DC HBX Authority
ME&E Subcommittee Meeting

November 8, 2012

DCAP: Connecting District Residents to Health Care and Human Services Benefits

Agenda

- **Introductions**
- **Updates from Other Subcommittees**
  - Insurance
  - IT
  - Operations
  - Communications
- **Other Updates:**
  - DC Health Benefit Exchange Authority (HBX) Board Meeting
  - Policy Questions
    1. SOTA Call/MAGI Medicaid Updates
    2. Enrollee Lock During Decertification Appeals
- **Presentation/Discussion:**
  - Policy Considerations for Renewals
  - Income Reporting Threshold
- **Q&A**

Other Subcommittee Updates:
Insurance & IT Subcommittees

- **Insurance Subcommittee**
  - Comment period is open for Qualified Health Plan (QHPs) until Nov. 13, 2012; comprehensive bulletin was released on Oct. 30, 2012
  - Comment period for Employer Plan Selection (EPS) closed on Nov. 5, 2012; analyzing feedback from stakeholders;
  - Continuing to meet with carriers to discuss Stop Loss insurance/Self-Insured Plans

- **IT Subcommittee/PMO**
  - Public subcommittee meetings are still on hold while the System Integration (SI) RFP proposals are being reviewed
  - PMO is getting ready to on-board the IT vendor once selected
  - The Local Data Hub work group completed data analysis for the State Verification Plan team; working on identifying MOU's and agreements with various agencies for establishing data interface exchanges;
  - The ACEDS Transition Team is refining a work plan for legacy system modifications and continuing MAGI/Non-MAGI process flows for Release 1
  - The PMO continues to coordinate an update of specific planning documents for CCIIO

Other Subcommittee Updates:
Operations Subcommittee

- **Operations Subcommittee**
  - Continuing to discuss policies and processes for the Call Center and Navigator program; compiling and analyzing feedback from the Call Center Request for Information (RFI)
  - Broad recommendations from the Navigator Report were presented to the Health Benefits Exchange (HBX) Authority Board at the last Board meeting held on Oct. 24, 2012;
  - Reviewing and updating the Financial Sustainability Model for the HBX

Other Subcommittee Updates: Communications Subcommittee

- **Communications Subcommittee**
  - The Health Benefit Exchange media tour began with the Washington Post Editorial Board on Thurs., Nov. 1, 2012, to discuss the Exchange, the unified insurance market decision, and next steps in the Exchange implementation process
  - Additional Editorial Board meetings have been scheduled with other publications, along with radio and TV media interviews for the month of November
  - Adopted an HBX strategic communications plan
  - An HBX media protocol has been established
  - An HBX comprehensive media strategy is being implemented
  - The DC Health Benefit Exchange Authority website will launch Nov. 15, 2012
  - On track with distributing ongoing newsletters, as well as RFP for marketing and educational outreach for DCAS roll-out

Other Updates:
HBX Board Meeting

DC Health Benefit
Exchange Authority (HBX)
Board Meeting

Other Updates: Policy Questions

Policy Questions

1. SOTA Call/MAGI Medicaid Updates
2. Enrollee Lock During Decertification Appeals

Presentation/Discussion:

1. Policy Considerations for Renewals
2. Income Reporting Threshold

Presentation/Discussion: Policy Considerations for Renewals

Policy Considerations for Renewals

Presentation/Discussion: Policy Considerations for Renewals

- **Under the Affordable Care Act, the eligibility period for MAGI Medicaid beneficiaries is 12 months.** 42 C.F.R. §435.916(a)(1). **For non-MAGI Medicaid beneficiaries, eligibility based on circumstances that may change must be re-determined at least every 12 months.** 42 C.F.R. §435.916(b).

- **The state Medicaid agency must re-determine MAGI-based eligibility without requiring additional information if able to do so based on information available in its records or through electronic sources.** 42 C.F.R. §435.916(a)(2). **If the agency is unable to recertify MAGI Medicaid eligibility based on available information, it must provide the individual with a pre-populated form and 30 days to respond with the necessary information.** 42 C.F.R. §435.916(a)(3)(B).

- **Like MAGI-based eligibility, the state Medicaid agency must re-determine non-MAGI-based eligibility without requiring additional information if able to do so based on information available in its records or through electronic sources.** §435.916(b). **If unable to do so, the agency may use a pre-populated form followed by a 30-day response period.**

Presentation/Discussion: Policy Considerations for Renewals

- **We plan to send recertification notices 60 days before the end of the eligibility period.**
  - ***Question: Is this enough time for beneficiaries?***
- **We understand that obtaining a doctor's report can be time-consuming.**
  - ***Questions:***
    - ***Should we send the medical report form before the renewal form in order to give beneficiaries additional time?***
    - ***Would this be confusing to beneficiaries?***

Presentation/Discussion:
Policy Considerations for Renewals (Example 1)

Example 1:

Bob is a MAGI-based Medicaid beneficiary. His eligibility period ends January 1, 2015. DCAS can electronically verify all five MAGI-based Medicaid eligibility factors:

- **Citizenship/immigration status**: Bob's Social Security number has already been verified with the Social Security Administration, which confirmed that Bob is a U.S. citizen.
- **Residency:** The Department of Motor Vehicles (DMV) verifies that Bob is a District resident.
- **Age**: The DMV also verifies Bob's age through the birth date on his driver's license.
- **Family size:** Bob had a household of one last year. In the absence of contrary information, we assume that his family size remains the same. Tax data indicates that Bob claimed one exemption last year, and there is no other data in DCAS about Bob's family size. Therefore, we can assume that Bob's family size is still one.
- **Income**: Quarterly wage data indicates that Bob's income is below 133% of the Federal Poverty Line (FPL), making him income-eligible for MAGI-based Medicaid.

- DCAS can recertify Bob's Medicaid eligibility without requiring additional information from him. Therefore, DCAS must notify Bob that he has been determined eligible for Medicaid for another year and of the basis for this determination. The notice will tell Bob to inform DCAS, through any of the communication methods, if any of the information upon which the renewal was made is inaccurate. However, if the information in this notice is accurate, Bob is not required to sign and return it.

Presentation/Discussion:
Policy Considerations for Renewals (Example 2)

Example 2:

- ✓ Mary is a non-MAGI-based Medicaid beneficiary.
- ✓ Her eligibility period ends January 1, 2015.
- ✓ DCAS can electronically verify all eligibility factors except her disability, which her doctor has certified will continue until January 1, 2015.
- ✓ If Mary's doctor certified that her disability will continue for a year and a half, we consider that disability certification to be good for one year, so that it aligns with the Medicaid recertification period.
- ✓ We could, instead, allow disability certifications to last as long as the doctor certifies, but that would require beneficiaries to complete disability certifications at times other than their Medicaid recertification.

TWO QUESTIONS:

- **Should DCAS send the medical review form before the renewal form in order to give Mary more time to get a doctor's appointment?**
- **Should we continue the current practice of tying doctors' disability certifications to the Medicaid recertification time period?**

Presentation/Discussion:
Policy Considerations for Renewals (Example 3)

Example 3:

- ✓ Mike is a non-MAGI-based Medicaid beneficiary.
- ✓ His doctor certifies in January 2015 that his disability will last for a year and a half.
- ✓ We could then send the medical certification form to Mike in June 2016.
- ✓ If he did not return it, DCAS would re-determine his eligibility based on MAGI factors.
- ✓ Note: If Mike moved to MAGI-based Medicaid, he would have to switch from fee-for-service to managed care.

QUESTION:

Should we allow that medical certification to last longer than the Medicaid certification period?

Income Reporting Threshold

Questions?

Questions?

Appendix: Release Scope for DCAS

Release 1	Release 2	Release 3
ACA Required • Medicaid (MAGI only) • QHP Subsidies/Credits • Unsubsidized QHPs **Functionality Deployed:** • Customer Portal • Employer/Carrier functions • Verification (Federal Data Hub integration and Local Interfaces) • Eligibility & Enrollment • Plan Management • QHP/Medicaid Financial Management (Marketplace) • Contact Center • Consumer Marketing • "Basic" Case Management	*Federally Funded* • Remaining Medicaid (Non-MAGI) • Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps) including Employment and Training Program and Disaster Food Stamps (separate application process) • Temporary Assistance for Needy Families (TANF) including TANF Employment Program and TANF Diversion (one-time payment in lieu of ongoing benefits) • Refugee Cash and Medical Assistance *Locally Funded* • Program on Work, Employment and Responsibility (POWER) • Interim Disability Assistance • General Assistance for Children • Immigrant Children Health Care • DC Healthcare Alliance • Burial Assistance • Homeless "Intake" **New Functionality Deployed:** • "Full" Case Management • Human Services Financial Management	*Federal/Local* • Homeless Services Program • Strong Families Program (SFP) • Adult Protective Services (APS) • Family Violence Prevention Services • Teen Parent Assessment Program • Refugee Resettlement Services • Parent and Adolescent Support Services (PASS) • Emergency Rental Assistance Program (ERAP) • Low Income Home Energy Assistance Program (LIHEAP) *Non-DHS ("Optional")* • DOH: Women, Infants, and Children (WIC) • OSSE: Subsidized Child Care **New Functionality:** • N/A

Appendix: Release Schedule