

Testimony to City Council
Committee on Health and Human Services
Department of Health Care Finance
Chairperson Yvette Alexander
March 9, 2015

Good morning, and thank you for the opportunity to testify here today. My name is Claire Mooney, and I am the Chief Financial Officer of La Clínica del Pueblo and a resident of the District of Columbia. Our community health center primarily serves the Latino, immigrant population. La Clínica is a Federally Qualified Health Center in which 23% of our patients are recipients of the DC Healthcare Alliance, and 43% are recipients of Medicaid. A majority of our patients receive care that is in some way supported by payments that depend on DHCF's good policy and stewardship. Over the past years, we work closely with the Department of Health Care Finance to ensure that programs such as Medicaid and the DC Healthcare Alliance are operating smoothly. In my remarks today I would like to bring the committee on health and human services' some of the successes we have seen and opportunities that La Clínica del Pueblo believes hold promise for the coming year.

First, I'd like to commend Director Turnage for being a truly engaged partner. He has been open and collaborative, straightforward and focused, and he has engaged with the community health centers in an unprecedented way to bring significant, positive change to healthcare finance that will positively impact the city's overall health access and quality. Director Turnage has put great efforts into building an environment of accountability for the healthcare dollars spent and on bringing transparency to the management of contracts such as the current Managed Care Organization contracts. There is still much work to be done on this, but we are happy to have his partnership in ensuring the District's Managed Care Organizations are strong and meeting their obligations. His efforts in

transparency supports our ability to focus on the true outcomes of healthcare spending – the actual health outcomes of the community.

There is much more work to be done here, but a strong foundation has been laid for us to work together.

Focusing on health outcomes is our challenge for this coming year. Director Turnage has turned his focus to how healthcare finance can be driven to promote health care quality and value instead of volume and quantity. He is pursuing innovative options to push the local health sector toward payment reform that will lead to a healthier city. I ask that this committee closely follow this work, because there is significant risk for the clinics and for the District's residents. Value based healthcare is exceedingly important to the District and a great thing for patients when it promotes improved health and good access to care.

As a relatively new way for providers and states to address patient care, we need to be certain there is good planning with strong consultation from all that will be affected by a new payment system. Value-based payment reform is an exciting development in overall healthcare reform, but we must proceed carefully to ensure it truly makes the impact it intends.

Second, I would like to draw this committee's attention to several issues related to behavioral health. First and foremost, I ask this committee's help in ensuring that parity between behavioral and physical health is a reality. This means policies that support integrated health services under both Medicaid and the Alliance, and that managed care companies are truly making behavioral health services available (and reimbursed) without barriers to their members. As more and more research shows that integrated behavioral and primary care models are the most effective in driving overall health outcomes, our healthcare finance system should support these practices.

I am pleased to know that this committee is already aware of La Clinica's concerns regarding the need to add behavioral health services to the Alliance's covered services. As I mentioned before, 23% of La Clínica's patients are covered by the Alliance for medical services. These same patients are considered uninsured when they need mental health counseling. This is many times a gap in care for residents and certainly a gap in reimbursements for community providers. La Clinica's patients are frequently in extreme need for mental health services and the gap in Alliance coverage leaves a significant gap in the safety net which is not filled by other DBH programs. It is difficult to sustain mental health services for immigrant adults when there is not a viable reimbursement mechanism, and La Clinica is seeing the demand for these services continue to rise. As council members on this committee have commented before, an investment in Alliance coverage for behavioral health services could lead to an overall cost savings for the system. Mental illness is often associated with other significant healthcare costs, such as chronic disease management struggles and emergency department overuse.

Finally, I'd like to draw your attention to the challenges in coordination between DHCF and DBH, specifically APRA. Since substance abuse services are not directly reimbursable by Medicaid, there are several disconnects in overall reimbursement requirements and general understanding of the issues. This is particularly challenging for FQHC clinics, which have overarching Federal mandates in how services are to be covered and reimbursed. The difficulties in coordination between DBH and DHCF have at times left us without any definitive guidance in our reimbursement concerns for substance abuse services. I encourage this committee's oversight to ensure that there is coordination between agencies.

Thank you for the opportunity to testify today, and I welcome any questions you may have.