HRIC ME&E Subcommittee Meeting

April 12, 2012



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

Agenda

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



Operations: Planning Review Meeting

- On March 22 and 23, the DCAP leadership team met with CCIIO for a scheduled Planning Review
- CCIIO provided generally positive feedback about recent progress made by the District, especially in stakeholder communication and completeness of planning documents
- Areas for follow-up:
 - Establishment of the Exchange Authority Board
 - Reviewing requirements once completed
 - Release schedule and timing (especially for Procurement)
 - Plans for SERFF Integration (Plan Management)
 - Specifications for Federally Facilitated Exchange (FFE) and Federal Data Hub (to be provided by CCIIO soon)



Plan Mgmt & Financial Mgmt: Update

- Market Structure Recommendations for the DC Health Insurance Market and the DCAP Marketplace
 - Presented at the Insurance Subcommittee meeting earlier this week
 - Also available at http://healthreform.dc.gov
- Forthcoming Insurance Subcommittee Recommendations
 - Essential Health Benefits (EHB) Package
 - Stand-Alone Dental Plans in the DC HBX insurance marketplace
 - Additional Market Structure Recommendations, as needed



PMO: Project Status

- The project team is currently focused on Requirements Gathering (see next slide for more details)
- The Project Management Office (PMO) is also leading a number of decisions and activities:
 - Incorporation of non-MAGI functionality into the Release Schedule
 - Timing for Release 2 and Release 3 (based on CCIIO feedback)
 - Ongoing review of the Issue/Question log



IT: Requirements Development Process

- Workshops with the Requirements Vendor (Accenture) are in progress
 - Release 1 requirements to be completed by 4/23
 - Release 2 & 3 to be integrated by 4/30
- The functional and technical requirements (and a scoring mechanism) will be incorporated into the DCAS RFP, scheduled for release in June
- Workshops completed to date:
 - Financial Management (Marketplace/Exchange)
 - Plan Management
 - Eligibility & Enrollment
- The Requirements Vendor will also create architecture plans and blueprints, as well as supporting development of the RFP and Level 2 grant



Issue Log Updates

 The PMO continues to work through issues by assigning research teams. Issues logged at the last ME&E meeting include:

Future of Carefirst Open Enrollment	Because, starting in 2014, the HBX will provide access to insurance for the uninsured, are the policy objectives behind the Open Enrollment program achieved? What will happen to the program? Will an alternative obligation be placed on CareFirst? Will uninsured residents be forced to enroll in a QHP rather than CareFirst Open Enrollment?
Increasing access to enrollment status	Checking current Medicaid enrollment for returning citizens – sometimes they are in jail such a short amount of time that Medicaid has not been stopped, and sister agencies don't find out until they try to re-enroll the person.
Managed Care Opt Out and other Transitions	Enabling other agencies to request transfer from MCO to FFS - and other transitions
Multi-Program Codes	Sister agencies (such as DDS) have clients that use waivers, causing confusion and payment issues because only one Program Code can be in place - design consideration



Sister Agency Survey

- The following agencies have completed the survey:
 - APRA
 - HAHSTA
 - CFSA (Title IV-E/ Eligibility Unit)
 - DMH (eight program areas)
 - DDS/DDA (DD Waiver)
 - DOH (four program areas complete, three more on Friday)
 - DCOA
 - DHS/ESA (Spend-Down Unit)
 - DHCF (EPD Waiver and Money Follows the Person)
- Still In Progress:
 - DYRS (re-scheduling)
 - OSSE (scheduled for today)
 - DCPS
 - DOES



Navigator Survey/Focus Groups

• Elaine Crider