

# Montgomery Cares Advisory Board

## June 22, 2022 Meeting Notes

**MCAB Members Present:** Kathy Deerkoski, Mark Foraker, Peter Lowet, Helaine Resnick, Wayne Swann

**MCAB Members Absent:** Betsy Ballard, Melanie Bunting, Sarah Galbraith-Emami, Melinda Hite, Sharron Holquin, Yuchi Huang, Ashok Kapur, Denise Kishel, Diana Saladini, Dr. Langston Smith

**DHHS Staff:** Robert Morrow, Dr. Christopher Rogers, Rebecca Smith

**County Council Staff:** Tara Clemons

**Primary Care Coalition:** Sarah Frazell, Marisol Ortiz, Aisha Robinson, Hillery Tsumba

**Guests:**

Wayne Swann, called the meeting to order at 6:10 pm. Meeting held via video/teleconference during COVID-19 pandemic.

Item		Action Follow-up	Person Assigned	Due Date
1.	<b>Approval of Minutes – May 2022</b>  <i>Moved by Helaine Resnick</i> <i>Seconded by Mark Foraker</i> <i>The motion was not passed due to not meeting quorum</i>  Minutes' approval moved to the July meeting			
2.	<b>Montgomery Cares Advisory Board Chair Report</b>  • Wayne highlighted that COVID-19 updates will be added back to the agenda for future meetings			
3.	<b>Health Care for the Uninsured Report</b> <b>See Report</b>  • Dr. Rogers mentioned that he had taken some time to look at the number of unduplicated patients/encounter trends over the last few fiscal years to determine if things were returning to pre-pandemic level. He noted that encounters and utilization across the healthcare community will take some time to return to pre-pandemic levels and explained that he will be requesting a more detailed analysis from PCC for FY22 and the first quarter of			

	<p>FY23 to better understand the variations in monthly utilization. He explained that he will share the findings with MCAB as soon as they are available</p> <p><b><u>Programmatic Updates</u></b></p> <p>Montgomery Cares</p> <ul style="list-style-type: none"> <li>Montgomery Cares served 20,736 patients through May 2022 with a total of 47,273 patient visits (in-patient and telehealth) at the ten participating clinics. A 11% increase in patients and -3% reduction in encounters compared to the same time last year</li> <li>Projections place year-end totals at approximately 49,229 encounters (FY21 - 53,336 encounters).</li> <li>July – May 2022: The split of encounters is 86% in-patient and 14% telehealth.</li> </ul> <p>Care for Kids</p> <ul style="list-style-type: none"> <li>Program enrollment through May 2022 is 7,617 which is a 21% increase over the same time last year (6,283).</li> <li>Numbers for <u>new patients</u> are significantly up compared to the same time last year 287% (FY21 – 541, FY22 - 2,095).</li> </ul> <p>Maternity Partnership</p> <ul style="list-style-type: none"> <li>Program enrollment through May 2022 is 1,523 which is a 20% increase over the same time last year (1,270). Projected utilization for the FY is 1,640 women (109 more women served than last year)</li> <li>The Maryland Medical Assistance Program - Healthy Babies Equity Act: any pregnant woman, at or below 133% of the FPL will be eligible for Medicaid, regardless of her immigration status. This means that many of our MPP participants will now be eligible for Medicaid. The coverage will be for one full year postpartum, including all Medicaid eligible medical services and Dental. The enactment of the Act is delayed for up to a year as MDH works with CMS for full approval.</li> </ul> <p>County Dental</p> <ul style="list-style-type: none"> <li>County Dental served 4,027 patients through April 2022 with a total of 8,953 patient visits. An 61% increase in patients and 93% increase in the number of visits compared to the same time last year.</li> </ul> <p>Health Care for the Homeless</p> <ul style="list-style-type: none"> <li>Healthcare for the Homeless has served 229 patients through May, with a total of 847 encounters. This is an increase of 26% in the number of new patients, and 47% more encounters compared to the same time last year.</li> </ul>			
4.	<p><b>FY23 Health Care for the Uninsured Policy &amp; Program Priorities</b></p> <p><b>See report</b></p> <ul style="list-style-type: none"> <li>Dr. Rogers explained that there are several Health Care for the Uninsured policy and programmatic initiatives that the department would like to ensure collaboration with all stakeholders (Troika, HCLC, PCC, and MCAB) for FY23. He noted that many of these items are a result of previous discussions in preparation of the FY23 budget</li> </ul>	<b>Dr. Christopher Rogers</b>		

	<ul style="list-style-type: none"> <li>• He also mentioned that he would follow up with the Chair to discuss the structure of future dialogue and collaboration</li> <li>• Dr. Rogers provided an overview of the proposed FY23 healthcare for the uninsured policy &amp; program priorities and noted the following:</li> <li>• <b>MCARES</b> <ul style="list-style-type: none"> <li>○ Throughout FY23, DHHS will continue working with Troika to design and implement an eligibility policy and process that will become the impetus for MCares transition to value-based care and phase one empanelment.</li> <li>○ DHHS will work in collaboration with Troika to (1) agree on a plan to reasonably align MCares administrative and policy regulations, and quality of care standards with similar regionally situated health centers and Maryland Medicaid, and (2) agree upon a phase- in reimbursement rate for primary care services starting in FY25 that is on par with similar regional situated health centers as well as consideration for a reasonable percentage of Maryland Medicaid rates.</li> </ul> </li> <li>• <b>CFK</b> <ul style="list-style-type: none"> <li>○ DHHS will work in collaboration with Troika to (1) agree on a plan to reasonably align Care for Kids administrative and policy regulations, and quality of care standards with Maryland Medicaid, and (2) agree upon a phase-in reimbursement rate for medical services starting in FY25 that is a reasonable percentage of Maryland Medicaid rates.</li> <li>○ If resources permit: collaborative work between Troika and the Department to review and update the QI principles recommended by Troika’s 2019 workgroup and/or develop a new QI framework and program for Care for Kids.</li> </ul> </li> <li>• <b>DENTAL</b> <ul style="list-style-type: none"> <li>○ Work with MCAB's dental committee to develop the Dental Collaborative Facilitator Scope of work. The scope of work will include: <ul style="list-style-type: none"> <li>▪ The implementation of Value-Based Care into the delivery of dental services across the county, emphasizing an integrated medical and dental preventative approach to improving patient overall health.</li> <li>▪ Develop a collaborative dental network design that will complement the proposed legislative Maryland Medical Assistance bill which would provide dental coverage for low-income adults throughout the state.</li> <li>▪ A dental collaborative design should be prepared to fill gaps in service and encourage participation from safety-net partners and private dental practices through the county. The dental collaborative design must be established on value-based care principles, from the development of the topics for discussion to the final recommendations that the consultant will put forth.</li> </ul> </li> </ul> </li> </ul>			
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	<ul style="list-style-type: none"> <li>• <b>MPP</b> <ul style="list-style-type: none"> <li>○ The Maryland General Assembly recently signed HB1080, The Healthy Babies Equity Act. The act, which is expected to go into effect sometime Summer of 2023 will allow all pregnant women at or below 138% FPL to be eligible for Medicaid, regardless of their citizenship status. Medicaid will cover the pregnant person throughout their pregnancy and up to one year postpartum.</li> <li>○ Approximately 75% or 1,275 of the current MPP participants are at or below 138% FPL and could therefore qualify for Medicaid under the Healthy Babies Equity Act.</li> <li>○ Because the majority of the MPP patients are expected to be eligible for maternity care benefits under Medicaid, there will be expected unspent funds. PHS is proposing to re-direct the unspent funds to establish an Evidence-Based Home Visiting Model in the Area Health Centers for at-risk pregnant women and to improve access to dental services for pregnant women.</li> <li>○ The Department will collaborate with stakeholders on this proposed plan.</li> </ul> </li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>• Dr. Rogers highlighted that he had officially received the MCAB's eligibility recommendation and noted that he's been having conversation with various DHHS staff as well as County government. He will share any feedback with MCAB</li> <li>• Dr. Rogers mentioned that he will be scheduling meetings with each one of the clinics to have a discussion on the impact the policies could have on the workflow, both clinical and administrative, as well as the resources that may be needed</li> <li>• Helaine wanted to know if there were plans to include an eligibility pilot. Dr. Rogers explained that a pilot for the new enrollment process is important and something that needs to be considered, he noted that the department remains open to it as a key component</li> <li>• Peter wanted to know if lactation was fully funded and if some of the future MPP unspent funds could be used for this. Becky mentioned that they are very happy to have the one lactation consultant, but she is not sure if that means that MPP is fully funded for lactation services. She noted that they currently do not have the one lactation specialist they were approved for but have the next year to figure out how to best use the available funds</li> </ul>			
5.	<b>Care For Kids – 3<sup>rd</sup> quarter Report</b> <b>PCC</b>  The report will be added to the July meeting			
6.	<b>FY23 Planning – September retreat</b> <b>Wayne Swann</b> <ul style="list-style-type: none"> <li>• Wayne asked members to share ideas on topics they wanted to discuss</li> <li>• He reminded members that a panel presentation was done for the last retreat, and it was a great experience. He suggested to do something similar again for this year</li> </ul>			

	<ul style="list-style-type: none"> <li>Wayne mentioned that he would like to have Dr. Crowel attend the retreat and discuss the CHNA as well as DHHS' perspective in the future of healthcare delivery</li> <li>Peter suggested to have a speaker discuss the return to pre-pandemic levels as mentioned by Dr. Rogers during his presentation. Mark agreed with Peter's suggestions and added that it would be good to have someone speak about any early indicators in trends around shifts in the needs of the community or populations shift in the region to help inform future planning</li> <li>Helaine suggested having someone discuss Covid-19 lessons learned and how hyperlocal strategies such as having trusted community messengers to encourage individuals to get vaccinated and get the care needed might be leveraged for other types of messaging</li> </ul>			
7.	<p><b>May 2022 Planning Mtg and Next Steps</b> <span style="float: right;"><b>Wayne Swann</b></span></p> <p>The July meeting will be held on the 28<sup>th</sup> at 6:00pm and will include:</p> <ul style="list-style-type: none"> <li>Dental program report</li> <li>Care For Kids – 3<sup>rd</sup> quarter Report</li> <li>Covid-19 updates</li> </ul> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> <li>Helaine asked Dr. Rogers if he could share the proposed FY23 healthcare for the uninsured policy &amp; program priorities</li> <li>Peter wanted to know if the September meeting would take place in person. Wayne will add to the July meeting for further discussion</li> </ul>	Send proposed FY23 policy and priority document to all MCAB members	Dr. Christopher Rogers	ASAP
8.	<p><b>Meeting Adjourned at 6:58 PM</b></p> <p><i><b>Motion to adjourn:</b> Peter Lowet</i>  <i><b>Seconded:</b> Helaine Resnick</i></p> <p><i>The motion was not passed due to lack of quorum</i></p>			

Respectfully submitted,

*Christopher Rogers*

Cristopher Rogers  
Montgomery Cares Advisory Board