

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

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

Wednesday, February 26, 2020

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

MEETING MINUTES

ATTENDEES:

MEMBERS:

Elizabeth Garrison, SOME
Sharra Greer, Children's Law Center
Robert Hay Jr., MSDC
Suzanne Jackson, GW Law School
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on Long Term Care
Justin Palmer, DCHA
Eric Scharf, Depression and Bipolar Alliance
Tamara Smith, DCPCA
Topher Spiro, Center for American Progress
Joe Weissfeld, Families USA
Melisa Byrd, DHCF
Dr. Barbara Bazron, DBH
Marsha Lillie-Blanton, DBH
Maude Holt, DC Ombudsman & Bill of Rights

GUESTS:

Karen Shablein, FEI Systems
Steven McRae,
Lauren Canary, NVHR
Jessica Chandler, NFP
Lisa Truitt, DHCF
Claudia Schlosberg, Castle Hill Consulting
Belinda Zhang, Trusted Health Plan
Cavella Bishop, DHCF
Alice Weiss, DHCF
Patricia Quinn, DCPCA
Colleen Sonosky, DHCF
Victoria Fields, HSCSN
Grace Williams, Advocate
Bill Hanna, DHCF
Taylor Woods, DHCF
Eugene Simms, DHCF

MEMBERS VIA CONFERENCE LINE:

Guy Durant, Advocate/Beneficiary
Veronica Sharpe, DCHCA

I. Call to Order

The meeting was called to order at 5:41 pm by Mr. LeVota, MCAC Chair.

II. Approval of Minutes

Motion by Mr. Palmer, seconded by Ms. Levy to approve the October 23rd and December 18th minutes. Motion passed and the minutes were approved as written.

III. Welcome and Introduction

Mr. LeVota welcomed new members to MCAC. Mr. LeVota encouraged all MCAC members to participate in at least one MCAC subcommittee. Bill Hanna will be sending a survey to MCAC members to identify which members are serving on which subcommittees.

IV. Senior Deputy Director/Medicaid Director Report – Melisa Byrd

a. Medicaid Reform Update

Ms. Byrd provided an update on Medicaid Reform. Ms. Smith believes that the timeline of the FFS transition is aggressive and there will likely be confusion and that communication will be important. Furthermore, on the provider side it's important that they have the right messages to share and that there is some concern about credentialing with all of the payers. Most of the concern is around the aggressive timeline. Mr. Weissfeld asked if there was any targeted communication to the two new populations to managed care. Ms. Byrd stated that it is under discussion and that the agency is planning to work with community agencies that may have more contact with specific populations and that the agency is planning more targeted outreach. Ms. Greer asked if there was any more information about the transition population for year two. Ms. Byrd stated that there is no information at this time.

Dr. Bazron added that DBH and DHCF are presenting to other agency partners about the 1115 waiver. The team recently presented to CFSA. CFSA would like to explore how federal grant funded efforts can be coordinated to support the efforts of the 1115 waiver. Ms. Garrison asked about the SPA process and stated that about 18-24 months ago there was a stakeholder and DBH leadership group that worked on an assessment of Chapters 34 and 63 which resulted in a number of wish list items that were put in a parking lot to be reconsidered when the 1115 waiver was updated. She was hoping that those items would be consider along with any changes from the 1115 to the state plan. Alice Weiss noted that these items are on the SPAs and Rules list provided. Eugene Simms noted that there are several workgroups looking at amending the MHRS and ASARS benefit.

Mr. LeVota reminded the committee that at the October meeting there had been a request to receive a presentation on pharmacy benefits and formulary construction from DHCF. DHCF has agreed to provide this presentation at the April MCAC meeting.

(For full details, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Feb. 26 Meeting Materials link.)

V. Subcommittee Reports

a. Access Subcommittee – Mr. LeVota, subcommittee chair reported.

The subcommittee spent most of the meeting talking about the communications plan for the FFS transition. Most of the conversation was about communication leading up to October 1, 2020. The subcommittee provided feedback to DHCF on how to communicate leading up to the transition and the need for additional communication to new managed care beneficiaries about available services after the transition. The subcommittee had a brief discussion about access to MAT services. The subcommittee discussed hepatitis C. The subcommittee is planning to have a deep dive conversation about current status of access to hepatitis C treatment and prior authorization at the next meeting.

The next meeting is scheduled for March 24th at 1:00 pm at DHCF.

b. Enrollment and Eligibility Subcommittee – Mr. Scharf, subcommittee chair, reported.

The subcommittee received an update from Alice Weiss and team on the implementation of a new reporting system and dashboard. The subcommittee had a discussion with ESA who reported that the Anacostia service center will be closed May through October. The subcommittee received a presentation from DCAS. Mr. LeVota added that the next release cycle is on schedule as it relates to changes for Medicaid. There is some discussion of a timeline modification for non-Medicaid changes. Alice Weiss shared that the DCAS materials presented to the subcommittee could be made available to the full MCAC members who may be interested. The subcommittee had a discussion about returned mail. ESA reported that they did not feel it was a significant issue, but it will be an agenda topic at the next subcommittee meeting.

Mr. Scharf wanted to raise the issue of the Public Charge Rule. DHCF has issued a new FAQ on its website. The document is in the process of being translated into other languages and large type. Mr. Scharf noted that people who request humanitarian type visas, such as asylum seekers or resettled refugees, are not impacted by this, however, it still raises a lot of anxiety and a fear that people are not accessing needed services. Ms. Smith added that had a teach-in day with providers. There is a lot of misinformation about the rule causing people to stay away from services. It's created a burden on front desk staff to be able to communicate accurately and extensively with the population. She also emphasized that the legal community has accurate information and do not encourage people to disenroll unnecessarily. Mr. Weissfeld announced that Family USA released a 50 state analysis of the impact on coverage for children. Despite the fact that children are exempted from the rule it had a chilling effect on children's access. Mr. Scharf pointed out the most people don't know the Alliance is a DC based program not a Medicaid program and therefore not affected by the rule.

Mr. Weissfeld emphasized the need to explore other communication options given the information on returned mail. Mr. Scharf said that the subcommittee did have a discussion about possible use of email for communication.

c. Health Systems Redesign Subcommittee – Ms. Smith, subcommittee chair, reported.

The subcommittee met in February and discussed a number of grant initiatives the Department is implementing or exploring. The subcommittee discussed the MCO procurement. The subcommittee discussed universal contracting and value based purchasing. The subcommittee did talk a little about the Mayor's Health Commission report. The report is with the Mayor and the subcommittee is eager to hear the Mayor's response related to next steps. The subcommittee talked about how to engage providers around the 1115 waiver. The agencies are doing a good job of getting people to the table via the regular phone calls.

The next meeting is April 8th at 4:00pm at DHCF.

d. Long Term Care Services and Supports Subcommittee – Ms. Levy, subcommittee chair, reported.

At the February 12th meeting the subcommittee received a presentation about the 1115 waiver geared to seniors and the disabled. The subcommittee also had a presentation on PACE. March 2nd is the end of the comment period for the recently published PACE rule.

The subcommittee plans to revise its goals. The subcommittee focuses on workforce and the direct care crisis. Many EPD providers are having difficulty recruiting direct care providers. The new Executive Director of the Board of Nursing is invited to the next meeting.

The next meeting is March 11th at 12pm at Iona Senior Services.

VI. New Business

- a. Motion by Mr. Scharf, seconded by Ms. Greer to hold a special MCAC meeting on March 25th to receive a budget presentation from DHCF. The motion passed unanimously.

VII. Opportunity for Public Comment

Lauren Canary, Director of the National Viral Hepatitis Roundtable, presented a letter to Ms. Byrd and copies to the MCAC members. Ms. Canary raised issues to access to care for some providers enrolled with some MCOs. Mr. LeVota encouraged Ms. Canary to work the DHCF about the specific instance. The subcommittee will be reviewing the hepatitis C access to treatment. Ms. Byrd stated that DHCF is looking to review the policy. The fiscal analysis is currently underway. Assuming financial feasibility, the goal is to revise the policy by the end of the calendar year.

Claudia Schlosberg asked that information related to subcommittees be made public on the website. She also mentioned that the agency had looked at texting in the past and encouraged the agency to look at other technology especially texting in the future.

VIII. Announcements

None.

IX. Next MCAC Meeting

The next MCAC meeting is scheduled for Wednesday, March 25, 2020 at 5:30 – 7:30 pm.

X. Adjournment

The meeting adjourned at 6:50 pm.