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: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, January 25, 2017

5:30 p.m. to 7:00 p.m.

***Meeting Minutes***

**Attendees:**

***Members*:**

Donna Anthony, OSSE

Jacqueline Bowens, DCHA

Karen Dale, AmeriHealth Caritas

Guy Durant, Beneficiary

Nnemdi Elias, United Medical Center

Brian Footer, DCOA

Sharra E. Greer, Children’s Law Center

A.Seiji Hayashi, Unity Health Care, Inc.

Maude Holt, DC Health Care Ombudsman

Jodi Kwarciany, DC Fiscal Policy Institute

Mark LeVota, DC Behavioral Health Assoc.

Judith Levy, DC Coalition on LTC

Trey Long, DHS

Erin M. Loubier, Whitman-Walker Health

Angela R. Miller, EPD Waiver Beneficiary

LaQuandra S. Nesbitt, DOH

Leona Redmond, SOS NOW

Omonigho Ufomata, DDS

Claudia Schlosberg, DHCF

Heidi Schumacher, DCPS

Veronica D. Sharpe, DCHCA

Jim Wotring, DBH

V. Sharpe-Damesyn, DCHCA

***Members via Conference Line***

Suzanne Jackson, GW, Hlth Ins. Counseling

***Guests:***

Tanner Odom, Biogen

Leslie Lyles Smith, MedStar Family Choice

Donald Miller, MedStar Family Choice

John Wedeles, DHCF

Mark Pitcock, Xerox

Colleen Sonosky, DHCF

Deniz Soyer, DHCF

Alice Weiss, DHCF

DaShawn Groves, DHCF

Gail Jernigan, DCHCA

Cyd Campbell, MedStar

Zenia Sanchez Fuentes, TPM

Robbin Rowe, DHCF

Andrew Patterson, Legal Aid

Chelsea Sharon, Legal Aid

Carmelita White, DHCF

Trina Dutta, DHCF

Ian Panegol, DC Coalition of Disability

 Service Providers

Kai Blissett, DHCF

Danielle Dooley, CNMC

Patricia Quinn, DCPCA

1. **Call to Order/Approval of Minutes**

Jacqueline Bowens (JB), MCAC Chair, called the meeting to order at 5:40p.m. She called for review and approval of the minutes. A motion was made, duly seconded, and the minutes were approved as presented.

JB welcomed everyone to the meeting followed by a roll call of the MCAC membership.

1. **Update: Affordable Care Act (ACA)**

Alice Weiss (AW), Director, Health Care Policy and Research Administration (HCPRA) at DHCF reported on the ACA Repeal and implications for the District of Columbia’s Medicaid Program. She discussed the ACA repeal context, the District’s experience with Medicaid Expansion, and the understanding at this stage of the implications of the ACA appeal in the ongoing analysis that DHCF is doing. She also discussed other risks associated with ACA repeal and other actions that may be forthcoming.

AW stated that, as many are aware, President Trump said on his campaign trail that he was supportive of repealing the ACA. Congress passed Budget Resolution advancing reconciliation on January 13, 2017. President Trump signed ACA Executive Order on January 20, 2017. The scope of this is very broad, and the immediate impact is unclear.

AW went on to share that there are a lot of ideas on the horizon that can substantially impact DHCF’s work and programs, and much of the policy making details under the ACA happens through the regulatory process, which means that many of them can be undone through the regulatory process. She stated that it is important we all be mindful of what changes might be coming. The good news is that in order to make any substantial changes to the ACA, the Administration has to go through the Administrative Procedures Act for the most part, which means states have some opportunity for notice and comment.

AW also reported that the Mayor opposes ACA repeal, and provided a letter to Majority Leader McCarthy on January 4th to this effect. DHCF formed an internal task force to monitor, analyze and respond to federal initiatives, and is not anticipating program changes based on current requirements. DHCF proposes to use MCAC to engage stakeholders on Medicaid reform.

JB opened for questions from the floor. She went on to ask, as we think about the conversation of Medicaid block grant, and what dollar amount is set, do you include the expansion populations in it, or is it pre-ACA or after ACA? She also asked what was the baseline for establishing the $623 million impact? AW stated that the $623 million is just looking at the expansion population, not the entire program.

Guy Durant (GD) asked what the Republicans are basing the ACA-repeal effort upon: Is it just purely to save money, or is there a medical rationale behind what they are trying to do? AW responded that the general philosophy is that they feel that our entitlement funding is unsustainable and that we have overcommitted ourselves, and that it is not fair for the current generation to be committing the total debt as a result of our spending. The Republicans see this as an imperative need to cut Federal spending because it can’t be sustained over time. The second piece is that Republicans have a very strong belief and investment in the private market as a solution where capitalism is the best end goal. They think that private market approaches are the solution to driving down our health care costs, improving quality and ensuring greater equity, because then everybody gets the same amount of money and it’s fair.

Claudia Schlosberg (CS) explained in further detail on earlier issues and historical perspective surrounding the Medicaid program dating back to the beginning of its inception in 1965.

Seiji Hayashi (SH) asked beyond Medicaid, what impact does ACA Repeal have on Health Homes and other quality improvement measures, SIM planning, etc.? AW stated that statutes never created any of these initiatives, and so it’s unclear how these will be impacted going forward.

LaQuandra Nesbitt (LN) stated that certain payment reform initiatives will continue to move forward. She does not believe that there is a complete split along partisan lines around paying for volume verses quality. You can have an expectation that some of the things that are built into the CMS programs, whether they be on the Medicaid or Medicare side, that are designed to incentivize providers to be more quality focused as it relates to their payments, as opposed to volume focused, will continue to move forward.

CS said that in terms of the day-to-day work of the agency, DHCF continue to press forward with everything that we are working on.

*(For more details, a copy of the “ACA Repeal & Implications for District Medicaid Program” PowerPoint presentation can be found on the MCAC Webpage on DHCF’s Website* [*www.dhcf.dc.gov*](http://www.dhcf.dc.gov)*)*

1. **MCAC Roles and Responsibilities**

Nnemdi Elias (NE) stated that she would like some clarity on the role of the MCAC, as it relates to the limits, scope, and the impact of the MCAC, and how this intersects with the agency’s priorities. She is hoping that the Retreat will bring forth the answers to some of these questions.

JB stated that the MCAC should have some clarity as to what it is trying to achieve and what are its goals? She said that she would like some clarity around the priorities of the agency.

1. **DHCF Agency Priorities**

CS recapped the agency’s priorities. The priorities have not changed in the time that she has been employed at DHCF. She stated that the priorities are: 1) to improve health outcomes for District residents; 2) to reform long term care; 3) to strengthen program integrity, and; 4) to sustain the safety net hospital system. DHCF currently has about 20-25 projects going within the agency to address the various priorities. With respect to improving health care outcomes, DHCF has focused on working toward moving away from paying for volume to value based purchasing.

CS stated that the agency has been working in collaboration with various stakeholders from the community on various efforts around payment reform; DHCF has engaged with DCPCA and FQHCs to put together new payment methodologies for FQHCs that lays the ground work for paying for value. Also incorporated into DHCF’s new managed care contracts are pay for performance standards. DHCF is now working with the nursing facilities to update payment methodologies towards a move pay for performance model.

She stated that in Long Term Care Administration services lots of improvements have been made in terms of both operations and program. With respect to Program Integrity, the agency has been working with the Director of Program Integrity, DOH and the various Boards, MFCU, and other law enforcement agencies, to collaborate across agencies to focus on program integrity issues around provider and beneficiary fraud. The agency will also be rolling out some public messages soon regarding education and outreach.

CS concluded that the agency has some very robust efforts with the MCOs that have been going on for some time now, and will continue. She said that the agency is also working to sustain the safety net hospitals to ensure that there is a strong network in place serving our beneficiaries and providing high quality care.

Leona Redmond (LR) stated that she got involved in the MCAC after CS came to her senior building for a meeting around the issue of seniors not being able to receive certain types of services from the District Government. She stated that this is her organization’s biggest issue.

CS responded that what is important to address is how to ensure that the programs that DHCF provide and the beneficiaries DHCF provides services to, are able to access them, and understand how to access them. She suggested to LR that when the subcommittees begin, that she would be the perfect candidate to serve on the Access Subcommittee to help address some of these issues. CS also asked that LR reach out to her directly with any specific concerns.

Maude Holt (MH) stated that the Office of the Ombudsman does outreach to the community, and provides applications and help to prepare them, and bring them back to the agency for processing.

LN suggested that it would be helpful for the members at the retreat to decide what type of advisory committee it is, where creating that identity can help members to know how to proactively engage.

GD asked a question regarding QMB for Medicare. CS stated that this is a conversation that can be brought to the Access Subcommittee, and that it is important to find out what the strategies are to bring about resources around beneficiary access and outreach.

1. **Proposed Sub-Committees & MCAC Retreat Plans**

Trina Dutta (TD) presented a copy of the draft subcommittee roster, and the subcommittee charters, with a copy of the MCAC feedback for each of the charters. She went on to explain what the markers by each member’s name on the roster represented. She noted no one volunteered to chair the Access Committee, so this role is still vacant.

TD stated that by the end of the MCAC Retreat, scheduled for February 15th, the MCAC as a body will come to some type of agreement as to the roles and responsibilities, and have a solid idea of what each of those subcommittees is going to accomplish in this next year.

She also reminded everyone that the subcommittees are open to the public. This is an opportunity for the MCAC members to speak with their colleagues and friends about getting involved with the MCAC through participating on the subcommittees.

TD stated that there are liaisons/points of contact for each subcommittee. This information will be provided to the public to enable them to participate at the retreat and subcommittee meetings.

LR made a motion to nominate SH as the chair to the Access Subcommittee. The motion was properly seconded, all MCAC members were in favor of the motion, and SH accepted the nomination.

JB noted that the Executive Committee will take back all of the feedback received today, and what resources are needed to bring to the table to make this an engaged process.

GD asked if former member and current Deputy Mayor Hyesook Cheung (HC) could be invited to the MCAC Retreat. JB agreed to invite HC.

1. **MCAC Vice-Chair**

TD reported that the slot Hyesook Cheung served in as an MCAC member is for the role of a beneficiary/advocate. When the call went out to fill the slot, it was not specified as a beneficiary/advocate role. She apologized for that, because some applicants applied for that slot who cannot be considered as members within the beneficiary/advocate classification.

JB asked for nominations for the vacant Vice Chair slot. She asked members to submit their nominations by January 31st so that the vote can occur at the next meeting, and she reminded reminded Ex-Officio members that they cannot fill this slot.

***Summary***

* JB asked that AW provide an electronic copy of the “ACA Repeal & Implications for District Medicaid Program” presentation to the members. It will also be posted to the MCAC Webpage on DHCF’s Website.
* The Executive Committee will meet to discuss the pre-read information for the Retreat and follow-up with agenda.
* Clarity was achieved regarding the MCAC subcommittee chairs.
* The four (4) subcommittees are confirmed, and the MCAC will be moving forward with them.
* There will be nominations to address the Vice-Chair vacancy. TD will communicate with applicants who may not meet the criteria for the vacancy. The agency will select the applicant to fill the vacancy.
* MCAC members will contact JB if they have resources, and/or a facilitator for the Retreat.

CS stated that all materials from the MCAC are posted on the agency’s website. She also asked everyone to please share any information/activities if they are engaged with associations, organizations, etc.

Chelsea Sharon, member of the public, asked about the application process. CS and JB stated that there was no MCAC for the period when applications were being submitted. The agency reviewed applications and made the selections. The Executive Committee will review applications for the vice-chair role.

Patricia Quinn, member of the public, reported that DCPCA is hosting a Valentine’s Day Speed Dating/Networking event. She provided the flyer to the MCAC, and the public participating in today’s meeting. It explains that Speed Dating is a fun opportunity to meet and engage with organizations across the health and community service sectors. Through the speed dating process you can identify available services and better support your clients/patients.

1. The next MCAC meeting (Retreat) is scheduled for Wed., February 15, 2017.
2. The meeting adjourned at 7:28pm.