

Medicaid Reform Updates



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Medical Care Advisory Committee
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Department of Health Care Finance

Presentation Overview

- Review Next Steps from December MCAC Meeting
- Fee-for-Service Transition Updates
- Long Term Care Reform Updates
- Behavioral Health Transformation Updates
- Next Steps



Building on Reform Efforts to Improve Health Outcomes: The Next Five Years

The Goal: Improve health outcomes so that District residents can live their best lives

The Path to Improve Outcomes:

- More value over volume: increase expectations for value-based purchasing through managed care
- Increased access to care: require universal contracting for key providers (acute care hospitals and FQHCs)
- More coordinated care: transition FFS Medicaid population to managed care

Managed Care as the Vehicle:

- Access to care coordination and case management:
- Increased program flexibility promotes innovation
- Utilize plan (Medicaid and Medicare) expertise
- Strengthen program oversight

Next Steps from December MCAC

- Behavioral Health Transformation
 - Implement January 1, 2020
 - Continued stakeholder engagement
- Managed Care Procurement
 - Issue a Request for Proposals (RFP)
- Long Term Care Reform
 - Phone call to discuss Dual Eligible Special Needs Plan program design
 - PACE RFP

Next Steps from December MCAC

- Behavioral Health Transformation
 - ✓ Implement January 1, 2020
 - ✓ Continued stakeholder engagement
- Managed Care Procurement
 - ✓ Issued a Request for Proposals (RFP) on January 10, 2020.
- Long Term Care Reform
 - ✓ Phone call to discuss Dual Eligible Special Needs Plan program design
 - PACE RFP

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Primary Goals for FFS Transformation

1. More coordinated care: transition FFS Medicaid population to managed care
2. Increased access to care: require universal contracting for key providers (acute care hospitals and FQHCs)
3. More value over volume: increase expectations for value-based purchasing through managed care

Fee-for-Service Transition

- Managed Care Contract Timeline
 - Issue RFP in early 2020
 - Council approval Summer 2020
 - Contracts effective October 1, 2020
- Submit a 1932(a) State Plan Amendment
 - Allows states to make managed care mandatory for certain populations
 - Submission to CMS in early Summer 2020
- Year 1 transition populations
 - Aged and disabled adults, largely those receiving SSI (~16,000 individuals)
 - Excludes beneficiaries who are dually eligible for Medicare, those who require an institutional level of long-term care, and the medically needy spend down population
 - Non-disabled adults currently opting out of managed care (~9,000 individuals)

Fee-for-Service Transition

- Contract Changes
 - Value Based Purchasing
 - MCOs shall incorporate value-based purchasing initiatives with their network providers
 - Align financial incentives and accountability with the total cost of care and overall health outcome
 - Recognition and rewards for quality gains; VBP model aligns payment more directly to the quality and efficiency of care
 - 25% of the total medical expenditures linked to alternative payment methods (APM) by the end of Option Year 1; 50% by the end Option Year 3
 - Universal Contracting: ensuring program-wide access of critical providers
 - Managed care plans will be required to contract with hospitals and for the provision of primary care services, dental services, preventive care services and/or specialty/referral services with FQHCs or FQHC look-alikes.
 - Hospitals (and hospital affiliated physician groups) will be required to contract with all Medicaid plans and FFS Medicaid to participate in the Medicaid program
 - Effectuated through Medicaid Provider Agreement
 - Anticipate outreach to hospitals in May 2020

Communication/Outreach

Communication plan is in development; the following is under consideration

- **Beneficiary Communication**
 - Post card announcing changes and new health plans – June
 - Letters to affected beneficiaries – July/August
 - Letters informing beneficiaries of assigned health plan – August/September
 - Townhalls – August/September
 - Exploring options for audio, video, social media, app, and text communication
- **Stakeholder/Advocate/Provider**
 - Transition website with fact sheets, FAQs, posters, and flyers to be used for beneficiary outreach
 - Presentations to advocacy, professional and provider organizations in Spring

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Primary Goals for LTC Reform

1. Integrate acute and long-term care for the highest-need beneficiaries in DC Medicaid
2. Align with other FFS program efforts
3. Better align Medicare and Medicaid for duals

Dual Eligible Special Needs Plan (D-SNP) Timeline

October 2019	✓ Highly Integrated Dual-Eligible Special Needs Plan (HIDE-SNP) Request for Information (RFI) issued
November 2019	✓ Highly Integrated Dual-Eligible Special Needs Plan (HIDE-SNP) RFI responses due
January 2020	✓ Public program design call based on feedback from RFI ✓ Develop State Medicaid Agency Contract (SMAC) to comply with new CMS requirements
March 2020	• Draft State Medicaid Agency Contract (SMAC) available to potential partners • Medicaid capitated rates developed
Spring 2020	• Finalize SMAC with plans
June 2020	• Plans must submit benefit package and signed SMAC to CMS for approval
September 2020	• CMS sends approved D-SNP approval letters
January 1, 2021	• Effective date for approved D-SNPs

Program of All-Inclusive Care for the Elderly (PACE) Timeline

October 2019

- ✓ Submit PACE SPA to CMS

January 2020

- ✓ Publish proposed PACE rule
- ✓ Receive CMS Approval

March 2020

- Issue PACE RFP

Summer/Fall 2020

- Select provider
- Provider secures CMS approval
- Publish final PACE rule

Fall/Winter 2020

- DHCF readiness review process
- Program launch and beneficiary enrollment

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Primary Goals for Behavioral Health Transformation

1. Cover a broader continuum of Medicaid behavioral health treatment for individuals with serious mental illness (SMI)/serious emotional disturbance (SED) or a substance use disorder (SUD)
2. Advance the goals of the District Opioid Strategic Plan by improving outcomes for individuals with Opioid Use Disorder and other SUDs
3. Support Medicaid's movement towards more integrated medical and behavioral health care to better coordinate prevention and treatment

Behavioral Health Transformation Services

Services	Go Live Date
IMD Services	January 2020
Clubhouse Services	January 2020
Recovery Support Services (RSS)	January 2020
Psychologists/Other BH Providers	January 2020
Eliminate \$1 Co-Pay for MAT	January 2020
Supported Employment – SMI	February 2020
Supported Employment – SUD	March 2020
Trauma Informed Care	March 2020
Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Support Services)	June 2020
Transition Planning Services	TBD

SUD Provider Capacity Grant

Awarded \$4.6 million to:

- Conduct a comprehensive needs assessment of Medicaid provider capacity to diagnose and treat substance use disorders
 - Currently in progress; expected to be complete in Spring 2020
- Provide technical assistance to providers to build capacity to treat in community settings
 - RFP for TA contract expected to be published soon
- Build infrastructure to enable data collection and communication

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Next Steps

- Fee-for-Service Transition
 - Award Managed Care Contracts
 - Readiness Review
 - Submission of 1932(a) SPA
 - Beneficiary, Stakeholder, & Provider Communication
- Long Term Care Reform
 - Issue PACE RFP
 - Finalize State Medicaid Agency Contract (SMAC) for D-SNP
- Behavioral Health Transformation
 - Implement additional services
 - Continued stakeholder engagement
 - Develop workplan to transition services from waiver to state plan