



February FY25 Medical Care Advisory Committee (MCAC) Meeting

February 26, 2025 | 5:30 PM – 7:30 PM ET

Virtual Meeting



Housekeeping

▶ **Introduce yourself in the chat:**

- Name
- Organization (if applicable)
- MCAC member or non-member

▶ **Keep yourself muted unless speaking**

▶ **You can add questions to the chat or use the “Raise Hand” function**

▶ **This meeting will be recorded**

- DHCF will post a recording of the meeting on the [MCAC webpage](#) after the meeting



Agenda

- ▶ **Welcome and Roll Call**
- ▶ **DHCF Report Q&A**
 - SPA, Waiver, and Rule Report
- ▶ **DHCF Updates and Discussion**
 - Enrollment Update
 - Transforming Maternal Health (TMaH) Model
 - Long Term Care Assessment Vendor Transition
 - Outreach Materials
 - Medicaid Landscape
- ▶ **MCAC Feedback**
 - Areas of Interest for MCAC FY26 Budget Presentation
- ▶ **Subcommittee Report Out**
 - Access
 - Health-System Redesign
- ▶ **Public Announcements**
- ▶ **MCAC Member Closed Session**



Welcome and Roll Call



DHCF Report Q&A

Waiver, SPA, and Rules Report



DHCF Updates and Discussion

Enrollment Update

Transforming Maternal Health (TMaH) Model

Long Term Care Assessment Vendor Transition

Outreach Materials

Medicaid Landscape

Areas of Interest for MCAC FY26 Budget Presentation



Enrollment Update: Medicaid Relatively Stable in Recent Months While Alliance/ICP Growth Continues



- ▶ Medicaid enrollment has continued to remain flat in recent months, following the unwinding period that ran from mid-2023 to mid-2024, which reflected a restart of eligibility redeterminations at the end of the federal public health emergency.
- ▶ Alliance and Immigrant Children’s Program (ICP) enrollment continues to show month-over-month growth.
- ▶ The most recent monthly data is linked at: <https://dhcf.dc.gov/page/dc-medical-care-advisory-committee>.

District of Columbia Department of Health Care Finance Monthly Enrollment Report - February 2025, Reflecting Period of January 2024-January 2025



By Program

Fiscal Year YTD	FY 2024							FY 2025 to date						
Year Month Number YYYY MM	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11	2024-12	2025-01	
Program												(preliminary)	(preliminary)	(preliminary)
Total	321,671	315,450	314,315	313,398	311,145	308,252	306,396	304,885	304,858	305,797	305,506	305,998	304,135	
Medicaid	295,451	288,361	286,546	284,833	281,809	278,359	275,893	273,801	273,166	273,580	272,936	273,059	270,967	
ICP	4,811	5,006	5,115	5,304	5,461	5,538	5,625	5,751	5,807	5,900	5,940	5,996	6,033	
Alliance	21,409	22,083	22,654	23,261	23,875	24,355	24,878	25,333	25,885	26,317	26,630	26,943	27,135	



Transforming Maternal Health (TMaH)



New Federal Funds to Spur Perinatal Care Innovation in DC



- ▶ **\$17 Million Maternal Health Opportunity:** In January DC received award of \$17 million from the Center for Medicare and Medicaid Innovation (CMMI) to implement the Transforming Maternal Health (TMaH) model. Over 10 years, DHCF and 14 other state Medicaid agencies will develop and implement payment and care delivery initiative(s) to support whole-person maternal health over the perinatal care period, up to 1 year post birth.
- ▶ **Funding to Support Maternal Health Quality Improvement:** TMaH funding to states is intended to: (1) improve experience of care for pregnant people; (2) reduce low-risk c-sections; (3) improve screening for maternal depression and follow-up; (4) reduce the rate of severe obstetric complications; and (5) improve the timeliness of prenatal and postpartum care.
- ▶ **Opportunity to Help Align DC Maternal Health Activities:** A significant amount of work is underway on maternal health, but much of it is siloed. TMaH offers infrastructure funds to better align this work, supported by a Medicaid value-based payment model.



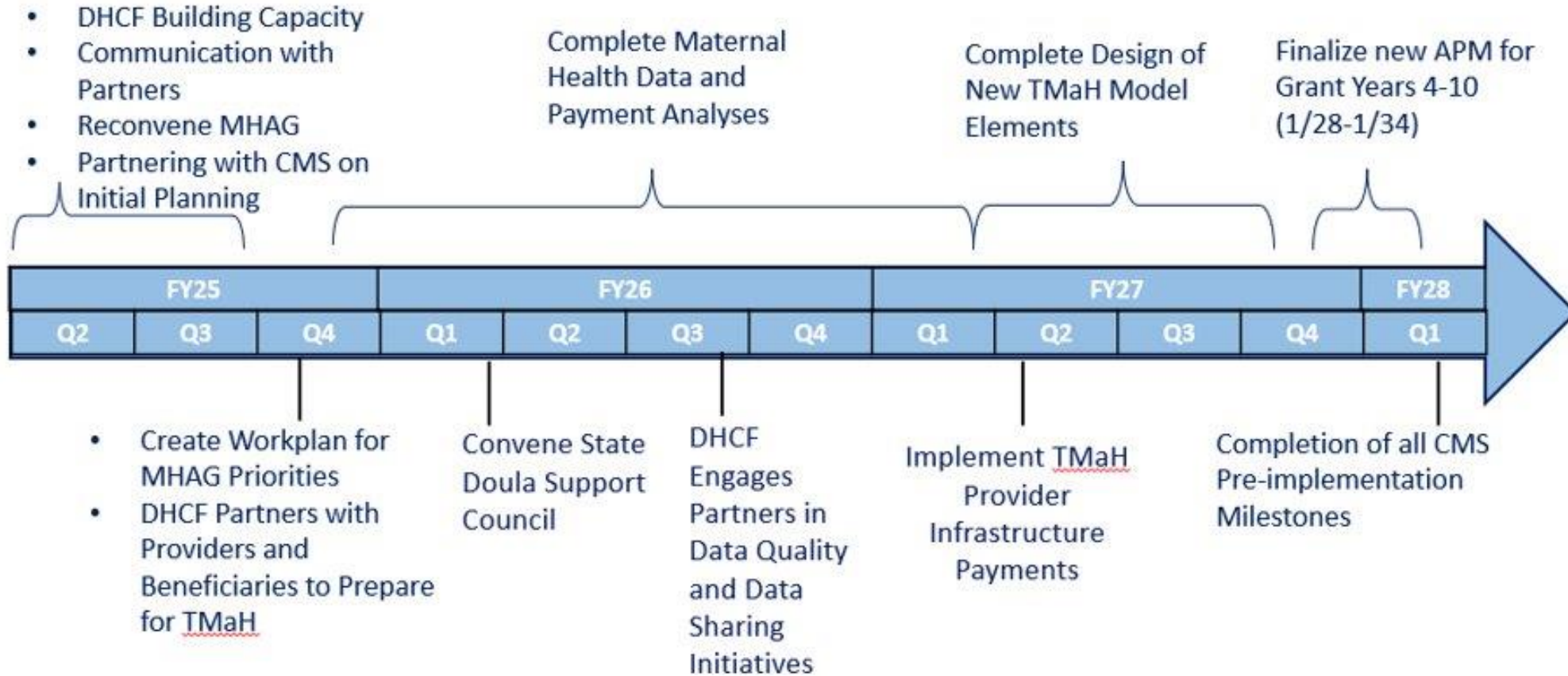
Through the Maternal Health Advisory Group DC Will Prepare for TMaH Implementation



- **Proposal:** Maternal Health Advisory Group re-convenes starting April 2025 to serve as the primary forum to partner and work collaboratively with beneficiaries, stakeholders and community members on TMaH Model, led by Melisa Byrd.
- ▶ **April Meeting:** Introduce TMaH, discuss the role of a monthly MHAG meeting and discuss goals and advisory group structure.
- ▶ **Subsequent Meetings:** MHAG meetings will address TMaH model elements:
 - Solicit community and beneficiary input on system barriers and challenges, promising practices, and feedback on implementation
 - Opportunity to engage around key model elements, including
 - Midwifery, birth centers, and doulas
 - Behavioral Health, Social Determinants of Health and specialty care integration
 - Alignment with community activities to advance perinatal health (including DC Health and partners working on maternal health quality, access, and workforce initiatives)



TMaH Timeline of Key Priorities for Maternal Health Advisory Group





State Must Meet Milestones for 10 Key Care Elements by End of Year 3



<u>Pillar 1</u> Access, Infrastructure & Workforce	<u>Pillar 2</u> Quality Improvement & Safety	<u>Pillar 3</u> Whole Person Care Delivery
<ul style="list-style-type: none">• Increase access to the midwifery workforce• Increase access to birth centers• Cover doula services• Improve data infrastructure• Develop payment model	<ul style="list-style-type: none">• Support implementation of AIM patient safety bundles• Support “Birthing-Friendly” hospital designation	<ul style="list-style-type: none">• Increase risk assessments, screenings, referrals, and follow-up for perinatal depression, anxiety, tobacco use, substance use disorder, and health-related social needs (HRSN)• Increase home monitoring of diabetes and hypertension• Develop health equity plan



State Can Elect Up to 8 Optional Care Elements; Milestones TBD



<u>Pillar 1</u> Access, Infrastructure & Workforce	<u>Pillar 2</u> Quality Improvement & Safety	<u>Pillar 3</u> Whole Person Care Delivery
<ul style="list-style-type: none">• Cover certified midwives (CMs) and certified professional midwives (CPMs)• Cover perinatal community health workers (CHWs)• Create regional partnerships in rural areas• Extend Medicaid eligibility to 12 months postpartum	<ul style="list-style-type: none">• Promote shared decision-making	<ul style="list-style-type: none">• Expand group perinatal care• Increase use of home visits, mobile clinics, and telehealth• Expand oral health care



Maternal Health Advisory Group Initial Meeting Information Requests



Interested in Participating on the Transforming Maternal Health Initiative?

- ▶ The Maternal Health Advisory Group will convene for virtually **April 15th from 11am-12pm**
- ▶ Subsequent Meetings: Every 3rd Tuesday from 11am-12pm (monthly)

Invites and meeting information will be sent out to the previous attendees of Maternal Health Advisory and Perinatal Mental Health Task Force, partners on the TMaH proposal, and to interested community members

- ▶ To receive invites and information about the Maternal Health Advisory Group, please email DHCF:
 - We will use dhcf.maternalhealth@dc.gov to track requests from stakeholders and community members
 - Please send any requests to participate to this email address



Long Term Care Assessment Vendor Transition



Long Term Care Assessment Vendor Transition



- On February 1, 2025, Long Term Care successfully transitioned from Liberty Health Care Corporation to Telligen as the Level of Care Assessment vendor for the Fee-for-Service, Dual Choice beneficiaries, Adult Day Health Program and Pre-Admission Screening and Resident Review (PASRR)
 - Liberty Health Care Corporation will remain as the assessment vendor for the Managed Care Programs : AmeriHealth, AmeriGroup, Medstar, and HSCSN
- Telligen has been conducting assessments of LTSS populations since 1992 and currently provide services in eight national markets.
- The transition has been relatively smooth and is focusing on completing reliable and accurate assessments, improving beneficiary and provider experiences, and reducing provider burden and redundancies.



Long Term Care Assessment Vendor Transition



- Telligen has a due diligence process to contact beneficiaries, submitters and family members to ensure assessment scheduling is successful and a ticketing process that allows for tracking the status of every Assessment request.
- LTCA and Telligen have triaged approximately 160 electronic Prescription Order Forms (ePOFs) that were outstanding prior to 1/31/2025. Less than 60 remain to be scheduled.
- Telligen is diligently scheduling assessments from both the inherited queue of assessment requests and for ePOFs received after 2/1/25.
- While Assessor training and mentorship has been a focus, approximately 260 assessments have been completed in the first three weeks
- Telligen's goal is to ensure contact is made with beneficiaries within 48 hours of receipt of ePOF approval and a minimum of with three attempts to schedule each assessment.
- Telligen anticipates being able to schedule and complete a minimum of 220 assessments weekly as of March. This is on par with historical assessment completion.



Long Term Care Assessment Vendor Transition



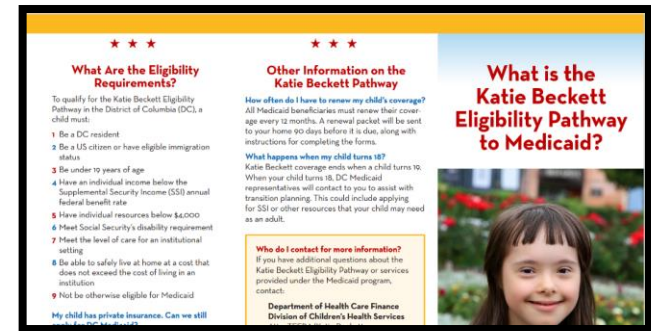
Contact Information

- Toll Free #: (833) 772 – 2994
- InterRAI Email: DCLTSS@Telligen.com
- PASRR Email: DCPASRR@Telligen.com
- Fax#: (202) 974 - 6703
- website URL: <http://dcltss.telligen.com/>



Medicaid Eligibility Fliers, Trifold, and Palm Cards are Available to the Public as Outreach Materials

- The District posted 3 trifold fliers, 3 front/back fliers and palm cards with information on eligibility for DHCF health insurance programs on the Medicaid Renewal website.
 - The trifolds: 1) Explain eligibility through the Katie Beckett pathway; 2) Long term services and supports; and 3) Understanding Your Medicaid Benefits
 - The fliers: 1) How to Keep Covered with DC Medicaid; and 2) 5 Things to Know About DC Medicaid
 - The videos: 1) How to Use District Direct; 2) How to Renew My DC Medicaid; and 3) Do You Have DC Medicaid?
- The videos and fliers are relevant for ongoing eligibility and are not specifically connected to PHE Unwinding period.
- The materials have been translated into 6 other languages: Spanish, Amharic, French, Vietnamese, Chinese, and Korean.





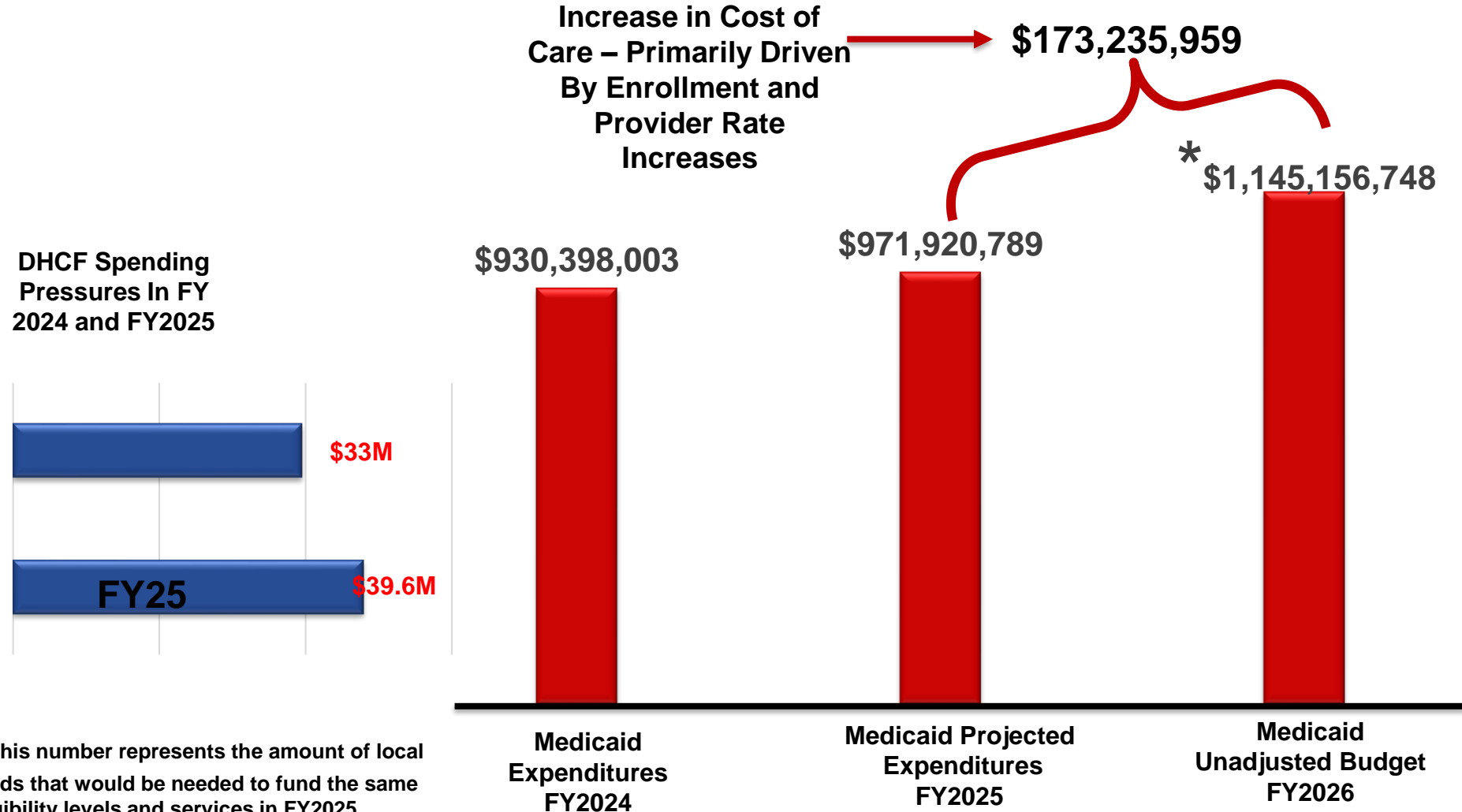
Medicaid Landscape: It's a Challenging Time for Medicaid



- ▶ Increasing enrollment and costs of services
- ▶ Proposed reduction in federal funding support for DC Medicaid
- ▶ Unclear federal legislative direction on Medicaid



Without any Change to the District's Medicaid Program Design, the City Would Need to Allocate \$173.2 Million in Additional Local Dollars to Pay for the Program in FY2026





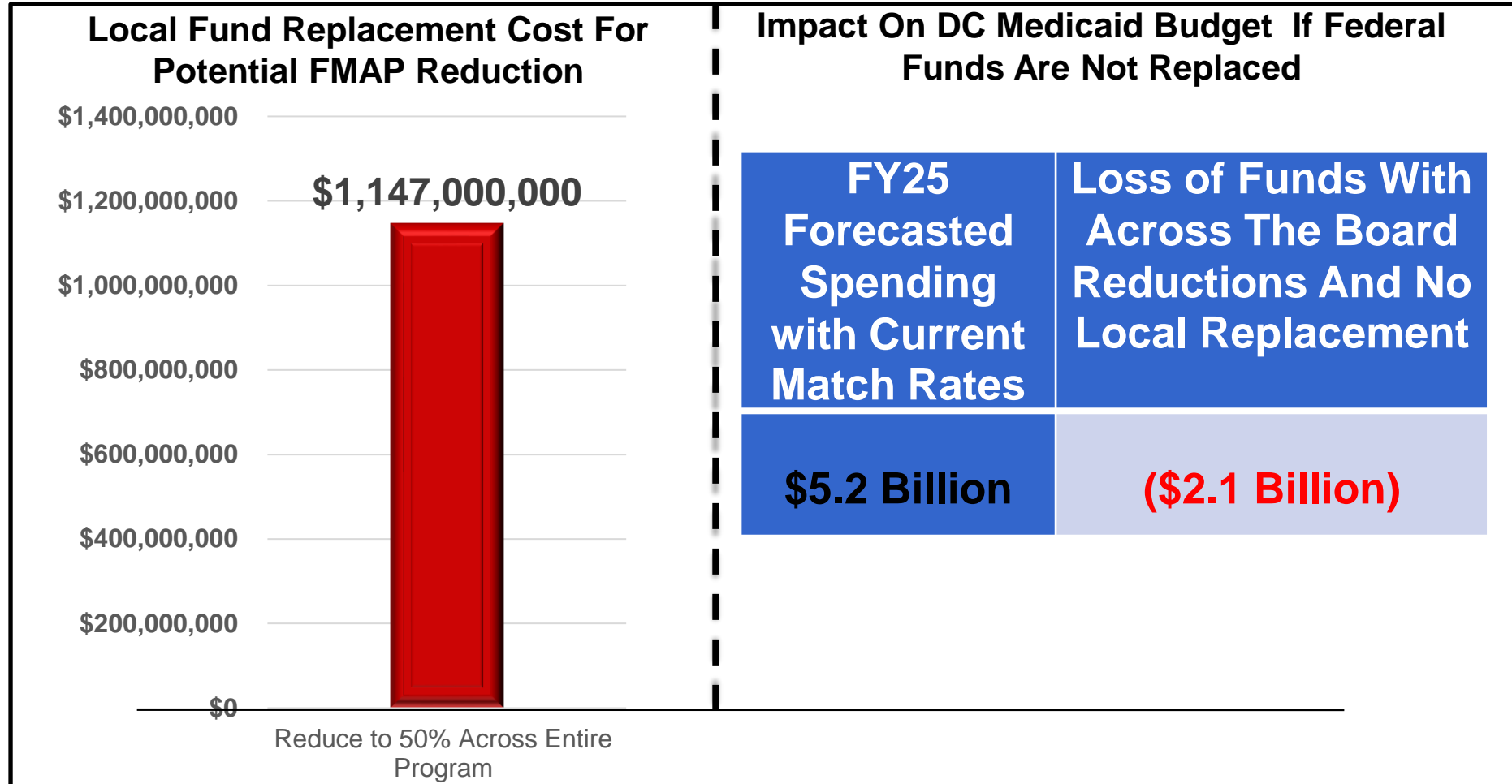
Medicaid Landscape: Proposed Reduction in Federal Funding for DC Medicaid

- ▶ Proposal to eliminate DC's "special FMAP" of 70/30 to 50/50 (federal/state)
 - Typically, the federal government's share of Medicaid spending is based on the "FMAP Formula"
 - A state's FMAP is based on the ratio of its per capita income, squared, to the US per capita income, squared
 - No state can have an FMAP below 50%

- ▶ DC's FMAP was statutorily set by Congress in the 1997 Revitalization Act:
 - *The current FMAP of "50% unfairly treats DC as if it were a state when it does not possess the requisite attributes of the state under the formula used to determine FMAP"*

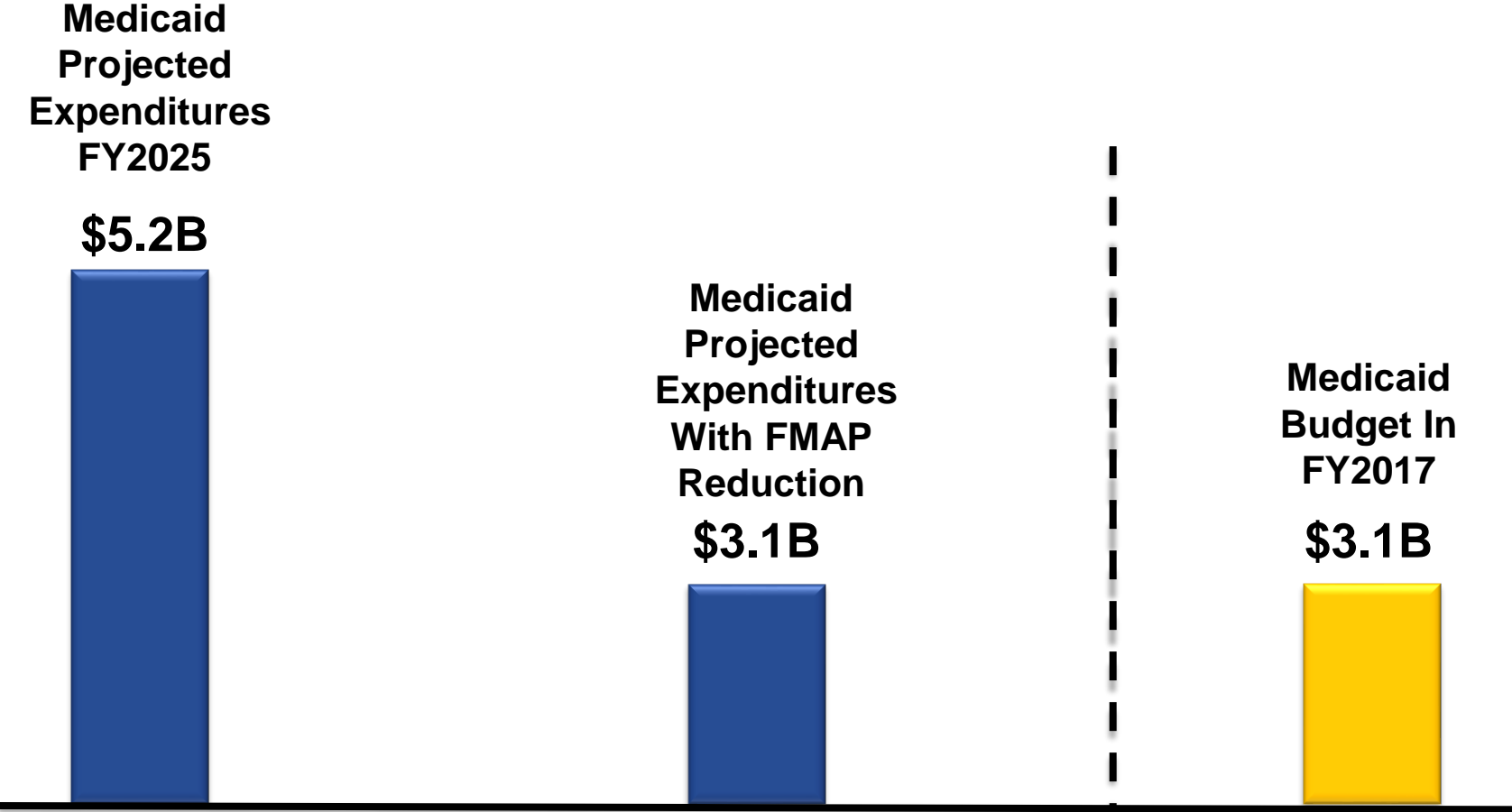


If the Chairman's Instructions to the House Congressional Budget Committees are Eventually Passed, the District's Medicaid Funding Could Decline by \$2.1 Billion from Projected FY2025 Levels





The Federal Loss of Funds Associated with an Across-the-board Reduction in the District's FMAP to 50 Percent Would Return the Program to its 2017 Level





Virtually Every Aspect of the District's Medicaid Program Would be Impacted by Such Drastic Funding Losses



FMAP Reduction Scenarios	Funding Gap Associated With FMAP Change	Groups That Could Be Implicated By FMAP Reduction
ACA Expansion Population Reduce FMAP from 90% to 50%	\$373 million	<ul style="list-style-type: none">• Childless adults population (above 138% of FPL)• Obamacare expansion group
Reduce FMAP from 70% to 50	\$731 million	<ul style="list-style-type: none">• Childless adults (above 138% of FPL)• Obamacare expansion group• Some optional services and other populations (e.g. optional children)
FMAP at 50% across the entire program	\$1.1 billion	<ul style="list-style-type: none">• All optional populations and many optional services• Provider rates



Medicaid Landscape: Unclear Federal Legislative Direction on Medicaid

► Congress is Moving Forward on Budget Reconciliation

- Other key entitlement programs (e.g. Medicare) are said to be “off the table” - suggesting cuts to Medicaid are likely
- Several proposals impacting Medicaid were included in the House Committee on Budget Blueprint
 - Reduce FMAP Floor Below 50%
 - Reduce Expansion FMAP to 70% or 50%
 - Reduce Administrative FMAP to 50% (e.g. 90/10 IT FMAP)
 - Implement Per Capita Caps
 - Work requirements
 - Reduce Provider Taxes
- Details on what proposals may be included in the reconciliation bill will be forthcoming over the next several weeks
- DHCF will continue to monitor Congressional actions and their potential impact to DC



MCAC Feedback

Areas of Interest for MCAC FY26 Budget Presentation



Feedback on Budget



- ▶ DHCF plans to have a special MCAC session focused on the FY26 budget at our April 23rd meeting (similar to previous years)
- ▶ Given the breadth of DHCF's budget and the limited time of this meeting, we often are not able to cover all topics.
- ▶ **We want to hear from you:**
 - What portions of the budget presentation would you like to prioritize for April's MCAC presentation?
 - Are there specific topics or items of interest you are particularly interested in hearing about?



Subcommittee Report Out

Access

Health-System Redesign



Public Announcements



Get Involved and Make Sure You're Getting Updates

The next meeting will be February 26, 2025, at 5:30PM – we look forward to seeing you all there!

If you (or other community members and partners) are not already receiving MCAC meeting invites, you can email the newly established dhcfMACandBAC@dc.gov and we will add you to the list.

If you are already receiving MCAC invites and emails, no action is needed.