

Montgomery Cares

Healthcare Access for Low-Income Uninsured Adult Residents of Montgomery County

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Leslie Graham
President & CEO
Primary Care Coalition

Leslie_Graham@PrimaryCareCoalition.org
(301) 628-3410

www.PrimaryCareCoalition.org



Montgomery Cares

The term is used in multiple contexts, including:



Short-Hand
for an
eligibility status

- 18 years or older
- Resident in Montgomery County
- Household income below 250% FPL
- Uninsured (v. "uninsurable")



Primary Care
Health Center Network

- 12 nonprofit organizations
 - Faith-related
 - Population-focused
 - Hospital-run
 - FQHCs
- 25+ locations (in MoCo)



**Umbrella Term for Set of
Centrally Managed Services in
Support of the Primary Care**

Behavioral Health
Specialty Care
Medicine Access
Cancer Screening
Clinical Quality Improvement
Shared EHR

Montgomery Cares is a Program. It is not Health Insurance.

History of Montgomery Cares Program

Started as **centralized support** for six existing nonprofit health centers.



1995

Launch: Project Access
Specialty Care

2003

Launch: Medicine Access

- Generics Group Purchasing
- Name-Brand Prescription Assistance Programs

2005

Launch: **Montgomery Cares** Program

- Includes Project Access, Medicine Access
- Adds visit payments to Health Centers

2007

Launch:

- Behavioral Health Collaborative Care
- Clinical Quality Program

2013

Launch:

- Common EHR

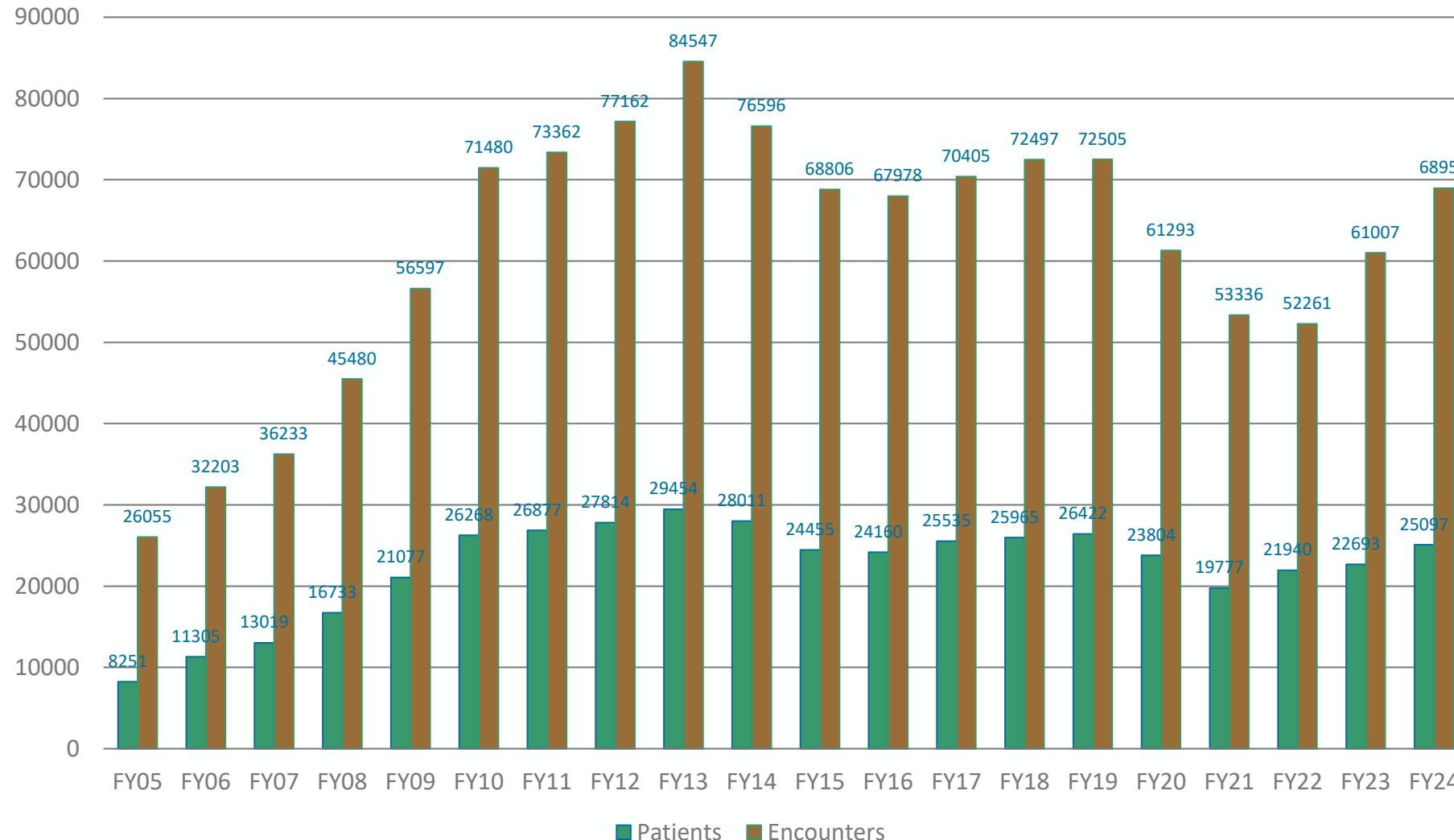
2017

MCares Program Standardization:

- Essential Services
- Provider Standards
- Co-pays & Fees Policies

Montgomery Cares Utilization History

FY25 projected to exceed 75,000 encounters

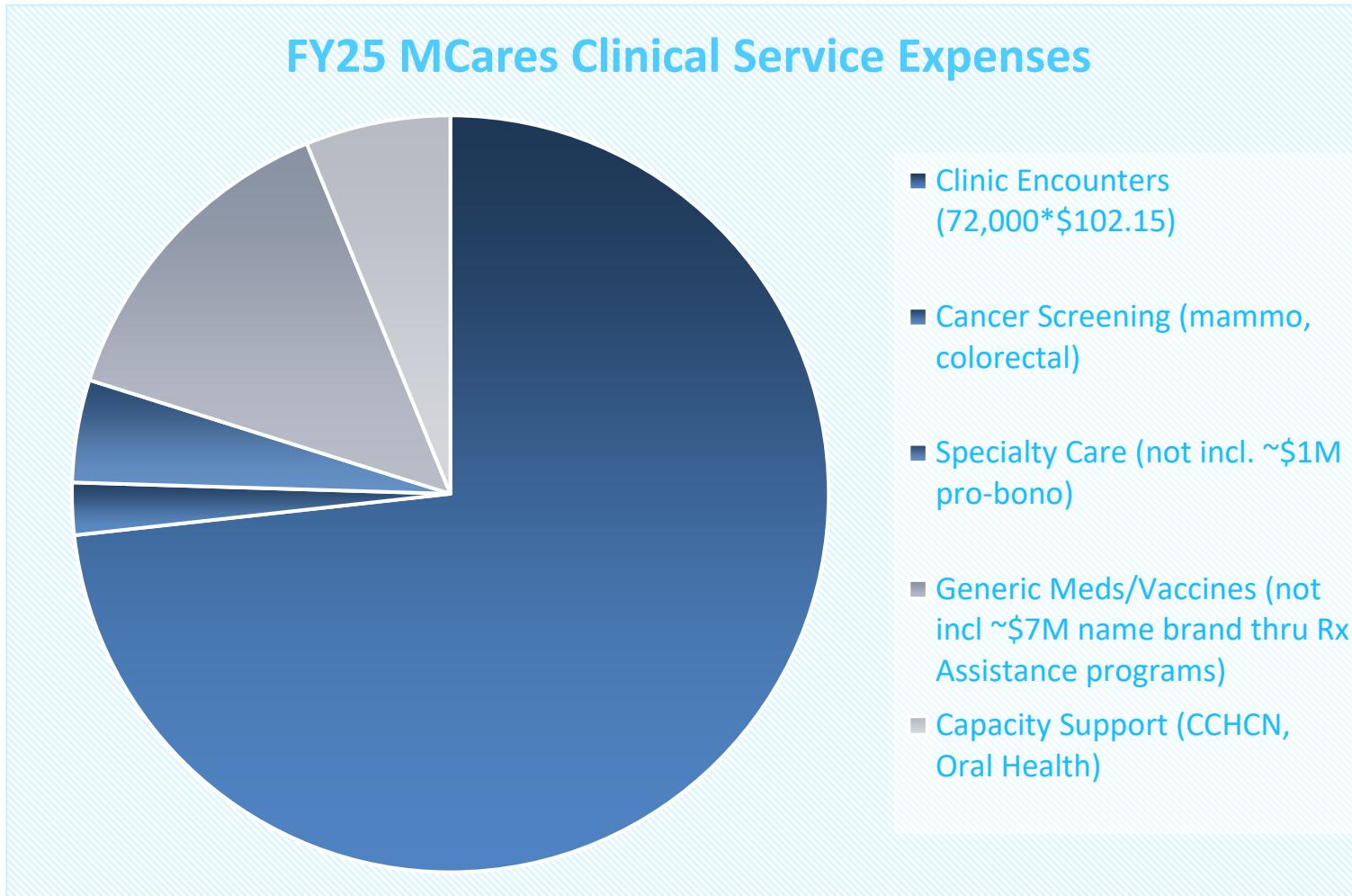


Montgomery County Provides Core Funding, Which is Significantly Leveraged

Examples

- Health Center Encounter Rate from County: \$102.50 (as of FY25)
 - Covers ~45% of average visit cost. At start of MCares, rate covered 70% of an average Medicaid encounter payment. Current 45% is not sustainable for providers.
 - Patient co-pays (up to \$35/visit for patients under 100% FPL)
 - Nonprofit Health Centers raise funds, grants, cost-shift with payor mix
 - PCC obtains grants for cancer screening services, quality initiatives, etc.
- MedBank Name-Brand Prescription Assistance Program:
 - ~\$300k in coordinator salaries bring in \$6M - \$8.5M/year in medicines
 - \$1.4M in county funds obtains lower cost group purchase of generic meds, vaccines, diabetes supplies (most MCares participating health centers not 340b eligible)
- Specialty Care/Project Access
 - \$600k in medical care funds is enhanced by ~\$1M in pro-bono care obtained

FY25 MCares Clinical Service Budget



PCC is the management backbone for the Montgomery Cares program:

- Contracts to create the networks (Health Centers, Specialty Care, Cancer Screening)
- Manages Health Center encounter payments
- Audits for standards (e.g. eligibility audits, accreditation, essential services, patient satisfaction)
- Processes Specialty Care referrals from Health Centers into the Sp. Care network (processes provider payment when not pro-bono)
- Supports common EHR
- Leads Clinical Quality program with Health Center Medical Directors
- Provides in-clinic Behavioral health collaborative care model for Health Centers without in-house behavioral health staff
- Provides program wide-data analytics and reporting
- Facilitates peer learning among the Health Centers. Gathers technical assistance requests and provides/contracts for TA
- Conducts collaborative program design improvement initiatives

Montgomery County DHHS:

- Sets program policies (e.g. eligibility, essential services)
- Decision-authority about Health Centers entry/exit into primary care network
- Collaborative partner on program designs and improvements
- Retains the core funding in its Base Budget ongoing

Montgomery County Council

- Hears annual advocacy requests for additional funding or services.
- Determines additions to base budgets annually
- Considers supplemental funding during fiscal year, if needed

Questions & Discussion

Contact for further information:

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