Presentation Overview

- Electronic Visit Verification

Managed Care Transition

Behavioral Health Update
  - Behavioral Health Integration
  - Behavioral Health Transformation RFI
  - 1115 Behavioral Health Waiver

Long Term Care Update
  - EPD Waiver
  - PACE
  - Dual Choice (D-SNP)

Enrollment Snapshot
Electronic Visit Verification (EVV)

Don Shearer,
Director Health Care Operations Administration
## Agenda

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>EVV Overview</td>
</tr>
<tr>
<td>Timeline: Major Milestones</td>
</tr>
<tr>
<td>EVV Resources</td>
</tr>
<tr>
<td>Q&amp;A</td>
</tr>
</tbody>
</table>
The 21st Century Cures Act, passed in late 2016, directs States to require the use of an Electronic Visit Verification (“EVV”) system for Medicaid-provided personal care services and home health services.

The Cures Act requires EVV capture data 6 elements:

• Member receiving the services
• Caregiver providing the service
• Type of Service
• Location of the service delivery
• Date of the service
• Time the service begins and ends
HIGH-LEVEL PROCESS OVERVIEW

DHCF sends eligibility, prior authorization and provider information to Sandata

MCOs send PA information to Sandata

HHA schedules the visit

Visit start/stop

Verified visit

HHA generates claims to payors

Payor's validate and pay claims
WHICH SERVICES REQUIRE EVV?

- All Personal Care Services (including the EPD and DD Waivers)
- Supported Living Periodic with and without Transportation
- In-Home Supports
- Respite (provided in the person’s home)
TIMELINE: MAJOR MILESTONES

- Kick-Off (Nov 2019)
- Business Rules (Apr 2020)
- System Design (Sep 2020)
- User Acceptance Testing (Oct 2020)
- Training (Nov 2020)
- Go-Live (Dec 2020)
EVV RESOURCES

- EVV Website Update
  - [https://dhcf.dc.gov/page/electronic-visit-verification-evv](https://dhcf.dc.gov/page/electronic-visit-verification-evv)
  - Please ensure you log on and check out the website

- Use of EVV email: evvinfo@dc.gov

- EVV Phone number: 202-905-4388
QUESTIONS AND ANSWERS
Presentation Overview

Electronic Visit Verification

✓ Managed Care Transition

Behavioral Health Update
  – Behavioral Health Integration
  – Behavioral Health Transformation RFI
  – 1115 Behavioral Health Waiver

Long Term Care Update
  – EPD Waiver
  – PACE
  – Dual Choice (D-SNP)

Enrollment Snapshot
Managed Care Transition

Lisa Truitt, Director
Health Care Delivery Management Administration (HCDMA)
Key Messages

1. Covered benefits and eligibility requirements are not changing.

2. Newly mandated enrollees will receive care coordination and an Individualized Care Plan from an individual case manager.

3. All enrollees may change to any MCO for any reason between October 1 – December 31, 2020.

4. All DC acute care hospitals, FQHCs and hospital affiliated physician groups will be in network for all MCOs.

5. Dedicated efforts to ensure coverage and care will not be interrupted.
New Contracts with AmeriHealth, CareFirst Community Health Plan and MedStar Family Choice began October 1, 2020

MCOs Received a Nearly Equal Number of Enrollees Through the Reassignment Process

- Auto-assignment to the new MCOs was completed on 8/29
- 16,684 Medicaid adult beneficiaries transitioned from FFS
- 218,100 current managed care enrollees reassigned

Assignment by Health Plan as of 8/29

<table>
<thead>
<tr>
<th>MCO</th>
<th>Transition from FFS</th>
<th>Current MC Enrollees*</th>
<th>Total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>AmeriHealth</td>
<td>5,531</td>
<td>72,941</td>
<td>78,472</td>
</tr>
<tr>
<td>CareFirst</td>
<td>5,598</td>
<td>72,668</td>
<td>78,266</td>
</tr>
<tr>
<td>MedStar</td>
<td>5,555</td>
<td>72,491</td>
<td>78,046</td>
</tr>
<tr>
<td>Total</td>
<td>16,684</td>
<td>218,100</td>
<td>234,784</td>
</tr>
</tbody>
</table>
DHCF Established Two Call Centers in October

On October 7, DHCF established a provider hotline to address provider questions related to the recent managed care transition and beneficiary reassignment.

- Providers can call 1-877-685-6391 option 2 with questions.
- DHCF has received between 12 – 30 calls per day

On October 14, DHCF established an enrollee to assist enrollees is changing health plans.

- Over the past 7 business days, the line has averaged over 200 calls per day processing over 1,300 health plan changes.
- The hotline is also used to assist enrollees resolve other issues such as -- address changes, pharmacy challenges, and to request new insurance cards.
DHCF Continues Messaging and Reinforcing Expectations to Ensure Continuity of Care

Pharmacy

- On October 6, DHCF issued a pharmacy continuity of care letter
- On October 23, DHCF issued Transmittal 20-38 72-hour (3-day) Emergency Supply of Medication
- DHCF is in regular contact with MCO pharmacists and has requested MCOs to contact network pharmacies to ensure all enrollees receive their prescriptions
- Call center staff remains on call with enrollee while contacting MCOs for assistance

Enrollees and Office Visits

- On October 5, DHCF issued a continuity of care letter
  - The letter informed providers that during the transition period, MCOs will reimburse for services rendered to covered enrollees regardless of contracted status with the MCO
  - The letter asked that health care providers not cancel appointments with current patients and that providers would be paid promptly
Monitoring and Resolving Issues is On-Going Through the Transition Period

Providers/Office Staff Declare Non-Participation with MCOs

- Educating frontline office staff of agreement to contract with all MCOs; resolving issues upon awareness.
- District hospitals, FQHCs and hospital-related and/or provider groups providing services to FFS beneficiaries shall agree to contract with each of the risk-based MCOs.

Requests for EB or ESA Services/Assistance

- Request to change address, name and/or DOB, or seeking status of application for Medicaid coverage are redirected to ESA Service Center

Medicaid ID Cards

- Directing enrollees to their MCO if not yet received.
- DHCF is working with DHS and DBH to utilize their provider networks to ensure homeless beneficiaries are receiving information and their ID cards.
Provider Outreach Continues with More Provider Forums

Upcoming Provider Forums To register for a forum, please visit: https://tinyurl.com/ProviderForums

- Friday, October 30 from 12:00 p.m. to 1:30 p.m.
  - Focus is on FQHCs and Clinics
  - Working with DCPCA for outreach

- Thursday, November 5 from 6:00 p.m. – 7:30 p.m.
  - Focus is independent physician and small/mid-size physician groups
  - Working with DCMS for outreach (including in MD and VA)

- Tuesday, November 10 from 12:30 p.m. – 1:30 p.m. & Thursday, November 12 from 6:30 p.m. – 8:00 p.m.
  - Focus is Dental providers
Presentation Overview

Electronic Visit Verification

Managed Care Transition

✓ Behavioral Health Update
  – Behavioral Health Integration
  – Behavioral Health Transformation RFI
  – 1115 Behavioral Health Waiver

Long Term Care Update
  – EPD Waiver
  – PACE
  – Dual Choice (D-SNP)

Enrollment Update
Behavioral Health Updates

Behavioral Health Integration
Amelia Whitman,
Deputy Chief of Staff

Behavioral Health Transformation RFI
Erin Holve,
Director Health Care Reform & Innovation Administration

1115 Behavioral Health Waiver
Alice Weiss,
Director Health Care Policy & Research Administration
Behavioral Health Integration Update

• Received final report from DBH contractor Aurrera Health Group
  • Scope: To identify options for integrating behavioral health services that are currently provided through fee-for-service into Medicaid managed care
  • Interviewed 5 states: NY; OH; CO; LA; VA

• Four key lessons
  1. Support & Train Behavioral Health Providers Early & Often
     o Provider training strategy & outreach plan; Stakeholder Advisory Group; Technical assistance hub for providers
  2. Support Provider Stability & Enrollee Access to Care
     o Bridge policies; Essential providers in all networks; Consistent MCO standards for providers; Special care coordination policies; MCO transition plans
  3. Ensure Oversight of MCOs Specific to Behavioral Health Care
     o Specialized internal oversight of MCOs; MCO readiness & expertise; Develop quality & performance measures; data analytics for monitoring special populations
  4. Build Strong Partnership Between Medicaid and Behavioral Health Teams
     o Interagency team for transition/integration; Interagency agreement on roles and responsibilities
Behavioral Health Integration Next Steps

DHCF and DBH have identified four key areas of focus:

- **New Medicaid Services**
  - Determine which services should be carved-in based on the current status (new to District, new to Medicaid, etc.), Medicaid Authority, cost, timing, and priority of proposed services.

- **MCO Contractual Considerations**
  - Determine what decisions need to be made regarding MCO Contracts, bridge policies or other requirements.

- **Provider and Beneficiary Support and Communications**
  - Determine the structures and processes related to provider and beneficiary outreach, training, and education.

- **Quality Improvement**
  - Determine requirements around quality improvement efforts, including those related to Care Coordination, Social Determinants of Health, Value-based Payment Models, Behavioral Health Performance and Quality Measures, and Monitoring Populations.
Behavioral Health Transformation Request for Information

Summary of Responses
Areas for Discussion with MCAC

1. Review summary of feedback on the Medicaid BH Transformation RFI
   - Principles and definitions
   - Areas of Consensus
   - Areas for Ongoing Discussion
   - Areas for Investment

2. Identify/Discuss
   - Areas for additional analysis
   - Opportunities for ongoing dialogue with the community
Executive Summary


- DHCF received a total of sixteen (16) responses from respondents to the twenty-one (21) questions

- Overall, respondents were supportive of transforming behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable.
Principles and Definitions

6 Proposed Principles

- Embrace a Population Health Framework
- Provide Person-Centered Care
- Ensure Parity
- Improve Quality
- Promote Health Equity
- Promote Value, Efficiency, and Coordination

General support for principles, with edits to incorporate additional concepts, such as:

- Community-based
- Cultural Humility
- Timely access to care
- Trauma informed care

Integrated care definition

“The systematic approach to provide person-centered care for a defined population that coordinates physical and behavioral healthcare through a team of primary care and behavioral health clinicians, working with the patients and families. Integrated care models ensure that mental health, substance abuse, primary care, and specialty services are coordinated and delivered in a manner that is most effective to caring for people with multiple healthcare needs and produces the best outcomes.”

Suggested include:

- Replace “clinicians” with “practitioners”
- Changing references to “patient” or “client” to “enrollees”, “beneficiaries”, or “persons served”
- Additional concepts recommended for inclusion
Areas of Consensus Support

- Continue reimbursement and use of telehealth for behavioral health at the same rates as office visits
- Targeted interventions for special needs populations
  - Children, youth, and families
  - Autism
  - SUD
  - Foster youth
- Ensure continued implementation of a community-based approach informed by social determinants of health
- Funding for efforts to reduce disparities and improve health equity, building on the DC Health Health Equity Report (HER)
- Define and measure success of efforts to integrate care based on specific health outcomes
Areas of Ongoing Discussion

- Disagreement regarding whether to require MCOs to include DBH-certified providers in their contracts.
  - Several respondents favored universal contracting or a “any willing provider clause” be included for all:
    - DBH-certified providers
    - All identified critical providers
  - Others felt national certifications and MCO network adequacy standards would suffice

- Directed payment for behavioral health providers; stated support by some respondents to hold provider rates at (least) FFS rates for the first year or two.

- Restructuring or re-assessing rates and VBP approaches to ensure behavioral health services to ensure high-quality outcomes and providers’ financial sustainability.
Suggested Areas for Enhanced Investment to Achieve Integrated Care

• Require providers to exchange health data in a standardized way
• Support workforce development, including provider recruitment, education and cross-sector partnerships to support the behavioral health workforce
• Invest and use community health workers and peers to deliver evidence-based interventions and a multi-disciplinary approach to reducing health disparities within the community.
• Explore specific evidence-based models and frameworks to support collaboration and integration, such as:
  • Psychiatric Collaborative Care Model
  • Comprehensive Medicaid Managed Care framework released June 2020 by the National Council of Behavioral Health
  • National Register of Health Service Psychologists’ Integrated Healthcare Training Series
Questions?

- Erin Holve erin.holve@dc.gov
- Okey K. Enyia okechuku.enyia@dc.gov
1115 Behavior Health Waiver
Transformation Demonstration

Reporting and Evaluation

• Evaluation
  • IMPAQ awarded contract for Demonstration evaluation
  • Evaluation design draft submitted to CMS
    • Will be posted on CMS Waiver Website when finalized

• Monitoring Protocol
  • First draft submitted to CMS July 17th
    • Resubmitting to CMS by November 2nd

• Quarterly Monitoring Reporting
  • Q1 and Q2 draft monitoring reports submitted to CMS
    • Resubmitting after approval of Monitoring Protocol
1115 Behavior Health Waiver Transformation Demonstration

• Implementation
  • District has implemented all the services approved in the waiver, effective 10/23/20
    • DBH published Transition Planning Services Rule (Chapter 65) on 10/9/20 – public comment period until 11/9/20
    • DHCF published Third Emergency and Proposed DHCF Demonstration Rule on 10/23 – public comment period until 11/23/20
  • DHCF released emergency Transmittal #20-037 outlining requirements for telemedicine services provided by Clubhouse providers during the Public Health Emergency on 10/21/20

• Post-Award Stakeholder Forum
  • District convened first Post-Award Stakeholder Forum on October 20th, 2020
    • 110 individuals attended for hour-long session intended to update on implementation during first year
    • Recording and presentation posted to https://dhcf.dc.gov/1115-waiver-initiative
  • District will convene five additional annual Post-Award Stakeholder Forums beginning early in 2021
Presentation Overview

Electronic Visit Verification

Managed Care Transition

Behavioral Health Update
  – Behavioral Health Integration
  – Behavioral Health Transformation RFI
  – 1115 Behavioral Health Waiver

✓ Long Term Care Update
  – EPD Waiver
  – PACE
  – Dual Choice (D-SNP)

Enrollment Update
Long-Term Care Updates: EPD Waiver Amendment, PACE, and Dual Choice (D-SNP)

Ieisha Gray
Director, Long Term Care Administration
EPD Waiver Amendment Updates

- Amended waiver was approved by CMS effective October 1, 2020. However, to preserve access and continuity of care, DHCF intends to delay the following changes, among others, until after the PHE concludes:
  - Removal of respite services 18-24 hours/day
  - Delinking waiver and state plan personal care aide (PCA services)
  - Elimination of external home health aide (HHA) services for EPD Waiver beneficiaries living in assisted living facilities (ALFs);
  - Transition of personal emergency response services (PERS) coverage to state plan DME Medical Assistive Devices and Services (MADS) benefit.

- Timeline for implementation
  - Changes without any impact to services or coverage effective October 1
  - Changes deferred by Appendix K will take effect after the PHE concludes
  - Staggered implementation of DME MADS throughout fall/winter 2020 due to multiple operational elements
EPD Waiver Amendment Updates

• EPDW elements with no implementation delay include:
  • Increased reimbursement rate for ALF services
  • Removal of 50-bed limit for ALFs
  • Reduction in frequency of Services My Way Survey from every 60 days to twice per year
  • Removal of combined cap on PCA and ADHP services
  • Clarification that concurrent participation in multiple 1915(c) waiver programs is prohibited
  • Updated TB testing requirements for direct care staff
  • Updated caseload requirements for case managers
  • Removal of PT and OT services (available via State plan)
Program of All-inclusive Care for the Elderly (PACE)

- Implementation Status
  - An RFP was issued in August to identify a provider with whom DHCF can partner
  - DHCF anticipates announcing its selection sometime in November or December
  - The provider will subsequently apply to CMS as PACE provider by end of this calendar year
  - Publication of revised PACE regulations expected by the end of this calendar year
  - Full implementation (and initial enrollment) expected late in 2021

- Resources and more information
  - PACE information is available on DHCF’s website: https://dhcf.dc.gov/page/pace-dc
District Dual Choice
(Dual Eligible Special Needs Plans, or D-SNPs)

- Current plans for implementation
  - The District already partners with two existing health plans in its Dual Choice program, United and Cigna
  - DHCF is actively collaborating with these plans to promote information-sharing and care coordination for enrolled duals this program year (CY20) and next year
  - Effective January 2022, DHCF intends to pay participating health plans a capitation for all Medicaid-covered services, including LTSS
  - This program will integrate Medicare and Medicaid benefits for those covered by both programs, simplifying care and improving coordination
  - This expansion of the Dual Choice program is also an important incremental change on the path to more comprehensive implementation of MLTSS across all populations

- Resources and more information
  - Dual Choice information is available on DHCF’s website: https://dhcf.dc.gov/page/district-dual-choice-d-snps
Presentation Overview

Electronic Visit Verification

Managed Care Transition

Behavioral Health Update
  – Behavioral Health Integration
  – Behavioral Health Transformation RFI
  – 1115 Behavioral Health Waiver

Long Term Care Update
  – EPD Waiver
  – PACE
  – Dual Choice (D-SNP)

✔ Enrollment Update
Enrollment Update

Health Care Policy & Research Administration,
Division of Analytics & Policy Research
DHCF enrollment for September was 288,116
- Medicaid has grown by 5.4% since February (prior to the public health emergency)
- Alliance/ICP combined have grown by 7.8% since February
- Monthly reports with additional detail are on the DHCF website: https://dhcf.dc.gov/node/11

Growth relative to other states:
- The District has one of the lower Medicaid/CHIP enrollment growth rates nationwide
- May be due in part to DC’s low unemployment growth relative to many other states, as well as high eligibility levels and high participation in Medicaid prior to the public health emergency
- DHCF is continuing to monitor applications and enrollment closely during the public health emergency