GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Department of Health Care Finance**



**Office of the Senior Deputy Director**

**D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)**

Location: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, April 26, 2017

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

***Meeting Minutes***

**Attendees:**

***Members:***

Karen Dale, AmeriHealth Caritas DC

Sara T. Clark, DCOA

Guy Durant, Beneficiary

Sharra E. Greer, Children’s Law Center

Jodi Kwarciany, DC Fiscal Policy Institute

Mark LeVota, DC Behavioral Health Assoc.

Judith Levy, DC Coalition on LTC

Trey Long, DHS

Erin Loubier, Whitman-Walker Health

Angela Miller, Beneficiary

LaQuandra Nesbitt, DOH

Claudia Schlosberg, DHCF

Heidi Schumacher, DCPS

Veronica Damesyn Sharpe, DCHCA

Jim Wotring, DBH

***Members via Conference Line***:

Suzanne Jackson, GW Law School

***Guests:***

Michael Bolling, DHCF

Cyd Campbell, MedStar

Sumita Chaudhuri, DHCF

Trina Dutta, DHCF

Jessica Foster, HMA

Danielle Lewis, DHCF

Zenia Sanchez, TPM, LLC

Colleen Sonosky, DHCF

Deniz Soyer, DHCF

Lisa Truitt, DHCF

Yorick Uzes, DHCF

Alice Weiss, DHCF

Carmelita White, DHCF

***Guest via Conference Line*:**

Lynn Leslie, Delmarva Foundation

1. **Call to Order/Approval of Minutes**

Karen Dale (KD), MCAC Vice-Chair, called the meeting to order at 5:36 pm. She called for review and approval of the minutes. A motion was made, duly seconded, and the February 15, 2017 meeting minutes were approved as presented.

1. **Senior Deputy Director/Medicaid Director’s Report**

Claudia Schlosberg (CS) reported that DHCF is moving forward with the kick-off of the Health Homes 2 program, My Health GPS. An implementation date of July 1, 2017 is expected. This is a program that targets approximately 40,000 Fee for Service (FFS) and Managed Care Organizations (MCO) beneficiaries who have three (3) or more serious chronic illnesses.

CS also reported that DHCF has the associated State Plan Amendment (SPA) approval, and DHCF is working hard toward publication of the rules. Applications have gone out to providers; the agency has received a robust response, and they are being reviewed. This is part of the agency’s efforts to support practice transformation and value based purchasing, along with many of the agencies other new payment methodologies. The goal is to pay additional funds to the primary care side to assist with care coordination activities.

She stated that an RFI on Accountable Care Organizations (ACOs) has gone out asking for feedback from stakeholders across a broad spectrum, to get a sense of community in terms of ACO participation.

CS mentioned that an upgrade to the DCAS was done in October 2016 that has increased functionality for the modified adjusted gross income (MAGI) population. The agency has been tracking passive renewal rates and the rates since January on average has been 92.2%, which is extremely high for the MAGI population. This means that the agency is retaining Medicaid beneficiaries at a rate that is significantly higher than has been seen before.

***DHCF Budget Briefing***

CS stated that DHCF and the Mayor have submitted their budgets, and the agency has a budget hearing scheduled for May 10, 2017. The District’s approach has been to engage the public to solicit their input about community priorities. The Mayor has had a number of budget forums around the City focusing on investing and making the District more affordable; investing in public safety, including attracting and retaining police officers; and, enacting the middle class tax reduction.

CS indicated that the budget slide deck being presented today has been reduced for the purpose of the MCAC meeting, due to time constraints. The full slide deck can be found on DHCF’s website at [www.dhcf.dc.gov](http://www.dhcf.dc.gov).

***Budget Process, DHCF’s Deputy Director for Finance***

Sumita Chaudhuri (SC), DHCF’s Deputy Director for Finance, stated that the agency began the FY 2018 budget process in the summer of 2016. The budget team is led by Angelique Martin, who meets with every division within the agency to review their requests before presenting it to the executive team and the director. This is how the initial budget is developed. Darrin Shaffer, the agency fiscal officer then reviews and presents to the Mayor’s budget office around October or November 2016. Each agency then meets with the Mayor’s budget team around January or February 2017. Around February 2017, the Mayor along with the cabinet and budget team holds town hall meetings and gathers public input. Then the Mayor also meets with the Council to get their input regarding the budget. The Mayor presented her budget on April 4, 2017.

SC reported that the total District budget is $13.8 billion of gross funds. Out of that, thirty four percent (34%), or $4.7 billion, was towards human support services. DHCF’s budget was $3.1 billion, and DHCF’s local fund portion of that is $714 million. The final adjustment brought the local fund budget to $712 million.

She also discussed DHCF’s FY 2018 proposed strategies and savings; budget request for Medicaid mandatory services; and, budget request for Medicaid optional services. (*Details regarding DHCF’s budget reductions/savings can be found in the slide deck on DHCF’s website at* [*www.dhcf.dc.gov*](http://www.dhcf.dc.gov)*).*

Guy Durant (GD) had some questions regarding who makes decision regarding budget reductions/savings. Dr. LaQuandra Nesbitt (LN) explained the process for budget reductions/savings in District agency budget submissions.

***Medicaid and Alliance Enrollment Trends, DHCF’s Health Care Policy and Research Administration (HCPRA)***

Danielle Lewis Wright ***(***DLW) presented on the generous eligibility income levels in the District of Columbia. She shared a slide that illustrated the Federal requirements verses statewide averages. The goal of the slide was to show that the District’s standards are significantly higher than other states as well as the Federal required standards. She noted that if Federal law changes, the District would potentially be at risk of changes to the eligibility levels.

She reported on Medicaid enrollment trends. It has been a little over six (6) years since the passing of the Affordable Care Act (ACA). Prior to the ACA, the annualized growth in Medicaid enrollment was 2.2%. At the time in which ACA was implemented *(2010-2011, Medicaid Expansion – 35,000 beneficiaries transitioned from Alliance Program to Medicaid),* there was a significant increase in growth of 15.6%. Since ACA, there has been an annualized growth of 4.5%.

DLW also reported on Medicaid cost and expenditures. She stated that prior to the ACA the growth was 4.2% on an annualized basis. The post-ACA is an annualized expenditure growth of 5%.

She stated that the Alliance Program covers individuals 21 years of age and older in the locally funded program. Prior to the ACA there was a significant increase in growth. In 2010 when the transition happened there was a decrease in the number of Alliance beneficiaries. Since 2011, a stabilized number of beneficiaries enrolled in the program, approximately 15,000 per year.

***Status of Automated Medicaid Eligibility System, DHCF’s Senior Deputy Director/State Medicaid Director***

CS stated that she was filling in on behalf of Katheryne Lawrence, who could not attend the meeting due to illness. She provided a status update on the efforts around the DCAS system (automated eligibility system). The agency is moving forward with the development of DCAS which is organized in a three (3) phased approach. Release 1 provided all of the functionality required to comply with the ACA. Release 2 included food benefits, energy assistance, and cash benefits, and was rolled out this past summer. There is still some work going on with respect to Release 2. For Release 3, an RFP is out for bid for the remaining Medicaid functionality, including all the Non-MAGI eligibility and renewals, and all of the other remaining programs that currently exist in ACEDS. At the end of Release 3, ACEDS will be retired forever.

CS stated that a lot of work was done in Medicaid so far in Release 1. She reiterated that the MAGI passive renewals have been tracking since January, on average a 92.2 % passive renewal rate, which is very good. There is a lot of functionality now with respect to the DCAS system for MAGI individuals. All MAGI applicants can now renew online. There is still work to be done, which is all the non-MAGI work, application intake, eligibility, and verifications. These are for ABD populations. Anyone who is not in the MAGI group will still have to use ER Medicaid, and a few other things. Once this is fully automated, then the transitions process can be fully automated.

She also reported on the Release 3 implementation timelines. The prep work has already begun. The objective is that it will be implemented by the 4th quarter of FY 2019.

***Medicaid Managed Care Program Trends, and Medicaid Fee-For-Service Access and Expenditure Patterns, DHCF’s Health Care Delivery Management Administration (HCDMA)***

Lisa Truitt (LT) reported that the overall spending for FY 2016 was $2.7 billion for the Medicaid spending overall. Sixty-one percent (61%) of that spending was for primary care and acute care services, and sixteen percent (16%) of that accounted for managed care. Seventeen percent (17%) of spending was for inpatient care and other services. Long Term Care spending was twenty nine percent (29%). Only four 4% of spending was on mental health services.

She stated that seven (7) out of ten (10) Medicaid enrollees are enrolled in Managed Care. Enrollment over the years shows that in FY 2011, there was an increase from the prior years (2009 & 2010). In FY 2013 there was growth, and it stayed steady in FY 2014. In FY 2016, growth in the Medicaid program increased over time, and that is a demonstration of both the Fee-for-Service (FFS) and Managed Care population.

LT provided additional information regarding full risk plans (AmeriHealth, MedStar, and Trusted). Each plan spent at least 85% of revenue on member Medicaid expenses with all three plans posting an end-of-year profit in 2016 (2% profit margin).

She indicated that DHCF relies upon several metrics to quantitatively assess the efforts by the health plans to coordinate enrollee care. More than $53 million in managed care expenses – 6% of plan revenue – in 2016 were potentially avoidable. Patient metrics costs were $53.4 million. Fifty seven percent (57%) of spending was in hospital readmissions. Twenty seven percent (27%) of spending was in avoidable admissions. Sixteen percent (16%) of spending was in low-acuity ER use.

LT also reported on the year one performance base target for each plan. She stated that had the MCO pay-for-performance program been in place in FY 2016, only Trusted would have shown improvement from its baseline targets on all three measures (low acuity ER use; potential avoidable admissions; and, 30-day readmissions).

There was additional discussion regarding FFS Medicaid hospital spending being fifteen (15%) of total Medicaid expenditures; FFS recipients are responsible for a disproportionate share of Medicaid expenditures; the My Health GPS program will be implemented in July 2017; the My Health GPS program helping high need beneficiaries navigate the health system; and the eligible population for My Health GPS has significantly higher utilization and cost. *(Details regarding the Medicaid Managed Care program can be found on the full slide deck located on DHCF’s website at* [*www.dhcf.dc.gov*](http://www.dhcf.dc.gov)*)*

***Medicaid Long-Term Care Expenditure Patterns –DHCF’s Long Term Care Administration (LTCA)***

Ieisha Gray (IG) reported that a little below thirty percent (30%) of all total Medicaid expenditures are related to long term care. Almost three (3) in every ten (10) Medicaid dollars are spent on long term care services. Expenditures for FY 2016 are a little under $787 million. Nursing homes was the highest expenditure at 33% of the costs. Intermediate care facilities account for 12% of expenditures. State Plan PCA benefits account for 23% of expenditures. Though high, waiver program costs compare favorably to institutional spending in FY 2016 numbers.

She stated that the EPD waiver was renewed on April 4, 2017, for an additional five (5) years. Improvements have been made to the waiver program. There is now a streamlined recertification process that will make it easier for enrollees to stay connected to services. If there is no change in function or medical condition of a beneficiary, the annual recertification requirement is eliminated. Community transition services will be paid for set up expenses (up to $5,000) for individuals transitioning from nursing facilities to the community. The agency strengthened its training requirements and implemented alternative sanctions for providers. Prior to the waiver renewal, the agency had no authority to hold providers accountable for performance. Also, effective April 4, 2017, the assisted living rate has been increased from $60 to $155, a long overdue rate increase *(this rate does not include room and board)*.

***Next Steps with United Medical Center –DHCF’s Chief Operating Officer/Deputy Chief of Staff***

Ken Evans (KE) discussed DHCF’s intentions regarding United Medical Center. He stated that UMC is the only hospital that is east of the river. The Bowser Administration’s desire to keep not only a hospital, but a health care system on that end of the City so that citizens have a level of care to help improve health disparities on that side of the District.

He stated that one of the things that are very interesting to DHCF, now that the District has ownership of a hospital, is monitoring the operating margins of the hospital. UMC has had some difficulties within the past few years on maintaining a positive operating margin. The reason why is there is definitely a lack of some institutional knowledge and systems within the hospital to help drive their revenue outputs which would be to improve in operating margins. Associated with the operating margins are the funds that are in that area, that leaves that area. It is estimated that Wards 7 and 8 have 604 million Medicaid and Alliance beneficiaries are in that area, but services are going out of that area to other area hospitals that are west of the City, or either to Prince George’s County.

KE reported that the Bowser Administration’s goals for UMC is to stabilize operations and end annual financial losses; limit non-portable capital investments to those required to ensure public safety and meet code requirements; pursue a partnership model that offers the promise that UMC will operate without District government intervention and free from public subsidy; and, explore potential sites for a replacement hospital for UMC and initiate a multi-million capital funding request towards the construction of a new hospital.

DHCF released an RFP in February to procure the services of a health care consultant to inform planning for a replacement hospital, a sustainable health care system. Bids are in. The report should be completed by September of 2017.

*(Please visit DHCF’s website at* [*www.dhcf.dc.gov*](http://www.dhcf.dc.gov) *for the full slide deck on DHCF’s FY 2018 Budget)*

1. **Subcommittee Reports**
	1. ***Access Subcommittee***

Guy Durant (GD) reported on the Access Subcommittee that met on April 5, 2017. Seiji Hayashi (SH) convened the meeting, and Yorick Uzes (YU) presented a series of PowerPoint slides that provided an overview of DHCF’s first Access Monitoring Review Plan, published 2016, and listed possible next steps for monitoring and reporting on access issues. Subcommittee members gave feedback and provided questions regarding the presentation.

* The heat map showing the location of providers v. beneficiaries should break out smaller geographic increments, such as zip codes, census tracts, or ANCs. Wards are too large an area, and go into sufficient detail to understand exactly where the Medicaid population is. In particular, there was surprise that Ward 2 had a comparable beneficiary population to Ward 8 and significantly more beneficiaries than Ward 7. Small geographic increments would help better understand where in Ward 2 the Medicaid beneficiaries are.
* Subcommittee members asked several questions about the Medicaid eligibility categories, differences between Medicaid and Medicare, and distinction between DC Medicaid’s managed care and FFS programs. Given all the complexity, there was concern about how Medicaid beneficiaries know which program they are in and what services they qualify for.
* Subcommittee members asked several questions about DHCF’s plans to track complaints. They asked if complaint tracking would include complaints made to the ombudsman and directly to managed care companies. YU responded that the former would be included, and he would check on whether the latter was possible.
* One subcommittee member was concerned about access to social work services. The member wanted to know whether and how beneficiaries could access care from social workers. YU and SH responded that social workers are imbedded in provider organizations that participate in Medicaid, and beneficiaries get social work services through those providers, but there is no social work benefit per se. The member was interested in learning more about how social work services are provided through the Health Homes program.

*Next Steps*

* Schedule the next meeting
* Check to see if DHCF has access to complaints made by beneficiaries to managed care organizations, and if so, whether it is feasible to include them in complaint tracking
* Bring more information to the next meeting about how beneficiaries are steered into the FFS v. managed care v. waiver programs, and how they find out what their benefits are
* Unquire about social work services provided as part of the Health Homes program
	1. ***Enrollment and Eligibility Subcommittee Report***

Jodi Kwarciany (JK) reported that there has been no meeting since the February 15th summary report noted in the April 26th MCAC meeting minutes. She stated that the Enrollment Reports are now posted to the MCAC webpage on DHCF’s website.

JK announced that the next Enrollment and Subcommittee meeting is scheduled for May 16th at 10:00 am, and that the frequency of the meetings are the 3rd Tuesday of each month.

* 1. ***Health Care Re-Design Subcommittee Report***

Karen Dale (KD) provided an update on the Health Care Re-design Subcommittee. She reported that the subcommittee charter has been revised to build upon what has been done in the State Health Innovation Plan (SHIP), Health People 2020 and the Community Health Needs Assessment. The charter is consistent with the overarching philosophy of the MCAC.

KD announced that DHCF is soliciting information from interested parties regarding the potential development of Medicaid accountable care organizations (ACO) within the District. The ACO request for information (RFI) is being issued to solicit information from health plans, provider networks, independent providers, hospital organizations, consumers, patient advocates, and other interested stakeholders with respect to the potential establishment of a Medicaid ACO program in the District. This RFI is exploratory in nature. No award will be made as a result of this RFI. Questions concerning this RFI may be received at Healthinnovation@dc.gov no later than May 5th at 5:00 pm. Submission deadline is May 19th at 5:00 pm.

DaShawn Groves (DG) reported on MAPing *(Measuring, Assessing, and Planning)* with the Use of Social Determinant of Health Data in the District Summit. He stated that nearly eighty (80) participants, that included members of the subcommittee, attended the Summit on April 18th. The Summit provided an opportunity for stakeholders to begin to map out the tools and methodologies used to collect data and how the data is being used in the District to address SDH. They reviewed national best practices around care management, policy planning and performance evaluation. A smaller group of participants met the following day to develop action steps to implement health outcomes in the District.

The next Subcommittee meeting is scheduled for May 3rd at 5:00 pm

* 1. ***Long Term Services and Supports Subcommittee Report***

Judith Levy (JL) reported that at the March 28th Subcommittee meeting, the members reviewed the Subcommittee’s goals. The team recommended that Goal 1 remain as written *“Review and provide feedback on proposed system redesign from the In-Home Supports task force.”* The team, however, recommended that the Goal 2 be modified to: *“Review the EPD waiver process and make recommendations.”*  The team further agreed that both goals should have a target date of October 1, 2017.

There discussions regarding the In-home Support Taskforce; EPD Waiver process; and, the EPD Waiver Enrollment Summary Dashboard. Michael Bolling (MB) shared information about the Home Supports Programmatic Design. The team discussed PCA services, and in particular some of the barriers to getting these services in place. JL presented the EPD Waiver Enrollment Summary Dashboard for 2016, a document summarizing Waiver enrollment trends from late March 2016 through late December 2016. The team discussed the trends and made recommendations.

JL also provided a summary of the April 19th subcommittee meeting. There was discussion regarding the subcommittee’s question regarding spend down generated at the last meeting. Anthony Proctor (AP) explained that it is not possible to project the costs for spend down because of the Federal regulations that govern the process, as confirmed by the Centers for Medicare and Medicaid (CMS).

There was discussion regarding the EPD enrollment process. Linda Irzarry (LI) provided an overview of the EPD enrollment process. Highlights included EPD Waiver Program Information Packet; ADRC Medicaid Enrollment Specialists roles/responsibilities; and, discussion about the respective roles/responsibilities of the ADRC, Qualis, and ESA once a beneficiary’s Level of Care is approved.

A recap of the In-home Support Taskforce meeting held on March 29th was provided by Trina Dutta (TD). The meeting was well attended by a variety of participant stakeholders and the group had a good discussion of several key areas in relation to in-home supports. The group plans to grid out several categories in order to better define program needs and effectuate change. TD believes that this process should be completed by the end of summer with the issuance of a White Paper.

The next Subcommittee meeting *(conference call)* is scheduled for May 24th at 2:00 pm.

There were questions from subcommittee members regarding making recommendations to the DHCF budget prior to the agency’s submission to the Mayor’s office. DHCF senior staff explained the process and timeline for submitting information to be included in the budget. They discussed developing a process to submit recommendations to the MCAC for approval.

KD stated that the MCAC will hold a virtual meeting on May 31st to discuss subcommittee recommendations to DHCF’s proposed budget.

1. **New Business**

***Health IT Opportunities and Outreach***

Deniz Soyer (DS), Project Manager, HIT/HIE, stated that the DHCF’s Health Care Reform and Innovation Administration (HCRIA) serves as the Health IT Coordinator for the District, and administers the Medicaid Electronic Health Record (EHR) Incentive Program. She announced that the agency requested and received an extensive EHR Incentive Program has been extended to June 30, 2017. This will allow the agency to conduct some outreach to a lot of District providers to get them enrolled into the program.

She also reported that the agency has awarded an HIT technical assistance and outreach contract to the District of Columbia Primary Care Association (DCPCA) in partnership with Clinovations Gov Health. The award is just under $1 million, and there are up to five (5) option years on the contract.

DS requested that the MCAC spread the word to their various networks to ensure that the agency has really done their best to communicate these two opportunities to all providers that they are aware that they have the ability to attest to meaningful use.

***State Plan Amendments***

Trina Dutta (TD) stated that there is no report for the SPA. It is included in the meeting packet for your review, and will be uploaded to the DHCF website.

***Council of the District of Columbia Legislation***

KD stated that there is a lot of legislation that has been proposed. She stated that she would like to address the legislation being introduced at the next meeting. KD specifically noted Bill # 220062, “Health Literacy Council Establishment Act of 2017,” introduced by Councilmember Todd. The bill will create a special council to promote the importance of understandable health information for patients. The goal of the legislation is to improve the health literacy of DC residents by building their capacity to make informed decisions about their personal health based on greater understanding of basic health information products and services. She stated that she wanted to bring this to the table to talk more, have some general discussion about how to get alignment and engagement so that everyone is at least more aware.

1. **Opportunity for Public Comment**

There being no requests for public comment, KD moved to the next agenda item.

1. **Announcements**

***HCBS Waiver Renewal***

YU announced that he is coordinating the Individuals with Intellectual/Developmental Disabilities (I/DD) waiver renewals. The current waiver is a five (5) year waiver, and it ends November 2017. The draft waiver is up on DHCF’s website for comment at [www.dhcf.dc.gov](http://www.dhcf.dc.gov). The public comment period began on Friday, April 21, 2017, and ends on Sunday, May 21, 2017.

1. **Next MCAC Meeting**

The next MCAC meeting is scheduled for Wed., May 31, 2017.

1. **Adjournment**

The meeting adjourned at 7:30 pm.