

**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 April 12<sup>th</sup> , 2012 / 10:00 AM to 12:00 PM

**Location:** Department of Human Services (DHS)  
645 H St NE, 5<sup>th</sup> Floor Conference Room

**Attendees:**

Name	Agency	Email
Rebecca Shields	DHS/ESA	<a href="mailto:rebecca.shields@dc.gov">rebecca.shields@dc.gov</a>
David Cunningham	DHS/ESA	<a href="mailto:david.cunningham@dc.gov">david.cunningham@dc.gov</a>
Elisabeth Rodman	Families USA	<a href="mailto:erodman@familiesusa.org">erodman@familiesusa.org</a>
Chris DeYoung	HICP	<a href="mailto:cdeyoung@glaw.gwu.edu">cdeyoung@glaw.gwu.edu</a>
Lucinda Dill RN	Washington Hospital Center	<a href="mailto:ljdillr@yahoo.com">ljdillr@yahoo.com</a>
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Howard Liebers	DCPCA	<a href="mailto:hliebers@dcpca.org">hliebers@dcpca.org</a>
Tim Jones	Children's National Medical Center	<a href="mailto:ttjones@childrensnational.org">ttjones@childrensnational.org</a>
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Fernando Ruiz	Mary's Center	<a href="mailto:fruiz@maryscenter.org">fruiz@maryscenter.org</a>
Trey Long	DHS/Accenture	<a href="mailto:edward.w.long@accenture.com">edward.w.long@accenture.com</a>

**Agenda:**

- Updates
  - Operations (Federal Planning Review Update)
  - Plan Management & Financial Management
  - Project Management Office (PMO)
  - IT Subcommittee (Requirements Update)
- Issue Log Updates
- Sister Agency Survey – Progress Report
- Navigator Survey and Focus Groups

**Project Updates**

- Trey and Alex provided a brief overview of recent activity on the D.C. Access Project (DCAP)

- The Planning Review Meeting with the Centers for Consumer Information and Insurance Oversight (CCIIO) went well. CCIIO representatives indicated that they were pleased with the progress made by DC thus far, and gave a clear indication that they are supportive of our efforts.
- The Market Structure Recommendations submitted by the HRIC Insurance Subcommittee have been published at <http://healthreform.dc.gov> and are open for comment.
- The PMO continues to focus on Requirements Gathering and Risk/Issue Management.
- The Requirements vendor is on track to collect required information in time for the April 23 due date under its contract. These requirements will be integrated into a larger Request for Proposal (RFP) for an implementation vendor.

#### Issue Log Updates:

- Alex provided an update regarding questions and issues identified at the last ME&E Subcommittee meeting:
  - **Future of Carefirst Open Enrollment:** CareFirst Open Enrollment is going away and DISB is still in conversations about whether to impose an alternative requirement. DISB's recommendation would have to go to Council.
  - **Increasing access to enrollment status:** The D.C. Access System (DCAS) will allow authorized District Workers (from multiple agencies) to view the enrollment status of individuals assigned to them. Additionally, customers can check their own status through their online account or over the phone. Both methods would require either a password or other identity verification. Finally, DCAS will check current enrollment before processing a new application.
  - **Managed Care Opt-Out and other Transitions:** Beneficiaries eligible to opt-out of managed care can express this option either on their online account, in-person, via the phone, or in writing. District workers can assist beneficiaries in exercising this option (particularly the online one).
  - **Multi-Program Codes:** While DCAS could be programmed to allow multiple program codes, MMIS can only handle one program code. Given the relatively small number of these cases, the DHCF Operations Staff is already handling these cases manually and expects to continue to do so.

#### Sister Agency Survey:

- Trey reviewed the progress made so far regarding the sister agency survey, and encouraged agencies that have not gone through the process yet to participate.

#### Navigator Survey/Focus Group:

- The Crider Group is reviewing the District's options in the design and creation of the Navigator Program mandated by the ACA. Trey mentioned that agencies and organizations should look for a survey that will be published shortly at <http://healthreform.dc.gov>.

#### Questions/Comments from the Group:

1. Has a policy decision been made on "continuous eligibility" yet?

- a. The ACA regulations require a 12-month certification for Medicaid eligibility. Only if new information is received during the certification period could eligibility be cut short. In this circumstance, the District has the option of either using the new point-in-time income or averaging the change in income over the calendar year so as to ensure the beneficiary remains eligible. Additionally, the ACA regulations require passive recertification and therefore, if all information can be confirmed electronically, an applicant could be effectively continuously eligible without having to submit new information to the Economic Security Administration (ESA).
2. Why is the Alliance program not going to be updated until Release 3?
  - a. It is mainly due to funding – all locally funded programs are in the final release.
3. Is there a decision yet on how to handle people who are currently eligible for Medicaid but may be losing it – 134% to 200% of FPL?
  - a. Mercer Consulting is completing an actuarial analysis of the District’s options for dealing with this group. The options available to the District are 1) keep these individuals in Medicaid as an optionally needy group, b) establish and enroll these individuals in a Basic Health Plan, or c) enroll these individuals in a QHP and allow them to receive any federal premium or cost-sharing subsidies as well as a possible District subsidy. A recommendation will be made to the HRIC by the ME&E Subcommittee in approximately one month.
4. Currently, we can find different information in the MMIS and in ACEDS. Will this problem be addressed?
  - a. One of the goals of the new system is to improve interfaces – these concerns will be addressed during the design of the system. The issue is the frequency of the interfaces; right now ACEDS and MMIS interface once per day.
5. To what extent will Navigators also help Medicaid customers?
  - a. Even though their funding is intended to support those shopping for Qualified Health Plans (QHPs), we expect Navigators to help all customers because they won’t know what the person is eligible for until after the process is complete.
6. Will the call center integrate with the Ombudsman’s office?
  - a. Yes, the goal is for the Ombudsman to be a “branch” on the call center tree.
7. Community Health Workers already have a certificate program that involves training – perhaps you can use this for new system training?
  - a. Thank you, we will consider this as the training plan is developed.
8. What will happen to current non-MAGI recipients? Will they continue to get Medicaid services?
  - a. The eligibility rules are not changing for individuals who fall into one of six groups referred to as “non-MAGI.” If a client is enrolled in Medicaid prior to December 31, 2013, he/she will not need to recertify until March 31, 2014 or the

previously scheduled recertification date, whichever is later. Eligibility for services does not change.

9. Will DCAS generate notices for re-certification? More specifically, will they have more space for text?
  - a. Yes, we expect to create new notices that will have more space. Additionally, ACA requires passive recertification or at least that DHS pre-fill the application with as much information as is available from electronic or other existing sources.
10. Are the timeliness rules for Medicaid changing?
  - a. No, they will remain the same – 45 days for non-disabled, 90 days for those with disabilities. However, the expectation is that the use of the local and federal data hubs will allow real-time eligibility determinations.
11. Will translation be required?
  - a. The system will give individuals the opportunity to select a preferred language for forms. The extent to which web pages and other content will be translated has not yet been determined.
12. We need the new system to be able to send notices to more than one recipient?
  - a. This has been captured in the requirements.

**Action Items:**

<b>Group</b>	<b>Description</b>	<b>Assigned To</b>	<b>Target Date</b>
ME&E	Follow up on open questions above	All	5/10 (next meeting)

**Next Steps:**

1. Next ME&E Subcommittee Meeting scheduled for May 10<sup>th</sup>, 2012