

**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, March 14, 2013 / 10:00 AM to 12:00 Noon

Location: Department of Human Services (DHS)
645 H St NE, 4th Floor Conference Room

Attendees:

Name	Agency	Email
Garlinda Bryant-Rollins	DHS	garlinda.bryant-rollins@dc.gov
Sarah Bagge	Families USA	sbagge@familiesusa.org
Cheryl Fish-Parcham	Families USA	cparcham@familiesusa.org
Jennifer Mezey	Legal Aid	jmezey@legalaiddc.org
Shelia Dean	Xerox	shelia.dean@xerox.com
Wes Rivers	DC Fiscal Policy Institute	rivers@dcfpi.org
Rev. Dr. Jordan Davis	AME Church	drjdavis80@yahoo.com
Lindsey Steinberg	DC Behavioral Health	lsteinberg@dcbehavioralhealth.org
Ron Swanda	Volunteer Advocate for Seniors	rswanda@earthlink.net
Theresa Brownson	AARP	tbrownson@aarp.org
Charles Jackson	DCPS	charles.jackson2@dc.gov
Elmira Gwynn	CSOSA	elmira.gwynn@csosa.gov
Jolly Atkins	CFSA	jolly.atkins@dc.gov
Alex Alonso	DHCF/HBX	alexander.alonso@dc.gov
Miriam Straus	DHCF	miriam.straus@dc.gov
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Richard Walker	DHS	richard.walker@dc.gov
Dina Pastovich	DCAS	dina.pastovich@dc.gov

Agenda:

- **Introductions**
 - Garlinda Bryant-Rollins welcomed everyone to the meeting

- **General Updates:**
 - IT Subcommittee/PMO
 - Sahr Nyandemoh gave the update
 - There are daily meetings, now, with the vendor for Release 1 requirements
 - Everyone is working to ensure that ACEDS information makes a smooth transition to DCAS in Release 2

 - Comments submitted to CMS – Draft Model Application
 - Alex Alonso gave the update
 - The District submitted detailed comments to CMS on 2/28/13
 - One of the many questions that the District asked was to be able to substitute the data field “Ward” for “County,” since counties do not apply
 - It is expected that CMS will take 30 to 60 days to look at all of the comments submitted by various states
 - The Model Application must be dynamic
 - States are required to use the Model Application or an application that has been approved by CMS
 - However, it seems that the Model Application will **not** be released in time to be used by any State Based Exchange
 - The delay from CMS is from extensive consumer testing
 - The alternative is what Curam, (a component of the District’s vendor team) is putting together.
 - Curam is working closely with CMS on an alternative
 - The beta version of the application from Curam will be released in April 2013, and the final version will be released in May, 2013.

 - DC Health Benefit Exchange Authority (HBX) Board Meeting
 - Met on Wednesday 3/13/13
 - The Standing Advisory Boards address broad areas of concern
 - The Workgroups are more ad hoc, based on specific issues, *e.g.*, premium collection, benefit standardization, network adequacy, creating single marketplace
 - Wednesday’s meeting – adopted resolutions to adopt, with little change, the recommendations of the Workgroups
 - Also, on March 7, 2013, new staff members were announced:
 - Brendan Rose – Plan Management Program Manager
 - Jeff Gabardi – General Counsel
 - Richard Sorian – Communications Director
 - Deborah Curtis – Senior Deputy Director
 - Sarah Cormeny – IT director

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- **Other Updates:**
 - Appeals – Alex Alonso gave a presentation and facilitated the discussion:
 - On Jan 22, 2013, a Notice of Proposed Rulemaking (NPRM) was released:
 - It's the first set of rules on Appeals;
 - Must be independent decision-makers;
 - Expedited decision process (which we oppose);
 - Informal resolution process;
 - Largely based on DC appeals process;
 - Rules generally apply to both Medicaid and the Exchange.
 - Hearings may be requested within 90 days of adverse decision or failure to make decision
 - Must be submitted by four standard methods:
 - Online
 - In person
 - Over the phone
 - By mail
 - Expedited appeals – individual can request an expedited appeal when the standard appeal could jeopardize his/her life or health or ability to obtain, regain, or maintain maximum function. If the request for an expedited appeal were accepted, the decision-maker would have to rule within 3 working days on the merits of the case.
 - District's position is that this is administratively impossible and also unnecessary because eligibility continues pending appeal. Further, the question of whether health or life is jeopardized is not an eligibility factor for Medicaid or the Exchange.
 - Exchange side – you have the right to elevate your appeal to HHS within 30 days of decision. This is an appeal from the outcome of the original appeal.
 - The District submitted comments on balancing state and federal rights. We want to make sure there is no inconsistency between an appeal to the DC Court of Appeals and an appeal to HHS.
 - Employers also have the right to appeal an Advanced Premium Tax Credit (APTC) decision, because this may subject them to tax liability.
 - DC Access System (DCAS) will track all of the appeals. Office of Administrative appeals will upload a decision to DCAS using the Document Imaging Management System, (DIMS).

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- **Other Updates Continued:**

- Appeals continued:

- SHOP appeals – Eligibility appeals for employees and employers. Adopts many of same standards as on the individual side
 - There can also be appeals of individual responsibility exemptions. We’re asking for HHS to handle these types of appeals.
 - Every appeal of an APTC automatically triggers an appeal of Medicaid, because both of those eligibility decisions are done at the same time.

Q: If someone checks the box to appeal, is there a way to show legal resources?

A: The District will consider this.

Q: Can you print this out as proof?

A: We have to send out written notice acknowledging an appeal request within 15 days, unless the person has opted into electronic notification. It might not be real-time proof that you have appealed. At this point, we’re not sure if the system will print that screen showing that you have appealed. However, the online form for an appeal can probably be printed.

Q: How will OAR handle this?

A: The District is in the early stages of negotiating with the Office of Administrative Hearings. It is their decision whether to hire more judges. They think they need more judges. Within ESA, there will be additional staffing in the Office of Administrative Reviews.

- **Proposed Rules (From January 2013)**

- Danielle Lewis, Acting Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration, Department of Health Care Finance, gave a presentation and facilitated a discussion on the attached slides.

- **Presentation & Discussion Topic:**

- Former Foster Care Youth-- Expanded Medicaid Eligibility to Age 26
 - A robust discussion was held
 - Comments:
 - At age 21, CFSA has to terminate a child’s Medicaid
 - Let’s look at the transition process and encourage them to apply. To be eligible, a child must be District resident.
 - We need to ensure that these children remain DC residents. They should at least have to recertify.

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- **Presentation & Discussion Topic:**

- Former Foster Care Youth-- Expanded Medicaid Eligibility to Age 26 (Continued)

- Comments continued:

- Communication is key to have former foster care children stay in contact. These people are adults and must apply for coverage and submit their address. There is no automatic transition to this new Medicaid eligibility group. If they are eligible for another group, they should go into that group (e.g., parents or childless adults).
- Prior to foster care children turning 21, have them fill out a combined application for benefits
- It is a state option whether to accept anyone who has been in foster care, so the District is leaning toward covering only children who have aged out of foster care in the District
- It was suggested that a new program code be created for youths who age out of foster care, instead of having them do re-certifications. For example, have the eligibility in the new system end on the 26th birthday, on the last day of the month.
 - Concerns were raised, however, that the District can't just rely upon a program code to determine former foster care youth
- There is a question in the Model Application about whether you are a former foster care youth
- It is a manual process to confirm whether a youth aged out of foster care now
- We are working with CFSA to electronically get data to confirm former foster care youths
- If they are eligible for MAGI pending a non-MAGI determination, the District cannot hold off on a MAGI determination
- It doesn't make much sense to keep former foster care children in fee-for-service (FFS). If they have a disability, they could go into FFS. Otherwise, they could go into a managed care organization (MCO). It's unclear whether former foster care children can opt out of MCO like foster care children do.

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- **Presentation & Discussion Topic:**

- Former Foster Care Youth-- Expanded Medicaid Eligibility to Age 26 (Continued)
 - Comments/Questions continued:

Q: Will CFSA keep data on children who have aged out in the District of Columbia?

A: CFSA would need additional staff. We would also assume most other states where children go would be MD and VA.

Action Items:

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	4/11/13 (next mtg.)

Next Steps: Next ME&E Subcommittee Meeting scheduled for April 11, 2013.