



# **MEDICAL CARE ADVISORY COMMITTEE**

## **Senior Deputy Director/ Medicaid Director Report**

Department of Health Care Finance

December 16, 2020



# Presentation Overview

- ✓ **Public Health Emergency Update**
  - Vaccination Plan
  - CMS Families First Coronavirus Response Act (FFCRA) Interim Final Rule

Managed Care Transition

Behavioral Health Update

- Behavioral Health Integration
- Integrated Care Technical Assistance

Enrollment Snapshot



# DHCF Planning for COVID-19 Vaccine Distribution

- **District COVID-19 Vaccine Distribution Planning**
- **DHCF Role**
  - **Coverage/payment**
  - **Communication/outreach**

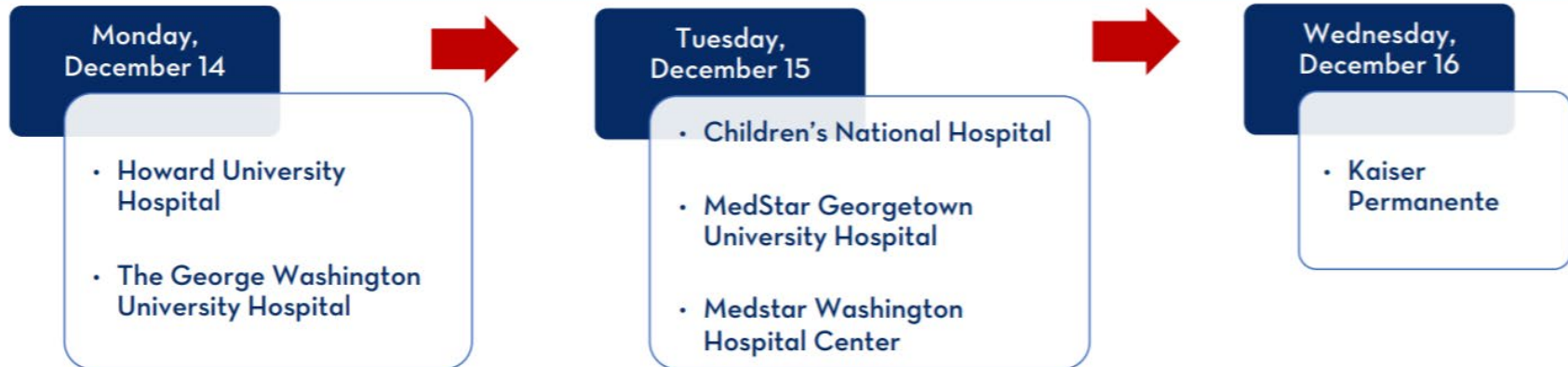




# The District is Using a Phased Approach to Vaccine Distribution

## VACCINE DISTRIBUTION

Six sites in DC will receive the District's initial allotment of 6,825 doses. These six sites will partner with other hospitals and health care providers across the city to begin vaccinations for frontline health care workers and first responders.





## Phase 1-A Population – Health Care Workers & First Responders

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- Total Full and Part Time Hospital Staffing
- Nursing and Residential Care Facility Employees
- Outpatient Providers and Ancillary Care Providers
- Home Health Providers
- Health Care Providers & **Residents in Long-Term Care Facilities**
- Pharmacists and Pharmacy Technicians
- Emergency Services & Public Safety (e.g., Fire/EMS)
- Front-Line Public Health Personnel



## Phase 1-B Population – Essential Workers & At-Risk Residents

- DC Government Critical Infrastructure Personnel
- Law enforcement and Public Safety
- Department of Corrections Residents and Staff
- Residential Care Community Residents
- Homeless, Transitional Housing Residents
- Grocery Store Employees
- Childcare Providers and Staff
- School Teachers and Staff
- Persons 65 years and older
- Adults 16 - 64 with High-Risk Conditions



# Approximately 98,000 DHCF Beneficiaries in Phase 1-A and 1-B Populations

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- Long term care facility residents
- Persons 65 years and older
- Adults 16 - 64 with high-risk conditions



# DHCF Role in COVID-19 Vaccine Distribution

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## 1. Coverage & payment

- Cover vaccine administration fees
- Pay at 100% of Medicare rates

## 2. Communication & outreach

- Beneficiaries
- Providers
- MCOs





# **CMS Families First Coronavirus Response Act (FFCRA) Interim Final Rule with Comment (IFC)**



Alice Weiss, Director  
Health Care Policy & Research Administration  
(HCPRA)

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Department of Health Care Finance



# Overview

- Families First Coronavirus Relief Act (FFCRA) Background
  - Statutory Requirements
  - CMS Guidance: FAQ and Interim Final Rule with Comments (IFC)
- Operational Implications
- Questions



## Families First Coronavirus Relief Act (FFCRA)

- First federal legislative response to COVID-19 public health emergency (PHE)
  - Provides federal support for states, businesses and individuals affected by the PHE
  - Passed by Congress and signed into law on March 18, 2020
- Creates enhanced Medicaid federal matching assistance percentage (FMAP) of additional 6.2% if states continue access to Medicaid coverage and do not reduce eligibility during the PHE under the maintenance of effort (MOE) provisions
- Under the MOE provisions (Sec. 6008(b)(3)), states can only receive the enhanced FMAP if the state continues coverage for individuals who are already enrolled or enrolled during the PHE unless the individual:
  - Is deceased
  - Requests termination voluntarily, or
  - No longer meets residency requirements



# Families First Coronavirus Relief Act (FFCRA) – CMS First Interprets in FAQ

- **Frequently Asked Questions (FAQ) Guidance:**

- Issued by CMS in April 2020 and updated periodically
- Required states to keep beneficiaries enrolled in Medicaid on or after March 18, 2020 during the PHE, **with the same amount, duration, and scope of benefits.**
- States cannot subject such beneficiaries to any increase in cost sharing or beneficiary liability for institutional services or other long-term services and supports (LTSS) during the PHE.

>> **Impact:** State Medicaid programs cannot:

- (1) transition individuals to a different eligibility group with lesser benefits, greater cost sharing, or increased beneficiary liability, or
- (2) terminate eligibility except for authorized reasons:
  1. death
  2. voluntary termination, or
  3. non-residency



# Families First Coronavirus Relief Act (FFCRA) – CMS Issues New IFC Reinterpreting FAQ Guidance (42 CFR 433.400)

***CMS issued new Interim Final Rule with Comments (IFC) on 11/2/20 with key changes:***

- *Requires states to transition individuals within eligibility groups if change in circumstances*
- *Allows states to reduce benefits or services based on change in circumstances*
- *Adds “not validly enrolled” beneficiaries to list of individuals who can be terminated*
- *Clarifies that states can terminate based on PARIS match findings of non-residency, but requires states to use available reasonable measures to verify non-residency during PHE*

**>> *Impact:*** State Medicaid programs *must:*\*

(1) transition individuals to a different eligibility group with lesser benefits *so long as it doesn’t mean termination of Medicaid eligibility*, and

(2) terminate eligibility where there are authorized reasons:

1. death
2. voluntary termination,
3. non-residency, or
4. *“not validly enrolled”*

(3) *use reasonable available measures to verify non-residency for PARIS matched enrollees before termination*

*State Medicaid programs may reduce benefits or services based on changes in circumstances*

*\* IFC Changes in italics*



# Families First Coronavirus Relief Act (FFCRA) – CMS IFC Guidance Key Provisions

## **Establishes three tiers of coverage – *all of District Medicaid programs are in Tier 1***

1. Minimum Essential Coverage (MEC), including coverage in Medicare as a QMB with full or partial Medicaid.
2. Non-MEC with coverage of COVID-19 testing and treatment
3. Non-MEC with limited benefits (e.g. family planning or tuberculosis-related services)

## **Requires states to transition individuals between eligibility groups or reduce benefits or services within a tier.**

Under FFCRA Sec. 6008(b)(3), states must transition enrollees to a new eligibility group during the PHE within the same tier of coverage or up a tier in coverage, and states may continue to claim enhanced FMAP (exception for tier 3, movement between programs within tier 3 must be requested by beneficiary)

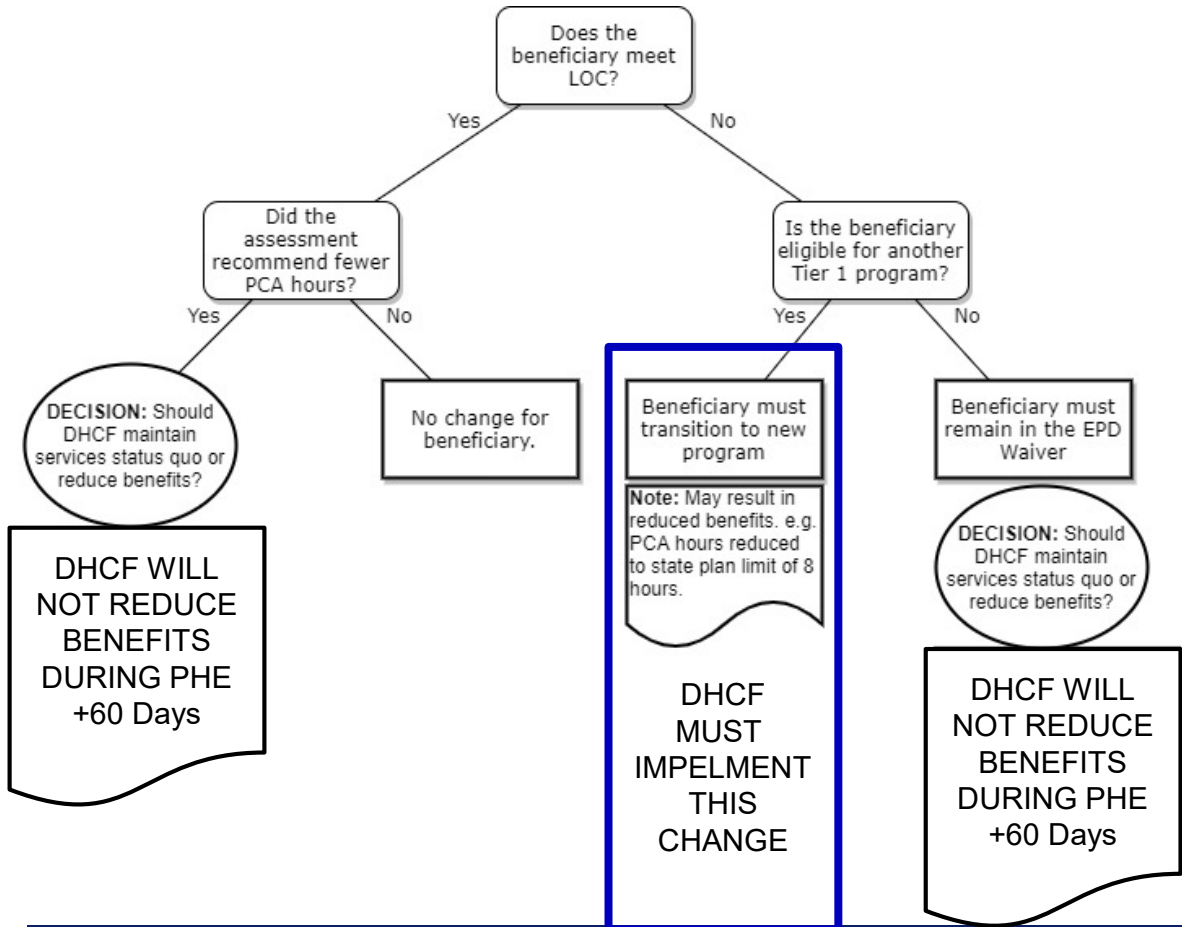
## **Allows states to reduce benefits or services within a tier during the PHE**

Benefit or service changes are allowed if the individual transitions within a tier.



# Families First Coronavirus Relief Act (FFCRA) – Required & Optional Changes within Tier 1 Coverage

- When DHCF has the option, it will not reduce benefits during the PHE





# Families First Coronavirus Relief Act (FFCRA) – CMS IFC Guidance Key Provisions (cont'd.)

## **States can terminate based on Public Assistance Reporting Information System (PARIS) data match**

- Beneficiaries identified as non-residents using PARIS data match can be terminated
- If an individual fails to respond to a request for information to verify their residency, the state must take all available reasonable measures to determine state residency prior to termination.
- “Reasonable measures” include, but are not limited to:
  - reviewing existing information in the beneficiary’s record to validate state residency,
  - checking available state electronic data sources such as the Department of Motor Vehicles records or other state benefit programs, and
  - coordinating with agencies in the other state(s) in which the PARIS interstate match identified the beneficiary as receiving benefits to determine the state in which the individual is a resident for purposes of Medicaid eligibility

## **Only “validly enrolled” beneficiaries are protected against termination**

- States may disenroll beneficiaries not “validly enrolled” during the PHE
- Beneficiaries are not "validly enrolled" if
  - Determination was incorrect at the time it was made due to agency error.
  - Eligibility was erroneously granted due to beneficiary fraud for which the beneficiary has been convicted or beneficiary abuse as determined by the agency in accordance with existing regulations at 42 C.F.R. § 455.16.
  - Eligibility was conferred as part of a presumptive eligibility period





# Operational Implications of New FFCRA IFC Guidance

- District Medicaid must begin acting on eligibility changes due to:
  - Age
  - Income/Resources
  - Eligibility
  - Medicare Eligibility

*>> Enrolled individuals must be moved to a new eligibility group and may have their benefits reduced, but must not be terminated as a result of the reassessment*
- District Medicaid should restart PARIS eligibility verifications, with additional reasonable measures to verify non-residency
- DHCF is assessing options and timeline for implementation and will report back in future meetings on plans for restarting eligibility changes
  - Continued access to coverage and continuity of care will guide the DHCF's planning and implementation



## Questions/Discussion

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## ✓ **Managed Care Transition**

## Behavioral Health Update

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## Enrollment Snapshot



# Managed Care Transition



- ▶ **Transition period ends December 31, 2020**
  - MCOs not required to pay out of network providers after December 31, 2020
  - Beneficiaries may change MCOs for cause, including provider not in network
- ▶ **Nearly 400 attendees at provider forums held in October & November**
  - Thank you MCAC members and provider associations for helping to publicize the events
  - Additional provider forums in November and December cancelled due to low registration
  - Planning to schedule regular provider and beneficiary town halls in 2021
- ▶ **Call volume has returned to normal**
- ▶ **DHCF to provide a complete report on the transition at upcoming MCAC meetings**



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# Behavioral Health Integration Update



## ► Adding BH Services to Managed Care Contracts Now Scheduled for FY23

- Postponing the carve-in by one year will give both agencies additional time to work with providers, advocates, and MCOs on the transition.
- Additional time will allow for the completion of a Behavioral Health Rate Study

## ► Behavioral Health Rate Study

- Plan to publish a RPF by the end of January to hire a consultant to assist with the study.
- Expectation that the study is more than just determining rates based on cost. Study should evaluate and provide analysis on current and future policies, DBH expectations of provider services delivery, and future value based purchasing options.

## ► Stakeholder Advisory Group

- Plan to launch advisory group in January

# Integrated Care Technical Assistance (ICTA)



**DeJa Love, Project Manager**  
**Elizabeth Garrison, Project Manager**  
**Health Care Reform & Innovation Administration (HCRIA)**

# ICTA Funded in Partnership by CMS and the District

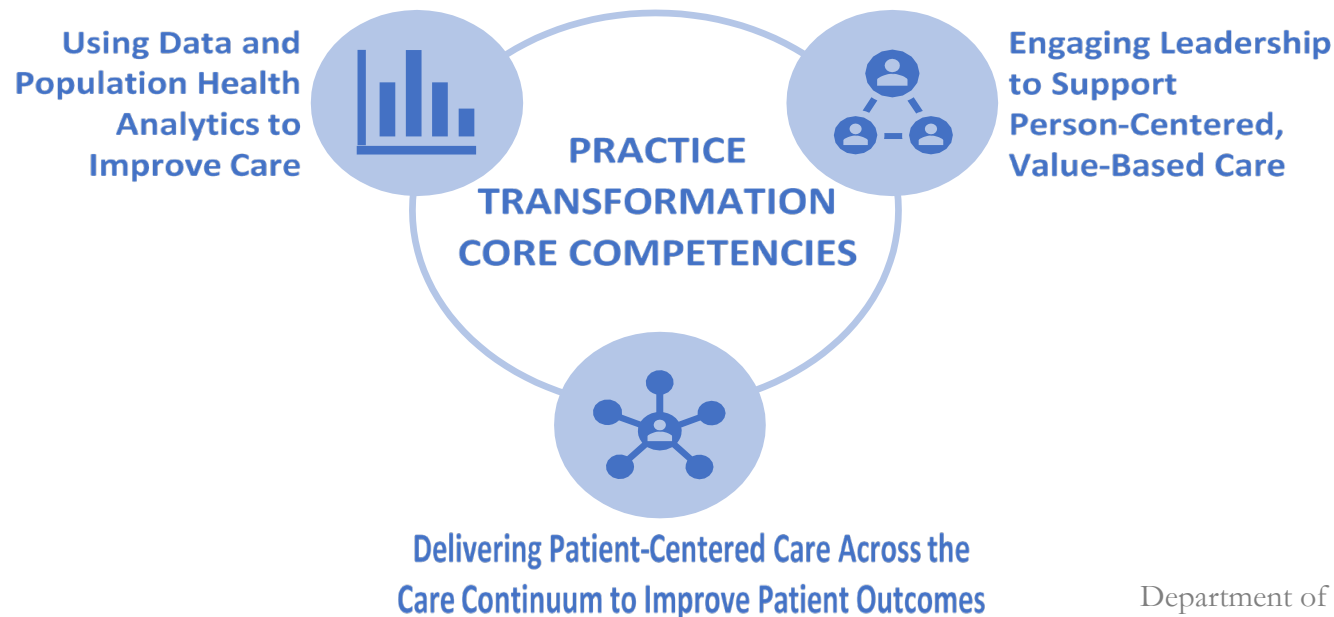
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- The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.
- These award will fund technical assistance that builds provider capacity to diagnose SUD and provide SUD treatment and recovery services in a manner that integrates physical and behavioral health.
- DHCF's SUPPORT 1003 SUD Provider Capacity planning grant supports the District's overall objective of:
  1. Providing a more seamless experience of care that integrates behavioral and physical health.
  2. Improves treatment rates for SUD.
  3. Promotes healthier lives for District residents.



# ICTA Supports Core Competencies for Practice Transformation

- The ICTA contract was awarded to Health Management Associates, Inc. (HMA) on August 14, 2020 for one base year (August 14, 2020 to August 13, 2021) and four options years.
- The Goal is to **provide individualized technical assistance (Training and Coaching)** to support practice improvement among interdisciplinary care teams and improve Medicaid providers' ability to treat medically complex beneficiaries in value-based programs.
- The Individualized TA will explicitly seek sustained improvement on three core competencies for practice transformation:



# Overview and Goals

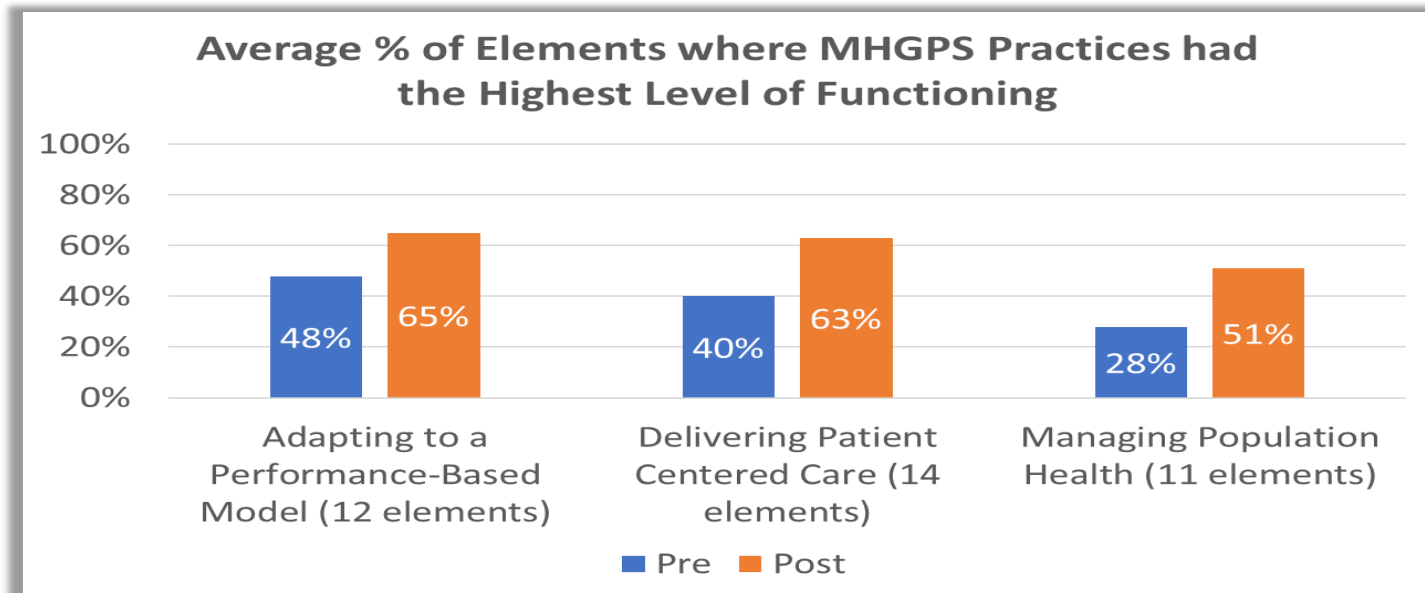
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- Assist 50-75 Medicaid enrolled priority Providers in achieving a set of **three practice transformation competencies**.
- **Technical assistance activities will emphasize:**
  - Screening
  - Referral
  - Evidence-based treatment for SUD (based on criteria from the American Society of Addiction Medicine)
  - Efforts to address and reduce stigma associated with SUD treatment.
- **Seven priority provider types:**
  - Health Home Providers (My Health GPS and My DC Health Home)
  - Department of Behavioral Health (DBH) Certified Providers
  - Free Standing Mental Health Providers (FSMH)
  - Long term services and supports (LTSS) providers, including home health agencies
  - Certified or waived Medication Assisted Therapy (MAT) providers, including methadone providers.
  - Specialty providers
  - Federally Qualified Health Centers (FQHCs)

# ICTA Builds Upon TA Model for My Health GPS

- The ICTA Program builds upon the success of the Integrated Technical Assistance program with My Health GPS Providers.
- For a summary including results from that initiative, please view our website at [https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page\\_content/attachments/ITA%20MHGPS%20Summary%20%289.30.2020%29.pdf](https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/page_content/attachments/ITA%20MHGPS%20Summary%20%289.30.2020%29.pdf).

**Chart 1: My Health GPS Practice Improvement on Competency Elements**



# Why Should District Medicaid Providers Participate?

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- ICTA has been *designed specifically for District providers* in response to needs expressed by our provider and beneficiary community.
  - Builds on findings from District strategic health documents about provider needs, and feedback in numerous community meetings.
  - Program is structured to be *highly responsive* to individual provider needs. Encourage provider to participate and make their practice's needs heard!
  - Experience with My Health GPS indicates success.
- **ICTA is aligned with DHCF and DBH agency priorities for integrated care and value-based purchasing.**
- **Range of options for providers to participate.**
- **No cost to Medicaid Providers.**



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# Enrollment Update

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



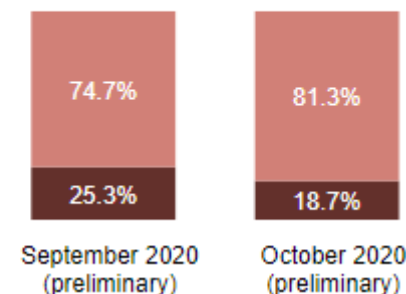
# Update on Enrollment Through October 2020



- ▶ **DHCF enrollment** for October was **291,305**
  - **Medicaid** (269,492) has grown by **6.1%** since February (prior to the public health emergency)
  - **Alliance** (17,381) and **ICP** (3,982) combined have grown by **8.9%** since February
  - Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/11>
- ▶ **Medicaid MCO enrollment** increased by **19k** in October
  - Includes approximately 17k individuals historically in fee-for-service (FFS) who were transitioned to MCOs (e.g., most disabled adults not dually eligible for Medicare), as well as ongoing influx of new program enrollees
  - Percentage of Medicaid enrollees in MCOs increased from **74.7%** in September to **81.3%** in October
  - Beneficiaries may change plans through December

**Medicaid by Service Delivery Type**

● FFS ● MCO



**Medicaid By Service Delivery Type**

Fiscal Year YTD	FY 2020												FY 2021 to date
Year Month Number YYYY MM	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09	2020-10
Service delivery type													
											(preliminary)	(preliminary)	(preliminary)
Total	265,209	265,444	264,985	264,767	253,212	255,020	258,083	260,179	262,505	264,667	266,556	268,004	269,492
FFS	72,742	72,679	72,015	72,316	72,314	72,453	73,375	72,498	71,757	70,915	68,650	67,888	50,310
MCO	192,467	192,765	192,970	192,451	180,898	182,567	184,708	187,681	190,748	193,752	197,906	200,116	219,182