

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health Care Finance



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

Location: Virtual Meeting via WebEx

Wednesday, July 22, 2020

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

**MEETING MINUTES**

**ATTENDEES:**

**MEMBERS:**

Sharra Greer, Children's Law Center  
Robert Hay Jr., MSDC  
Suzanne Jackson, Health Rights Law Clinic  
Mark LeVota, DC Behavioral Health Assoc.  
Judith Levy, DC Coalition on Long Term Care  
Robert Moffitt, Advocate/Beneficiary  
Ian Paregol, Coalition of Disability Service Providers  
Veronica Sharpe, DCHCA  
Tamara Smith, DCPCA  
Joe Weissfeld, Families USA  
Dr. Barbara Bazron, DBH  
Marsha Lillie-Blanton, DBH  
Maude Holt, DC Ombudsman & Bill of Rights

**GUESTS:**

Linda Elam, Amerigroup  
Rinku Mehra, Amerigroup  
Bernard Arons, Amerigroup  
George Aloth, CareFirst  
Karyn Wills, CareFirst  
Nikhil Holla, CareFirst  
Eric Levey, HSCSN  
Nadine Coy, HSCSN  
Anna Dunn, HSCSN  
Julie Kozminski, Unity Health Care  
Tina Nelson, AARP  
Lauren Canary, NVHR  
Patricia Quinn, DCPCA  
Erin Loubier, Whitman-Walker  
Claudia Schlosberg, Castle Hill Consulting  
Sherri Giorgio, Gilead  
Charmekia Martin  
Ahna Millat  
Kathleen Bernstein  
Sameria Cornish  
Belinda Zhang  
Heather Stowe, DACL

Nevena Minor, DBH  
Lindsay Djinge, DC Health  
Stephanie Knight, DHS  
Anthea Seymour, DHS  
Amani Alexander, DHCF  
Ellyon Bell, DHCF  
Cavella Bishop, DHCF  
Kerda DeHaan, DHCF  
Mary Devasia, DHCF  
Brion Elliott, DHCF  
Amanda Forsythe, DHCF  
Elizabeth Garrison, DHCF  
April Grady, DHCF  
Ieisha Gray, DHCF  
DaShawn Groves, DHCF  
Bill Hanna, DHCF  
Erin Holve, DHCF  
Alondra Jones, DHCF  
Eduarda Koch, DHCF  
Angelique Martin, DHCF  
Lorena Ortiz, DHCF  
Pamela Riley, DHCF  
Leyla Sarigol, DHCF  
Don Shearer, DHCF  
Araceli Simbulan, DHCF  
Colleen Sonosky, DHCF  
Deniz Soyer, DHCF  
Erik Thomas, DHCF  
Alex Tierney, DHCF  
Rita Torkzadeh, DHCF  
Lisa Truitt, DHCF  
Debbie Vishnevsky, DHCF  
Dorinda White, DHCF  
Amelia Whitman, DHCF  
Monique Willard, DHCF  
Gerald Wilson, DHCF  
Taylor Woods, DHCF

**I. Call to Order**

The meeting was called to order at 5:32 pm by Mr. LeVota, MCAC Chair.

**II. Approval of the Minutes**

Ms. Smith moved and Ms. Levy seconded approval of the June 24, 2020 minutes. The minutes were approved without objection.

**III. Senior Deputy Director/Medicaid Director Report**

**a. Enrollment Snapshot**

Angelique Martin, DHCF Deputy Director, acknowledged that DHCF has been remiss in providing the data to MCAC. DHCF is currently moving to a new system with the goal of making the snapshot an interactive dashboard that can be accessed at anytime and not just at MCAC meetings. Ms. Martin noted that DHCF has also included preliminary data for the most recent three months of enrollment. (*The snapshot is available on DHCF's Website on the MCAC webpage. The snapshot is located under the Monthly Medicaid and Alliance Enrollment Reports link.*)

April Grady, Associate Director for Division of Analytics and Policy Research, presented the snapshot. The snapshot shows 13-months of data similar to previous MCAC reports, however, this report does not include the 3-month lag that had been shown on previous MCAC reports. This report includes May 2019 – June 2020 whereas in previous version the data would have been through March 2020. The rationale for the 3-month lag is that during a non-public health emergency (PHE) it takes about three months for the data to stabilize because of retroactive eligibility. Historically, if DHCF showed June data in July, it would not be reflective of all the eligibility for June. During the PHE, the Federal CARES act requires the District to follow a continuous coverage requirement to receive the enhanced FMAP. As a result of the requirement there is much less volatility in enrollment and fewer retroactive enrollments and because of the stability in the data the report includes the most recent three months as preliminary.

Using February 2020 as the baseline before the PHE, enrollment has grown just under 3%. That growth rate is on the low end of the experience of other states. There is not yet a full national picture for all states. Based on data for 22 states, Tennessee and Washington had a similar experience as DC. The highest growth rate is about 8% and currently there are not obvious correlation or characteristics that determine which states are seeing the highest growth rate. One point to note is that the District already had a very high uninsured rate before the pandemic. DHCF is still investigating data available related to unemployment and monitoring application data for spikes. Also, of note is that Alliance program has grown but the Immigrant Children's Program (ICP) has remained relatively flat. This is because as children turn 21 and age out of ICP they are transitioned to the Alliance program.

Dr. Bazron asked, if the growth was a result of outreach done to certain populations. Ms. Grady replied that DHCF has made efforts to make people aware of the programs that are available. For example, when someone goes to the Department of Employment Services to apply for unemployment, there is a link to information on medical programs in the District. DHCF also

developed a brochure with information on medical programs that was circulated to other agencies and stakeholders. Finally, there is a new ability to apply via mobile and online for coverage.

Ms. Levy asked if DHCF would be providing percentage changes. Ms. Grady said they are not included in the document but could certainly follow up with more information.

**b. Telemedicine Update**

Dr. Erin Holve, Director of Health Care Reform and Innovation Administration presented on several activities related to telehealth.

*(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Jul. 22 Meeting Materials link.)*

Claudia Schlosberg asked what providers are eligible for the laptops via the HITECH enhanced match. Dr. Holve replied that they are working with eHealthDC to determine who is eligible and will follow-up with additional information. Eduarda Koch added that the focus is on providers that are staff at the FQHCs and the independent providers as the environmental scan showed that independent providers are still struggling to incorporate telehealth into their workflow.

Ms. Levy asked if there are any resources in DC for Medicaid enrollees that need assistance with obtaining laptops or high speed internet. Dr. Holve, replied the CMS does not include enrollees as within their definition of a system and therefore are not eligible for this funding. DHCF is advocating with CMS to expand the definition.

Ms. Schlosberg asked which other states have applied/received this funding. Ms. Koch shared that just a few states including RI, VT, MD, and WA received similar funding.

Dr. Bernard Arons asked if there is a task group working on changes to DC specific regulations to keep up with telemedicine changes. Dr. Holve shared that the professional boards at DC Health such as the board of medicine are talking about the regulatory issues and that the boards are actively thinking about these issues and will likely call for comments in the future.

**c. FFS Transition to Managed Care**

Lisa Truitt, Director of Health Care Delivery and Management Administration presented on the transition to managed care.

*(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Jul. 22 Meeting Materials link.)*

Mr. LeVota asked how DHCF is identifying which critical events or diagnoses qualify for or require complex case management. Mr. Truitt shared that DHCF will provide historical information to the MCOs for their enrollees. The MCOs are responsible for reviewing and analyzing the data and making a recommendation on top concerns and conditions and develop their program accordingly. DHCF does have a staff person whose role is to oversee case management and care coordination. This oversight will be a priority as the population transitions as case management is key to the improved health outcomes.

Ms. Schlosberg asked for residents who have 90 or more days in a nursing home is disenrollment mandatory or voluntary. Ms. Truitt said that similar to the current policy that it's mandatory to disenroll from managed care after 30 days, it will be mandatory after 90 days with the new contracts.

Ms. Schlosberg asked if health plans must enroll and credential all providers who are currently serving the fee for services population. Ms. Truitt shared that those providers will need to join the health plans' networks. The District must know all of the providers that are in each health plans network that's rendering services included in the state plan. DHCF will issue the appropriate transmittals that provides information to the provider community about how to connect with each health plan.

Ms. Schlosberg asked for more clarification about which physician groups are in and which are not in the networks. Ms. Truitt did not have a copy of the exact language of the modified provider agreement but recalled that it included provider groups affiliated with a hospital system. Don Shearer, Director of Health Care Operations, read the language from the provider agreement which says "hospital affiliated physician groups" must contract with the MCOs.

Marsha Lillie-Blanton asked if the MCOs are required to pay the providers the FFS rate. Angelique Martin replied that for some services DHCF has specified that MCOs are to refer to the FFS rate methodology. So, it depends on the specific service, for example hospital and FQHC language is specific as to payment methodology. Ms. Truitt added that for anything that is not a directed payment then the MCOs is responsible for negotiating the rates with the providers. Sometimes the MCOs have used the fee schedule as a starting point for negotiations.

Suzanne Jackson asked about requirements for notices when an MCO denies a benefit and for fair hearings and if they are reviewed by DHCF. Ms. Truitt replied that there is a template letter that DHCF approves. If it is a Medicaid service and it meets medical necessity, then the MCO is responsible for covering the service. If the health plan does not have enough information to make an informed decision, then they will go through their determination process. There is always the opportunity to appeal the MCO's decision. There are two levels of appeal with the MCO and then the beneficiary can request a fair hearing.

#### **IV. Subcommittee Reports**

##### **a. *Subcommittee Survey***

The results of the survey were shared with the committee. Mr. LeVota reminded everyone that anyone is able to participate in subcommittee meetings and for those MCAC members who did not respond to the survey to please complete the survey in the near future.

##### **b. *Long Term Services and Supports***

There was no subcommittee report.

##### **c. *Eligibility & Enrollment***

There was no subcommittee report.

**d. Access**

Robert Hay provided a report of the Access Subcommittee. The committee plans to meet every other month starting in September most likely on a Wednesday morning for 60 to 90 minutes. The subcommittee plan to focus on specific topics and do a deep dive at each meeting. At the beginning of each meeting will include a follow-up from the previous meeting. Mr. Hay encouraged anyone who had topics they thought should be discussed at the subcommittee to please contact him. The subcommittee plans to publish topics in advance of the meetings.

**e. Health Care Re-Design**

Tamara Smith shared that the subcommittee will begin meeting again in August. The subcommittee meetings are generally every other month on Wednesdays from 4:00 – 5:30 pm. The August meeting will focus on priorities around systems structure and how the committee can bring to the full MCAC recommendations. The plan will be to have each meeting devoted to one particular topic.

**V. New Business**

There was no new business.

**VI. Old Business**

**a. *Response to Request regarding Hepatitis C***

Dr. Pamela Riley, DHCF Medical Director, presented on DHCF's response regarding Hepatitis C. *(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Jul. 22 Meeting Materials link.)*

Lauren Canary asked if sobriety is required for similarly priced drugs, like cancer immunotherapies. Dr. Riley did not have the answer readily available and would follow-up. Ms. Canary also asked if primary care providers are permitted to treat other more complex conditions like diabetes and HIV. Dr. Riley replied that yes, they are.

**VII. Opportunity for Public Comment**

No public comments.

**VIII. Announcements**

Bill Hanna reminded the group the CARES Act provider relief funding application was extended to August 3. CMS has reported that a few as 3% of eligible providers are applying for the funds in most states.

Mr. Hanna reminded the group that the application period for new MCAC members is open until August 12. MCAC is looking to fill six positions and have received five applications to date.

Mr. Hanna shared the new technology using GovDelivery to develop listserv. There is now a pop-up on the DHCF main page where individuals can subscribe to various listserv including Medicaid Reform, Medicaid Transmittals, and Medical Care Advisory Committee.

Ms. Martin shared the DHCF will be launching a new logo effective October 1, 2020. *(For full details of the presentation, please visit DHCF's Website and click on the MCAC webpage. The slide deck is located under the Jul. 22 Meeting Materials link.)*

**IX. Adjournment**

Mr. LeVota adjourned the meeting at 7:19 pm.

DRAFT