

**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, November 14, 2013 / 10:00 AM to 12:00 Noon
Location: Department of Human Services (DHS)
64 New York Avenue, NE, Room 612, Mt. Vernon Room (Room Change)

Attendees:

Name	Agency	Email
Deborah Carroll	DHS	deborah.carroll@dc.gov
Cheryl Fish-Parcham	Families USA	cparcham@familiesusa.org
Wes Rivers	DC Fiscal Policy Institute	rivers@dcfpi.org
Ron Swanda	Advocate for Seniors	rswanda@earthlink.net
Stephanie Akpa	Legal Aid DC	sakpa@legalaiddc.org
Shelia Dean	Xerox Corporation	Shelia.dean@xerox.com
Jolly Atkins	CFSA	jolly.atkins@dc.gov
Lisa Deloatch	DMH	lisa.deloatch@dc.gov
Brandi Crawley	DDS	brandi.crawley@dc.gov
Claudia Schlosberg	DHCF	claudia.schlosberg@dc.gov
Danielle Lewis	DHCF	danielle.lewis@dc.gov
Mary Ellen Rayment	DHS/OGC	mary.rayment@dc.gov
Garlinda Bryant-Rollins	DHS	garlinda.bryant-rollins@dc.gov
Richard Walker	DHS	richard.walker@dc.gov
Clyde Edwards	DHS	clyde.edwards@dc.gov
Bernadette Bullock	DHS	bernadette.bullock2@dc.gov
Trey Long	DHS	trey.long@dc.gov
April Waugh	DHS	april.waugh@dc.gov
Andre Beard	DISB	andre.beard@dc.gov
Alexander Alonso	HBX	alexander.alonso@dc.gov

Agenda:

- **Introductions & Welcome**
 - Deborah Carroll, Administrator for the Economic Security Administration, welcomed everyone to the meeting. A round robin of introductions was done

- **General Updates:**
 - **IT Subcommittee/Project Management Office (PMO)**
 - Trey Long, PMO Lead, gave the update
 - DC Health Link went live on October 1, 2013
 - There are three main priorities that we are focusing on now:
 - Maintaining the new production system
 - All of the system updates and functionality
 - All of the planning and design for Release 2.0
 - A question was asked about what are your top challenges:
 - Challenges currently exist with external interfaces
 - We have unexpected data exchanges in that there are things happening that we didn't expect
 - Another challenge is that there are a handful of areas where manual updates are needed temporarily

 - **Plan Management -- Department of Insurance, Securities and Banking (DISB)**
 - Andre Beard, Health Research Analyst, DISB, gave the update
 - DISB is the District of Columbia government agency which regulates the insurance carriers
 - DISB Rates and Forms Divisions reviewed all of the plans to be sold on DC Health Link
 - DISB Compliance and Audit Division reviewed and approved all of the Qualified Health Plans, (QHPs), based on attestations for year one
 - DISB Licensing Division is working with DC Health Link to review/certify/approve Producers who will be authorized to sell products in the new health care marketplace
 - DISB will handle DISB related major medical/dental complaints after January 1, 2014, when plans become effective

 - **Plan Management - DC Health Benefit Exchange:**
 - Alexander Alonso, JD, MPH, MA, Eligibility, Enrollment and Appeals Program Manager, HBX, gave the update
 - There are 34 plans from 3 carriers in the Individual market
 - There are 300 plans in the Small Business market
 - There are 3 stand alone dental plans on the Exchange
 - No metal levels exist for the dental plans
 - If a person wants to purchase a stand-alone dental plan, it has to be purchased through DC Health Link

- **In Person Assisters**

- Alexander Alonso gave the update
 - In Person Assisters, (IPAs), are individuals who have been trained by the District's new Health Benefit Exchange (HBX) to reach out to people who normally would not go online
 - Assisters have been available at community events to assist people with enrollment in DC Health Link
 - Some of the community events are scheduled at libraries, which serve as central locations in the District of Columbia
 - Assisters and Brokers are both available at these events
 - Attendance at community events has been lightly attended; however it is anticipated that there will be an increase the closer the deadline is for enrollment
 - A lot of questions at the community events have been from Seniors who have had questions about Medicare
 - There are Assisters and Brokers who will be doing home visits
 - Additional IPA training is under development for residents who desire to serve as volunteers
 - This training will be for Certified Application Counselors
 - These are unpaid, volunteer positions

- **DC Health Link Contact Center**

- Alexander Alonso gave the update
 - A new Contact Center has been established as of October 1, 2013
 - The toll free number is: (855) 532-LINK or (855) 532-5465
 - Average calls are between 180 and 200 per day
 - Average call time is between three and nine minutes each
 - Congressional Open Enrollment began on 11/12/13
 - There was an increase of calls
 - On Tues., 11/12/13, there were 500+ calls
 - On Wed., 11/13/13 there were 480 calls
 - It is anticipated that this trend will continue during the Congressional Open Enrollment period which closes on Dec. 9, 2013
 - Congressional enrollments are not dependent upon where they live
 - For example, they could live in California and still enroll in DC Health Link
 - Inappropriate call transfers are being addressed

○ **DC Health Link Contact Center continued**

- Improvements in the technical escalation process have also been addressed and implemented
- The Contact Center staff have also been assisting the Economic Security Administration (ESA), with inputting applications into DC Health Link due to the high volume of applications that have been submitted
- When someone calls the DC Health Link Contact Center and wants help with enrolling in plan, they are being referred to Brokers
 - There are Brokers and Certified Brokers
 - Certified Brokers have had additional training
- A question was asked by an advocate as to whether there is a way to differentiate the combined applications
 - At issue is the need to clarify the use of both the new DC Health Link application and the current combined application
 - Two applications are still necessary to be filled out
 - The DC Health Link application is to be used for Medical Assistance, whether for Medicaid or for private insurance
 - The current, combined application is still necessary to apply for other benefits like SNAP and TANF
 - The combined application will be retired once the SNAP and TANF components have been built and integrated into the new system
 - ESA will send out a communiqué indicating that two applications still need to be done

○ **DC Health Benefit Exchange (HBX) update**

- Alexander Alonso provided an update regarding the new, DC Health Link account activity since the October 1, 2013, launch
 - As of October 1, 2013,
 - The target number of DC residents to enroll in DC Health Link is 42,000
 - 20,314 individuals have created accounts
 - 722 employers have created accounts
 - 40 employers have completed the enrollment process
 - Out of those numbers:
 - 2,009 “Assisted” applications have been processed
 - 1,382 “Unassisted” applications have been processedNote: “Unassisted” applications denote Qualified Health Plan selections only with no Advanced Premium Tax Credits (APTC’s)
 - 20,069 individuals have browsed a plan

- **Medicaid Policy Updates**
 - Danielle Lewis, Acting Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration, Department of Health Care Finance, gave the update
 - **Implementing ACA Medicaid Changes (see slides)**
 - Created and submitted the District of Columbia Verification Plan which outlines the policy and procedures used to verify eligibility beginning October 1, 2013
 - Submitted 28 Eligibility State Plan Amendments (SPAs) related to eligibility changes under the ACA
 - Drafted and submitted an extension of our 1115 waiver for childless adults and successfully negotiated a temporary extension of up to two years – to December 31, 2015
 - Created a novel approach to implement CMS' methodology for calculating who is newly eligible (and therefore eligible for 100% FMAP) beginning on January 1, 2014
 - Created 11 new Program Codes for the new MAGI populations and created program codes presentations for DHCF and ESA staff training
 - Developed the first ever DHCF Eligibility Quality Improvement Plan
 - Drafted two MOUs to establish the relationships among the DCHBX, DHS and DHCF to operate the new eligibility system
 - In the process of updating the policies and program codes
 - **Former Foster Care (FFC) Youth Category (see slides)**
 - Starting January 1, 2014, former foster care youth will be eligible for Medicaid under the new Former Foster Care Youth category from age eighteen (18) through the last day of the month in which the youth turns age twenty-six (26)
 - **WHO?**
 - Youth who were in D.C. foster care system when they turned age 18 or at the time they aged out of the D.C. foster care program;
 - Were enrolled in D.C. Medicaid when they turned age 18 or at the time they aged out of the D.C. foster care program;
 - Are not eligible and enrolled in any other Medicaid mandatory coverage category;
 - Reside in the District; and
 - Are ages 18 through 25

- **Former Foster Care (FFC) Youth Category Continued**
 - **HOW?**
 - **Seamless Transition of Youth Aging Out of Foster Care:**
 - Foster care youth who are aging out of foster care will be automatically and seamlessly transitioned into the FFC Youth coverage group by CFSA and ESA
 - DHCF is working closely with District staff at CFSA and ESA for developing policies and procedures for a seamless transition for this population
 - This new policy parallels the private plans where children are on their parents plan until age 25
 - **Application for Medicaid through DC Health Link:**
 - When an applicant submits a Medicaid application through DC Health Link and indicates on the application that he or she was formerly in the District's foster care system, DC Health Link will automatically verify using electronic data sources that the youth was enrolled in D.C. foster care and D.C. Medicaid as a foster child
- **Hospital Based Presumptive Eligibility (HBPE) (see slides)**
 - Hospital Based Presumptive Eligibility is a new policy required under the ACA which its purpose is to expand Medicaid enrollment for uninsured individuals
 - **WHO?**
 - Beginning January 1, 2014, qualified hospitals will have the authority to conduct presumptive eligibility determinations for eligible populations. These populations include:
 - Pregnant women, 300% FPL
 - Infants and Children under Age 19, 300% FPL
 - Parents and Other Caretaker Relatives, 200% FPL
 - Childless Adult Group (19-64), 200% FPL
 - Former Foster Care Children
 - Certain Individuals Needing Treatment for Breast or Cervical Cancer

- **Hospital Based Presumptive Eligibility continued:**
 - **HOW?**
 - Applicants can self attest to all eligibility factors and be determined eligible for HBPE by a hospital Certified Application Counselor (CAC)
 - All applicants must:
 - Meet the financial requirements of the DC Medicaid program
 - Be a resident of the District
 - Be a U.S. Citizen or meet qualified immigration status
 - Once an individual has been determined presumptively eligible for Medicaid, then a full Medicaid application must be submitted in a timely manner
 - It is the responsibility of the hospital to assist patients in the completion and submission of full Medicaid applications
- **Hospital Based Presumptive Eligibility Coverage Period (see slides)**
 - The coverage period begins on the date on which a qualified hospital determines that an individual is presumptively eligible and ends with the earlier of—
 - The date a determination for regular Medicaid coverage is made, or
 - If no application is filed, presumptive eligibility period will end the last day of the following month from which the original presumptive eligibility determination was made
 - Individuals are only eligible for one coverage period every two years
- **What is covered?**
 - Individuals eligible for HBPE are eligible for all services covered under DC Medicaid
 - If pregnant, then these individuals are only eligible for prenatal ambulatory services
- **General comments on Hospital Observation Stays**
 - The District is currently evaluating hospital reimbursement rates
 - If people have concerns about hospital observation stays, it would be helpful to have written comments submitted from advocates

- **Medicaid Changes for Incarcerated Individuals and Returning Residents (see slides)**
 - The Department of Health Care Finance, in conjunction with the Department of Corrections (DOC), and the Economic Security Administration (ESA), will implement a process to utilize federal funds for inpatient hospital services received by District inmates in a hospital off the grounds of the correctional facility for at least 24 hours
 - Effective Early 2014
 - Implementation of in-patient exception will allow inmates who are Medicaid beneficiaries to claim Medicaid FFP for in-patient hospitalization
 - Process of creating policies and procedures to implement the in-patient exception as well as coordinated release planning for returning residents to apply and receive Health Care coverage

- **WHO?**
 - To be eligible for this program, an inmate must meet **ALL** of the following criteria:
 - Is an inmate in a District jail
 - Received inpatient hospital services off the grounds of the correctional facility
 - Is hospitalized for 24 hours or more
 - Meets all financial and non-financial Medicaid eligibility

- **HOW?**
 - For inmates who are Medicaid beneficiaries and who are admitted as inpatients for more than 24 hours, nothing more needs to be done. The claims related to their hospital stay will be automatically paid
 - For inmates who are not Medicaid beneficiaries and who are admitted as inpatients for more than 24 hours, eligibility must be determined, presumptively or through the completion of a full Medicaid application, before claims will be paid

- **Emergency Applications**
 - Emergency Medicaid is retrospective
 - If a person walks into an Emergency Room, the hospital has to stabilize the person

- **General Discussion/Comments/Questions**
 - Comment: The District is in the process of updating Medicaid policies and procedures; advocates expressed an interest in obtaining access to these updates

 - Discussion about a Basic Health Plan (BHP)
 - Comments for BHP are due the 25th (of November)
 - Concerns about BHPs: there is no money to implement it

 - Discussion regarding Expedited Appeals
 - The turnaround time on expedited appeals would be approximately one week
 - A hearing would be scheduled within 72 hours, counting business days

 - Question: Will the Ryan White applications be a part of Release 2?
Answer: No, not at this time due to functionality constraints

 - Advocates expressed an interest in obtaining sample copies of the Notices once they are finalized

 - Comments about various community events
 - ESA will send everyone the press release listing the community events where District residents and businesses can enroll in DC Health Link

Action Items:

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	12/12/13 (next mtg.)

Next Steps:

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