

**MONTGOMERY COUNTY COMMISSION ON HEALTH**

Meeting Minutes

February 20, 2014

401 Hungerford Drive, Rockville, Maryland

Members Present: Mitchell Berger, Brenda Brooks, Tara Clemons, Graciela Jaschek, Alan Kaplan, Joneigh Khaldun, Pierre-Marie Longkeng, Rose Marie Martinez, Linda McMillan, Sheela Modin, Marcia Pruzan, Nelson Rosenbaum, Daniel Russ, Tonya Saffer, Ashraf Sufi, Wayne L. Swann, and Shari Targum

Members Absent: Ron Bialek, Kathy Ghiladi, Michelle Hawkins and Ulder J. Tillman

Staff Present: Jeanine Gould-Kostka, Jean Hochron, Senior Administrator, Health Care Services for the Uninsured, PHS, DHHS, and Doreen Kelly

Guests: Sharon Zalewski, Vice President and Director, Center for Health Care Access, Primary Care Coalition of Montgomery County and Erin Seger, public health student

**1.0 Call to Order**

Vice Chair Dan Russ called the meeting to order at 6:07 p.m. upon reaching a quorum. Public Health student, Erin Seger was introduced as a guest.

**2.0 Approval of Minutes**

Dr. Nelson Rosenbaum made a motion to approve the January 2014 Commission on Health (COH) meeting minutes. Dr. Alan Kaplan seconded the motion to approve the minutes. The motion was passed unanimously by voice consent.

**3.0 Report of Officers – Dan Russ, Vice Chair**

**3.1 Upcoming Meetings** – Dr. Russ announced that the COH upcoming meetings will be held on March 20, 2014 and April 24, 2014. The March meeting will be used for liaison updates as well as a work session for workgroups to develop action steps and recommendations. The April 24, 2014 is the fourth Thursday of the month and was switched from the usual third Thursday of the month due to holiday conflicts.

**3.2 Budget Update/ Forum Testimony** – Dr. Russ discussed the upcoming Boards, Committees and Commissions (B/C/Cs) Annual Meeting with the County Executive set for March 11, 2014. The County Executive’s staff distributed a new form to be completed by all B/C/Cs listing issues and questions to be addressed by the County Executive during the meeting.

Dr. Russ asked COH members for input on items to be shared with the County Executive.

Discussion followed: healthcare coverage; access to care issues including behavioral health and dental health care and treatment; how to recruit primary care providers; electronic health records; and how the meeting is scheduled to take place just days prior to the release of the County Executive’s proposed FY15 budget.

**3.3 Membership Committee Update** – Dr. Russ thanked Ms. Graciela Jaschek and Ms. Kathy Ghiladi for offering to serve as the members of the COH Membership Committee. Ms. Ghiladi confirmed her willingness to serve in this capacity prior to the meeting but was unable to attend the meeting. Ms. Jaschek and Ms. Ghiladi will work with Ms. Gould-Kostka to interview all COH applicants later this spring.

**MOTION:** Dr. Ashraf Sufi moved that Ms. Graciela Jaschek and Ms. Kathy Ghiladi serve as the COH Membership Committee for FY14. Ms. Marcia Pruzan seconded the motion, which was passed unanimously by voice consent.

#### **4.0 PHS Chief’s Report – Doreen Kelly, Administrator, Public Health Services**

Ms. Kelly announced the PHS Chief’s Report for January 2014 will be sent out in the COH electronic mail for review. The report is also included at the end of these minutes.

Ms. Kelly discussed the following issues: electronic health records; Women’s Cancer Control Program; HIV Program; reproductive health and DHMH grant; Disease Control and long-term health facilities as well as preschools; tuberculosis identified in MCPS population and follow up is underway; and Licensure and Regulatory will have licensing changes for massage parlors in order to reduce the chance of human trafficking.

#### **5.0 Reports – Dan Russ, Vice Chair**

**5.1 County Council Report** – Ms. Linda McMillan said that the County Council has been working on land-use issues and Capital Improvement Program (CIP) projects like Dennis Avenue and Avery Road Treatment Center renovations. The HHS Committee discussed the Supplemental Nutrition Assistance Program (SNAP) and the Affordable Care Act (ACA). Upcoming HHS Committee discussion will be held on the Overdose Prevention Plan. By late March focus will be on the FY15 budget.

**5.2 MCPS Report** – Ms. Marla Caplon discussed: the MCPS summer meals program planning that has begun; and the reconvening of the Wellness Committee to include parents, staff, and administration.

**5.3 Staff Report** – Ms. Gould-Kostka discussed: COH term expirations and how each member needs to reassess their desire to continue serving on the COH by early April; written liaison reports are requested for any COH liaison wishing to present a report during the March 20, 2014 COH meeting; and final reports from the workgroups and liaisons will be due prior to the July 17, 2014 COH meeting for inclusion in the COH FY14 annual report; the April COH meeting will take place on the fourth Thursday instead of the third Thursday; and the need to appoint two COH members to serve as the Nominating Committee and requested volunteers.

#### **6.0 Montgomery Cares and ACA Update – Dan Russ, Vice Chair**

Dr. Russ introduced Jean Hochron, Senior Administrator, Health Care Services for the Uninsured, PHS, DHHS, and Sharon Zalewski, Vice President and Director, Center for Health Care Access, Primary Care Coalition of Montgomery County. Dr. Russ thanked them for agreeing to present an update on Montgomery Cares and the ACA implementation.

Ms. Hochron shared a PowerPoint presentation, which is attached at the end of these minutes.

Discussion followed: federal poverty levels; undocumented residents and health care; Maternity Partnership Program; challenges related to frequent users of emergency rooms for behavioral health issues; some emergency rooms have a relationship with Montgomery Cares Clinics and supporting services can be accessed more easily; oral health programs see only 4500 patients per year; very limited ability to offer oral health services; additional resources from the Affordable Care Act (ACA) for Federally Qualified Health Centers

(FQHC); not all uninsured are accessing available services; all twelve Montgomery Cares clinics are private non-profit organizations; and how to recruit for providers.

Ms. Zalewski shared a PowerPoint presentation, which is attached at the end of these minutes.

Discussion followed: Maryland Essential Health Benefits under the ACA must include doctor visits, hospitalization, emergency care, habilitative & rehabilitative services, maternity care, pediatric care, prescriptions, medical tests, mental health care, and substance abuse services; safety-net clinics should be able to offer most of the Maryland Essential Health Benefits; the Primary Care Coalition (PCC) is the performance manager for the Capital Region Connector Entity; community partners; Triple AIM defined; State Health Care Reform and initiatives in Maryland; “rugged individualism” won’t work well for private primary care providers who might need to join with other physicians in order to implement electronic health records; Montgomery Cares continues to show slow growth; Montgomery Cares targeted 15% of uninsured population to receive behavioral health services but only 11.9% have been served; oral health resources and planning on how to tackle dental care needs is critical; waiting lists for some services within Montgomery Cares clinics and the need to move toward universal screening for behavioral health; and Ms. Zalewski will determine the wait time for access to care and send to the COH.

Questions and answers and further discussion followed the presentations. Dr. Russ thanked Ms. Hochron and Ms. Zalewski for presenting to the COH.

#### **7.0 New Business/Unfinished Business**

No new business and no unfinished business to report.

#### **8.0 Adjournment**

Ms. Tonya Saffer made a motion to adjourn at approximately 8:03 p.m. Mr. Wayne Swann seconded the motion, which was passed unanimously by voice consent.

Respectfully submitted,

Jeanine Gould-Kostka  
Staff to Commission on Health

## Public Health Services Chief's Report January 2014

### SUCSESSES AND GOOD NEWS

#### Colorectal Cancer Screening

In observance of Dr. Martin Luther King Day, the Montgomery County Cancer Crusade (MCCC) staff worked with the health ministries of Reid Temple AME Church to provide cancer education and Affordable Care Act information to members of its congregation. This was part of the congregation's "MLK Day of Giving Back" community service day celebration. MCCC has provided 99 colonoscopies from July through January for uninsured residents of Montgomery County, to screen for colorectal cancer.

The Immunization Program has been approved to display signage/literature in Boyd's Correctional Facility's visitor reception area to advertise County vaccine clinics for the uninsured. STD will advertise County STD/HIV testing clinics for the uninsured.

#### HIV/STD Program

- Interviewed by *Feature Story News* (an international television broadcasting network), spotlighting a story about the Center for Health Equity and Wellness' BEAT IT Project (Becoming Empowered Africans Though Improved Treatment of Diabetes, Hepatitis B and HIV/AIDS); with focus on overcoming HIV stigma; which is still prevalent in the African immigrant population.
- HIV Services is successfully billing for Diagnostic Services and is working toward billing for ongoing HIV Specialty medical services. We are in the process of requesting prior authorization from MCO's to continue to provide medical care to patients with Medicaid. Long term plan to retain patients must include contracts with MCO's.

#### Tobacco Prevention and Cessation Program

The Tobacco Prevention and Cessation Program partnered with staff from Montgomery County Department of Liquor Control to present information on the County's tobacco cessation and enforcement activities at the MD-Quit's 8th Annual Best Practices Conference.

#### New Administrators

Paola Fernan-Zegarra was appointed as the new Oral Health Program Administrator, effective January 27, 2014. She had been the Acting Administrator of the program.

Mark Hodge transitioned from managing the TB Control Program to his new role as Senior Administrator of Public Health Policy and Legislation. (Kimberly Townsend is serving as the Acting Nurse Administrator for the TB Control Program.)

### HOTSPOTS

#### Reproductive Health

Given the State's plans to contract directly with two of the three Reproductive Health contractors for the County, beginning in FY15, the County DHHS, following discussions with the State, has made a decision to discontinue participation in the State's Reproductive Health program effective July 1, 2014.

#### Disease Control:

There were four gastro outbreak investigations, three in long-term care facilities and one in a pre-school. Individual case investigation numbers are up: 6 pertussis, 4 Legionella, 20 enteric, and more.

**TB Control Program:**

Two possible school contact investigations (one middle school and one high school) were identified in January and are pending at this time.

**Licensing and Regulatory Services** is working closely with Police and Department of Permitting Services (DPS) to tighten enforcement of massage regulations in an effort to control human trafficking activities in Montgomery County. DPS will no longer issue the necessary permits until they receive documentation from L&R that all practitioners for that location have provided valid Board of Chiropractic Medicine Massage Therapist Certification.

A nursing home was cited for failing to provide appropriate care to a pressure sore that worsened causing harm to the resident. A civil money penalty will be imposed.

Health and Human Services Licensure & Regulatory Services and the Montgomery County Police Department provided training in Managing Elopement Risks to assisted living facilities and nursing homes. This training provided administrators with current steps to prevent elopements and initial steps to take after a resident has eloped.

**UPDATES ON KEY ISSUES**

**Montgomery Cares**

All Montgomery Cares providers are now utilizing an electronic health record. Now that the transition is complete, PCC’s IT staff is working on reporting and connectivity issues, including interface between the EHR and Specialty Care referral module and connection with HIE and CRISP.

YTD data for FY14 (July - December 2013):

- o Non-homeless patients 20,056 (61% of budget target)
- o Non-homeless encounters 39,524 (46% of budget target)
- o Homeless patients 174 (43.5% of budget target)
- o Homeless encounters 249 (27.7% of budget target)

**Maternity Partnership:** Lag time in hospital enrollment following referral from the Health Centers is likely due to Christmas holidays, and we expect January enrollment numbers to be higher than seen in December. Given the historic jump in enrollment in the spring, we are still anticipating enrollment in excess of 1650 patients by the end of FY14.

	<u>December</u>	<u>YTD</u>
New patients enrolled in prenatal care by hospitals	126	807
Number of teens enrolled	5	32
Percent entry during first trimester	46%	46%

**Oral Health**

	New patients:		Encounters:	
	<u>December</u>	<u>YTD</u>	<u>December</u>	<u>YTD</u>
Maternity:	49	468 patients	131	981 visits
Children:	118	812 patients	232	1,368 visits
Adults:	84	847 patients	195	1,468 visits
Seniors:	44	409 patients	108	727 visits
<b>TOTAL:</b>	<b>295</b>	<b>2,536 patients</b>	<b>666</b>	<b>4,544 visits</b>

**Care for Kids**

Care for Kids enrollment is up by about 250 children from this time last year. The thought is that the growth is due to the ACA “wood-work” effect -- families enrolling in MA and other health insurance programs are learning about the availability of the Care for Kids program for their undocumented children. From July

through December 2013 there were 189 children newly enrolled. The current number of children being served is 2,561.

**Refugee and Immunization Programs:**

Fee collection and MA billing for vaccine administration was launched at Dennis Avenue Health Center. The tables below characterize the clients’ ability to pay and payment type.

**VFC VACCINES for children age ≤18 years Eligibility for vaccines: Uninsured or has MA**

# vaccines administered	# clients served	# clients eligible for waived fee	# clients eligible for reduced fee	# Clients paying with cash	# Clients paying with credit card	# Clients paying with check	# Clients with MA
10	4	2	0	0	0	0	2

**317 VACCINES for adults age ≥19 years Eligibility for vaccines: Uninsured**

# vaccines administered	# clients served	# clients eligible for waived fee	# clients eligible for reduced fee	# Clients paying with cash	# Clients paying with credit card	# Clients paying with check
7	6	0	1	1	5	0

The Immunization Program continued partnership with DHMH’s Hepatitis B Vaccination Pilot, providing 100 doses Hepatitis B (317 Vaccine) to clients in STD, HIV, and Refugee during the month of January. Year-to-date, 671 doses Hepatitis B have been administered under the pilot.

**Care Coordination Client Services**

The number of pregnant women enrolled in an MCO decreased from 204 in December to 143 in January, which reflects a 30% decrease. Received information from DHMH and local SEUs that this drop in referrals is due to many systemic enrollment factors that are being worked on and will be corrected. The number of pregnant women referred is expected to increase in February when better communication between the CARES and MMIS systems will resume.

**Improved Pregnancy Outcome Program** Reviewed all newly received fetal, infant and child death certificates (100%) received via new electronic notification system from Maryland DHMH/Vital Statistics and from the Office of the Chief Medical Examiner office.

**The Commission on Health** sent letters to the County Executive and County Council on January 28, 2014 related to the importance of considering social determinants of health. The Commission stated “... our advice on public health and health care in Montgomery County cannot be comprehensive or meaningful without appropriate focus on the social determinants that contribute to such conditions as asthma, cardiovascular disease, and diabetes, and mental health and substance abuse challenges. As the COH continues in our advisory role, we will review and provide input on social determinants of health as they relate to the County budget and to existing and proposed County policies.”

**School Health Services**

On January 27<sup>th</sup>, School Health Services began a six week orientation course for the 33 newly hired substitute School Community Health Nurses and substitute School Health Room Aides. This orientation includes certification from the Maryland Board of Nursing for the Delegation of Nursing, Certified Medication Technician (CMT) and Certified Nursing Assistant (CNA) training.



## Health Care Services for the Uninsured

Commission on Health  
March 20, 2014

Jean L. Hochron, M.P.H.  
Senior Administrator  
Health Care Services for the Uninsured  
Public Health Services/DHHS

## What is the need?

- Estimated 110,000-120,000 uninsured County residents before passage of the Affordable Care Act
- Estimated 60,000-65,000 uninsured residents remain after full implementation of the ACA

## Five key programs for County residents who lack insurance

Montgomery Cares  
Care for Kids  
Maternity Partnership  
Reproductive Health  
Oral Health Services

Plus two more:

Homeless Health  
Children with Special Health Care Needs

## Eligibility: Uninsured, County residents

Montgomery Cares	Adults age 18+ At/below 250% Federal Poverty Level (FPL)
Care for Kids	Children through age 19 At/below 250% FPL
Maternity Partnership	Pregnant Women At/below 185% FPL
Reproductive Health	Women of Reproductive Age At/below 150% FPL
Oral Health Services	Children, adults, seniors At/below 250% FPL (185% FPL for MP, no limit for HIV patients)

## Program Administration

Montgomery Cares	12 community-based providers, engaged through contracts with the Primary Care Coalition
Care for Kids	6 community-based providers, engaged through contracts with the Primary Care Coalition, plus 12 school-based sites
Maternity Partnership	DHHS contracts with Holy Cross, Wash. Adventist, and Shady Grove Adventist Hospitals for pre-natal care
Reproductive Health	DHHS contracts with Planned Parenthood, Mary's Center, and TAYA (Teen and Young Adult Health Connection, now a component of CCI)
Oral Health Services	County staff/contracted providers provide direct services at six sites located throughout the County

## Patients served: Total of approx. 35,000 in FY 13

	Fiscal Year 2013	Fiscal Year 2014 YTD (Jul-Dec)
Montgomery Cares	29,500 patients	20,000 patients
Care for Kids	2,800 patients	2,600 patients
Maternity Partnership	1,650 patients	810 patients
Reproductive Health	3,700 patients	1,758 patients
Oral Health Services	4,700 patients	2,500 patients

### Program Budgets, FY14: \$16.2 million in County funds

Montgomery Cares	\$11,690,000
Care for Kids	\$795,000
Maternity Partnership	\$1,256,000
Reproductive Health	\$503,000: Title X \$170,000: County
Oral Health Services	\$2,280,000

- ### Montgomery Cares Services
- Primary Care services
    - available at 25 locations
    - providers reimbursed at \$65/encounter
  - Prescription drugs
    - Community Pharmacy – generic, provided at point of service
    - \$4 retail pharmacies
    - Medbank – brand name drugs through manufacturers, at no cost to patient
  - Specialty care: 10,289 visits in FY13
    - Project Access (component of the PCC contract)
    - Archdiocese Health Care Network
    - On-site clinic specialty care services

- ### Montgomery Cares Participating Providers
- Care for Your Health
  - CCACC Pan Asian Clinic
  - Community Clinic, Inc.
  - Community Ministries of Rockville, Mansfield Kaseman Health Clinic
  - Holy Cross Health Centers
  - Mary's Center
  - Mercy Health Clinic
  - Mobile Medical Care
  - Muslim Community Center Medical Clinic
  - Proyecto Salud
  - People's Community Wellness Center
  - Spanish Catholic Center Medical Clinic

- ### Special programs
- Behavioral Health: serves patients at select Mont Cares provider sites
  - Oral Health: Mont Cares patients served at two County locations plus a site run by Spanish Catholic Center in Wheaton
  - Health Care for the Homeless
    - Primary care for individuals who are uninsured and are either unsheltered or staying at shelter sites
    - Hospital discharge planning
    - Medical oversight for those medically vulnerable, previously homeless individuals living in permanent supportive housing

- ### Future challenges
- Budget capacity limits the number of people who can be served -- currently only 25% of those potentially eligible are enrolled in Montgomery Cares
  - Provider capacity to serve Mont Cares patients may be reduced as they begin to reach out to Medicaid enrollees
  - Access to comprehensive services, including Behavioral Health and Oral Health services, continues to be limited
  - Need to ensure consistency of patient experience by developing more uniformity in operations of participating providers (e.g. copayments)
  - Need to increase program efficiency and improve patient access through centralized enrollment and appointment scheduling
  - Need to maintain understanding of the need for safety net programs after ACA is fully implemented for those who will remain uninsured

## Montgomery Cares and Care for Kids

Sharon Zalewski, Director, Center for Health Care Access  
Primary Care Coalition of Montgomery County  
Fiscal Year 2013 and Beyond



8757 Georgia Ave, 10th Floor  
Silver Spring, MD 20910  
www.primarycarecoalition.org

## The Montgomery Cares Program

Montgomery Cares is a public private partnership among PCC, Montgomery County DHHS, 12 community-based safety net clinics and 5 hospitals that provides primary health care to low-income uninsured residents of Montgomery County. In addition to subsidizing primary care visits at safety-net clinics, Montgomery Cares provides for network support including:

- Pharmacy-point of service medications and Medbank;
- Specialty care services;
- Behavioral health and oral health care services;
- Quality assurance and quality improvement;
- EHRs and IT support.



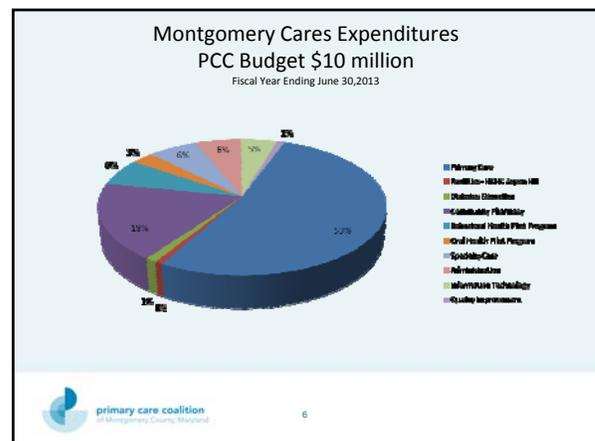
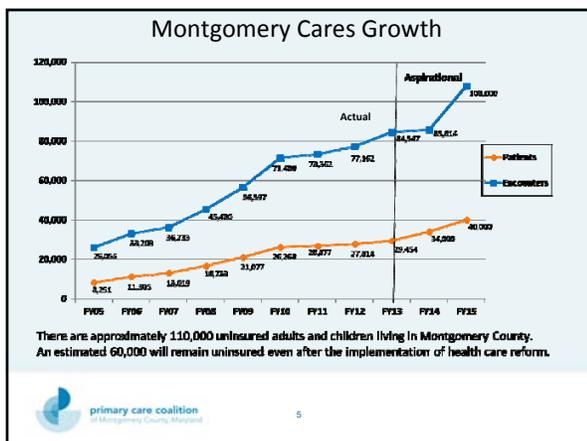
## Montgomery Cares Eligibility

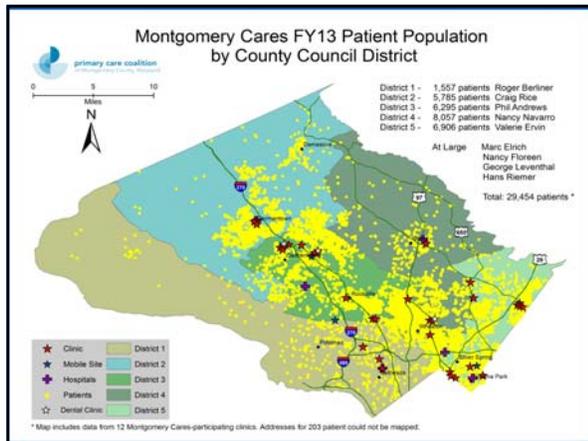
- Age 18 years or older;
- Live in Montgomery County;
- Be uninsured;
- Have income  $\leq$  250% of Federal Poverty Level; (FPL for a family of four \$57, 625)
- Eligibility for MC is conducted by clinics at the point of service.



## Montgomery Cares Participating Clinics

Clinic Organization	Location(s)
Care For Your Health	Silver Spring
Chinese Cultural and Community Center	Gaithersburg
Community Clinic, Inc.	Gaithersburg, Silver Spring, Takoma Park
Community Ministries of Rockville	Rockville
Holy Cross Hospital Health Center	Aspen Hill, Gaithersburg, Silver Spring
Mary's Center	Silver Spring
Mercy Health Clinic	Gaithersburg
Mobile Medical Care	Bethesda, Germantown, 7 locations
Muslim Community Center Medical Clinic	Silver Spring
Proyecto Salud	Olney, Wheaton
Spanish Catholic Center	Silver Spring
The People's Community Wellness Center	Silver Spring



### Montgomery Cares Patient Demographics

- Mostly Female 67%
- Majority Hispanic 57%
- Mid-Age
  - 8% are 65+
  - 33% are older 50 to 64
  - 22% are in their 40's
  - 22% are in their 30's
  - 15% are young adults 18 to 29
- Racially Diverse
  - 39% Other (includes Hispanic)
  - 21% Black
  - 17% White
  - 11% Asian
  - 5% Native American, Alaskan, Hawaiian, Pacific Islander
  - 7% Unknown
- Very Poor
  - 65% report income <= 100% FPL
  - 16% report income between 101 - 133% FPL
  - 19% report income between 134-250% FPL

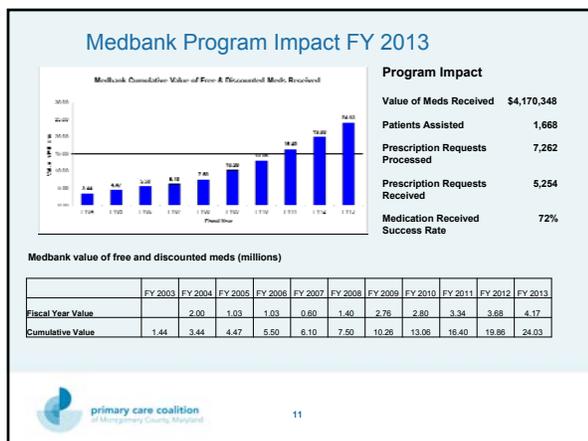
### Annual Clinical Measures FY13

Measure	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	Target Range HEDIS Medicaid (mean-90 <sup>th</sup> %)
* Diabetes: Annual HbA1c Testing	54%	74%	77%	83%	84%	82-91%
* Diabetes: Annual LDL Testing	47%	65%	70%	77%	75%	75-82%
* Diabetes: Good HbA1c Control (≤ 7)	26%	35%	37%	41%	42%	35-44%
* Diabetes: Poor HbA1c Control (≥ 9%)	57%	44%	37%	36%	42%	43-29%
* Diabetes: LDL Control (≤ 100 mg/dL)	22%	32%	35%	38%	38%	35-46%
* Diabetes BP Control	70	73	73	73	72%	61-75%
* Hypertension: BP Control (≤ 140/90)	52%	60%	65%	64%	62%	57-69%
Breast Cancer Screening	12%	26%	29%	32%	34%	50-63%
Cervical Cancer Screening	7%	15%	29%	39%	50%	67-78%
Colorectal Cancer Screening	1%	2%	2%	3%	4%	N/A

HEDIS 2011 performance as reported in The State of Healthcare Quality 2012  
 \*Meets or Exceeds HEDIS Medicaid Benchmarks  
 Montgomery Cares FY 2013 indicators will be published in Autumn 2013

### Community Pharmacy Expenditures FY 2013

Category	Q1	Q2	Q3	Q4	Total Expenditure	% Budget Allocation
General Formulary	\$246,873.97	\$235,361.08	\$227,331.25	\$267,293.35	\$976,859.66	68%
Diabetic Supplies and H. Pylori	\$41,617.00	\$90,176.00	\$49,022.00	\$154,443.00	\$335,258.00	23%
Behavioral Health	\$18,351.66	\$12,183.80	\$9,703.40	\$13,379.31	\$53,618.17	4%
Vaccine	\$45,981.31	\$18,389.33	\$4,472.66	\$7,871.16	\$76,714.46	5%
Bradley*	\$418.60	\$591.29	\$636.36	\$1,011.00	\$2,657.25	<1%
Pharmacy Bags*				\$800.00	\$800.00	<1%
<b>Total</b>	<b>\$353,243</b>	<b>\$356,702</b>	<b>\$291,166</b>	<b>\$444,798</b>	<b>\$1,445,908</b>	<b>100%</b>



### Specialty Care Appointments by Source FY 2013

Appointment Source	1 <sup>st</sup> Q	2 <sup>nd</sup> Q	3 <sup>rd</sup> Q	4 <sup>th</sup> Q	FY 2013 Totals
Clinic On-Site Specialty Care	1,207	1,163	1,645	1,798	5,813
AHCN	312	369	336	478	1,495
Project Access	699	613	549	538	2,399
MM Heart Clinic	119	136	162	166	582
<b>Total</b>	<b>2,337</b>	<b>2,281</b>	<b>2,692</b>	<b>2,980</b>	<b>10,289</b>

### Montgomery Cares Support for Specialty Care

Montgomery Cares FY13	
PA (Staff and Program)	\$332,043
AHCN	\$128,770
Direct Specialty Care Services	\$254,323
Clinic On-Site Specialty Care (\$62 per visit)	\$360,406
<b>Total</b>	<b>\$1,075,542</b>



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### Project Access Hospital Donated Services FY 2009 to FY 2013



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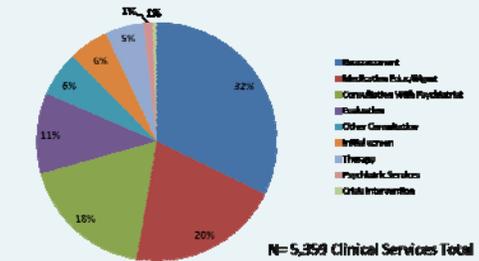
### Montgomery Cares Behavioral Health Program

Clinic Site	Total Number Montgomery Cares Patients	Clinic Patients Receiving MCBHP Services	Percent of Clinic Patients Receiving MCBHP Services
Holy Cross	6,379	889	14.0%
Proyecto Salud	5,081	463	9.1%
Mercy	1,891	242	12.8%
<b>Total</b>	<b>13,351</b>	<b>1,594</b>	<b>11.9%</b>



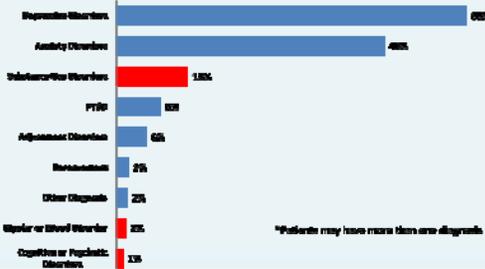
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### FY 2013 Breakdown of Clinical Services Provided By MCBHP



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### Prevalence of Behavioral Health Disorders in Patients Evaluated in FY 2013 (N=489)



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### Oral Health Program FY2009 - FY2013



- 7% of Montgomery Cares patients received oral health services.
- The demand for dental care continues to exceed the services available through current MC funded providers.
- Wait times for appointment are 2 to 3 months.



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### Transitional Activities

**Electronic Health Record Transition**

- Eight clinics are transitioned to a single-instance of an ONC certified EHR between July and November, 2013.
- Four clinics have been using ONC certified EHRs.

**Medicaid Participation**

- Six of 12 clinics are participating in Medicaid.
- Two clinics are in the process of credentialing with MCOs and negotiating contracts.
- Two clinics remain undecided regarding Medicaid participation.
- Two clinics are not planning to participate in Medicaid.

**Patient-Centered Medical Homes**

- Four clinics are implementing patient-centered medical homes concepts.

**Integration with Community Services**

- Four clinics and 2 hospitals are participating in a geographically defined Health Enterprise Home Program focused on reducing health disparities and improving population health.



### Raising the Bar and Resetting Goals

**Phase I:** Develop a safety-net primary health care system to provide primary health care services for low-income, uninsured children and adults living in Montgomery County that includes a full scope of supportive services including access to medications, specialty care, behavioral health care and oral health services.

**Phase II (Montgomery Care 2.0):** Strengthen the network and expand capacity to continue to meet the needs of the uninsured population and also serve newly insured individuals with Medicaid and Qualified Health Plans.

- Align the safety-net health care system with national, state and local initiatives that facilitate access to care, improve quality and lower costs.
- Harmonize and integrate enrollment processes for the Medicaid, the Maryland Health Connection and County safety-net health care programs.
- Successfully implement patient-centered medical homes.
- Fully integrate behavioral health services at all MC sites.
- Establish linkages to community-based social and support services to establish Community Integrated Medical Homes.



### Care for Kids Overview

Care for Kids is a partnership between the Primary Care Coalition, Montgomery County DHHS, the School Health Program, non-profit clinics and private health care providers that ensures children in Montgomery County have access to primary and specialty health care services.

This program provides health care services to children in Montgomery County who do not qualify for the Maryland Children's Health Insurance Program (MCHIP) or have other public or private insurance.

Care for Kids is an enrollment program. Eligibility is determined by DHHS Services Eligibility Units (SEUs). To be eligible, children must:

- Live in Montgomery County
- Live in families with income below 250% of Federal Poverty Level (FPL).
- Be 18 years of age or less.
- Complete the Care for Kids application process with documentation of residency and income similar to MCHIP.



### Scope of Services

- High quality primary health care.
- Medications for all children enrolled in the program.
- Access to low cost dental care and behavioral health services through Montgomery County DHHS.
- Referrals for optometry, orthopedics and other specialty care services at no or low cost.
- Medical case management services for high-risk children and families requiring assistance with accessing care or linkages to social services.
- Children with chronic health conditions are enrolled in the Maryland Children's Medical Services program. PCC provides Care Coordination for CMS.



### Care for Kids Providers

Provider	Location	Patients	Visits
Dr. Eduardo Bravo	Gaithersburg	7	5
Community Clinic Inc.	Gaithersburg, Silver Spring, and Takoma Park	965	1,143
Kaiser Permanente	Silver Spring, Kensington, Germantown, Gaithersburg, Rockville	521	748*
Milestone Pediatrics	Germantown	251	496
Harmony Hills School-Based Health Center	North Silver Spring	169	420
Broad Acres School-Based Health Center	South Silver Spring	151	380
Gaithersburg School-Based Health Center	Gaithersburg	142	334
Summit Hill School Based Health Center	Gaithersburg	86	255
New Hampshire Estates School Based Health Center	South Silver Spring	80	150
Northwood Wellness Center	Silver Spring	23	78
Highland School Based Health Center	North Silver Spring/Wheaton	7	33
Rolling Terrace School Based Health Center	Silver Spring/Takoma Park	4	14
Spanish Catholic Center	North Silver Spring/Wheaton	251	238
Mary's Center for Maternal and Child Care	Silver Spring/Takoma Park	113	126
Total		2,770	4,410

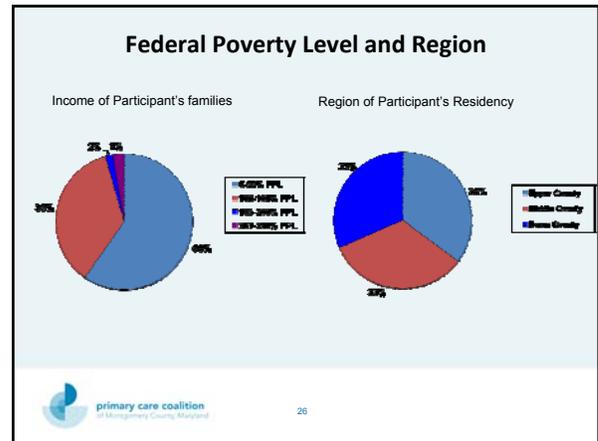
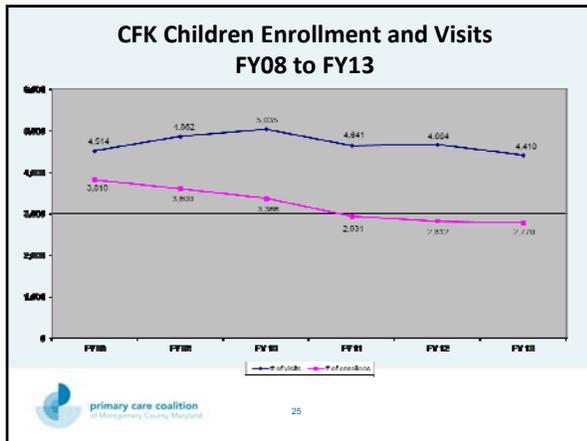
\* Kaiser data has been estimated



### FY13 Program Metrics

- Care for Kids served 2,770 children provided 4,410 primary care visits.
- Average monthly enrollment in CFK was 1,981 children.
- CFK enrolled 85% of new applicants approved by SEU.
- With the implementation of ACA, CFK has experienced nearly a 10% increase in enrollment in FY14.

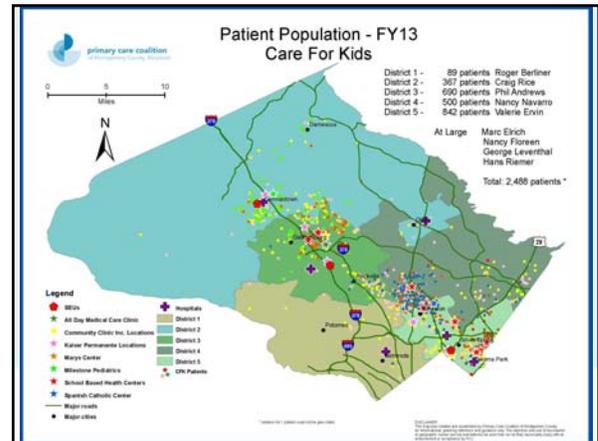




### Country of Origin

Country of Origin (Top Ten)	Total	Percentage
El Salvador	1,189	43%
Honduras	255	9%
Guatemala	233	8%
Peru	195	7%
Mexico	188	7%
Bolivia	70	3%
Philippines	52	2%
Colombia	48	2%
Ecuador	37	1%
Brazil	31	1%

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## Impact of State Health Care Reform

Sharon Zalewski, Director, Center for Health Care Access  
Primary Care Coalition of Montgomery County

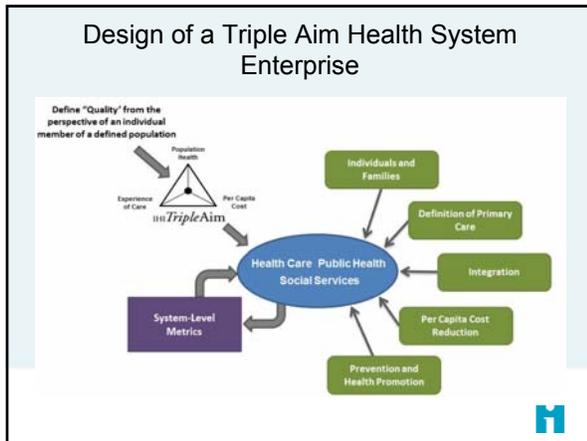
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## Definition

**IHI Triple Aim**

- System designs that simultaneously improve three dimensions:
  - Improving the health of the populations;
  - Improving the patient experience of care (including quality and satisfaction); and
  - Reducing the per capita cost of health care.

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### Maryland State Initiatives

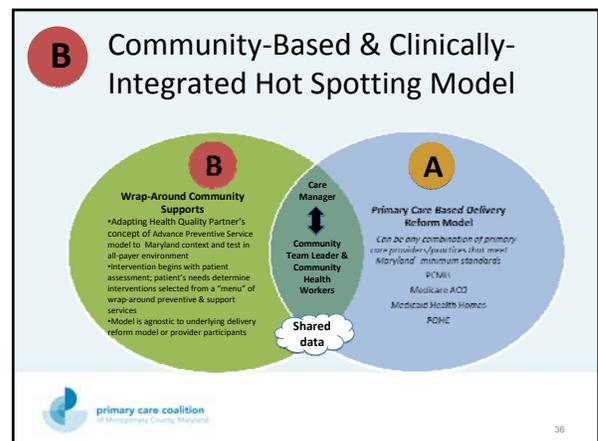
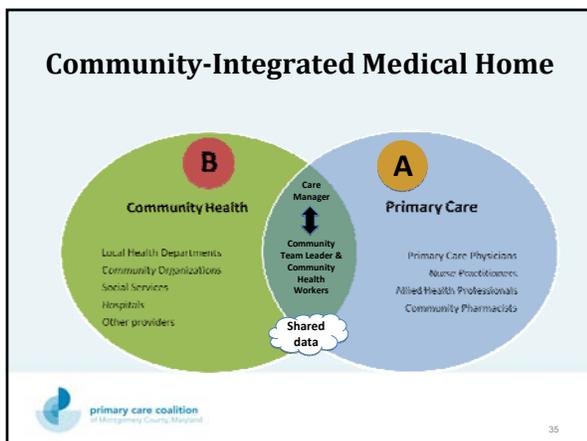
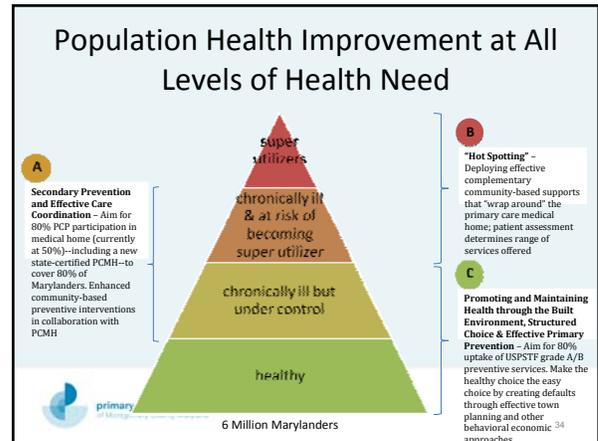
- 1. State Innovation Models (SIM): Community Integrated Medical Homes (CIMH)**  
 DHMH completed a statewide model to integrate medical homes and community-based interventions for the purpose of improving health and reducing costs.
  - Patient Centered Medical Homes
  - Care Coordination
  - Community-Based Intervention and Linkage to Services
  - Local Health Improvement Coalitions (Healthy Montgomery)
- 2. Center for Medicare & Medicaid Innovation Grant: Health Care Innovation Awards Round 2**  
 DHMH applied for a CMS Innovation Grant to fund 3 new Health Enterprise Zones, increase capacity for the Local Health Improvement Coalition to support HEZs and CIMHs.
  - sustainable payment model for HEZs
  - demonstrate savings to Medicare, Medicaid and CHIP

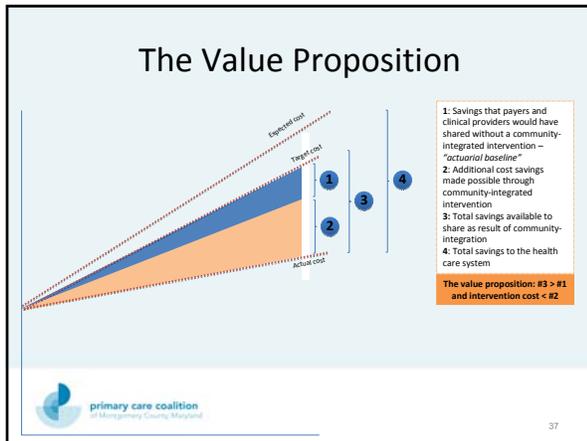
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### Maryland State Initiatives

- 3. Health Enterprise Zones (HEZ)**  
 DHMH funded health service development and coordination in 5 geographically defined areas of the state with the goal of reducing health disparities, improving population health, reducing costs and effectively engaging communities in planning and coordinating care. The Long Branch Health Enterprise Zone submitted an application that was approved but unfunded. The application was resubmitted under the CMS Innovation Grant Award Program.
- 4. Hospital Medicare Waiver**  
 Maryland revised its hospital payment methodology from admissions-based payments to a model based on per capita costs with the goal of improving care and reducing costs. In addition to fixed rates for all payers, the Maryland Medicare Waiver allows the state to establish fixed budgets for each hospital based on population size and characteristics and limits budget increases to 3.58% annually.

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### Affordable Care Act Overview

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### Affordable Care Act

#### Medicaid Expansion

Under the ACA, states can choose whether to expand Medicaid coverage; Maryland took advantage of this expansion opportunity.

**The following changes take effect January 1, 2014:**

- Coverage extended to individuals below 139% of the Federal Poverty Level (FPL).
- Categorical requirements eliminated
  - Single adults <139% FPL will be eligible for Medicaid.
- PAC will be eliminated and PAC enrollees will automatically transition to Medicaid.
- MCHP covers Children 0-19 years old up to 300% FPL & Pregnant Women up to 250% FPL.
  - Children between 200-300% FPL will be enrolled through MCHP Premium and families will pay a small monthly premium.

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### Affordable Care Act

#### Insurance Regulations

The ACA imposes regulations on all insurance companies.

**New rules for insurers:**

- Young adults can remain on their parents' insurance until age 26.
- Insurance companies cannot deny/drop coverage, nor can they raise premiums, due to any medical condition.
  - Only factors for premiums are location, age, and whether the individual is a smoker.
- Lifetime and annual caps on coverage are banned.
- Insurers must spend 80-85% of premium dollars on health costs & claims.
  - If more than 15-20% of premium dollars go to profit or admin costs, the insurer must issue a rebate to customers.
- Plans must cover "Essential Health Benefits" (see next page)

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### Affordable Care Act

#### Insurance Regulations – Essential Health Benefits

**Maryland Essential Health Benefits:**

1. Doctor visits
2. Hospitalization
3. Emergency care
4. Habilitative & Rehabilitative Services
5. Maternity care
6. Pediatric care
7. Prescriptions
8. Medical tests
9. Mental Health Care
10. Substance Abuse Services

Plans must cover preventive care at **no extra cost to the consumer**, including flu and pneumonia shots, other routine vaccinations, cancer screenings such as mammograms and colonoscopies and family planning services.

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### Capital Region Connector Entity

There are an estimated 110,000 uninsured people living in Montgomery County and 140,000 living in Prince George's County. A total of 110,000 Capital Region residents are likely to be eligible for coverage under the ACA.

**Goal:** Enroll **52,000** individuals/families in expanded Medicaid or Qualified Health Plans through the Maryland Health Connection between October 1, 2013 and June 30, 2014.

- Planning
- Coordination
- Public Education, Marketing
- Outreach
- Consumer Assistance

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### Capital Region Connector Entity

- Montgomery County Department of Health and Human Services (DHHS) is the lead agency and CONNECTOR ENTITY for Montgomery and Prince George's Counties responsible for outreach, education and enrollment.
- There are 7 community-based agencies subcontracted to provide outreach, education and enrollment: Benefits Trust Corp., Casa De Maryland, Community Clinic, Inc., Family Services, Interfaith Works, Korean Community Services Center and Mary's Center.
- Primary Care Coalition is the Performance Manager for the enterprise.
- Prince George's County Departments of Health and Social Services are unfunded partners.
- Maryland Health Benefit Exchange is the insurance marketplace.
- HIX, the Health Insurance Exchange, is the on-line system that is used to establish eligibility and enroll individuals and families in MCHIP, Medicaid and Qualified Health Plans.



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### Capital Region Health Connector Entity

Montgomery County DHHS subcontracted with 7 partners to conduct enrollment. DHHS also manages its own enrollment staff.

Organization	Navigators	Assisters	Languages
Benefits Data Trust (Maryland Benefits Center)	3	3	Spanish, Russian
CASA de Maryland	9	3	Spanish, French
Community Clinic, Inc.	7	3	Spanish, French, Arabic, Hindi
Family Services, Inc.	3	4	Spanish, French, Swahili, Lualaba
Interfaith Works	3	8	Spanish, Mandarin, Cantonese, Amharic, Yoruba, Koro, Vietnamese, Bambara
Korean Community Service Center	5	2	Korean, Mandarin, Cantonese, Vietnamese
Mary's Center	5	2	Spanish
MCHHS	20	0	Spanish, Chinese, Vietnamese, Korean, Amharic, French, Ebo, Yoruba, Hindi
Primary Care Coalition	0	0	
<b>Total</b>	<b>53</b>	<b>32</b>	



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### Capital Region Health Connector Entity

- **Montgomery County DHHS consolidated its Services Eligibility Units (SEUs) and Office of Support Services to create the Office of Eligibility and Support Services (OESS).**
- Case Workers at the Montgomery County OESS and Prince George's County Department of Social Services (DSS) have been trained to use the Maryland Health Connection to enroll residents in MCHIP and Medicaid.
- Certified Navigators are co-located at OESS and DSS sites to receive referrals for QHP enrollment.
- The OESS Case Workers also manage eligibility and enrollment for Montgomery County programs including Care for Kids and the Maternity Partnership.



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### Capital Region Health Connector Enrollment Sites, Montgomery and Prince George's Counties, Maryland, Week of November 20, 2013



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### Statewide Enrollment

Maryland Enrollment Goals: 260,000  
150,000 QHP    110,000 Medicaid

#### Cumulative Enrollment Breakdown: Maryland Health Connection

Through (week)	Total Enrollment
Nov 2	6,523
Nov 9	7,704
Nov 16	9,609
Nov 23	11,493
Nov 30	13,296
Dec 7	16,496
Dec 14	22,323
Dec 21	30,874
Dec 28	43,065
Jan 4	50,522
Jan 11	60,000

*Based on official weekly reports from MHBE. Data include all enrollees in MD, regardless of how they enrolled. County level data is not available.*



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### Challenges

#### Maryland Health Connection

- Limited Public Education targeting the Capital Region
- Technological Problems
- Insufficient Training and Technical Support for Navigators and Assisters
- Cultural/Linguistic Capacity
- Consumer Assistance Capacity
- Data Management and Reporting Capability
- Lack of Contingency Planning/Problem-Solving

#### Impact

- Slow Start-Up
- Complicated Enrollment Process/Difficulty Completing Enrollment
- Difficulty targeting underserved areas and populations
- Impact on ability to meet target goals
- Vulnerable people are remaining uninsured longer than expected
- "Uninsurable" people are continuing to access safety-net services



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