

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HUMAN SERVICES

Economic Security Administration



Meeting Title: Medicaid Expansion and Eligibility (ME&E) Subcommittee Meeting

Date/Time: Thursday, June 13, 2013 / 10:00 AM to 12:00 Noon

Location: Department of Human Services (DHS)
64 New York Avenue, NE, Room 649, Hoteling Suite

Attendees:

Name	Agency	Email
Deborah Carroll	DHS	deborah.carroll@dc.gov
Cheryl Fish-Parcham	Families USA	cparcham@familiesusa.org
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Sahr Nyandemoh	DHS	Sahr.nyandemoh@dc.gov

Agenda:

- **Introductions**
 - Deborah Carroll, Administrator for the Economic Security Administration, welcomed everyone to the meeting
- **General Updates:**
 - **IT Subcommittee/PMO**
 - Sahr Nyandemoh gave the update
 - IT Subcommittee/Project Management Office (PMO)
 - Working daily with the System Integration vendor, Infosys, on the functional design of the DCAS system
 - Design is nearing completion
 - This has been an iterative process; build is happening simultaneously with design
 - Federal IT Systems Testing
 - On 5/9/13, the District Health Benefit Exchange (HBX) was the first in the nation to successfully pass Wave 2 of Federal IT Systems Testing
 - By completing Wave 2 testing, the HBX was able to effectively establish a secure network, communicate and transmit information to the federal government and receive information back from the federal hub
 - Wave 3 testing will focus on sharing secure data from the Exchange to more than 10 pre-defined federal services
 - Final Detailed Design Review (FDDR)
 - The FDDRs are federal meetings in which officials ensure that we are on track in the development of our state-based marketplace; meeting all federal requirements
 - The District successfully passed the latest FDDR on 5/29/13
 - The next set of reviews include:
 - A Pre Operational Readiness Review on 7/29/13 and
 - An Operational Readiness Review on 8/28/13 and 8/29/13
- **Planned Management**
 - Deborah Carroll gave the update
 - DC Health Benefit Exchange (HBX)
 - The HBX Board voted last week on their logo and brand name, which is:
 - “DC Health Link”
 - It’s important for the HBX to start building their own brand

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- Similarly, since Food Stamps and TANF have their own logo, DHS will also be using their own logo
 - However, for the first year of the new health marketplace, DHS will be using the same logo of “DC Health Link,” to establish the new portal as the main entry point for enrolling in all types of medical insurance
 - We want to avoid confusing the customer, so DC Health Link will be the one entry point for enrolling in both Medicaid and private health plans
 - Notices will reflect both brands, as necessary
 - In October 2014, DHS will launch its own logo to reflect the additional public benefits programs that will be added to our new, online system
- The HBX has selected a vendor for the new “Contact Center”
 - The Office of Contracts and Procurement will work quickly to execute the contract
- **DISB**
 - Deborah Carroll also gave the update
 - Over 300 insurance plans have been submitted by four carriers
 - The rate reviews still have to be determined
 - The HBX Board voted to close the market
 - That will help with sustainability
- **Health Benefit Exchange (HBX)**
 - Deborah Carroll gave the update
 - The Request for Proposal (RFP) for Assisters has gone out
 - Approximately ten million dollars is available for Assisters to apply for grant funding
 - Alex Alonso provided additional information
 - The HBX Board approved the recommendations of the Working Group on Financial Sustainability
 - For more information, click [here](#)
 - The HBX Board will have quality metrics in place by [2015](#)

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- **Other Updates**

- **User Acceptance Testing (UAT)**

- Deborah Carroll gave the update
 - The District has chosen an iterative approach to designing, building and testing the DC Access System
 - Once the system has been tested for bug/defects, the District will use subject matter experts (SME) to ensure the system meets the needs of all its users
 - Test team of SME has been identified and working with DHCF and the Exchange to identify all required test scenarios
 - OCTO and IPS currently building the testing infrastructure to run user case scenarios
 - UAT is scheduled to begin mid-July 2013 and last approximately 4 weeks
 - UAT and Model Office efforts are closely aligned to maximize project efforts and reduce duplicity

- **Model Office**

- Clyde Edwards gave the update
 - The Model Office was set up on May 30, 2013, at 645 H Street, NE, on the 3rd floor
 - It will serve as a living laboratory
 - It will function as a testing environment for the new business process flow and the end-to-end process of an application
 - There will be numerous case scenarios, such as MAGI Medicaid and private plan selection
 - Per Deborah Carroll:
 - Customers will be invited to go through the Model Office and will be asked for feedback
 - Feedback may not be able to be immediately incorporated into Release 1, due to the aggressive timeline

- **Training**

- Deborah Carroll gave the update
 - Families USA will be doing train-the-trainer policy training during the week of July 8 - 12, 2013
 - It will be a collaborative approach with Families USA and sister agencies, DHS, DHCF, and the HBX
 - A variety of training tools will be utilized, such as:
 - Webinars
 - Instructor Led training
 - Other eLearning tools

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- Deborah asked for any sister agencies to please help out with leveraging computer space for training sessions
 - We're going to talk with:
 - UDC
 - Workforce Development
 - Libraries (MLK Library)
- This space would be used for:
 - District staff
 - Assisters
 - Contact Center Staff
- **Presentation/Discussion Topic**
 - Notices
 - Alex Alonso led the discussion
 - We've been working on Notices for a while now
 - General Standards
 - All notices will be on 8.5" x 11" paper
 - Mailing restrictions mean notice can be no longer than 9 sheets of paper
 - All notices will have contact info for DC HealthLink Call Center and In-Person Assister
 - Notices will be offered in three forms:
 - Paper only
 - Paper + Electronic
 - Electronic only
 - Beneficiaries may opt-in to electronic notices or electronic + paper. Paper only is the default
 - Combined Medicaid/HBX Notices for application groups
 - Combined Eligibility/Plan Selection when selection is made within 3 calendar days
 - Process:
 - Engaged Mannat Consulting to draft Key Messages and organize them into general templates
 - Produced approximately 24 templates
 - Reviewed Federal Model Notices and notices from other states (NY, KY, OR, MD)
 - Formed joint DHS/DHCF/HBX Staff Workgroup
 - Developed 80 consumer notice templates
 - Formed Consumer Advocate Advisory Group (3 Teams)

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- Medicaid Notices (15)
 - HBX Notices (31)
 - Mixed Family (18)
 - General (20)
 - Scheduled for submission for legal sufficiency review late June 2013
 - System testing in July – August 2013
- Deborah Carroll:
 - She recently met with advocates who offered to review Notices for accuracy, especially in other languages
 - As soon as draft Notices are finalized, advocates will be asked to review them for translation accuracy and clarity, before Notices are sent to the printer
- **Eligibility Policy Developments**
 - Danielle Lewis gave the update
 - The District has rewritten Section Two of our Medicaid State Plan and has submitted it to CMS
 - Section Two reflects the new MAGI methodology used to determine household composition and income for Medicaid eligibility
 - The Medicaid State Plan is our contract with the Federal government as to how we will operate our Medicaid program
 - Danielle briefly described the list of the State Plan Amendments, which are listed in Section Two of our Medicaid State Plan:
 - MAGI-based Eligibility Groups
 - Eligibility Process
 - MAGI Income Methodology
 - Single State Agency
 - Residency
 - Citizenship & Immigration Status
 - Hospital Presumptive Eligibility
 - Alternative Benefit Plans
 - MAGI Eligibility & Methods
 - Title XXI Medicaid Expansion
 - Establish 2101(f) group
 - Eligibility Process
 - Non-Financial Eligibility

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- Danielle also discussed the process of publishing the eligibility rules:
 - It's a two phase approach:
 - (1) MAGI Rules
 - (2) Non-MAGI Rules
 - Drafted general provisions
 - In the process of working on the eligibility section to include eligibility groups, application process, and notices
 - Once proposed rules are published, there will be a 30 day public comment period
- New Program Codes:
 - In the process of creating new program codes for beneficiaries determined eligible under MAGI
 - New program codes will only apply to MAGI groups
 - Use 200 series code for MAGI Medicaid
 - Continue to use 774 and 775 program codes for childless adults 21-64
 - To distinguish determination made using MAGI, 774 and 775 program codes will have an indicator of "D"
 - Maintain current program codes until beneficiaries transition to new system and eligibility is redetermined using MAGI rules
- Other Eligibility Policy Updates:
 - Early MAGI Medicaid and Renewals
 - The approval of the 1115 Waiver to conduct early MAGI Medicaid and postpone renewals (January- March 2014) is on its way to CMS administrator for signature
 - New MAGI Income Conversion Thresholds-June 30th 2013
- **General Questions/Comments:**
 - Q: *Policy question -- Does anyone have a preference about referring to the Federal Poverty Level chart as a percentage or as a dollar amount?*
 - A: *Dollar figures are very important to use; in training, we don't use percentages*
 - Comments regarding Advanced Premium Tax Credit (APTC)
 - *If an individual is able to get insurance through their employer, they will not get an APTC*
 - *The APTC is the difference between the premium and the second lowest Silver cost plan*

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Action Items:

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	7/11/13 (next mtg.)

Next Steps:

The next ME&E Subcommittee meeting is scheduled for Thursday, July 11, 2013, from 10:00 a.m. to 12:00 Noon, at 64 New York Avenue, Room 649, (Hoteling Suite), Washington, DC 20002