

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, June 26, 2019

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

MEETING MINUTES

ATTENDEES:

MEMBERS:

Melisa Byrd, DHCF
Mark LeVota, DC Behavioral Health Assoc.
Tamara Smith, DCPCA
Elizabeth Garrison, SOME
Robert Hay, Jr., MSDC
Judith Levy, DC Coalition on LTC
Katie Nicol, Whitman-Walker Health
Justin Palmer, DCHA
Eric Scharf, Depression & Bipolar Support Alliance
Anthea Seymour, DHS

MEMBERS VIA CONFERENCE LINE:

Christian Barrera (*Designee for DACL*)
Guy Durant, Beneficiary

GUESTS:

Carmelita White, DHCF
Taylor Woods, DHCF
Bernard S. Arons, MD, Amerigroup DC
Carey Atanda, FEI Systems
Colleen Sonosky, DHCF
Louvel Faunry, UCB
Ranata Hall, HSCSN

I. Call to Order

The meeting was called to order at 5:37 pm by Mark LeVota (ML), Acting Chair.

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

• ***1115 Behavioral Health Transformation Waiver Update***

Melisa Byrd (MB) reported on DHCF's efforts to expand behavioral health services in the District, with the main vehicle at this point being called an 1115 Demonstration Waiver. It was submitted on June 3, 2019 to the Federal Centers for Medicare and Medicaid Services (CMS). At that time, CMS has fifteen (15) days to review the application and deem it complete or incomplete. It was deemed complete within a week, and immediately after that the application goes through a Federal comment period of thirty (30) days. The comment period closes on July 11, 2019. If you're on the waiver email group, you received notice of that. Everything is also posted on DHCF's website and you can even access the Federal comment section through the agency's website. MB encouraged everyone to comment on the Federal portal as well. DHCF will continue to monitor those, and work with CMS to respond to those comments once the comment period ends.

The next big step besides getting through the comment period, will be submitting the required implementation plan, which we are aiming to submit by the end of July. This must be done within the ninety days after the submittal date of June 3rd.

MB stated that DHCF will continue to provide updates. She also suggested that for those who are not on the Waiver ListServe (email group), we will ensure that you receive that email address to join.

- ***Mayor’s Commission on Healthcare Systems Transformation***

Ms. Byrd reported that the first meeting of the Mayor’s Commission on Healthcare Systems Transformation was held on June 25, 2019. The Mayor designated this commission to look at access and capacity in the District. By the end of December, a set of recommendations is due to her. There are several voting members and ex-officio members. MB said that she can provide that list to the MCAC, and you can also find in online. The Commission meets on the last Tuesday of each month. There will be a series of subcommittees, listed below so that you can have some familiarity with them.

1. Subcommittee on Equitable Geographic Distribution of Acute, Urgent, and Specialty Care
2. Subcommittee on Access to Critical and Urgent Care Services
3. Subcommittee on Emergency Room Overcrowding and General Reliance in Patient Hospital Care
4. Subcommittee on Allied Healthcare Professionals
5. Subcommittee on Discharge Planning and Transitions to Care
6. Subcommittee on Value Based Purchasing of Healthcare Services

There will be voting Commission members leading each of the subcommittees, and there will be staffing from the DC Government Agencies that serve as ex-officio members. Those agencies are the Department of Health Care Finance (DHCF), Deputy Mayor for Health and Human Services (DMHHS), Department of Behavioral Health (DBH), DC Health, and DC Fire and Emergency Medical Services (EMS).

Question: Guy Durant (GD) asked if the Commission was going to discuss lessons learned from the closing of Providence Hospital, and the mistakes that were made in allowing the hospital to close.

Response: MB stated that the focus will be on ensuring that we have the right access to care looking forward. She said that the first meeting focused on administrative issues. However, this is always an opportunity for public comment to raise those issues.

Justin Palmer (JP) reported that DCHA is working on a report related to the Providence Hospital closure and recommendations regarding future closures. MB suggested that GD follow up with JP regarding this matter.

ML stated that if there is a way that the MCAC should be providing any recommendations or guidance through MB or the DMHHS, please ensure to inform the MCAC of what that process would be.

III. New Business

MCAC Organization

Subcommittee Overview:

ML stated that he would be talking through the organization of the MCAC. He asked that everyone review the Subcommittee Overview documents that were emailed and handed out at the meeting (*This document can be found on DHCF's website under the MCAC webpage*). These are the subcommittees that we currently have established. There are two (2) purposes here, 1) the MCAC as a whole has the opportunity to revise the scope of the charters of the subcommittees, or to propose other subcommittees if this structure does not work; and 2) to help new members to think about if there is a subcommittee where your expertise and perspective would be particularly valuable, and for us to collect that information in a way to ensure that there are multiple MCAC members on those subcommittees so that there is full dialogue back and forth between the subcommittees and the full MCAC. Listed below is a summary of what each of the subcommittees are tasked to do.

The Access Subcommittee is currently working on input about access experience in the Medicaid program with special focus on the fee-for-service program and support compliance with Federal rules and regulations.

The Health Systems and Redesign Subcommittee is developing recommendations for MCAC on strategies to advance State Health Innovation Plan (SHIP) aims, and to highlight challenges in the existing system, and propose better partnerships.

The Subcommittee on Long Term Care and Supports is working on improving quality of long term care services and support services to ensure that we are meeting the needs of residents who have chronic care or disability needs.

The Enrollment and Eligibility Subcommittee focuses on experiences of consumers and those assisting consumers with monitoring and navigating the enrollment process. In particular, providing an opportunity to coordinate the work between DHCF and DHS, which operates the service centers that perform the enrollment services for DHCF.

Tamara Smith (TS), chair of the Subcommittee on Health Systems Redesign stated that she feels that getting more involvement and engagement of MCAC members is important, and then reaching out to the broader community to enlist volunteers to get involved would be important.

TS also stated that the Mayor's Commission on Healthcare Systems Transformation's subcommittees are very much aligned with the work of this group. We look forward to providing some input and/or looking at the recommendations from those groups as to how we might do more work in the subcommittee.

ML reiterated that it is important for each subcommittee at their next meeting to review the subcommittee overviews, and the comments, and make some recommendations if we need to make some amendments formally.

Judith Levy (JL), Chair of the Subcommittee on Long Term Care and Supports stated that they did not meet in June, but they will be meeting. She reported that what they have done is to combine Long Term Care Coalition with this subcommittee just to expedite things, because they are both working on the same things, which is improving the waiver program for aging and disability residents, and direct care. The next meeting is scheduled for July 10, 2019 at 12:00 – 2:00 pm at IOLA Senior Services, and everyone is welcome. She also stated that some of their goals have been modified.

Nomination/Election Processes:

ML reported that the MCAC is at an election time. The roles that need to be filled are the Chair, Vice Chair, and the Chair of the Enrollment and Eligibility Subcommittee. Once the Chair and the Vice Chair have been identified, working with the Medicaid Director, an At Large Member of the executive committee will also be identified. The At Large Member role is not an elected position, it is a chosen role.

ML also gave a review of each of the roles (*this information can be found in the MCAC bylaws on DHCF's website*). Following the review of the bylaws as it relates to the roles of the vacant positions, ML opened the floor for nominations.

Mark LeVota was the only nomination for the role of MCAC Chair. The floor was opened again to see if there were any nominations to serve in each of these roles. No additional nominations for the Chair were presented.

A motion was made to close the floor for nominations, it was properly seconded, all were in favor, and the motion was approved. Based on the nominations received, the MCAC officially voted in Mark LeVota as Chair of the MCAC.

ML opened the floor for nominations for the role of Vice Chair. Tamara Smith was nominated by the MCAC to serve as the Vice Chair. ML reported that Sharra Greer, who was not present at this meeting, informed him that if she were nominated, she would be willing to accept the nomination and to serve if elected.

A motion was made to close the floor for nominations, it was properly seconded, all were in favor, and the motion was approved. Based on the nominations received, the MCAC officially voted in Tamara Smith as Vice Chair of the MCAC.

ML opened the floor for nominations for the role of Chair of the Enrollment and Eligibility Subcommittee. Katie Nicol was nominated by MCAC member Tamara Smith, to serve in this role.

A motion was made to close the floor for nominations, it was properly seconded, all were in favor, and the motion was approved. Based on the nominations received, the MCAC officially voted in Katie Nicol as Chair of the Enrollment and Eligibility Subcommittee.

IV. Subcommittee Reports

Access Subcommittee – No Report.

Enrollment/Eligibility Subcommittee – No Report.

Health Systems Redesign Subcommittee – Tamara Smith (TS) stated that the subcommittee has not meet, so there is no report. However, she asked members did they have any thoughts about how the Health Systems Redesign Subcommittee might work with the Mayor’s Commission. She also stated that the subcommittee will be meeting in July.

Guy Durant (GD) stated that it would be nice to know what impact the Medicaid payments have on the closing on Providence Hospital. He said that we should dig down into lessons learned with this closing of the hospital so that it’s not repeated with the new hospital.

TS stated that there are six (6) subcommittees to the Mayor’s Commission, and a number of them are looking into factors that impact the financial status of an organization.

MB stated that she can see these subcommittees (MCAC and the Mayor’s Commission) collaborating over the next few months. She said that as more information is made available, she will disseminate to the MCAC group.

ML stated that it sounds like all four (4) of the MCAC’s subcommittees may have recommendations relevant to the specific issues that they deal with for the Medicaid population. We can collate those in some way to present as MCAC’s recommendations through MB to Director/DMHHS Turnage.

GD said that one of the issues is weighted payments as far as location. In other words, if there is a multiplying factor for Medicaid payments for people who are located East of the river verses West of the river. He stated that he is not sure if that would encourage location of a hospital East of the river, because you’re paying more for treatment of patients East of the river. Maybe a weighted formula for Medicaid payments might be a discussion to talk about.

There was additional discussion regarding the Mayor’s Commission, such as timelines for submitting recommendations, questions and concerns of the MCAC, etc.

Long Term Care Services and Supports Subcommittee – Judith Levy (JL) provided her report earlier in the meeting.

V. Opportunity for Public Comment

Bernard Arons, MD, Behavioral Health Medical Director Amerigroup DC health Plan said that he appreciates the work that the MCAC is doing. He also stated that he looks forward to playing a more important role as the Mayor’s Commission unfolds its work.

VI. Announcements

MB reminded MCAC members that Conflict of Interest Disclosure Forms are to be completed on an annual basis. Between now and the next meeting an administrative announcement will go out requesting the forms be submitted, along with a photo head shot to be included on the bios for publication to DHCF’s website.

VII. Next MCAC Meeting

The next MCAC meeting is scheduled for Wed., August 28, 2019 at 5:30 – 7:30 pm.

VIII. Adjournment

The meeting adjourned at 6:17 pm.