

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance**



**Office of the Senior Deputy Director**

**D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)**

Location: DOES, 4058 Minnesota Avenue NE, Community Room 1, Washington, DC 20019  
Call-In#: 1-877-709-6519, code 1819767

Wednesday, October 26, 2016  
5:00 p.m. to 7:00 p.m.

Meeting Minutes

**Attendees:**

**MEMBERS:**

Angela R. Miller, EPD Waiver Beneficiary  
Brian Footer, DC Office on Aging  
Claudia Schlosberg, DHCF  
DDS  
Elizabeth Groginsky, OSSE  
Erin M. Loubier, Whitman-Walker Health  
Guy Durant, Beneficiary  
Heidi Schumacher, DCPS  
HyeSook Chung, DC Action for Children  
Jacqueline Bowens, DC Primary Care Assn  
Jim Wotring, DBH  
Jodi Kwarciany, DC Fiscal Policy Institute  
Judith Levy, DC Coalition on LTC  
Karen Dale, Amerihealth Caritas  
LaQuandra S. Nesbitt, DOH  
Leona Redmond, SOS NOW  
Mark LeVota, DC Behavioral Health Assoc.  
Nnemdi Elias, United Medical Center  
Omonigho Ufomata, for Andrew Reese,  
Sharra E. Greer, Children's Law Center  
Tanya Royster, DBH  
Trey Long, DHS  
Veronica D. Sharpe, DCHCA

**GUESTS:**

Alice Weiss, DHCF  
Chelsea Sharon, Legal Air  
Colleen Sonosky, DHCF  
DaShawn Groves, DHCF  
Dena Hasan, DHCF  
Deniz Soyer, DHCF  
Erin Holve, DHCF  
Gail Jernigan, DCHCA  
Jessica Foster, HMA  
Joe Weissfeld, DHCF  
Jordan Cooper, DHCF  
Katheryne Lawrence, DHCF  
Mark Pitcock, Xerox  
Pam Perry, Amerigroup  
Patricia Quinn, DCPCA  
Rita Gibson, DHCF  
Robbin Rowe, DHCF  
Robin Rivkind, Johns Hopkins HC LLC  
Trina Dutta, DHCF  
Zenia Sanchez Fuentes, TPM Law Firm

## I. Call to Order

Welcome and Introductions - Jacqueline Bowens (JB) called the meeting to order at 5:23p.m. by introducing herself and asking if future meetings could begin at 5:30pm vs. 5:00pm.

JB thanked folks for serving on MCAC and wants to make sure conversations extend beyond four walls and how we should become better listeners. JB went on to say that the MCAC as a body wants to make sure we have ongoing dialog regarding key areas for the committee and subcommittees to focus on, and that given the unique opportunity to serve as advisors to DHCF, the work and policies of the MCAC will impact residents of DC.

## II. DHCF Director or Senior Deputy Director/Medicaid Director Report

- a. Thank prior MCAC members
- b. Welcome new MCAC members

Claudia Schlosberg (CS) provided the Director's report in the absence of Director Wayne Turnage, and started by thanking past members and new members. CS mentioned that the MCAC bylaws served as a good roadmap for the group, and reminded members that because of staggered terms, members were randomly appointed to 1, 2, or 3 year terms. CS went on to reflect that the new structure will provide new opportunities for members and the community to provide guidance to the Medicaid agency, and most importantly there will be subcommittees to help delve deeper into a host of issues.

JB stated that members of the committee need to determine the frequency of the MCAC meetings, the location and the timing, and CS reminded members that the frequency and timing of meetings are up to members.

Trina Dutta (TD) shared that DHCF is in the process of adopting the same stipend policy as DDS, including options for child care coverage.

JB called for nominations for the Chair and Vice-Chair positions (after discuss of whether the nominations should happen publically or via secret ballot). Karen Dale (KD) nominated JB to be chair, which was seconded by another member.

TD mentioned that a ballot sheet was included in the packets. Discussion ensued regarding how to do the nominations. All members voted for JB as Chair with the exception of Guy Durant (GD), who abstained, and a move was made to close the nomination.

JB nominated HyeSook Chung (HC) as Vice Chair. All members voted for HC as Vice-Chair with the exception of Guy Durant (GD), who abstained, and a move was made to close the nomination.

After JB thanked the group, a discussion about frequency of meetings began. KD stated that a number of issues relevant to the MCAC came up when Council returned to work this summer, and the Council's work schedule could help determine the frequency of the meetings.

CS reminded people that frequency of meetings is up to the MCAC (beyond the by-law minimum quarterly meetings), and mentioned that the MCAC previously met on a monthly basis. LaQuandra Nesbitt (LN) said planning for more frequent meetings might be more favorable as more can get done.

As discussion of monthly versus quarterly meetings continued, Brian Footer (BF) said the frequency of meetings depends on what the MCAC's tasks, which hasn't been made clear yet, to which other members agreed. Ultimately, it was agreed by members to meet in November, take December off, and begin meeting monthly in January 2017.

JB then broached the issue of where meetings should occur, and told members that MCAC used to meet at 441 4<sup>th</sup> Street, and asked if folks were comfortable with meeting at DOES moving forward. BF also suggested a District building at 8th and H St NW.

Angela Miller (AM) asked where meetings would be held at 441, as some places are challenging regarding wheelchair access. GD asked visitors where they preferred the meeting. JB explained that the original reasoning in meeting at DOES was to involve more beneficiaries in MCAC, but the move in location did not result in more beneficiaries.

A vote took place and all agreed 441 4<sup>th</sup> St would be the best location, and that moving forward, meetings will start at 5:30.

With regards to the date of the next meeting, TD explained the mandatory ethics training by DC's BEGA, potentially on November 9, 15 and 22<sup>nd</sup>, for 30 minutes. CS agreed to follow up with BEGA on logistics of the training.

- III. DHCF Priorities for FY2017 - Discussion
  - a. Improve health outcomes
  - b. Reform long-term care
  - c. Strengthen program integrity
  - d. Sustain the safety-net hospital system

CS provided an overview of DHCF's priorities for 2017 and mentioned to members that DHCF does budget planning a year in advance. DHCF had a SIM planning grant from the Federal Government, and innovation, payment reform, and fraud (for both providers and beneficiaries) are critical priorities for the agency. DHCF recognizes that when we pay fee for service, we get volume and not necessarily quality, and this was borne out through DHCF's just completed payment methodology for federally qualified health center. After working with the FQHCs, DHCF will pay FQHCs the rate for medical care, dental, and behavioral health. Beyond

payment, CS mentioned another strategy around quality, where DHCF is starting to pay for performance with managed care plans. In this vein, DHCF recently off new payment rates for nursing facilities with the intent of reimbursing nursing homes fairly. As DHCF continues these efforts, hopefully MCAC can guide those discussions through subcommittees.

CS discussed long term care as a continued priority for DHCF, and ongoing partnerships with partners including DCOA and the Coalition for Long Term Care have helped break down many of the historic silos and lack of understanding of the services available. DHCF intends to look at nursing homes and how we pay for services, and is adding services to its Elderly and Persons with Disabilities (EPD) waiver (including increasing the assisted living rate which will hopefully create more housing options for seniors). DHCF is also looking at home health care as a service, and will be doing community listening sessions to learn from beneficiaries and others. Lastly, DHCF has been working on financial eligibility for long term care eligibility.

CS went on to detail DHCF's third priority around strengthening program integrity, where DHCF has a critical mandate from federal law to review fraud, waste, and abuse. The 2017 focus will be on MCO oversight, and DHCF's Program Integrity Director has already been meeting with MCOs. Relatedly, DHCF seeks to address beneficiary fraud, including issues with people getting benefits in District who don't live here.

LN mentioned that she hears from people in the community about trouble accessing services, and it would be helpful if, as DHCF moves through this process, help the MCAC understand policy decisions regarding enrollment.

GD inquired whether DC is adopting other states' policies, and if DC is competitive compared to MD and VA. Relatedly, is there an opportunity to get MD Medicaid to reimburse DC for MD residents using our benefits, and viceversa.

CS mentioned recent dialogue she had with MD's Medicaid Director, Shannon McMann, and discussions about the need to develop stronger collaboration between DC and MD. CS also mentioned that given the complexity of Medicaid, there is a plan to host a Medicaid 101 training for MCAC members.

KD posed a question about the SPA report, which CS directed to Alice Weiss (AW) for discussion when we review the report later in the evening. In brief answer to KD's question, CS said that the FY17 budget required DHCF to make some cuts which resulted in the referenced nursing home inflation adjustment. The associated SPA has been submitted to CMS and will take place retroactive through October 2017.

- IV. Discussion of Subcommittee Formation
  - a. Access
  - b. Others?

HC explained that the goal is for the sub-committees to do the bulk of the work, which will allow the MCAC to go into more depth on key areas. She referenced Article 9 of the by-laws, and highlighted that non-MCAC members can be members of the sub-committees. Moving forward, HC will work with TD on the sub-committees.

Dena Hasan (DH) explained that all of the policies and initiatives being launching are beneficial to providers and beneficiaries, and specifically aims to engage consumers in conversations. DH mentioned that there were three initiatives comprised within DC's SIM, and the MCAC sub-committees will allow DHCF to close the loop on those 3 issues.

Another member mentioned a focus on access, specifically on eligibility renewal and beneficiary renewal, which can be a key opportunity to balance the aforementioned program initiative opportunity.

Judy Levy (JL) recommended having a sub-committee "governance."

Leona Redmond (LR) said her agency, Seniors Organize for Solutions, was formed out of a necessity because no one heard their issues, and that one of their big issues is when government resources are needed but individuals are unaware of what exactly is available from the government. Another concern for LR's group is the sharing of personal information with the private sector, and the belief that DC government outsources government duties to excess.

AW presented on the Access report and sub-committee proposal, and hopes an Access sub-committee can provide feedback on the report, per federal guidelines.

LN expressed concern over having too many sub-committees, and the value of ad hoc committees. Chelsey Sharon, an audience member, said there are a number of advocates that are not members of MCAC who would want to participate on the sub-committees.

AW provided an overview of the newly formatted SPA Report, and explained that 16 SPAs already approved or in process, a number are in development, and others are pending approval. Some of the efforts include MY Health GPS, school-based health services, and youth substance abuse; an FY18 goal is on redesigning nursing facility reimbursements.

GD asked about a SPA related to vaccines, and whether it addresses eligibility for vaccines, since he just went through an experience where his doctor prescribed vaccinations for shingles but GD was ineligible due to age requirements. AW said she would follow up with DHCF's pharmacy staff, and that DC generally follows FDA standards. CS asked GD to speak with her after the meeting on this issue.

Veronica Damesyn-Sharpe (VDS) asked whether the nursing facilities related issues on pages 3 and 7 of the report were different from each other; CS clarified that one is a SPA and one is the corresponding rule.

KD cautioned DHCF to evaluate the impact SPAs and rules have on services, and be mindful of the often unintended consequences on service.

Denis Soyer (DS) reviewed the Enrollment Trends report, and noted that program enrollment as remained steady. CHIP enrollment showed substantial growth, and while fee for service had been showing, those changes have leveled out. LR asked if it's possible to provide this data by census track, and DS said she will check. Gail Jernigan, an audience member, asked whether the figures include out of state placements, because there are 600 people in out of state nursing homes and it doesn't appear they are reflected in the report. CS explained that if an individual is a DC Medicaid participant, they should be reflected in the report, and that DS would confirm this.

Jodi Kwarciany (JK) asked if there is data available on Medicaid applications received and Medicaid renewal applications. Justin Stokes (JS) said that DHCF can provide such info, and Chelsey Sharon, an audience member, asked for data on types of requests, passive, non-passive. JS explained that DHCF recently conducted a complete overhaul of the code base, has processed the December request, and is seeing a positive trend for passive renewals. Katheryne Lawrence (KL) asked that JK put together her specific request, and AW cautioned that some data has not been historically collected so assembling a monthly report could be very time consuming.

JB asked members to submit data requests to TD, and CS asked that these requests be vetted by MCAC then come to DHCF. LN remarked that members should be clear on the usefulness of the data and MCAC's organizational structure before making data requests of DHCF. She cautioned that MCAC should establish its goals and then decide what data will support those goals. LR asked if DHCF generated the index, and LN responded that DOH generates the index.

DS finished by asking people to review the new enrollment report format.

HC asked members to be aware and sensitive to the history of MCAC's relationship with DHCF, and iterated the value of trusting each other in order to be successful as a body. There was continued conversation about understating the goals of MCAC, and then establishing next steps.

GD asked if there is a mechanism beyond email for the members to stay connected. TD shared info on the MCAC webpage within DHCF's website.

A member of the audience asked for an update on the MCO RFP publication, to which CS answered that plans are for publication this winter.

Meeting adjourned at 7:28pm.