



MEDICAL CARE ADVISORY COMMITTEE

Senior Deputy Director/ Medicaid Director Report

Department of Health Care Finance

February 24, 2021



Presentation Overview

✓ Pharmacy Benefit Changes

- Hepatitis C Treatment Requirement Changes
- HIV Prevention Medication Changes

Behavioral Health Reform Update

- Utilization of 1115 Behavioral Health Waiver Services
- Behavioral Health Integration Stakeholder Advisory Group

Managed Care Transition

Enrollment Snapshot



Removal of Hepatitis C Treatment Requirements – Background



- ▶ Eliminating hepatitis C in the District is a shared goal among DC Health and DHCF, and enabling access to curative treatment is a critical step in achieving equitable outcomes for Medicaid beneficiaries.

- ▶ DC's Medicaid program imposes variable requirements across FFS and MCO programs:
 - **Fibrosis score requirements**
 - Abstinence requirements
 - Specialist requirements
 - Prior authorization



Removal of Hepatitis C Treatment Restrictions – Timeline



- 1. Eliminate the minimum fibrosis score requirement across the Medicaid program for Mavyret & Vosevi – March 2021**
- 2. Elimination of additional restrictions – for consideration for FY 2022:**
 - Eliminate the abstinence requirement.
 - Eliminate the requirement that medications be prescribed by or in consultation with a specialist.
 - Eliminate prior authorization.



Improving Access to HIV Prevention Medications for DC Medicaid Beneficiaries



Background:

- **Medication regimens used for HIV prevention:**
 - **PrEP** (Pre-Exposure Prophylaxis) – daily medication to prevent HIV infection
 - **PEP** (Post-Exposure Prophylaxis) – prevents infection after possible exposure

- The **same medications** used for HIV prevention are also used in HIV treatment regimens, but **payment source differs Medicaid MCO enrollees:**
 - When used for **HIV prevention** – paid through **MCO capitation rate**
 - When used for **HIV treatment** – paid through **FFS**

- Challenges with **variable prior authorization requirements** across Medicaid program

Goal: Carve out PrEP & PEP coverage into FFS for all DC Medicaid beneficiaries



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- On January 1, 2020, the District implemented Behavioral Health Transformation Demonstration under CMS approved Section 1115 Demonstration
- Key goals include:
 - Increasing Medicaid's coverage of a broader continuum of behavioral health treatment for individuals with SMI/SED/SUD
 - Advancing the District's goals for reducing opioid use, misuse, and deaths outlined in the District's Opioid Strategic Plan, Live.Long.DC.
 - Supporting the District Medicaid program's delivery of more integrated and coordinated behavioral and physical health treatment
- DHCF implemented 10 services in residential and community settings in a phased staging during 2020



Context for BH Waiver Utilization Data



- ▶ The following slides provide information regarding utilization of Behavioral Health Transformation Section 1115 Demonstration program services by Medicaid beneficiaries, which are paid on a fee-for-service (FFS) basis.
 - In some cases, similar services are paid by managed care organizations (MCOs) and are not considered to be a part of the Demonstration.
 - In addition, it is important to note that the pandemic has had an impact on implementation and uptake of services.
- ▶ DHCF and DBH are now working to transition non-IMD waiver services from the Demonstration to State Plan Amendment (SPA) authority.
 - DHCF intends to submit the SPAs to CMS for consideration by June 2021 with a planned effective date for the waiver-related services of January 2022.
- ▶ Except for first two months, all utilization has been impacted by COVID public health emergency, which likely resulted in reduced utilization
- ▶ Future data presentations can provide a more holistic picture of DHCF-funded behavioral health services, including both waiver and non-waiver services.

Utilization of 1115 BH Waiver Services Implemented **January 1, 2020**



Service	Go-Live Date	Number of Users, CY 2020^a
IMD services for individuals aged 21-64^b	January 2020	1,625
Psychiatric IMD	January 2020	838
SUD Residential IMD	January 2020	1,036
Clubhouse	January 2020	3 ^c
Recovery Support Services (RSS)	January 2020	983
Psychologists/Other Licensed BH Practitioners	January 2020	263
Eliminate \$1 Co-Pay for MAT^d	January 2020	957

a. DHCF Medicaid Management Information System (MMIS) data as of 1/27/2021. Reflects unique number of Medicaid beneficiaries with at least one FFS claim for the specified service. Due to lagged submission of claims, figures are likely to be higher when run at a future date.

b. Unduplicated total number of beneficiaries. Some individuals had both psychiatric and SUD residential IMD services. IMD is institution for mental diseases.

c. DHCF released a transmittal on 10/21/2020 to clarify the circumstances under which Clubhouse can be billed as a telehealth service.

d. MAT is medication assisted treatment.



Utilization of 1115 BH Waiver Services Phased In February-October 2020



Service	Go-Live Date	Number of Users, CY 2020 ^a
Supported Employment – SMI (Vocational)	February 2020	201
Supported Employment – SUD (Therapeutic and Vocational)	March 2020	0 ^b
Trauma-Targeted Care (TREM, TST)	March 2020	10 ^c
Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Outreach Services)	June 2020	19 ^d
Transition Planning Services	October 2020	NA ^e

a. DHC Medicaid Management Information System (MMIS) data as of 1/27/2021. Reflects unique number of Medicaid beneficiaries with at least one FFS claim for the specified service. Due to lagged submission of claims, figures are likely to be higher when run at a future date.

b. DBH hosted a meeting in Dec. 2020 to connect certified supported employment providers with several DBH core service agency liaisons. The Department is investigating barriers to enrolling clients in this service.

c. Currently reflects TST alone. TREM is Trauma Recovery and Empowerment Model; TST is Trauma Systems Therapy.

d. Currently reflects extended psychiatric emergency/observation services alone. DBH currently bills for CPEP (~1,600 users in FY20) and mobile crisis (~1,000 users in FY20) services but has not yet transitioned to use new codes that apply under the waiver. DBH and DHC operations staff are targeting necessary updates by 2/1, with claims subsequently reprocessed back to 6/1/2020.

e. Emergency proposed rulemaking was published by DBH on 10/9/2020 and by DHC on 10/23/2020.



Behavioral Health Integration Update



▶ Stakeholder Advisory Group

- Members notified on February 19; notice of first meeting to be sent February 26
- 43 individuals named to the Stakeholder Advisory Group
- 17 members are a consumer, caregiver, or represent a consumer organization

▶ Transition of 1115 Waiver Services to Medicaid State Plan

- CMS requires State Plan Amendments (SPA) to be submitted by June 30, 2021.
- Update on SPAs and accompanying rules at April MCAC meeting

▶ Behavioral Publications

- [Medicaid Behavioral Health Transformation Request for Information Summary](#)
- JSI SUD Provider Capacity Needs Assessment, to be posted this week
- Behavioral Health Rate Study RPF to be posted soon
- Upcoming Integrated Care Technical Assistance Events <https://www.integratedcaredc.com/events/>
 - Feb. 25 - Program Webinar #3: Stigma, Myth Busters & Engagement Strategies
 - Mar. 10 - Program Webinar #4: Screening, Assessment, & Level of Care Determination
 - Mar. 24 - Program Webinar #5: Treatment of Patients with Opioid Use Disorder: Understanding the Brain Changes of the Disorder



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✓ **Managed Care Transition**

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Managed Care Transition



What Was Accomplished:

- ▶ **Strengthened the managed care program through new contract provisions**
 - Ability to reduce funding for any MCO in amounts that ensure the medical expenditures will be at least 85 percent of total MCO revenue.
 - Expanded access through universal contracting of key provider types
 - Set foundation to expand value-based purchasing expectations to improve outcomes

- ▶ **Expanded care coordination and case management to adults previously served through Medicaid fee for service**

Lessons Learned

1. Utilize multiple channels for outreach is important and this approach should be more inclusive of beneficiaries, providers, and other stakeholder groups.
2. Better communicate baseline expectations for MCOs in ways that are accessible to stakeholders.
3. General education of both the program's benefits and the managed care delivery system is needed for both beneficiaries and providers.



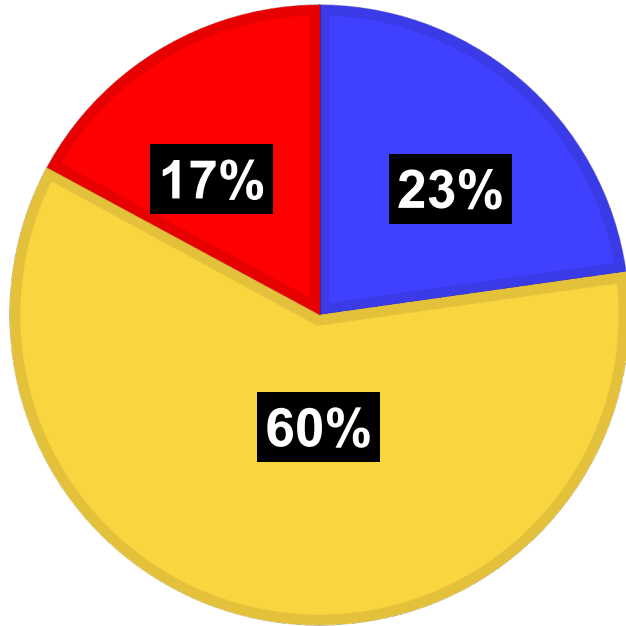
The Managed Care Transition Resulted in a More Equal Distribution of Beneficiaries Among the MCOs



FY2020

AVERAGE MONTHLY PERCENTAGE OF MANAGED CARE ENROLLMENT

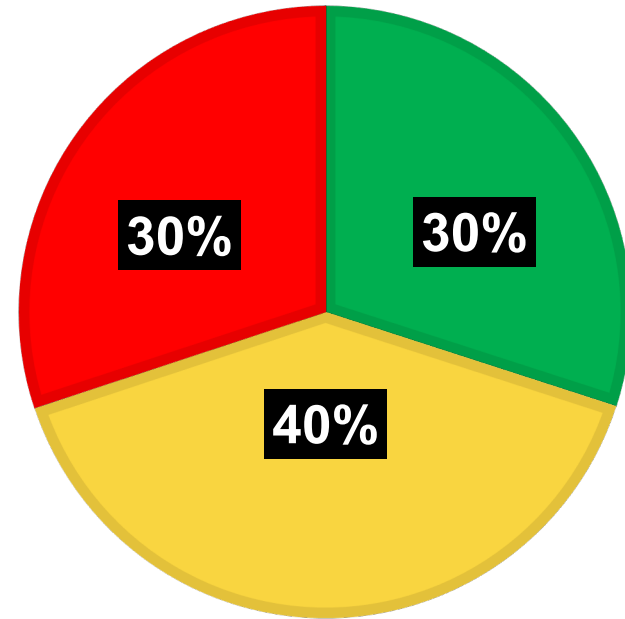
AmeriGroup AmeriHealth CareFirst



FY2021 through December

AVERAGE MONTHLY PERCENTAGE OF MANAGED CARE ENROLLMENT

MedStar AmeriHealth CareFirst



Note: Includes Medicaid, Alliance, and Immigrant Children’s Program beneficiaries. Excludes Health Services for Children with Special Needs (HSCSN) plan.



Managed Care Transition



DHCF shifted from transition to oversight and monitoring of the program.

Specifically:

- A. Operations/Administration:** Administrative Staffing and Resources, Delegation and Oversight of MCO Responsibilities; Enrollee and Provider Communications; Grievance and Appeals; Member Services and Outreach; Provider Network Management; Program Integrity/Compliance
- B. Service Delivery:** Case Management/Care Coordination/Service Planning; Quality Improvement; Utilization Review
- C. Financial Management:** Financial Reporting and Monitoring; Financial Solvency
- D. Systems Management:** Claims Management; Encounter Data and Enrollment; Information Management

▶ Looking Forward:

- On-going oversight and monitoring
- Value Based Purchasing: MCOs must have 25% of the total medical expenditures linked to alternative payment methods (APM) by the end of FY22 and 50% by the end FY24



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Enrollment Update

Health Care Policy & Research Administration,
Division of Analytics & Policy Research



Update on Enrollment Through December 2020

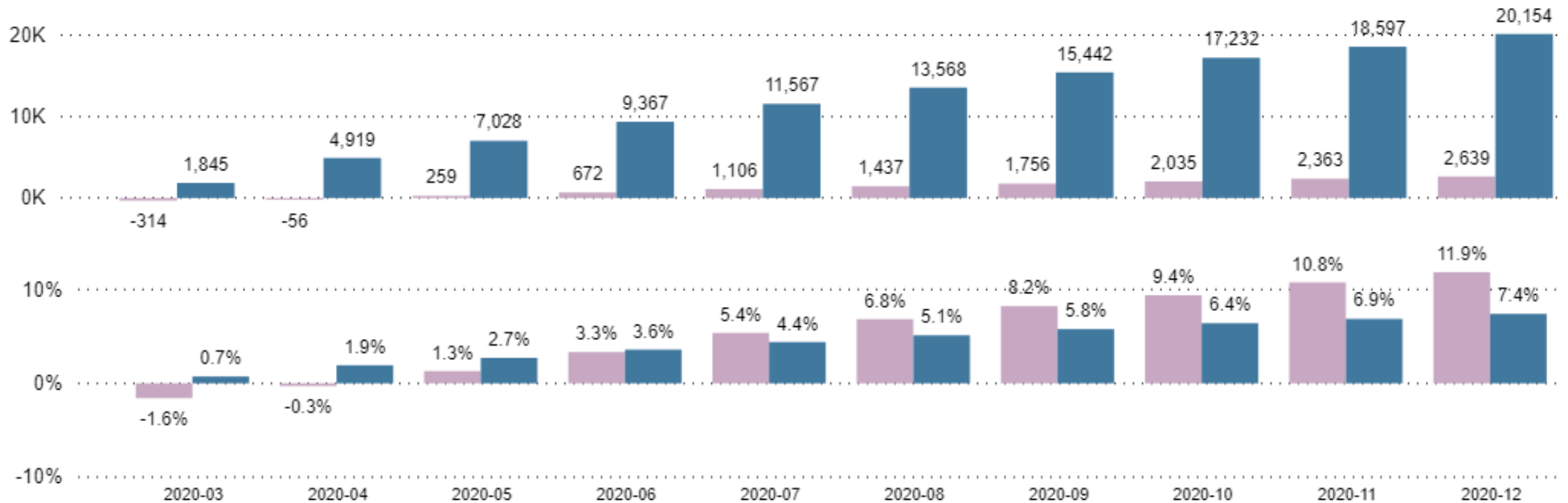


DHCF enrollment for December was **296,063**

- ▶ **Medicaid** (273,524) has grown by **7.4%** since February (prior to the public health emergency)
- ▶ **Alliance** (18,568) and **ICP** (3,971) combined have grown by **11.9%** since February
- ▶ Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

Number and Percentage Change in Enrollment Since February 2020 by Program

● Alliance & ICP ● Medicaid





COVID-19 Vaccination Plan Discussion

DC Health Scientific Advisory Committee Report Out
- Dr. Pamela Riley, DHCF Medical Director

MCAC Member Round Table Discussion

COVID-19 Vaccine Distribution in the District

VACCINE DISTRIBUTION

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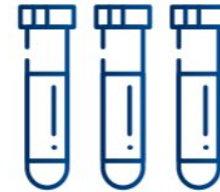
First doses already
delivered
(as of 2/20/21):

105,575



First doses already
administered:

92,600



Additional doses
becoming available
this week:

17,590

[CORONAVIRUS.DC.GOV](https://coronavirus.dc.gov)

February 22, 2021



DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

WE ARE GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

COVID-19 Vaccine Eligibility

VACCINE DISTRIBUTION

DC IS NOW VACCINATING:

As of 2/17/21

- Individuals who work in health care settings*
 - Members of the Fire and Emergency Medical Services Department
 - Residents of long-term and intermediate care facilities and residents of community residential facilities/group homes
 - DC residents who are 65 years old and older*
- Individuals experiencing homelessness
 - Members of the Metropolitan Police Department
 - Teachers and staff who are, or will be, working in person at a DCPS school or a DC public charter school
 - Department of Corrections Employees & Residents
 - Continuity of Government Operations personnel
- Licensed Child Care Providers & Teachers and Staff of Independent Schools in DC
 - Grocery Store Workers*
 - Health and human services and social services outreach workers*
 - Individuals working in manufacturing*
 - Individuals working in food packaging*

**populations that are able to make appointments through vaccinate.dc.gov or by calling the Coronavirus Call Center (when appointments are available)*

CORONAVIRUS.DC.GOV

February 17, 2021



DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GOVERNMENT OF THE
DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

District Residents Ages 16 – 64 with Qualifying Medical Conditions Become Eligible for the Vaccine March 1

MEDICAL CONDITIONS

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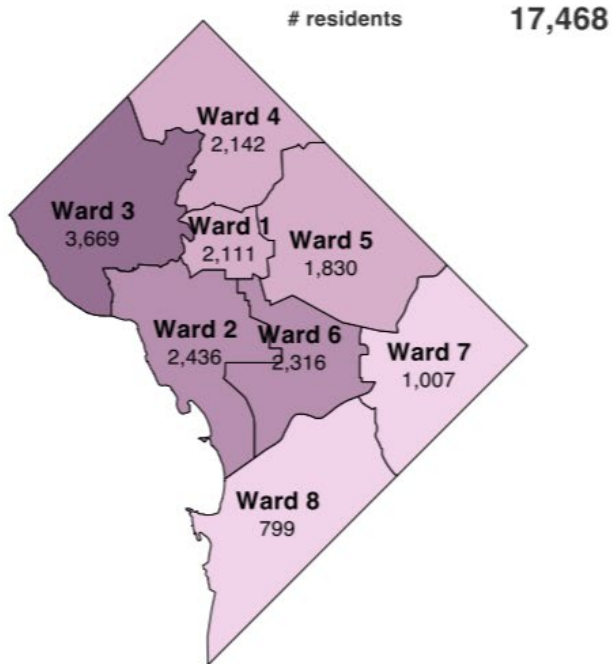
Qualifying Phase 1C Tier 1 Medical Conditions

- Asthma, Chronic Obstructive Pulmonary Disease (COPD), and other Chronic Lung Disease
- Bone Marrow and Solid Organ Transplantation
- Cancer
- Cerebrovascular Disease
- Chronic Kidney Disease
- Congenital Heart Disease
- Diabetes Mellitus
- Heart Conditions, such as Heart Failure, Coronary Artery Disease, or Cardiomyopathies
- HIV
- Hypertension
- Immunocompromised State
- Inherited Metabolic Disorders
- Intellectual and Developmental Disabilities
- Liver Disease
- Neurologic Conditions
- Obesity, BMI ≥ 30 kg/m²
- Pregnancy
- Severe Genetic Disorders
- Sickle Cell Disease
- Thalassemia

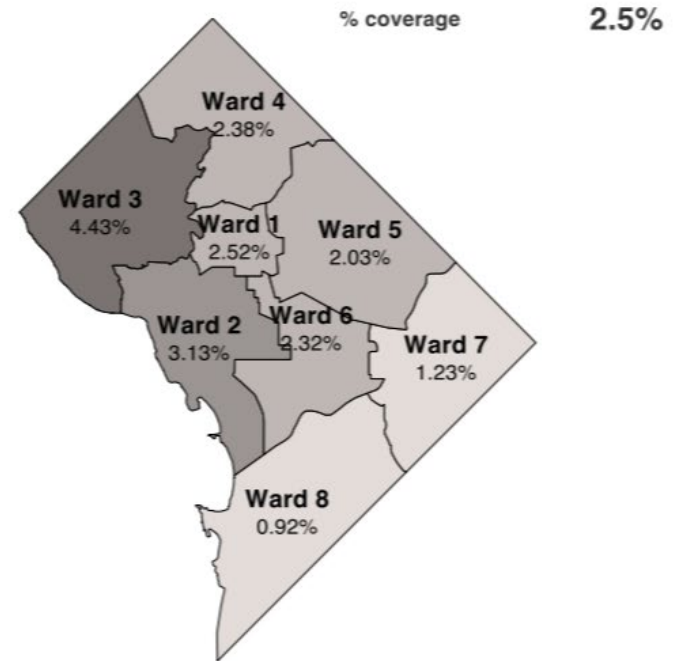


COVID-19 Vaccine Administration in the District (as of 2/14/21)

of DC residents fully vaccinated for COVID-19 by Ward
Data as of 2/14/2021



% of DC residents fully vaccinated for COVID-19 by Ward
Data as of 2/14/2021



Source:DC Health.

Metric Definition:The number individuals given the both the first and second dose by Ward. Ward is determined by stated address. Coverage is a percentage calculated by dividing the number of persons vaccinated by the ACS 2019 ..

Phone Survey of DHCF High-Risk Beneficiaries Highlights Challenges and Opportunities for Vaccine Distribution

- Over **60 percent** said they would **definitely or probably get the vaccine**.
- Among those who said they would probably or definitely not get the vaccine, 45 percent were concerned about **side effects and safety**.
- **Older beneficiaries** seemed more open and willing to get the vaccine but expressed the need to **rely on others to schedule their appointment**.
- Over 70 percent reported **trusting a health care provider the most as a source of information** about COVID-19 vaccine.
- Several beneficiaries shared they were under the impression they had to **wait for their doctor to call them to tell them they can get the vaccine**.

Source: Phone survey of 1,538 DHCF beneficiaries identified as being at high-risk of illness or death from COVID-19. Conducted for DHCF by Roig Communications February 1 – 10, 2021.

MCAC Member Round Table Discussion

- *What have you/your organization done to communicate public health information regarding safety and effectiveness of the COVID 19 vaccine?*
- *What messaging and outreach strategies have you/your organization found effective to counter misinformation and to promote confidence among high risk populations?*