MEMORANDUM

March 4, 2016

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst ᴸᵐᶜ

SUBJECT: **Updates: Montgomery Cares, Care for Kids, Maternity Partnership**

Expected for this session:
Uma Ahluwalia, Director, Department of Health and Human Services (DHHS)
Dr. Ulder Tillman, Chief, DHHS Public Health Services

At this session, the HHS Committee will receive updates on three of the County's programs to serve low income, uninsured residents. The Montgomery Cares Program provides primary care, specialty care (with some limitations), certain pharmaceuticals, and limited behavioral health and dental care services through a network of clinics and providers. The Care for Kids program provides primary care, specialty care, and specialty dental care for uninsured children through a system that includes school-based health centers, Kaiser Permanente, and contractual health care providers. Maternity Partnership provides pre-natal care to uninsured low-income women through partnerships with the Holy Cross and Adventist Health Care Systems.

Each year, the Council approves budgets for these programs based on past and projected usage. The Committee has regularly asked for mid-year updates on the Montgomery Cares program and this year, because of the increased participation in Care for Kids and Maternity Partnership, requested updates on all three programs. This update will serve as a basis for the Committee's consideration of the Executive's FY17 Recommendations. As in past years, Council staff understands that the Department will not turn away anyone from these programs.

The Department's update is provided at ©1- 27. The FY16 mid-year report to the Montgomery Cares Advisory Board on Montgomery Cares is attached at © 28-34. A mid-year update on Montgomery Cares and Care for Kids from the Primary Care Coalition is attached at ©35-38.

Some key items from the update

Montgomery Cares

- As the Committee has previously discussed, the number of patients and encounters in Montgomery Cares declined from FY13 to FY15 as the Affordable Care Act was implemented. (©4)

- The projection for FY16 patients is 25,000 and for primary care encounters is 66,000. This is really very little change from FY15. FY16 usage may be impacted by medical provider vacancies in the clinics and by weather in the months of January and February. (©5-6)

- The projected 66,000 encounters still fits within the 71,000 encounters that are in the Savings Plan-approved budget, so at this time there does not appear to be a projected shortfall for the Montgomery Cares program. (The Council approved a $207,700 Savings Plan reduction for primary care encounters.)

- While the program is working within its Savings Plan-approved budget for pharmacy, the update notes that some pharmaceutical companies are changing policy to require legal residency or status for recipients which is reducing availability. (The Council approved a $72,850 Savings Plan reduction for Community Pharmacy.)

- Quality Measure are mostly being met (©7) and most have improved. The goal for breast cancer screening is still below target. There is no HEDIS measure for colorectal screening but it is currently 26%. Montgomery Cares has set a target of screening 75% of patients for depression and reached 63% in FY15.

Care for Kids

- In FY15, Care for Kids had 3,919 participants. As of January 2016, there were 3,972 enrolled (new and returning). As of December 2015, 848 participants were assigned to School Based Health Centers, 546 to Kaiser Permanente, and 2,466 to providers under contract with the Primary Care Coalition. (©12-13)

- As the Committee has discussed as a part of its sessions on Children Fleeing Violence, these children are served by the Care for Kids program. In FY15, 886 of the new children were identified as unaccompanied minors.

- In FY15, the Care for Kids program received additional funding of $124,455 from other funding sources in DHHS. The HHS Committee recommended and the Council approved $125,000 through the reconciliation list to make sure that the FY16 budget was equal to the FY15 actual (©15).

- The Primary Care Coalition has projected that Care for Kids will exceed its FY16 budget and need additional funding. DHHS is working with PCC to monitor expenses. As is

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shown on ©17, medical expenses (especially primary care and specialty dental) are higher than expected.

- Care for Kids serves some of the poorest children in the County. Sixty-seven percent (67%) of children live in households earning below 100% of the Federal Poverty Level (©18). The children are located equally throughout the County.

Maternity Partnership

- The HHS Committee has not specifically discussed the funding for Maternity Partnership for the last few years as it had either been declining or stable and so no changes were recommended. Starting in FY14 this trend changed. (©25)

- The FY16 approved budget for Maternity Partnership is for 1,600 women. It is projected that between 1,900 and 2,000 may be served in FY16.

- It is expected that FY17 will see either about the same number or more if current trends continue. DHHS is continuing to look for reasons behind the increasing trend.

- In FY15, 97% of Maternity Partnership enrollees delivered a baby with a healthy birthweight.

Montgomery Cares

Update March 7, 2016

What is Montgomery Cares?

Montgomery Cares provides basic medical care for thousands of low income adults in the County who are unable to get health insurance. Services include:

- Medical checkups
- Sick visits to diagnose and treat illnesses
- Health screenings
- Limited behavioral health care and dental services
- Some medicines
- Referrals for low cost specialty care

Montgomery Cares Structure

- Montgomery Cares includes 12 independent safety-net clinics and four hospital systems, other providers, DHHS, and the Primary Care Coalition, which administers the program for the County.

- Montgomery Cares is funded and overseen by the County, and supplemented by grants and in-kind services secured by PCC, the participating clinics, other healthcare providers, and hospitals.

- Clinics receive a uniform reimbursement rate per visit.

Montgomery Cares Growth FY05-FY15
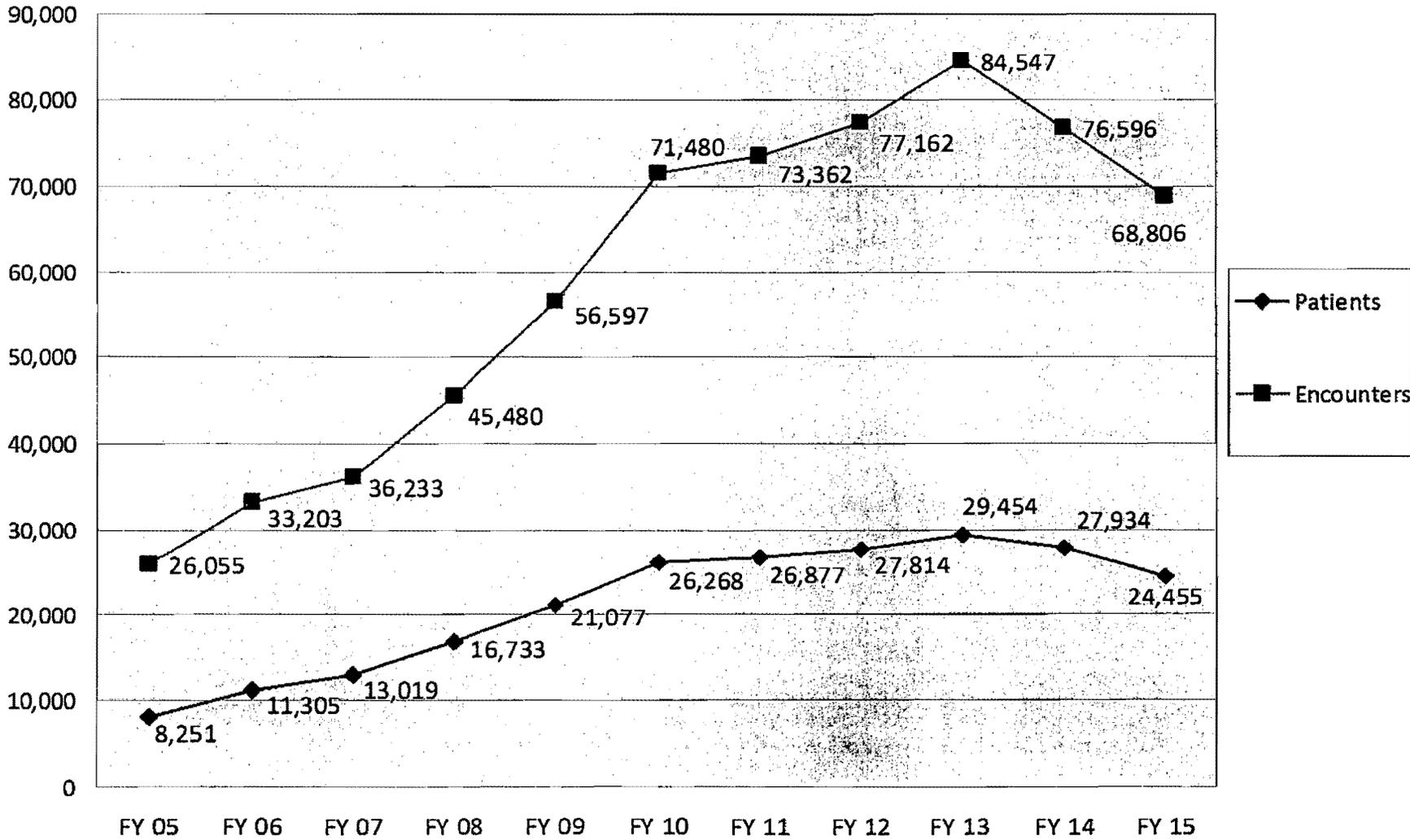
Montgomery Cares
Current Utilization

FY16 July – January Utilization

17,229 patients

- 5% decrease compared to FY15 July-January

38,064 encounters (health care visits)

- 5% decrease compared to FY15 July-January

FY16 End of Year Projections*

- 25,000 patients
- 66,000 encounters

*(# patients and visits projection provided by PCC)

Montgomery Cares: Issues/Challenges

Workforce Challenges

- 10 of the 12 clinics are recruiting Medical Providers. This may be partially due to turnover and a competitive environment for primary care providers

Community Pharmacy/MedBank

- MedBank – Several pharmaceutical companies are changing policies to require legal residency and/or status for recipients, reducing the amount of medications available.

- The change in policy has the greatest impact on insulin dependent patients in the clinics, since they will no longer receive the insulin pro-bono. The insulin will have to be purchased either by the program or the patients.

Montgomery Cares Successes: Improvement in Most Quality Measures

Measure	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14 (EMR Conv)	FY 15	Target Range (mean-90th percentile) HEDIS 2014 Medicaid (Reported in 2015)
Diabetes: Annual A1c Testing	54%	74%	77%	83%	84%	84%	80%	82%	86-92%
*Diabetes: A1c Control (<8)	N/A	N/A	N/A	N/A	N/A	53%	39%	51%	46-59%
Diabetes: Poor A1c Control	57%	44%	37%	36%	42%	37%	38%	37%	44-30% (lower % is better for this measure only)
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*Hypertension: BP Control	52%	60%	65%	64%	62%	65%	69%	65%	57-70%
Breast Cancer Screening >50 years old	N/A	N/A	29%	32%	33%	40%	42%	47%	59-71%
*Cervical Cancer Screening	7%	15%	29%	39%	50%	53%	55%	61%	60-73%
Colorectal Cancer Screening	1%	2%	2%	3%	4%	8%	12%	26%	N/A for Medicaid

Annual Depression Screening FY 2015 (selected clinics)	63%	N/A HEDIS Montgomery Cares Target 75%

*Montgomery Cares performance meets HEDIS Medicaid benchmarks

High performance in diabetes and hypertension management, met or exceeded HEDIS benchmarks. Significant increase in cancer screening rates supported by state and County funding.

Montgomery Cares Innovation

Montgomery Cares 2.0 Transformation:

Goal is to streamline Montgomery Cares to become an enrollment model, ensuring efficiency and equity across the system.

- 3 workgroups have finished deliberations: Fees and Co-pays, Essential Services and Provider Standards
- The workgroups and staff are developing their final recommendations to present to the Montgomery Cares Advisory Board, the Clinic Directors and the DHHS leadership later this spring.
- A consumer Focus Group will also offer input.

Care for Kids

Update March 7, 2016

Care for Kids Overview

- The Care for Kids (CFK) program provides health care services to low income, uninsured County children, who do not qualify for the Maryland Children's Health Insurance Program (MCHP).

- Care for Kids is a partnership among DHHS, the Primary Care Coalition, the DHHS School Based Health Centers, Kaiser Permanente, non-profit clinics, and private health care providers to ensure that all children in Montgomery County have access to primary and specialty health care services.

Care for Kids Program Issues:
Eligibility and Enrollment

Care for Kids is an enrollment program. Eligibility is determined by DHHS Office of Eligibility and Support Services. Eligible children must:

- Live in Montgomery County
- Live in families with income at or below 250% FPL
- Be a child age 0 through age 18.

Enrollment and family engagement are then completed by the Primary Care Coalition, which assigns children to one of several participating health care providers.

Care for Kids
Primary Care Providers

- Care for Kids assigns children to 3 types of primary care providers: School Based Health Centers, Kaiser Permanente and contractual providers (clinics and private practices).

- # Children assigned as of December 2015:
  - School Based Health Centers: 848 participants
  - Kaiser Permanente: 546 participants
  - PCC Contractual Providers: 2,466 participants

- Kaiser Permanente covers services pro-bono including primary, specialty care and pharmacy, but not specialty dental. SBHC budget covers the primary care but not specialty, pharmacy, or specialty dental care.

CFK Program Issues:
Enrollment Growth Trend

- A surge in enrollment began in FY15, largely due to influx of unaccompanied minors entering the County. In FY15, CFK enrolled a total of 886 new children identified as unaccompanied minors.

- Care for Kids had 3,919 participants in FY15. By January 2016, Care for Kids had already enrolled 3,972.

Enrollment and Visit Data

Fiscal Year	Number of Enrollment	Number of Visits
2012	2,812	4,664
2013	2,770	4,410
2014	3,024	4,735
2015	3,919	2,508*

*FY15 visit data is incomplete as of this date.

Care for Kids
FY15 – FY16 Budget

	FY15 CC Approved Budget	FY15 Budget with One Time Only Increase*	FY16 CC Approved Budget
Care for Kids			
Personnel - contractual	$306,467	$316,662	$318,642
Operating Costs			
Medical Providers	$247,218	$335,634	$336,179
Other Operating	$45,543	$61,742	$60,380
Subtotal Operating	$292,761	$397,376	$396,559
Indirect Costs	$50,335	$59,979	$59,362
Total CFK Contract Cost	$649,563	$774,018	$774,563
HHS Operating	$1,310	$1,310	$1,310
Total Approved CFK Budget	$650,873	$775,328	$775,873

*FY15: Care for Kids received a one time only increase of $124,455 in April 2015. The additional funds paid for direct medical services and additional staff to assist with the growth in the program.

FY16: The County Council increased the base budget amount for FY16 by $125,000.

Program Issues Continued:
Increased Need for Dental Specialty

- Costs for specialty dental services have increased considerably in recent years, in response to the complex oral health needs of certain CFK participants, particularly the unaccompanied minors. (See expenditure difference from FY14 - FY15 on next slide.)

- As a general rule, the unaccompanied children are older, and many have received no oral health care before. Some require sedation services or complex procedures that cannot be handled by County Dental Services clinics. These children are referred to community providers that offer the needed services. CFK reimburses the community providers.

FY14 - FY16 Care for Kids
Medical Expenditures

	FY14	FY15	FY16: July – January 2016
Primary Care	$127,683	$171,379	$157,188
Specialty Dental	$31,162	$107,814	$69,075
Specialty Care/Other	$70,282	$58,900	$22,704
Total	**$229,127**	**$338,093**	**$248,967**

Medical expenditures for first half of FY16 are much higher than expected due to higher than expected enrollment, and greater need for specialty dental costs.

FY15 Federal Poverty Level and Region

Income of Participants

Federal Poverty Level	
0%-99%	67%
100% - 184%	30%
185% - 200%	1%
201% - 250%	2%
TOTAL	100%

Region of Participants in the County	
Upper County	36%
Middle County	31%
Down County	33%
TOTAL	100%

FY15 Country of Origin and Language

Country of Origin	
El Salvador	47%
Honduras	16%
Guatemala	10%
Mexico	5%
Peru	4%
Other (75 countries)	18%
TOTAL	**100%**

Language of Participants	
Spanish	88%
English	4%
French	2%
Tagalog	1%
Amharic	1%
Other	6%
TOTAL	**100%**

Care for Kids Successes

- The program provides healthcare access to some of the poorest children in the county (67% of participants have family incomes at or below 99% of the federal poverty limit).

- CFK services are evenly distributed throughout the county.

- The program benefits from partnerships with School Based Health and Wellness Centers and other providers.

Maternity Partnership Program

Program

Update March 7, 2016

Maternity Partnership Program

- The Maternity Partnership(MP) program provides prenatal services for pregnant women and teens through referral for prenatal care to the Adventist and Holy Cross hospital systems.

- During the pregnancy, health education and case management services are provided by community health nurses at the DHHS Health Centers.

- Maternity Partnership clients must be uninsured County residents with incomes at or below 185% FPL.

Maternity Partnership Program

- The County pays the hospital $785 per client for their prenatal care and prenatal labs at one of the 4 hospital-based prenatal clinics.

- The hospital delivery charge is covered through Emergency Medicaid funds.

- Clients are responsible for a co-pay of $450, which is paid to the hospital. Hospitals may not deny care, and may set up payment programs with clients who are unable to afford the co-pay.
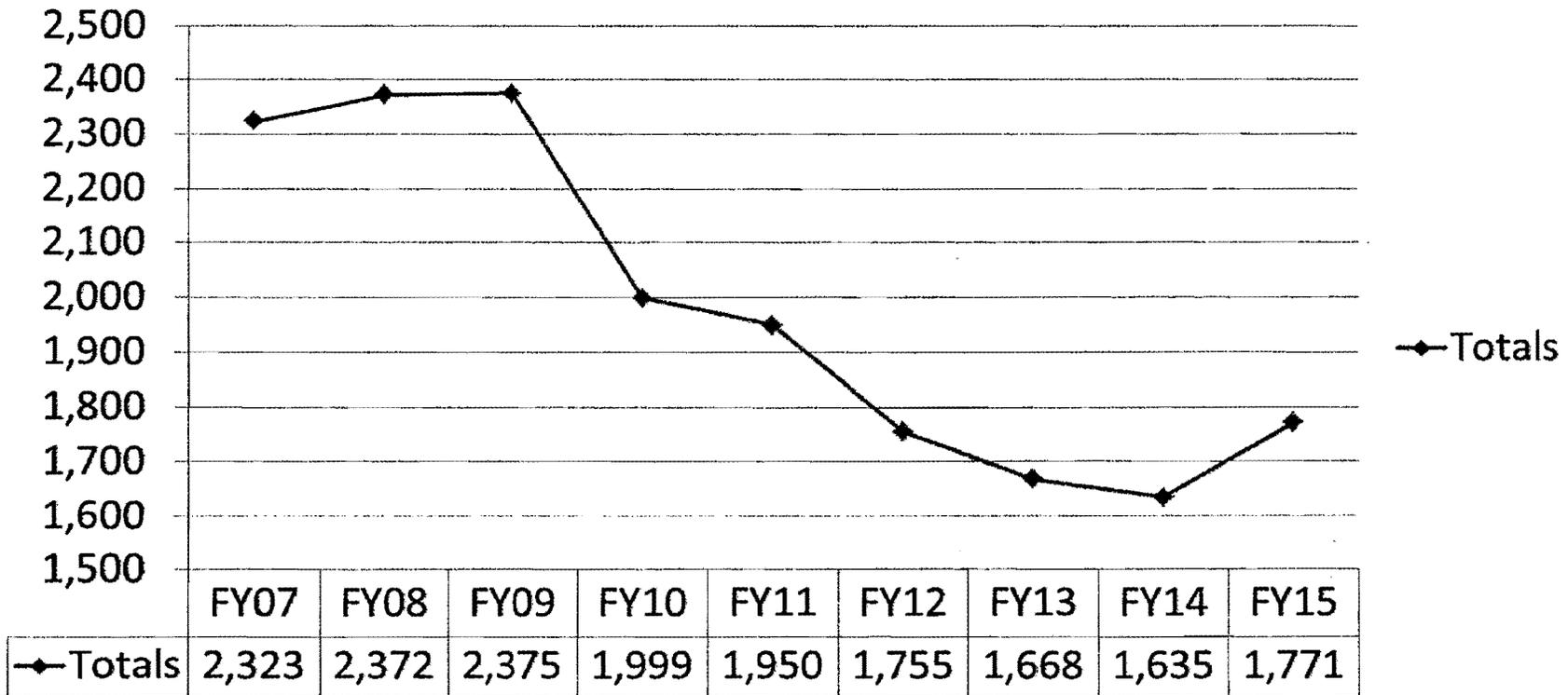
Maternity Partnership
Program Challenges

- Maternity Partnership is experiencing an increasing trend in the number of clients served annually. The source of the increase is unknown but may be attributed to the following:

- Impact of ACA outreach: as more families are becoming aware of health care services through the ACA, other uninsured family members may become aware of Maternity Partnership.

- Changing demographics: we examined data about local and national birthrates, but are not seeing an increase in pregnancy rates among other Montgomery County women.

Maternity Partnership Program
Enrollment History – Totals FY07-15

Maternity Partnership Enrollment Totals
FY07 – FY15

	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15
Totals	2,323	2,372	2,375	1,999	1,950	1,755	1,668	1,635	1,771

Maternity Partnership Program
Enrollment and Budget

- The Council approved budget for FY16 for this program covers prenatal care for 1600 women.

- Based on current utilization, projections for FY16 enrollment may reach between 1900 - 2000 clients – 400 higher than anticipated.

- Enrollment for FY17 is likely to be at least at the FY16 level or higher if the trend continues.

Maternity Partnership Program
Measure of Success

In FY 15, 97% of Maternity Partnership Program Enrollees delivered a baby with a healthy birthweight (at least 2500 grams).

Montgomery Cares Program Report
FY 2016 Mid-Year Report
January 27, 2016

Rosemary Botchway, Senior Manager

Barbara Raskin, Montgomery Cares Program Manager

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YTD Patients and Encounters – December 2015
Benchmark for encounters is 50%; Actual 47%

Year to Date	FY16 Unduplicated Patients			FY16 Encounters			Reimbursement
Clinic	FY16 Projected Patients	FY16 Unduplicated Patients	FY16 % of Projection	FY16 Projected Encounters	FY16 YTD Encounters	FY16 % of Target Met	MCares Payment $67/Visit*
Catholic Charities Medical Clinic	1,479	846	57%	3,352	1,590	47%	$106,530.00
CCACC-PAVHC	250	137	55%	600	208	35%	$13,936.00
Community Clinic, Inc.	2,849	1,228	43%	6,281	2,060	33%	$138,020.00
CMR - Kaseman Clinic	1,700	837	49%	4,495	1,740	39%	$116,580.00
Holy Cross Health Centers	5,936	4,309	73%	15,967	8,075	51%	$541,025.00
Mary's Center	811	561	69%	1,924	962	50%	$64,454.00
Mercy Health Clinic	1,852	1,006	54%	6,000	2,883	48%	$193,161.00
Mobile Med	3,650	2,397	66%	12,000	5,573	46%	$373,391.00
Muslim Community Center Medical Clinic	2,200	1,448	66%	6,500	3,149	48%	$210,983.00
Proyecto Salud - Wheaton & Olney	5,201	2,961	57%	15,701	6,788	43%	$454,796.00
The People's Community Wellness Center	250	255	102%	485	431	89%	$28,877.00
General Medical Clinic Totals	26,178	15,985	61%	73,305	33,459	46%	$2,241,753.00
Montgomery Cares FY16 Budget	27,308		59%	71,000		47%	$4,757,000.00

Year to Date

Clinic	Patient Panel	Encounters YTD	Payments YTD
Care For Your Health*	37	33 Primary Care Telemedicine	$3,934.12

*Care For Your Health is a pilot program paid on a capitation basis. The provider is reimbursed $16.67 per person per month.

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Montgomery Cares December 2015 Performance

The benchmark for December is 50%.

- Clinics have reached 61% of their FY 2016 projected number of unduplicated patients and reached 46% of their projected number of encounters.
- Expenditures for clinic visits is 47% of the budgeted amount.
- Care For Your Health, which is reimbursed on a capitated basis, has a patient panel of 37 Montgomery Cares eligible patients; 33% of its FY 2015 patient target of 110.
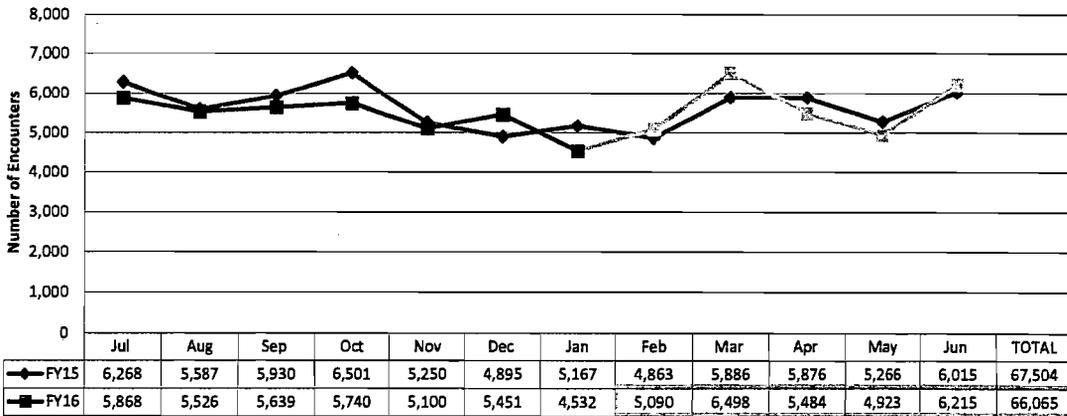
Length of Time to Next Appointment for New Patients

- Kaseman Clinic, Holy Cross Health Center – Germantown, Proyecto Salud in Olney and Wheaton and The People's Community Wellness Center can see patients within two days;
- CCACC-PAVHC, Mobile Medical Care, and Muslim Community Center Medical Clinic can provide appointments within 1 week;
- Care for Your Health, Holy Cross Health Center – Aspen Hill, and Mary's Center can provide appointments within 2 weeks;
- Catholic Charities Medical, Community Clinic Inc., Holy Cross Health Centers – Gaithersburg and Silver Spring, and Mercy Health Clinic can provide appointments within 3 weeks.

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FY 2016 Encounter Projection vs. FY 2015

FY 2016 number of encounters are down 5.1% from the same period in FY 2015
Projecting approximately 66,000 encounters for FY 2016
January 2016 encounters were approximately 1,000 less than December 2015

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
FY15	6,268	5,587	5,930	6,501	5,250	4,895	5,167	4,863	5,886	5,876	5,266	6,015	67,504
FY16	5,868	5,526	5,639	5,740	5,100	5,451	4,532	5,090	6,498	5,484	4,923	6,215	66,065

*Numbers of encounters do not reflect Care for Your Health or Quarterly Reconciliations

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Specialty Care Referrals Summary: Q2FY16

- **Project Access** utilized increased FY16 funding, lower negotiated FY16 fee schedules, and an expanded provider network in order to reach a 73% rate of referrals served.
- Because of lower FY16 fee schedules, a savings of $12,964.58 was reported for Q2FY16 for **Project Access's** network.
- 243 **Project Access** referrals were returned predominantly due to procedural limitations (16%), limited availability (14.5%), and referrals missing information for a period greater than two weeks (11%).

Project Access Q2FY16 · Project Access Q1FY16

897 · 834 · 598/72% · 654/73% · 236/28% · 243/27%

New Referrals Received · Total Referrals Served · Returned Referrals

CCHCN Q2FY16 · CCHCN Q1FY16

880 · 783 · 610/78% · 686/78% · 173/22% · 194/22%

New Referrals Received · Total Referrals Served · Returned Referrals

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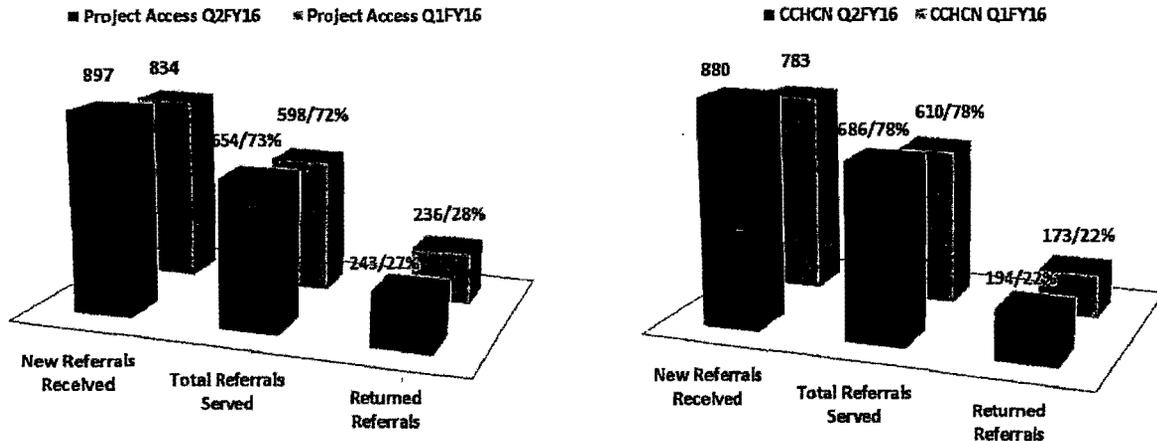
Community Pharmacy Expenditures
Mid-Year FY 2016

- Overall level of expenditure in FY 2016 Q2 (40%) is mostly consistent with FY 2015 Q2 (43%)

Category	FY16 Budget Allocation	Q1	Q2	Total Expenditure	% Expenditure	Budget Remaining	% Remaining
General Formulary	$927,650	$151,371	$198,820	$350,191	38%	$577,459	62%
Diabetic Supplies/ H. Pylori	$262,936	$6,170	$74,031	$80,201	31%	$182,735	69%
Behavioral Health	$75,122	$7,060	$10,591	$17,651	23%	$57,471	77%
Vaccines	$89,412	$89,412	$0	$89,412	100%	$0	0%
Bradley	$3,000	$0	$0	$0	0%	$3,000	100%
Total	$1,358,120	$254,013	$283,441	$537,455	40%	$820,665	60%

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Montgomery County Medbank FY 2016 YTD

Attributes related to 10% Medbank growth in first half of FY 2016 over Year End 2015

- Medbank in conjunction with DHHS MA Programs & Outreach expedites denial letters for patients who historically would not apply because of the lengthiness of the application process

- Slight increase in pharmaceutical companies allowing individuals with Medicare, Medicaid and health plans to apply for assistance, if able to document limitation for medication under the patient's respective coverage

Category	Q1	Q2	Q3	Q4	Total	FY 2016 Benchmark*
Value of Medications Received	$1,043,765	$952,245			$1,996,010	$3,194,615
• Applications Processed	767	832			1,599	2,852
• Active Patients	1,300	1,363			1,363	1,223
• New Enrollees (captured in active patient volume)	77	63			140	214

FY 2015 actuals are the reference point for FY 2016 Benchmark

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Oral Health Program FY 2016

15% of the Montgomery Cares patients received oral health services in FY 2016 YTD

Provider	Unduplicated Patients	Encounters	Ratio
Catholic Charities – Dental Clinic	1,276	2,768	2.2
DHHS Adult Dental Services - Metro Court	473	532	1.1
DHHS Adult Dental Services - Colesville	45	65	1.4
Muslim Community Center Dental Clinic	546	1,096	2.0
Total	2,340	4,461	1.9

- Catholic Charities Dental Clinic has a 6 month wait time for new patient appointments.
- Muslim Community Center Dental Clinic has a 5 day wait time for new patient appointments.
- DHHS Metro Court and Colesville locations have a 3-4 week wait time for new appointments

CCI and Mary's Center offer dental services on a sliding fee schedule based on income.

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Number of Unduplicated Patients Receiving Clinical Behavioral Health Services FY 2016 YTD

Goal: MCBHP will provide services to 15% of all clinic patients.
Outcome: At the end of this quarter MCBHP served 8% of all patients at the partner sites.

Clinic Name	Unduplicated BH Patients Q1	Unduplicated BH Patients Q2	Unduplicated BH Patients FY 2016 YTD	Number of Unduplicated Clinic Patients YTD	Percent of Patients Receiving Behavioral Health Services YTD
CMR– Mansfield Kaseman Clinic	62	61	85	837	10%
Holy Cross Health Centers					
Holy Cross - Aspen Hill	37	47	61	4,309	8.0%
Holy Cross – Gaithersburg	81	62	100		
Holy Cross – Germantown	14	34	37		
Holy Cross - Silver Spring	103	104	147		
Proyecto Salud - Wheaton & Olney	200	192	290	2,961	9%
Mercy Health Clinic	69	85	108	1,006	11%
Muslim Community Center Clinic	27	23	43	1,448	3%
People's Community Wellness Center	6	11	14	255	6%
Total	599	619	885	10,816	8%

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Quality Measures FY 2015

- High performance in chronic condition management (diabetes and hypertension).
  - The Montgomery Cares program meets or exceeds HEDIS benchmarks in most measures of chronic care
- Significantly improved cancer screening rates
  - Increased referrals
  - Increased specialty availability
  - Process improvement.
    - These improvements have been supported by state and other grant funded projects and by additional County funding that began in FY 2014.
- For the first time, the Montgomery Cares program met HEDIS benchmarks for cervical cancer screening
- Montgomery Cares clinics more than doubled their rate of colorectal cancer screening in the past year

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FY 2015 Clinical Quality Results

Measure	FY 08	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14 (EMR Conv)	FY 15	Target Range (mean-90th percentile) HEDIS 2014 Medicaid (Reported in 2015)
Diabetes: Annual A1c Testing	54%	74%	77%	83%	84%	84%	80%	82%	86-92%
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Breast Cancer Screening >50 years old	N/A	N/A	29%	32%	33%	40%	42%	47%	59-71%
*Cervical Cancer Screening	7%	15%	29%	39%	50%	53%	55%	61%	60-73%
Colorectal Cancer Screening	1%	2%	2%	3%	4%	8%	12%	26%	N/A for Medicaid

Annual Depression Screening FY 2015 (selected clinics)	63%	N/A HEDIS · Montgomery Cares Target 75%

*Montgomery Cares performance meets HEDIS Medicaid benchmarks

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IT Projects

Reporting
- Continue to provide customized clinic reports
- Uniform Data System (UDS) + 5 specialized report training sessions were provided to Clinic and (BH) Staff
- Pharmacy data has been translated to describe the utilization of the Medicine Access program
- Behavioral Health (BH) data has been translated into Quality Measures

ICD – 10 System Upgrade and Training
- ICD-10 training and support provided to clinics

Laboratory Interface
- Community Radiology electronic interface went live – currently experiencing glitches

CW Messenger
- All clinics are using eCW Messenger service for appointment reminders

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ACA Impact on 8 Montgomery Cares Clinics

July 1, 2015 – December 31, 2051

Description	Patient Count
Patients with Montgomery Cares	7,007
Patients with Medical Assistance (MA), Medicare and Commercial Insurance	993
Total Patients Analyzed for Insurance Differences (N)	8,000
Subsets	
Patients who Switched from Montgomery Cares to MA or Other Insurance	90
Patients Newly Registered with MA or Other Insurance	834
Patients who Switched Back to Montgomery Cares from MA or Other Insurance (Previously Montgomery Cares)	5

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FY2016 Mid-Year Program Report
Montgomery Cares and Care for Kids

Prepared in January 2016 By:
Rosemary Botchway, Director for Health Care Access
Marisol Ortiz, Care for Kids Program Manager
Hillery Tsumba, Manager of Communications and Development

Introduction

The PCC is proud to partner with the Montgomery County Government, all six hospitals in Montgomery County, and a network of safety-net clinics and independent health care providers to expand access to health services for our neighbors with limited means.

Care for Kids Update

Background: Care for Kids (CFK) is among Montgomery County's longest running safety-net health care programs established so that no child in Montgomery County would be without access to health care. Care for Kids provides primary health care services, specialty care, medication, and access to dental care for children who are not eligible for state or federally funded health coverage and whose family incomes are at or below 250% of the federal poverty level..

Care for Kids is open to all low-income children who reside in Montgomery County and meet the eligibility criteria, *including children fleeing violence*. According to the U.S. Administration for Children and Families, 89,200 unaccompanied children entered the United States between October 2013 and November 2015.[1] Thousands more came with their parents or older siblings. Montgomery County is among the top ten counties in the nation receiving the highest number of unaccompanied children fleeing violence.[2] As a result, Care for Kids is experiencing a significant increase in enrollment.

> **Care for Kids Program Snapshot:**
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> - At the end of FY16-Q2, 3,860 children have participated in Care for Kids compared to 3,919 total participants in FY15.
> - On average, Care for Kids is growing at a rate of 170 new children per month.
> - Holy Cross Health Center – Germantown has joined the Care for Kids provider network.
> - An FY16 budget increase of $185,000 has been requested, without which the program will be unable to reimburse providers by the end of February, 2016.

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[1] U.S. Administration for Children and Families, Unaccompanied Children Released to Sponsors by State, http://www.acf.hhs.gov/programs/orr/programs/ucs/state-by-state-uc-placed-sponsors accessed on January 15, 2016 at 10:15 a.m.
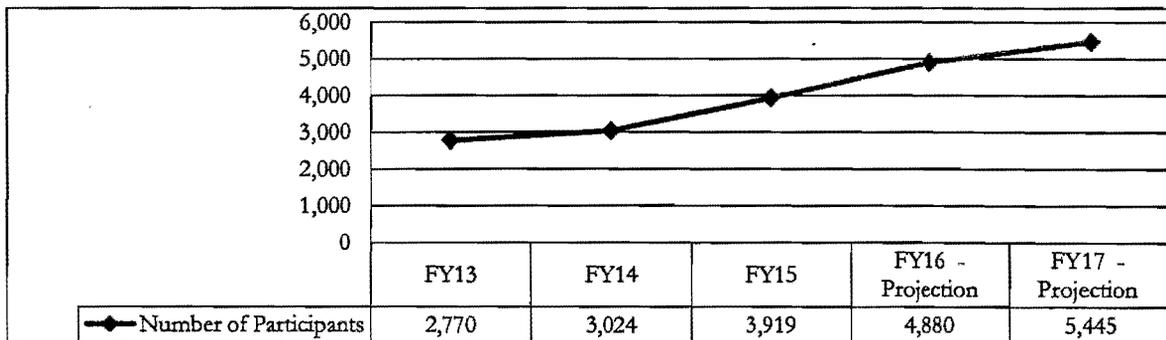[2] U.S. Administration for Children and Families, Unaccompanied *Children Released to Sponsors by County*, http://www.acf.hhs.gov/programs/orr/unaccompanied-children-released-to-sponsors-by-county accessed on January 15, 2016 at 10:13 a.m.

In FY15, Care for Kids enrolled 1,369 new children and had 3,919 total program participants—a 30 percent increase over the previous fiscal year. In the first half of FY16, Care for Kids participation reached 3,860 children approaching the total number of children served in FY15. PCC estimates that 4,880 children will be participating in Care for Kids by the end of FY16, and projects 5,450 children participating in FY17.[3]

Immediate Needs: Care for Kids does not have sufficient financial resources to address the medical needs resulting from the increased enrollment of vulnerable children. For FY16, PCC has requested an increase to the Care for Kids budget of $185,000. These funds will provide 1,500 health care visits (primary, specialty, and dental) for approximately 1,000 new children in FY16.

Without the requested increase in County funds, Care for Kids will run out of resources to provide medical services to vulnerable children in February 2016. Referrals to specialty dental care were paused on January 15, 2016. By the end of February, we will have expended 110 percent of the contracted funds for provider reimbursements and will reach the allowed contract overage. At that point, we will be unable to enroll any new children into Care for Kids. To plan for the exhaustion of available funding, PCC has proposed a contingency plan to DHHS.

1 Care for Kids Unduplicated Participants by Fiscal Year [green = projected]

	FY13	FY14	FY15	FY16 - Projection	FY17 - Projection
Number of Participants	2,770	3,024	3,919	4,880	5,445

Montgomery Cares Update

Background: Montgomery Cares is a public-private partnership composed of 12 independent safety-net clinics, six hospitals, individual health care providers, the Montgomery County Department of Health and Human Services (DHHS), and the Primary Care Coalition. Over the past two years, tens of thousands of Montgomery County residents have enrolled in Medicaid or a subsidized health insurance plan through the Maryland Health Connection. Just as many are excluded from, the health plans made available through the Maryland Health Connection for a variety of reasons. Although FY14 and FY15 saw a decrease in the number of people receiving health services through Montgomery Cares, the overall demand for services

Montgomery Cares Program Snapshot:

- Clinics have reached 59% of projected unduplicated patients and 47% of projected encounters.
- 47% of budgeted reimbursement for encounters has been expended.
- 5 sites can see patients within two days; 3 sites can provide appointments within 1 week; 3 sites can provide appointments within two weeks; 5 sites can provide appointments within 3 weeks.
- 40% of the Community Pharmacy budget has been expended including 100% of the allocation for vaccines
- Montgomery Cares continues to meet or exceed HEDIS benchmarks in most

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[3] PCC's analysis of enrollments between July 1, 2015 and December 31, 2015 indicate an average increase of 170 children per month. Projections are based on this rate of increase; however, children who have or will turn 18 in the coming year were removed from the projection.
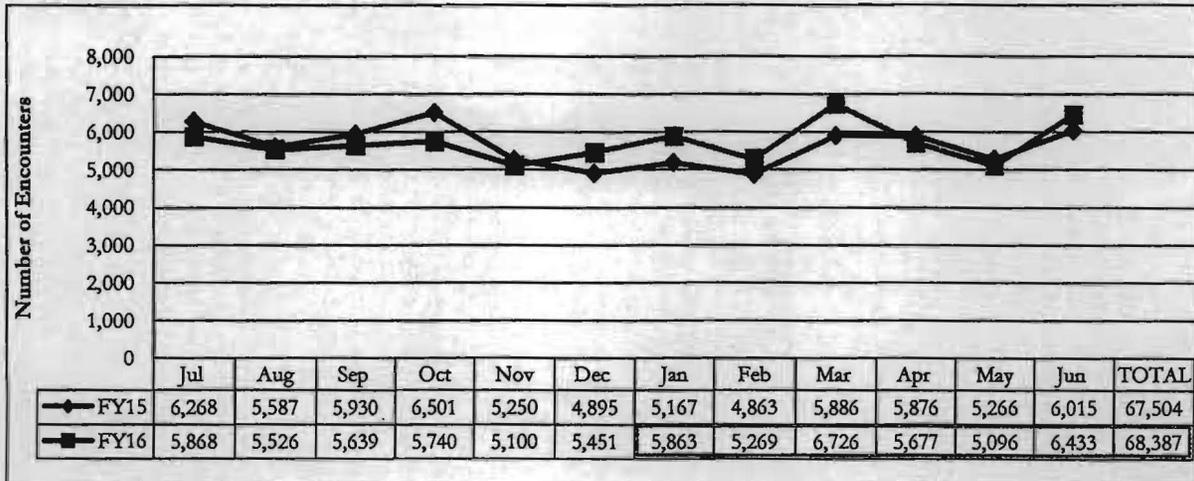
remains high and total visits for FY16 are projected to be at or above those of FY15.

According to the Migration Policy Institute, approximately 43,000 uninsured Montgomery County residents are ineligible for Medicaid or a subsidized health plan and will continue to rely on Montgomery Care and other health safety-net programs.[4]

Notable Items

Primary Care Encounters: Montgomery Cares grew at a rate of approximately 20 percent per year between FY05 and FY10, followed by a two-year plateau. Montgomery Cares capacity peaked in FY13 with 29,454 patients served in 84,527 encounters. Since FY14, the number of patients served and corresponding number of encounters has declined; however, this downward trend appears to be stabilizing at about 68,000 encounters per year. In FY15, Montgomery Cares served 24,455 patients in 68,806 encounters. In the first half of FY16, Montgomery Cares had provided 33,594 encounters and the PCC projects 68,000 encounters by the end of FY16.

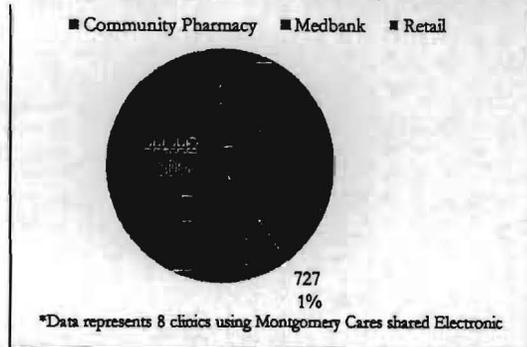2 Montgomery Cares: FY16 Encounter Projection vs. FY15 [Green = Projected]

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	TOTAL
FY15	6,268	5,587	5,930	6,501	5,250	4,895	5,167	4,863	5,886	5,876	5,266	6,015	67,504
FY16	5,868	5,526	5,639	5,740	5,100	5,451	5,863	5,269	6,726	5,677	5,096	6,433	68,387

*Numbers do not reflect Care for Your Health or Quarterly Reconciliations

Pharmacy Programs: Two Montgomery Cares initiatives provide patients with access to medications. The Community Pharmacy provides essential generic medications and diabetic testing supplies directly in the clinics (point-of-service). MedBank helps patient's access free brand-name medications through the pharmaceutical industry's patient-assistance programs (PAPs).

In 2009, during the economic downturn, cost saving measures were implemented to diminish the burden on the Community Pharmacy budget. These included increased prescriptions for $4 generic medicines available at retail pharmacies and more referrals to MedBank for expensive medications including insulin. Now, a change in the eligibility requirements of one of

3 FY15 Community Pharmacy Utilization by Resource

■ Community Pharmacy ■ Medbank ■ Retail

727
1%

*Data represents 8 clinics using Montgomery Cares shared Electronic

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[4] Migration Policy Institute, *Profile of the Unauthorized Population: Montgomery County, MD*
http://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/24031www.migrationpolicy.org/data/unauthorized-immigrant-population/county/24033, accessed on 1/14/2016 at 2:38 p.m.

...

the PAPs, which provided about $250,000 worth of free insulin in FY15, means that patients previously receiving insulin from MedBank are relying on the Community Pharmacy once again.[5] Clinics are responding to this change by using more of their Community Pharmacy allocation to purchase the costly but essential insulin. Patients who need other medications are being given prescriptions to fill at the $4 generic pharmacies causing other low-income patients to bear the cost of the insulin shortage.

Specialty Care: The health care needs of Montgomery Cares patients are often beyond the scope of care offered at primary care clinics. Montgomery Cares participating clinics depend on Project Access (PA) and the Catholic Charities Health Care Network (CCHCN), as well as their own specialty care resources, to provide timely access to specialty care.

Thanks to a funding increase and lower negotiated fee schedules in FY16, Project Access was able to serve 73 percent of eligible referrals received by the end of FY16-Q2. Project Access expanded the provider network adding a total of 14 new providers in the areas of general surgery, vascular surgery, physical therapy, neurology, ophthalmology, urology, and orthopedic surgery. CCHCN also expanded its provider network adding capacity in otolaryngology, podiatry, vascular surgery, rheumatology, hematology/oncology, and urology.

The expansion of both specialty care referral networks means there is more capacity to serve Montgomery Cares patients in need of specialty care. Never the less, limited availability of providers and appointments remains an issue. Of the 1,777 specialty care referrals received by Project Access in the first half of FY16, 506 were returned primarily due to limited availability. Other reasons for returned referrals include duplicated requests, inappropriate referrals, and procedural limitations in the requested specialty area.
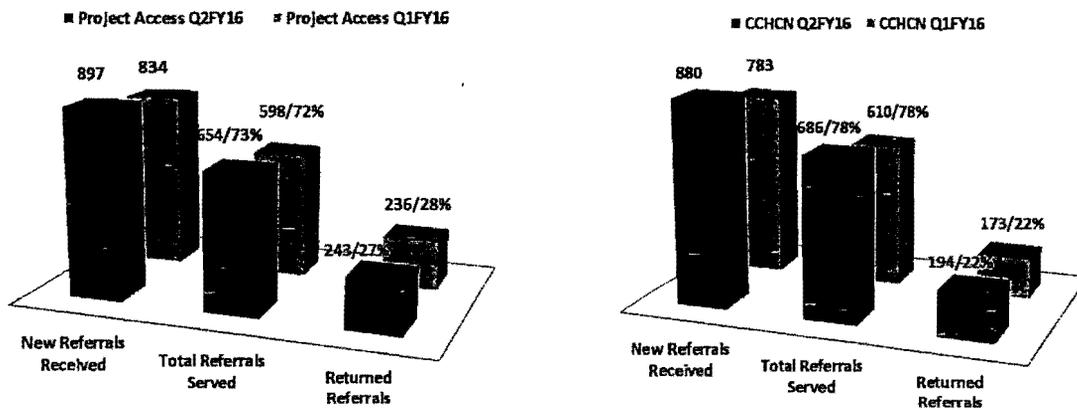
Quality Assurance: Montgomery Cares provides high quality care that reaches or exceeds national benchmarks for select diabetes and hypertension measures and that 96 percent of patients would recommend to family or friends. This is thanks to rigorous quality assurance and diligent quality improvement efforts. Formal quality assessments of participating clinics and patient experience surveys are conducted in alternating years. Funds for the patient satisfaction survey were removed from the program budget under the FY16 Savings Plan curtailing future plans for quality assurance reviews. Ongoing quality assurance activities are essential to ensure that the standard of care provided by Montgomery Cares remains high.

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[5] Despite changes in the Montgomery Cares population over the past few years, the diabetic population has held consistent. Furthermore, the sub-set of insulin dependent diabetics is growing.