

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

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

Wednesday, August 30, 2017

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

Meeting Minutes

ATTENDEES:

MEMBERS:

Donald Clark, DDS (*designee for GB*)
Nnemdi Elias, UMC
Jacqueline Bowens, DCHA
Garrett King, DCOA
Sharra E. Greer, Children's Law Center
A. Seiji Hayashi, Mary's Center
Maude Holt, Ombudsman/DHCF
Mark LeVota, DC Behavioral Health Assn.
Judith Levy, DC Coalition on LTC
Trey Long, DHS
Erin Loubier, Whitman-Walker Health
Trina Dutta, DHCF (*designee for CS*)
Heidi Schumacher, OSSE
Veronica Damesyn Sharpe, DCHCA
Jim Wotring, DBH

MEMBERS VIA CONFERENCE LINE:

Guy Durant, Beneficiary
Jodi Kwarciany, DCFPI
LaQuandra Nesbitt, DOH

GUESTS:

Linda Elam, Amerigroup DC
Garver King, DCOA
Colleen Sonosky, DHCF
DaShawn Groves, DHCF
Cavella Bishop, DHCF
James Christian, ACDC
Alice Weiss, DHCF
Lisa Fitzpatrick, DHCF
Carleta Belton, DHCF

I. CALL TO ORDER/APPROVAL OF MINUTES

Jacqueline Bowens (JB), MCAC Chair, called the meeting to order at 5:40 pm. There were no meeting minutes available for review/approval.

II. SENIOR DEPUTY DIRECTOR/MEDICAID DIRECTOR REPORT

Announcement: New MCAC Membership

Trina Dutta (TD) presented on behalf of the Senior Deputy Director/Medicaid Director. TD shared the process of the new MCAC membership and terms as per the Bylaws. She stated that members serve one, two, and three years terms. TD reported that there are five (5) current members serving one year terms that end on September 30th. Those members are Karen Dale Nnemdi Elias, Judy Levy, Angela Miller, and Veronica Damesyn Sharpe. As per the bylaws, members can serve up to two consecutive terms. However, she stated that the MCAC would like as many individuals who are qualified and are interested to apply to serve on the committee. TD noted that of the fifteen (15) members who serve on the MCAC, eight (8) must be beneficiaries or beneficiary advocates, and seven (7) are providers or provider associations. These slots must be

filled accordingly. An announcement will be published by the end of the week for solicitation to fill those positions. There will be a review process, and the announcement will be made at the next meeting as to who will retain their position on the MCAC.

Discussion: MCO Membership on MCAC

TD stated that over the past year, feedback has been received that it has been deemed unfair that there is only one individual from an MCO serving on the MCAC. In fact, all three (3) should be able to serve on the MCAC so that there is equal representation across managed care organizations. She also stated that according to the bylaws that there is no type of specific seat for a certain type of entity.

TD reported that there are a couple of options we have. If members decided that they would like to allow a seat for each MCO, it begs to question as to whether we would allow other seats for other types of groups. Another option is to have all MCOs to serve. The other option is to have no MCOs on the MCAC. She stated that the Subcommittees are open to anyone to serve. Another option is that any MCO can serve on a subcommittee, or several subcommittees. TD noted that if the MCAC would like some sort of structural change to occur to the bylaws, members would have to take it to a vote. She referred everyone to Article V of the bylaws regarding the composition of the membership.

Maude Holt (MH) suggested that another option to represent the MCOs would be the MCO association, as in the past.

TD stated that MH is suggesting that the bylaws be amended to create a slot for a membership organization. She reported that the MCAC does not have member slots for other types of membership organizations. However, if this is the will of the group, then we'd have to entertain whether other membership organizations should retain a seat on this body. She also stated that these meetings are transparent, and there is nothing that happens behind closed doors.

MH stated that the membership organization should have a role on the executive committee of the MCAC, and the MCAC as a whole.

A few members were concerned with MCOs being payors and having a vote on the MCAC. It was suggested that the MCOs be included as ex-officio members of the MCAC. The majority of the members agreed that if the MCOs are to serve on the MCAC, that it be ex-officio seat(s), and serving as members on the sub-committees.

In conclusion, TD stated that she would pass this information along to the Medicaid Director for review. She will then provide to the members the online voting, and will inform members of the outcome within the next week to enable us to move forward with the application process.

Request: NAMD Fall Meeting, Session with Medicaid Beneficiaries

TD presented a request from the National Association of Medicaid Directors (NAMD). NAMD is sponsoring their Fall Meeting in Arlington, Virginia this year, and would like to have a beneficiary panel. The audience is from 600 – 800 people. If you know of anyone enrolled in the Medicaid program, and is interested in participating, or a family member of the beneficiary, please forward that information to trina.dutta@dc.gov. TD will forward the information to Ms. Kate McEvoy, Connecticut Department of Social Services, who is coordinating the panel.

Discussion: ACA and CHIP

Alice Weiss (AW) reported that the Senate killed the last effort on the skinny repeal with a surprise no vote. At this point, the Trump administration has expressed strong support for continued movement on legislation, but none of the leaders in congress appear to have significantly taken up the banner. She stated that there is an open question as to how long the reconciliation instructions that were created earlier this year will remain available to congress. Some have speculated that the reconciliation instruction should only remain viable for the fiscal year. If that is the case, and both the house and the senate can't pass a provision within that timeframe, it was suggested that they would not have the authority to bring something forward, and it would be legislatively dead.

AW stated that there has been more discussion and more interest in bipartisan work on sort of fixing some of the problems with the existing market place, mostly focusing on private market, and not really at all on Medicaid. There are some working groups that have come together to provide some solutions, and have put out some very limited ideas about private market improvements before the recess. In addition, she reported that there will be some hearings/discussions upcoming. AW also stated that the remainder of the discussion really punts to the conversation about the Children's Health Insurance Program (CHIP), and whether CHIP becomes a potential vehicle for some of this.

Colleen Sonosky (CS) reported that CHIP is set to not have any more funding after September 20th. For FY'18, no new money is currently in any piece of federal law. What that means for the District, and basically every State, is that every state has some surplus funds, and there are also Federal surplus funds. The District is in the first quarter of FY'18 from October 31st through December 31st. This means that there is money for spending. CS noted that this does not affect coverage at all for about 13,000 out of the 94,000 children that are served by the overall Medicaid program. CHIP in the District is a Medicaid Expansion Program, not a separate program where we would lose coverage. This coverage is a total of approximately \$14 million for FY'18. It is a deficit in Federal funding that we will have to make up in local funds to provide the same level of coverage that we have provided historically for this population, which is required.

CS stated that there is going to be a Senate Finance Committee meeting on September 7th regarding CHIP. Historically, funding for CHIP has been threatened to not occur. Fortunately, funding for CHIP has prevailed each year. She also stated that FY'16, FY'17 and going into FY'18, the District receives 100% match Federal match. However, the September 7th hearing will be telling regarding the funding issue for the future.

There was additional extensive discussion regarding the impact of a Federal Government shutdown regarding CHIP, and other programs.

Managed Care Update

Carleta Belton (CB) reported that the readiness reviews are underway. AmeriHealth's readiness review was completed last week, Trusted Health is being reviewed today, and Amerigroup's will begin next week.

CB provided a copy of the provider letter alerting the providers of the change in MCOs. The letter explains that MedStar will still be responsible for all the services that were rendered to

beneficiaries prior to September 30th, and the members will then be transitioned to Amerigroup effective October 1st.

A few of the MCAC members reported that beneficiaries are having issues with the MedStar transition. MH, Ombudsman's for the District stated that her office has been responding to beneficiaries and have been resolving these issues. CB stated that these issues may have occurred because the letters were just distributed to beneficiaries.

CB presented the second letter, a copy of the MedStar enrollee only letter, alerting beneficiaries that effective September 30th MedStar will no longer be their health plan, and that they will be transitioned to Amerigroup. It also states on the letter that they have the option to choose one of the other health plans, AmeriHealth or Trusted. She also included in the letter the contact information for the enrollment broker who will assist the beneficiary in choosing another health plan. CB also noted that there is a ninety-day open enrollment period that begins October 1st through December 30th.

The third letter is regarding open enrollment. This letter is being distributed to all managed care beneficiaries alerting them of the ninety-day open enrollment period, and that they can choose which health plan they are interested in enrolling. The letter also includes contact information of the enrollment broker, should they require assistance in enrolling, and the contact information for the health plans.

CB also stated that there are packets filled with information regarding the health plans to assist beneficiaries in making their decision regarding enrolling in a health plan. She stated that this information is available to them on the DHCF website as well.

III. SUB-COMMITTEE REPORTS

Access Sub-Committee Report

Mark LaVota (ML), Chair of the Access Sub-Committee stated that the sub-committee discussed DHCF's quarterly access on monitoring work, and an on-going secret shopper survey. These are a couple of ways that they are checking to see that the people who have been identified as providers of the network are providing the care that DHCF thinks that they are providing. There are specific sample groups where they are targeting groups of providers that they are concerned there may not be an adequate network, or that people might not be connecting to the care that they need.

There was discussion regarding how they are going to approach the conversations about access, and brainstorming to be clearer about what access is supposed to mean. Based on the concerns that some of the sub-committee members have raised, they are having a conversation about the National Association of Insurance Commissioners (NAIC) standards, particularly around network adequacy to frame the conversation in terms of the criteria that they have established.

The subcommittee is also doing a review of the high-cost high-utilizer population, trying to figure out how connections to access services to minimize access utilization might be possible. Some internal studies that DHCF is doing is being shared with the sub-committee and that is helping.

The next Access Sub-Committee meeting is scheduled for September 25, 2017, at 5:30 – 6:30 pm at DHCF in the Focal Point Conference Room on the 9th floor.

Enrollment and Eligibility Sub-Committee Report

Jodi Kwarciany (JK), Sub-Committee Chair, reported that the last meeting was on July 19, 2017. She stated that the enrollment report is consistent for the most part. They reviewed the new Medicaid Asset Verification System (AVS) that went live in June. The AVS tool automatically retrieves electronic financial information for new applicants, and during Medicaid beneficiaries' annual renewal, or to verify recorded changes. Case workers will now be able to electronically verify checking and savings accounts for new applicants and Medicaid beneficiaries.

JK stated that they also discussed the list of FAQs compiled by DHS on Long Term Care and Medicaid, which was created in response to questions from nursing facilities. This will be distributed to all Medicaid nursing facilities, including those in Maryland and Virginia who have gone through the provider application.

The Sub-Committee members briefly discussed DHS' business process redesign initiative for all of the DHS/ESA service centers. Implementation is now 100% complete, and they continue to monitor and evaluate progress.

JK reported that they have begun discussions around Medicaid transitions, most of which is about getting a better understanding from DHS and DHCF on how certain transition processes work.

In conclusion, she stated that the Sub-Committee has been working to identify what the eligibility enrollment environment really looks like in the District, and where we can begin to focus our efforts and ultimately develop some policy recommendations to bring back to the MCAC. The Subcommittee will dig into this work a little bit more deeply moving into this Fall.

The next Enrollment and Eligibility Sub-Committee meeting is scheduled for September 19, 2017, at DHCF.

Health System Re-Design Sub-Committee Report

DeShawn Groves (DG) stated that the Sub-Committee met on July 26, 2017. They continued a conversation around DBH's initiatives, and took a little bit deeper dive into the data that DBH was using to inform their decisions on the initiatives that they were examining. DHCF also presented a summary of the sixteen (16) respondents to the Accountable Care Organization (ACO), in which there was much enthusiasm for developing a Medicaid ACO in the District. There was some hesitation of making sure that the infrastructure was in place in terms of data sharing and health information exchange.

DG also reported that the Sub-Committee members were invited to an August 17th ACO meeting, along with other stakeholders that were engaged in the ACO conversations to learn from experts from the Center for Health Care Strategies. The District of Columbia is a part of their Medicaid learning collaborative. At this meeting, we discussed whether an ACO model had a providing strategy to support social determinants of health, behavioral health integration, and long-term services and supports. DHCF is continuing to meet with the sixteen respondents, and will hopefully be wrapping up some time next week. Surveys were also sent out to attendees to gauge their pulse of whether they are still interested in pursuing something in the District. From the small sample size, many were still interested in developing the ACO, so the conversations will continue.

The next Health System Re-Design Sub-Committee meeting is to be determined.

Long Term Services and Supports Sub-Committee Report

Judith Levy (JL), Sub-Committee Chair, reported that they met via conference call on August 23, 2017, in which the Medicaid Director joined to discuss a number of important issues. One issue was the ACO and including long term supports to ensure that it is on their radar. Value Based Purchasing for in-home support care, the EPD Waiver program, to be discussed, and is being evaluated and continued in the home support work group.

DC is moving forward with Value Based Purchasing and considering 1115 Waiver and development of ACO. DHCF is currently analyzing spending in EPD Waiver. There is concern about the accelerated growth of EPD spending. Even with these increases there are still issues with unmet needs. The plan is to hold a session specifically on 1115 Waiver, EPD Waiver and cost neutrality.

The Sub-Committee will hold a meeting to discuss the EPD Waiver on September 27, 2017, 3:00 – 5:00 pm at DHCF. Notice regarding this meeting will be distributed to the public. The work group's report will be available to the public.

IV. NEW BUSINESS

There was no new business

V. OPPORTUNITY FOR PUBLIC COMMENT

There were no public comments

VI. ANNOUNCEMENTS

My Health GPS Two Day Workshop is scheduled for September 5th – 6th, 2017. The contact person for this event is Joe Weissfeld (JW). For details, please contact JW at joe.weissfeld@dc.gov.

Borderline Personality Disorder Training is scheduled for September 22nd at St. Elizabeth's Hospital, and sponsored by SOME, Inc. and the DC Behavioral Health Association. For details, contact Mark LeVota at mark.levota@dcbehavioralhealth.org.

VII. NEXT MCAC MEETING

The next MCAC meeting is scheduled for Wed., October 25, 2017, 5:30 – 7:30 pm.

VIII. ADJOURNMENT

The meeting adjourned at 7:03 pm.