**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 8, 2012 / 10:00 AM to 12:00 PM

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

**Attendees:**

| Name | Agency | Email |
|---|---|---|
| Deborah Carroll | DHS/ESA | deborah.carroll@dc.gov |
| Claudia Schlosberg | DHCF | claudia.schlosberg@dc.gov |
| Sarah Bagge | Families USA | sbagge@familiesusa.org |
| Stephanie Akpa | Legal Aid Society of DC | sakpa@legalaiddc.org |
| Andrew Patterson | Legal Aid Society of DC | apatterson@legalaiddc.org |
| Heather McCabe | Board Liaison<br>Health Benefit Exchange Authority Board | heather.mccabe@dc.gov |
| Keita Vanterpool | DC BOC | dr_keita@chirokei.com |
| Erin Leveton | DDS | erin.leveton@dc.gov |
| Tessa Haiden | OSSE | tessa.haiden@dc.gov |
| Jolly Atkins | CFSA | jolly.atkins@dc.gov |
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| Danielle Lewis | DHCF | danielle.lewis@dc.gov |
| Miriam Straus | DHCF | miriam.straus@dc.gov |
| Ben Williams | DHCF | benwilliams@dc.gov |
| Jeff Borkman | DHS | jeff.borkman@dc.gov |
| Garlinda Bryant-Rollins | DHS | garlinda.bryant-rollins@dc.gov |
| Denise Nedab | DHS | denise.nedab@dc.gov |
| Bernadette Bullock | DHS | bernadette.bullock2@dc.gov |
| Clyde Edwards | DHS | clyde.edwards@dc.gov |
| Rebecca Shields | DHS | rebecca.shields@dc.gov |
| April Waugh | DHS | april.waugh@dc.gov |
| Kevin McCarthy | Accenture | kevin.mccarthy@accenture.com |
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**Agenda:**

- Introductions
- Updates from other HRIC Subcommittees
    - Insurance
    - IT/PMO
    - 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:
    1. Policy Considerations for Renewals
    2. Income Reporting Threshold
- Q&A

**Project Updates**

- **Clyde Edwards provided a brief update on behalf of the 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

- **Clyde Edwards also provided a brief update on behalf of the IT Subcommittee**
    - 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

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- **Clyde Edwards also provided a brief update on behalf of the 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

- **Clyde Edwards also provided a brief update on behalf of the 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
        - Deborah Carroll also stated that information sessions will be held with customers to talk through branding and messaging issues

**Other Updates**

- **D.C. Health Benefit Exchange Authority (HBX) Board Meeting**
    - Garlinda Bryant-Rollins gave a summary of the most recent HBX Board meeting, which was held on Wednesday, October 24, 2012
    - At the HBX Board meeting, Philip Barlow, Associate Commissioner for the Department of Insurance, Securities and Banking (DISB), and co-chair of the Operations Subcommittee, presented recommendations from the Navigator Report to the Board
    - Regarding the position of the Executive Director for the HBX Board – every effort is being made to fill this position quickly, along with hiring appropriate staff
    - The next HBX Board meeting is scheduled for Wed., Nov. 14, 2012

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**Policy Questions**

- **Alex Alonso provided an update on Policy Questions**
    - ***SOTA call MAGI Medicaid Updates***
        - The District has monthly calls with the Centers for Medicaid and CHIP Services (CMCS) to discuss a number of ongoing policy issues, which require clarification and/or regulatory guidance.

          On the last call, the District discussed the following issues:

            - The possibility of applying MAGI rules early for streamlining purposes;

            - Household Composition – caretaker grandparents
                - Per CMCS, for tax filers, the grandchild is not included in the grandparent's household unless the grandparent claims the child as a tax dependent.
                - For non-filers, the grandchild is not included in the grandparent's household unless the grandparent has formally adopted the child.
                - We are concerned about the implications of this policy and plan to do outreach with AARP and other groups.

            - Custodial/Non-Custodial Parents
                - CMCS did not agree with our reading of 42 C.F.R. §435.603(f)(5). We had hoped that we could use this section to allow custodial parents to include the children in their household, even if they cannot establish that they will claim those children as tax dependents.
                - However, CMCS said that they intended this section to be used to exclude individuals from the applicant's household, not to include additional individuals.

            - Transitional Medicaid Assistance
                - There are different rules for current Medicaid and when §1925 expires at the end of 2013, the District is seeking clarification from CMCS

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- Homelessness – CMCS made clear that the District must allow individuals to declare homelessness, with an intent to reside in the District, and that attestation must be sufficient to meet the residency requirement and gain access to coverage (Medicaid or HBX).

- Notices and Reporting Changes
    - Some clarity was reached regarding various scenarios in which a change is reported during the certification period and the District must re-evaluate eligibility under MAGI and sometimes also pre-2014 rules.

- Income Reporting Threshold
    - An in-depth presentation and comprehensive discussion was held later in today's meeting. This is addressed below.

**Policy Questions Continued:**

- ***Enrollee Lock During Decertification Appeals***

    - When a Qualified Health Plan (QHP) is decertified, that triggers a Special Enrollment Period (SEP)

    - The District asked the Center for Consumer Information and Oversight, (CCIIO), what would happen to enrollees in QHP's that are appealing their decertification?

        - CCIIO has determined that it would be too disruptive for an enrollee to change plans during an appeal. Therefore, enrollees will **not** receive an SEP during a plan appeal. However, if the QHP leaves the market, an enrollee would get an SEP. Also, as always, an enrollee can change plans during Open Enrollment.

**Presentation/Discussion: Policy Considerations for Renewal**

- Miriam Straus provided an in-depth presentation and facilitated questions for Policy Renewal Considerations regarding:

    - Timing for recertification and alignment of notices
    - Timing for sending out medical review forms

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Discussion and questions included the following: (also referenced in slides)

- We plan to send recertification notices 60 days before the end of the eligibility period. Is 60 days enough time for beneficiaries?

- We understand that obtaining a doctor's report can be time-consuming.
  - Should we send out the medical report form before the renewal form in order to give beneficiaries additional time?
  - Would this be confusing to beneficiaries?

- Should we continue the current practice of tying doctors' disability certifications to the Medicaid recertification time period?

**Comments:**

- Several attendees expressed support for allowing doctors' disability certifications to last longer than the Medicaid recertification time period. However, they stressed the importance of providing notice to Medicaid beneficiaries regarding the need to submit recertification forms and medical review forms at different times.

**Presentation/Discussion: Income Reporting Threshold**

- Ben Williams provided an in-depth presentation on Income Reporting Threshold. Alex Alonso and Deborah Carroll facilitated a substantial discussion.
  - The District has to provide an income reporting threshold for the Exchange
  - Several policy options were discussed, including cost benefit analysis of having a threshold vs. not having one
  - Additional discussion is necessary to further articulate a cogent policy
  - District staff will engage in conversations with other states, as well as a representative from the Center for Budget and Policy Priorities before bringing the issue back to consumer stakeholders for further input.

**QUESTIONS:**

- **Policy Considerations for Renewal:**

  Q: Regarding the medical review form -- if a disability lasts longer than one year, is there a way to certify that in the DC Access System, (DCAS)?

  A: This is certainly a design consideration. If a beneficiary presents a doctor's medical review form, which states that their disability is expected to last longer than one year or, perhaps, permanently, DCAS should

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account for that and not generate a request for medical review at the annual recertification date.

Q: If the doctor fills out the medical review form and does not adequately provide the information necessary, is the beneficiary made ineligible?

A: No, if beneficiaries turn in the requested documentation during their recertification timeframe, they continue to receive benefits. The current practice is that if beneficiaries turn in the requested documentation before the end of their recertification period, they continue to receive benefits. We expect to continue a similar policy.

- **Income Reporting Threshold:**

Q: How big is the administrative burden to set an individual threshold?
A: We would have the System Integration (SI) vendor calculate that, but there is some disadvantage to having personal thresholds, particularly that there is not one set amount that staff can quote to all inquiring customers.

Q: What are other states doing?
A: Outreach has been done to several states; awaiting their replies.

- **General:**

Q: Will there still be "Spend Down"?
A: Yes, if the beneficiary meets the medically needy requirements.

Q: Does DC do continuous eligibility for children?
A: On the Exchange side, "Yes," if they are on the same QHP. On the Medicaid side, as long as the eligibility threshold is maintained, children do not lose coverage. The rules change in 2019.

**COMMENTS:**

- **Policy Considerations for Renewals**
  - It does take time for beneficiaries to obtain doctors' reports.
  - Medical review forms should be sent prior to the recertification date

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- We will consider allowing disability recertification periods to be longer than the Medicaid certification period
- Foster Care: Jolly Atkins, with the Child and Family Services Agency (CFSA), expressed concerns with changing the recertification timeframe from 90 days to 60 days; she believes this would strain staff resources
- Outreach and discussion is needed with HIE to determine if the process could be streamlined and automated through the electronic exchange of health information.

- **Income Reporting Threshold**
  - It will be necessary to work closely with the System Integration (SI) vendor on how to structure calculations
  - A recommendation was made to include talking with customers/families as part of the cost benefit analysis
  - A recommendation was made to talk with other states, especially Massachusetts

- **Communication & Messaging**
  - The District will be reaching out to stakeholders to assist with messaging, and branding, especially regarding Modified Adjusted Gross Income (MAGI)

**Action Items:**

| Group | Description | Assigned To | Target Date |
|---|---|---|---|
| ME&E | Follow up on open questions above | All | 12/13 (next meeting) |
| | Follow up with Senior Groups to discuss "Household Composition" and grandparents who are caretaker relatives | Deborah, Alex, Miriam | By 12/13 |
| | Deborah recommended having a meeting on "Household Composition" with members from family law bar association and possibly family law judges | Deborah, Claudia, Alex, Miriam | Ongoing |
| | Follow up on Income Reporting Threshold policy issue with customers/families; other states; think tanks | Deborah<br>Alex<br>Ben | Ongoing |

**Next Steps: Next ME&E Subcommittee Meeting scheduled for December 13, 2012**