and the Oklahoma City-County Health Department. In 2004, COINS was awarded HRSA HCAP funds to advance the infrastructure and implementation of COPA. In 2005, COINS partnered with the United Way to help support on-going COPA operations. Additional fund-raiser events are planned in 2006 to sustain COPA. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, COPA has completed over 1,220 referrals for medical services. ⁴³
South Carolina – Horry County	SharedCare	2003 ⁴⁴	National Provider Network Model	SharedCare connects uninsured county residents to providers of health care. Through a network of 200 volunteer physicians and 7 pharmacies. Enrollees are issued an ID card, assigned a medical home, and specialty care referrals are made through a PCP. SharedCare is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to participate.	Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2005, SharedCare has served 3,718 members.

Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

Appendix: Matrix of Local Access to Care Programs by State

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Tennessee – Hamilton County	Hamilton County Project Access	2003	National Provider Network Model	Project Access is a community-based, local provider-led initiative that provides free health care services to low-income, uninsured county residents. It is a referral program whereby providers can refer eligible uninsured residents to Project Access. Enrollees are issued ID cards to facilitate access to care. It is coordinated by the Medical Society of Chattanooga, the Hamilton County and the Medical Foundation of Chattanooga. The program is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, who have established 90 days of residency prior to enrollment, and have incomes below 150% FPL are eligible to participate.	A 3 year HRSA HCAP grant in 2003 provided start-up funding, going for development of information systems, evaluation tools, and other program activities. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	N/A
Texas – Bexar County	CareLink	1997 ²³	Local Provider-based Model	CareLink provides access to affordable health services for low-income, uninsured county residents through contracts with community providers and physicians associated with the University Health System (UHS). CareLink offers a medical home and health services to its indigent residents at reduced costs. Enrollees choose a PCP who provides ongoing care. This initiative is sponsored by the UHS and the Bexar County public hospital.	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible.	The UHS leverages multiple sources to support CareLink. Primary support comes from the property taxes that the hospital district levies to cover program costs. Other sources of support include Medicaid DSH funds, payments from enrollees, Upper Payment Limit (UPL) payments and Tobacco Settlement Funds. Enrollees' monthly payments are based on income. ^{41,45}	In 2004, total enrollment was approximately 50,000 to 55,000. ⁴⁵
Texas – Dallas County	Project Access Dallas	2002	National Provider Network Model	Project Access Dallas is a community-based, local provider-led initiative that provides free health care services to uninsured county residents. It utilizes a network of volunteer physicians, hospital partners and clinics to provide donated medical and pharmacy services to its enrollees. The plan is administered by the Dallas County Medical Society, and is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to participate.	Start-up grants from the Travis T. Wallace Fund of Communities Foundation of Texas and the Texas Medical Association Foundation helped support the first year of the pilot project. Thereafter, a HRSA CAP grant was awarded in 2001 to further support the program. Ongoing support comes from provision of medical services and donations from local groups.	N/A
Texas – Travis County	Travis County Medical Society (TCMS) Project Access	2003 ⁴⁶	National Provider Network Model	TCMS Project Access is a provider-led initiative that provides free health care services to low-income, uninsured county residents. Project Access networks with over 700 physicians and specialists who donate a limited amount and range of services to those enrolled. ⁴⁷ Enrollees are issued ID card to facilitate access to care. This initiative is coordinated by the TCMS, and is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate.	Start-up funding came via the Indigent Care Collaboration of Austin and the Medical Society Foundation. The Travis County Hospital District levies special taxes to fund indigent care in the county, and secured funding for 2005 and 2006. ⁴⁸ Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2004, over 300 patients were enrolled in TCMS Project Access.

Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

Appendix: Matrix of Local Access to Care Programs by State

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Utah – Salt Lake County	Health Access Project (HAP)	2001	National Provider Network Model	HAP is a community-based health coverage plan made possible due to local providers who donate a limited amount and range of services to those enrolled in HAP. HAP partners with 550 volunteer physicians, 9 hospitals, 2 national labs and 3 outpatient care centers to provide charity care. Enrollees are issued Project Access ID cards to facilitate access to care. Culturally sensitive case management services, interpreter needs and a discounted pharmacy program is developed to better serve HAP enrollees. ⁴⁹ HAP is modeled after Buncombe County's Project Access initiative in NC.	Uninsured county residents ineligible for public or private insurance, with incomes below 150% FPL are eligible to participate.	HAP received funds through the HRSA CAP in the amount of \$1,700,000. In 2005, grants secured from the South Lake Valley Health Department (over \$100,000), the Utah Department of Health (up to 24,999), private foundations (up to \$10,000) and local businesses (\$5,000) provide ongoing financial support to HAP. ⁵⁰ Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, 1,970 individuals have received specialty care services and over 700 have received primary care services.
Virginia – Roanoke Valley	Project Access of the Roanoke Valley	2004	National Provider Network Model	Project Access of the Roanoke Valley is a community-based, local provider-led initiative that provides free health care services to uninsured county residents. This initiative networks with 420 participating providers who donate their services to enrollees. The program is modeled after Buncombe County's Project Access initiative in NC.	N/A	Project Access is financed through grants from the Virginia Health Care Foundation. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	As of 2005, 602 individuals were enrolled in the program.
Washington – Spokane County	Project Access Spokane	2003	National Provider Network Model	Project Access Spokane is local provider drive, community health plan which provided its enrollees access to health services. The program utilizes a network of over 600 volunteer physicians, hospitals and clinics who donate their services. Enrollees are issued ID cards to facilitate access to care This initiative is sponsored and administered by the Spokane County Medical Society Foundation. The Foundation determines enrollee eligibility, recruits providers, co-ordinates appointments and provides overall program oversight. The program is modeled after Buncombe County's Project Access initiative in NC.	Spokane County residents ineligible for public or private insurance, with incomes below 200% FPL are eligible to participate.	Financial support for administrative functions comes from various community partners such as the Spokane County Department of Health, the Spokane County Medical Society Foundation and the Community Health Association of Spokane. In 2003, the City of Spokane awarded the initiative \$100,000 for its drug assistance program. Substantial support from the Robert Wood Johnson Foundation in the amount of \$1 million helped the initiative get off the ground. Substantial in-kind donations of medical care from hospitals, physicians, labs and other health care providers are critical to this initiative.	Since inception, 803 individuals have been served.

Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

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West Virginia – Cabell County	Offering the Uninsured of Cabell County Healthcare (OUCH)	2002	Three-share Model	OUCH targets the uninsured working county residents and provides them with discounted/affordable health care. The cost coverage for OUCH enrollees is split three ways between the uninsured, working enrollee, the employer and the community. OUCH negotiates discounted service fees from 250 participating health care providers, local hospitals and area pharmacies to serve its enrollees. ⁵¹ The Valley Health Systems, Inc. Hospital network administers OUCH. OUCH is modeled after Muskegon County's Access Health program in MI.	The program targets full and part-time uninsured workers with incomes below 200% FPL. Workers aged 19-64 and their spouses are eligible to enroll. Eligible employers cannot have offered health insurance in past year.	Funds to develop OUCH came from the HRSA CAP grants. In addition, OUCH is financed through a three-way shared buy-in between employees (\$36/month), employers, (\$36/member/month), and the community (\$178/member/month). This is subsidized through a federal grant in the amount of \$300,000. ⁵²	As of 2003, 18 businesses were enrolled.
West Virginia – Eleven south-central counties	Partners in Health Network, Inc. (PIHN)	N/A	National Provider Network Model	PIHN is a non-profit health resource which co-ordinates free or discounted services for rural county residents. Enrollees are assigned a PCP to manage care, and are issued ID cards to facilitate access to care. PIHN serves as a resource for disease management, a model for medical record keeping, developing patient education materials etc. ⁵²	Uninsured county residents ineligible for public or private insurance, with incomes less than 200% FPL can participate. ⁵²	In 2001, HRSA CAP grants in the amount of \$869,680 were used for start-up, administrative and care management program costs. ¹⁸ Since then, other grants were secured to develop different services offered by the PIHN, such as additional funds through the W.K. Kellogg 'Community Voices' initiative support the shared medical appointment services. ⁵²	As of 2003, 4,000 individuals have been served. ⁵⁰

Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

Wisconsin – Milwaukee County	General Assistance Medical Program (GAMP)	1996 ⁵³	County-based Indigent Care Model	GAMP is a county-based program where the Milwaukee County purchases health care for its uninsured residents. It is a managed care model which networks with 16 primary care clinics, 240 specialty care providers, 13 hospitals and local pharmacies that dispense health services to the indigent. Enrollees are required to select a participating clinic as their PCP. ^{54,55,56}	Uninsured county residents ineligible for public or private insurance, with incomes below 115% FPL (for a family of 3) or 125% (for a family of 1) may enroll in GAMP. Enrollees must be county residents for 180 days prior to application. ⁵⁵	A major portion of funding for GAMP comes from Milwaukee County property tax levies, which help fund health care for GAMP enrollees. Supplemental DSH funds and IGTs also help support the program. In 2000, GAMP was awarded a HRSA CAP grant to help reduce health access disparities among the indigent. ⁵⁵	In a calendar year, GAMP served 24,000 individuals. There are approximately 10,000-12,000 individuals enrolled in GAMP at any given time. ⁵⁷
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Local Access to Care Programs (LACPs), appendix to Blewett, L.A., J. Ziegenfuss, and M. Davern. 2008. "Local Access to Care Programs (LACPs): New Developments in the Access to Care for the Uninsured." *Milbank Quarterly*, Fall 2008 issue.

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