



MEDICAL CARE ADVISORY COMMITTEE

Medicaid Program Report

Department of Health Care Finance

December 15, 2021

Government of the District of Columbia

Department of Health Care Finance





Presentation Overview

- Agency Updates:
 - Staffing
 - MCO RFP
 - Behavioral Health Integration
 - Dual Choice
 - Maternal Health
 - District Direct and Alliance Re-certification





AGENCY STAFFING

Government of the District of Columbia

Department of Health Care Finance





- DaShawn Groves, DrPH, MPH joins the Office of the State Medicaid Director as Special Projects Officer (<u>dashawn.groves@dc.gov</u>)
- Kate Christopherson, joins the Office of the State Medicaid Director as Executive Assistant (<u>ekaterina.christopherson1@dc.gov</u>)
- Gerald Wilson, Director, Program Integrity left the agency in November after five years of service
 - Kevin O'Donnell, Office of the General Counsel, is serving as Acting Director
- Erin Holve, Director, Health Care Research and Innovation Administration, will be leaving the agency at year's end
 - Nina Jolani, Division Director, Digital Health, will serve as Acting Director
- Eugene Simms, Office of the Director, is serving as Acting Director for the Health Care Policy and Research Administration





MANAGED CARE ORGANIZATION (MCO) PROCUREMENT

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- Purpose of new procurement is to allow:
 - The inclusion of the full complement of behavioral health services; and flexibility in payment methodology
- Update:
 - Request for Proposals (RFP) issued on November 19, 2021
 - Pre-proposal conference held on November 29, 2021
 - Responses due December 20, 2021





BEHAVIORAL HEALTH

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- October 1, 2023, allows for inclusion of the Managed Care Organizations in readiness and implementation activities
- Separates Behavioral Health Transformation from all other managed carerelation readiness and transitions that must occur on October 1, 2022
- Generally, provides more time for development, planning and readiness
- Stakeholder Advisory Group will continue to meet and DHCF and DBH will continue to engage community for input and feedback



Schedule and Next Steps for Behavioral Health Integration

DHCF Department of Health Care Finance

November 2021 – December 2022: Planning and Development

- Complete Rate Study
- Develop Medicaid State Plans and corresponding DHCF and DBH Regulations for new/revised services
- On-going Provider Training and Technical Assistance
- ARPA EHR/HIE initiative
- Managed Care Organization solicitation, readiness, and implementation
- DHCF-DBH MOU development

January 1, 2023 – September 30, 2023: Formal Readiness Period

- Routine agency, provider, managed care plan collaboration
- Providers are Accredited and Certified
- Provider and managed care plan contracts are executed
- Claims system will be tested
- DATA sharing
- Outreach and communication with beneficiaries.





MEDICAID-MEDICARE INTEGRATION DISTRICT DUAL CHOICE

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LTSS Update: District Dual Choice (D-SNP) Expansion: Better Integrating Medicaid and Medicare Services



- DHCF is implementing two major expansions to coverage and service delivery for dual eligibles, including an expansion of the existing dual eligible special needs plan (D-SNP) program and launch of the District's first Program of All-inclusive Care for the Elderly (PACE) program
- The expansion of Dual Choice is occurring on February 1, 2022, at which point individuals enrolled in Dual Choice for Medicare will begin to receive Medicaid services through the program as well
- The program will integrate care management and variety of other functions to offer enrollees a more seamless, coordinated experience of care, which can otherwise be complex and fractured for our dual eligibles
- The District announced its intent to award a contract for this program to UnitedHealthcare, and DHCF and the plan have been conducting program and plan readiness activities, including provider and beneficiary outreach and engagement

LTSS Update: District Dual Choice (D-SNP) Expansion: Better Integrating Medicaid and Medicare Services

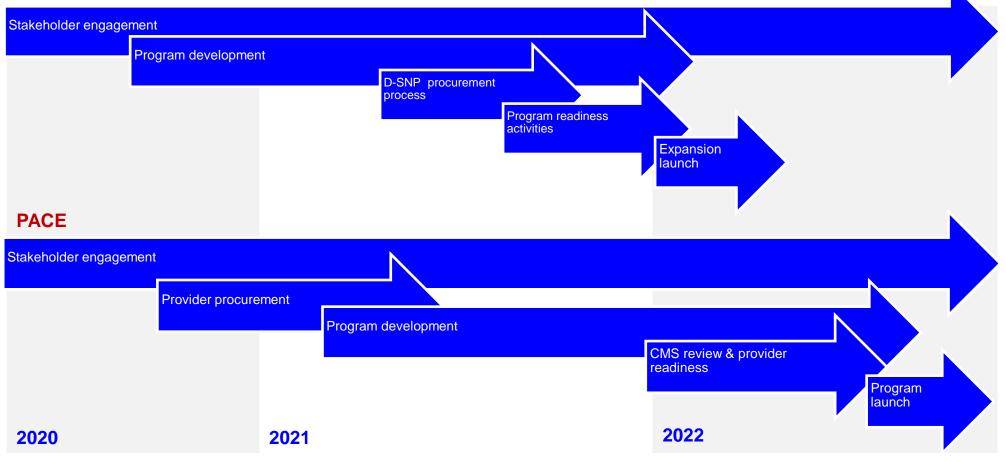


- Key features of the implementation of the Dual Choice expansion:
 - The Dual Choice program is optional, and individuals currently enrolled may opt out if they do not want to participate
 - There is a lengthy continuity of care period during which Medicaid services in place prior to the transition can continue without disruption
 - Some services will still be authorized and reimbursed through Medicaid directly, including some community-based behavioral health services and services for individuals in ICFs or the IDD/IFS waivers
 - Beneficiaries are receiving notices from both DHCF and the health plan, and can contact the health plan, the SHIP or DHCF to learn more about the program
 - Enrollment in the expanded program does not alter a person's eligibility for Medicare or Medicaid
 - Partial benefit duals may remain in the program, with eligibility for services consistent with their coverage

LTSS Update: Timelines for Dual Choice and PACE



Dual Choice







MATERNAL HEALTH

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Upcoming DHCF Policymaking on Maternal Health



DHCF is authorizing three categories of new coverage or benefits related to maternal health in FY22:

- Doula Services
 - Authorized by the FY22 Budget Support Act
 - DHCF will submit a State Plan Amendment (SPA) for Medicaid coverage of doula services
 - Requires consultation and stakeholder engagement
- Expansion of Postpartum Medicaid Coverage
 - DHCF will submit a SPA to extend postpartum coverage from 60 to 365 days postpartum
- Non-Emergency Medical Transportation (NEMT) for Alliance beneficiaries
 - Already in place; previously a value-added benefit
 - More outreach needed to increase awareness

Upcoming DHCF Stakeholder Engagement on Maternal Health



Kickoff Meeting on maternal health held on Tuesday, December 14th

DHCF is chartering a Maternal Health Advisory Group in FY22

- Purpose of Advisory Group:
 - Help DHCF make informed decisions creating new policies authorizing doula services and extension of postpartum coverage
 - Identify and assist with necessary training and outreach that will accompany policy changes made by DHCF
- Will convene public meetings in 2022
 - Monthly meetings January-April 2022, opportunity to extend afterward
- Seeking representatives from key stakeholder groups
- Soliciting public input on maternal health services at meetings and in writing
 - Meetings will be open to the public, including non-members
- Contact and Next Steps
 - Application for the Maternal Health Advisory Group will be released this week
 - For more information and future notices on maternal health projects, contact <u>dhcf.maternalhealth@dc.gov</u> and ask to be included on the email list



DISTRICT DIRECT AND ALLIANCE RE-CERTIFICATION

Government of the District of Columbia

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Department of Health Care Finance





District Direct A One-Stop Shop for Public Benefits

https://districtdirect.dc.gov/

District Direct provides residents with efficient and effective access to Medicaid, SNAP and TANF, Alliance and Immigrants Children's Program.

The goal of the new integrated eligibility system is to ensure District residents are connected to the tools and services that can enable them to live healthier, productive lives.



District Direct launched on November 15, 2021





BENEFITS

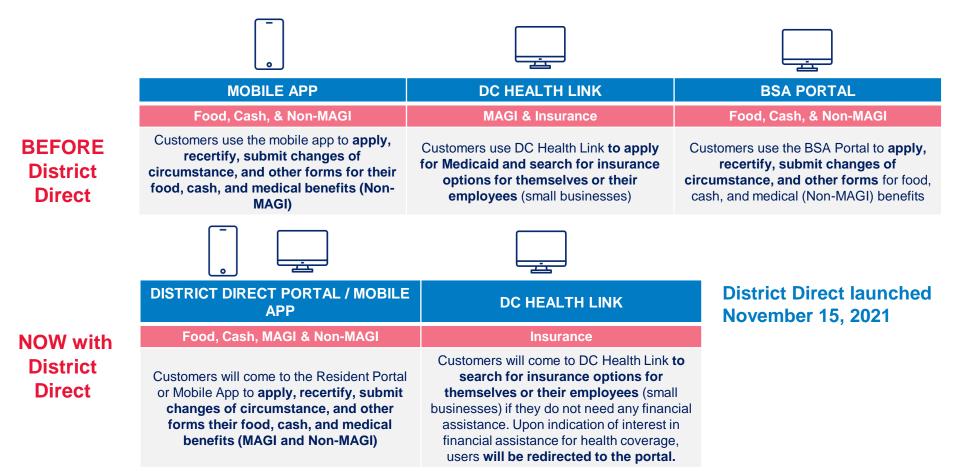
Residents can now

- Leverage District Direct to complete the combined application at their leisure
- Have remote access to all services
- Be able to use District Direct anytime, anywhere, becoming the **preferred way** for customers to apply and manage their benefits
- Customers will be able to view **electronic notices**, allowing more time for responses (e.g., recertification deadlines, missing verifications, etc.), while still receiving notices in the mail
- Be able to keep better track of their **recertification and renewal deadlines**
- Be able to submit their verification documents **electronically**



Customer Technology Comparison

What is the difference between the new District Direct, DC Health Link, and the BSA Portal?







District Direct Questions?

Tamika Fitzgerald Tamika.Fitzgerald@dc.gov DCAS Associate Director

https://districtdirect.dc.gov/

Melanie Williamson Melanie.Williamson@dc.gov DHCF Chief of Staff, Interim DCAS Director



