

**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, December 13, 2012 / 10:00 AM to 11:00 AM

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
Sarah Bagge	Families USA	sbagge@familiesusa.org
Harold Johnson	OAG/CSSD	harold.johnson@dc.gov
Joseph Allen	OAG/CSSD	joseph.allen@dc.gov
Andrew Patterson	Legal Aid Society of DC	apatterson@legalaiddc.org
Ron Swanda	Volunteer Advocate for Seniors	rswanda@earthlink.net
Wes Rivers	DC Fiscal Policy Institute	rivers@dcfpi.org
Erin Leveton	DDS	erin.leveton@dc.gov
Ijeoma Oji	OSSE	ijeoma.oji@dc.gov
Jolly Atkins	CFSA	jolly.atkins@dc.gov
Charles Jackson	DCPS	charles.jackson2@dc.gov
Lisa Deloatch	DMH	lisa.deloatch@dc.gov
Danielle Lewis	DHCF	danielle.lewis@dc.gov
Lucy Wilson-Kear	DHCF	lucy.wilson-kear@dc.gov
Ben Williams	DHCF	benwilliams@dc.gov
Anthony Proctor	DHCF	anthony.proctor3@dc.gov
Jeff Borkman	DHS	jeff.borkman@dc.gov
Richard Walker	DHS	richard.walker@dc.gov
Sahr Nyandemoh	DHS	sahr.nyandemoh@dc.gov
Michele Hudson	DHS	michele.hudson@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

Agenda:

- Introductions
- Updates from other HRIC Subcommittees
 - Insurance
 - IT/PMO
 - Operations
 - Communications
- Other Updates
 - DC Health Benefit Exchange Authority (HBX Board Meeting)
 - Policy Questions
 - Income Reporting Threshold
 1. Conversation w/Center for Budget and Policy Priorities
 2. What Other States are Doing
- Q&A

Project Updates

- **Clyde Edwards provided a brief update on behalf of the Insurance Subcommittee:**
 - Reviewed the two sets of newly released Federal rules for Market Reform and Essential Health Benefits;
 - Reviewed substantial stakeholder comments that were submitted on the Qualified Health Plan (QHP) Bulletin;
 - Presented summary of the new Federal rules and QHP Bulletin comments at the 12/12/12 HBX Board Meeting;
 - Continuing to do outreach with small business owners
- **Michele Hudson provided a brief update for the IT Subcommittee**
 - Public Subcommittee meetings are still on hold while the PMO is getting ready to on-board the IT vendor; DCAS vendor contract is still at the Office of Contracts and Procurement (OCP)
 - On track with identifying MOU's and agreements with various agencies for establishing data interface exchanges;
 - Sixteen Project Teams have been identified and are proceeding with their timelines and deliverables for a "Go Live" date of October 1, 2013 for Release 1;
 - The ACEDS Transition Team continues their work plan for legacy system modifications and continuing MAGI/Non-MAGI process flows for Release 1

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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;
 - Reviewing and updating the Financial Sustainability Model for the DC Health Benefits Exchange (HBX);
 - Preparing to transition the efforts of this Committee to the new, Standing Advisory Board, recently appointed by the DC HBX Authority Board; the Standing Advisory Board will assume the efforts of the Operations Subcommittee in the near future and will manage the operational questions.

- **Deborah Carroll provided a brief update on behalf of the Communications Subcommittee**
 - The Health Benefit Exchange media tour which began in November will continue in January, and will include the Washington Post, Washington Times, diversity press, blogs, radio and TV;
 - Topics of discussion for the media tour will cover the Exchange, the unified insurance market decision, and next steps in the Exchange implementation process;
 - The DC Health Benefit Exchange Authority website launched in mid-November: www.dchbx.com;
 - The first consumer advocate and stakeholder engagement forum was held; additional forums are scheduled;
 - A Communications Summit is being planned and will be held in late January; the main purpose is to identify effective messaging components;
 - On track with distributing ongoing newsletters, as well as RFP for marketing and educational outreach for DCAS roll-out.

Other Updates

- **D.C. Health Benefit Exchange Authority (HBX) Board Meeting**
 - Deborah Carroll gave a summary of the most recent HBX Board meeting, which was held on Wednesday, December 12, 2012
 - The Executive Board of the DC Health Benefit Exchange (HBX), voted unanimously to appoint Mila Kofman as the Executive Director of the District of Columbia Health Benefit Exchange
 - Ms. Kofman will manage the HBX's operations, advance health care reform in the District of Columbia, and recommend strategic priorities
 - She is well-known in the insurance industry
 - She will officially begin her duties on January 2, 2013

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Other Updates Continued:

- Brendan Rose, Project Director, for the Health Benefits Exchange, DISB, presented a summary of the new, proposed Federal rules on Market Reforms and Essential Health Benefits; Actuarial Values and Accreditation Standards
- Brendan Rose also presented stakeholder comments that were submitted on the Qualified Health Plan Bulletin

Policy Questions

- **Danielle Lewis 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 and posed the following questions:

- 1. Individuals transitioning between Medicaid/CHIP and a QHP mid-year:**

Q: Does a 60-day Special Enrollment Period under the Exchange rules start on the day of the termination notice or on the date of termination?

A: This question is still at CCIIO awaiting guidance.

- 2. Amending Section 2 of the Medicaid State Plan by January 1, 2014:**

Q: Will CMCS be providing a pre-print for states to amend Section 2 of our State Plan to be consistent with the new eligibility rules effective January 1, 2014?

A: CMS is in the process of creating an electronic version, scheduled for release in January, 2013. CMS is training states on how to use this.

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Policy Questions Continued

3. Early MAGI Adoption

The District of Columbia would like to implement MAGI Medicaid in October 2013 to align with the HBX open enrollment period. CMCS currently envisions allowing states to use a modified version of an 1115 waiver process to implement early MAGI Medicaid.

4. Removal of Deprivation factors from State Plan:

Q: The District would like to submit a State Plan Amendment (SPA) to eliminate the deprivation requirement as described in the Medicaid Final Rule. Is there a pre-print available to do so? If not, will there be?

A: CMCS plans to address this question in a future regulation.

5. Q: What is the threshold for the Application being “complete” enough to trigger the 45-day clock?

A: The answer to this question is tied to the development of the Model Insurance Affordability Program (IAP) application. CMCS expects to release the application for review in February or March 2013. We will review the application and decide on what questions must be completed in order to submit the application.

6. Deemed Newborn and other family member renewal alignment:

Q: When eligibility is re-determined for the mother and other household members, can we also renew eligibility for the deemed newborn for another 12 months from that time so that their eligibility periods will be aligned?

A: As long as the deemed newborn receives a year of coverage, states can establish a process to align eligibility periods for household members.

7. Medicaid EHB Benchmark

There are forthcoming proposed regulations scheduled for release by the end of 2012. We will review regulations and discuss them with the ME&E group at a later date.

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Update: Income Reporting Threshold

- Ben Williams provided an update on Income Reporting Threshold
 - The District has to provide an income reporting threshold for the Exchange:
 - Ongoing policy options are being discussed, which includes a cost benefit analysis of having a threshold vs. not having one--there are pros and cons to consider for each;
 - CMS is open to the District having a threshold of zero;
 - Discussion was held with the Center for Budget and Policy Priorities (CBPP) on a threshold amount of zero. The CBPP stated that establishing a threshold of zero would put an undue burden on beneficiaries;
 - Discussion was held with Washington State on their threshold of \$150/month;
 - The District is a part of the Income Workgroup for Innovator States and will continue to reach out to other states for ideas and discussion;
 - No policy decision has been made yet;
 - Additional discussion is necessary to further articulate a cogent policy.

GENERAL COMMENTS:

- Deborah Carroll asked stakeholders for recommendations of colleagues to invite to the Communications Summit in late January
 - Erin Leveton recommended that Mat McCullough from the DD Council and Derek Orr from the Office of Disability Rights be invited
- Ron Swanda raised concerns about impoverished spouses and Ryan White recipients not being given services through HAHSTA
 - Deborah Carroll assured stakeholders that she is aware of these issues and indicated that the workflows would be discussed with the System Integration vendor
- Ron Swanda also gave a short briefing about a seniors workshop that he had recently attended:
 - There was a robust turnout
 - Many in attendance had numerous questions and “anxiety” about the upcoming changes from health care reform
 - Ron praised the District for getting a head start with communicating to various stakeholders what lies ahead regarding health care reform for District residents.

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Action Items:

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	1/17/13 (next mtg.)
	Follow up on Income Reporting Threshold policy issue with customers/families; other states; think tanks	Deborah Alex Ben	Ongoing
	Reach out to stakeholders for additional names of people to invite to the January Communications Summit	Deborah Garlinda April	1/17/13

Next Steps: Next ME&E Subcommittee Meeting scheduled for January 17, 2013