

DC Access Project (DCAP): Connecting District Residents to Health Care and Human Services Benefits

Medicaid Expansion & Eligibility (ME&E) Subcommittee Meeting

Thursday, June 13, 2013



DC Access Project (DCAP): Connecting District Residents to Health Care and Human Services Benefits

Agenda

- Introductions
- General Updates:
 - IT Subcommittee/PMO
 - Plan Management
 - DC Health Benefit Exchange (HBX)
 - DISB
 - HBX Working Groups
- Other Updates:
 - User Acceptance Testing (UAT)
 - Model Office
 - Training
 - Medicaid Policy Developments
- Presentation/Discussion Topic:
 - Notices
- Q&A



General Updates: IT Subcommittee/PMO

- IT Subcommittee/Project Management Office (PMO)
 - Working daily with the System Integration vendor, Infosys, on the functional design of the DCAS system
 - Design is nearing completion
 - Federal IT Systems Testing
 - On 5/9/13, the District Health Benefit Exchange (HBX) was the first in the nation to successfully pass Wave 2 of Federal IT Systems Testing
 - By completing Wave 2 testing, the HBX was able to effectively establish a secure network, communicate and transmit information to the federal government, and receive information back from the federal hub
 - Wave 3 testing will focus on sharing secure data from the Exchange, to more than 10 predefined federal services
 - Final Detailed Design Review (FDDR)
 - The District successfully passed the latest FDDR on 5/29/13
 - The next set of reviews include:
 - A Pre Operational Readiness Review on 7/29/13 and
 - An Operational Readiness Review on 8/28/13 and 8/29/13



General Updates: Plan Management

- DC Health Benefit Exchange (HBX)
- Department of Insurance, Securities and Banking (DISB)



General Updates: HBX Working Groups

HBX Working Groups



Other Updates: User Acceptance Testing (UAT)

- User Acceptance Testing (UAT)
 - The District has chosen an iterative approach to designing, building and testing the DC Access System
 - Once the system has been tested for bug/defects, the District will use subject matter experts (SME) to ensure the system meets the needs of all its users
 - Test team of SME has been identified and working with DHCF and the Exchange to identify all required test scenarios
 - OCTO and IPS currently building the testing infrastructure
 - UAT is scheduled to begin mid-July and last approximately 4 weeks
 - UAT and Model Office efforts are closely aligned to maximize project efforts and reduce duplicity



Other Updates: Model Office

Model Office



Other Updates: Training

Training



Discussion: Notices

Discussion
"Notices"



- General Standards
 - All notices will be on 8.5" x 11" paper
 - Mailing restrictions mean notice can be no longer than
 9 sheets of paper
 - All notices will have contact info for DC HealthLink Call
 Center and In-Person Assister
 - Beneficiaries may opt-in to electronic notices or electronic
 + paper. Paper only is the default
 - Combined Medicaid/HBX Notices for application groups
 - Combined Eligibility/Plan Selection when selection is made within 3 calendar days



Process

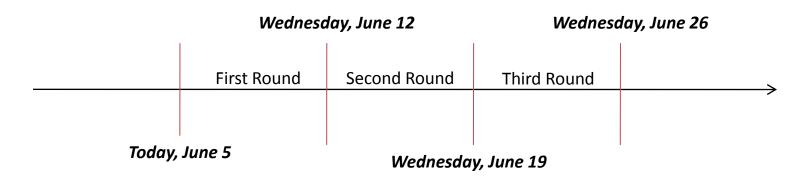
- Engaged Mannat Consulting to draft Key Messages and organize them into general templates
 - Produced approximately 24 templates
- Reviewed Federal Model Notices and notices from other states (NY, KY, OR, MD)
- Formed joint DHS/DHCF/HBX Staff Workgroup
 - Developed 80 consumer notice templates
- Formed Consumer Advocate Advisory Group (3 Teams)
 - Medicaid Notices (15)
 - HBX Notices (31)
 - Mixed Family (18)
 - General (20)
- Scheduled for submission for legal sufficiency review late June 2013
- System testing in July August 2013



- Workgroup Expectations
 - Groups decided on lead members to organize group recommendations and comments
 - Leads also responsible for submitting finalized recommendations to DHCF and HBX points of contact
 - All recommendations submitted through a separate organized document and through track changes
 - Group members responsible for providing individual feedback to lead members in a timely manner.
 - All members required to attend all meetings in person or via conference call.



- Timeline
 - Due Dates: June 12th, 19th, and the 27th
 - Notices broken up into groups



Items must be submitted to Agency P.O.C. on or before specified dates



Updates

Eligibility Policy Developments



Section 2 Eligibility State Plan Amendments

List of State Plan Amendments

- MAGI-based Eligibility Groups
- Eligibility Process
- MAGI Income Methodology
- Single State Agency
- Residency
- Citizenship & Immigration Status
- Hospital Presumptive Eligibility
- Alternative Benefit Plans
- MAGI Eligibility & Methods
- Title XXI Medicaid Expansion
- Establish 2101(f) group
- Eligibility Process
- Non-Financial Eligibility



Eligibility Rules

- In the process of publishing eligibility rules
- Two Phase Approach-(1) MAGI Rules (2) Non-MAGI Rules
- Drafted general provisions
- In the process of working on eligibility section to include eligibility groups, application process, and notices
- Once proposed rules are published, there will be a 30 day public comment period



Program Codes

- In the process of creating new program codes for beneficiaries determined eligible under MAGI
- New program codes will only apply to MAGI groups
 - Use 200 series code for MAGI Medicaid
 - Continue to use 774 and 775 program codes for childless adults 21-64
 - To distinguish determination made using MAGI, 774 and 775 program codes will have an indicator of "D"
 - Maintain current program codes until beneficiaries transition to new system and eligibility is redetermined using MAGI rules



Other Eligibility Policy Updates

- Early MAGI Medicaid and Renewals
 - -The approval of the 1115 Waiver to conduct early MAGI Medicaid and postpone renewals (January- March 2014) is on its way CMS administrator for signature

New MAGI Income Conversion Thresholds-June 30th 2013



Questions?



Appendix: Release Scope for DCAS

Release 1	Release 2	Release 3
ACA Required	Federally Funded	Federal/Local
Medicaid (MAGI only)	Remaining Medicaid (Non-MAGI)	Homeless Services Program (272)
QHP Subsidies/Credits	Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps) including Employment	Strong Families Program (SFP) Adult Protective Services (ARS)
Unsubsidized QHPs	also known as Food Stamps) including Employment and Training Program and Disaster Food Stamps	Adult Protective Services (APS)Family Violence Prevention Services
Franchis and the Double and	(separate application process)	Teen Parent Assessment Program
Functionality Deployed:	 Temporary Assistance for Needy Families (TANF) including TANF Employment Program and TANF 	Refugee Resettlement ServicesParent and Adolescent Support
Customer Portal	Diversion (one-time payment in lieu of ongoing	Services (PASS)
 Employer/Carrier functions 	benefits)	Emergency Rental Assistance
 Verification (Federal Data 	Refugee Cash and Medical Assistance	Program (ERAP)
Hub integration and Local		Low Income Home Energy
Interfaces)	Locally Funded	Assistance Program (LIHEAP)
Eligibility & Enrollment	 Program on Work, Employment and Responsibility (POWER) 	Non-DHS ("Optional")
Plan Management	Interim Disability Assistance	• DOH: Women, Infants, and Children
QHP/Medicaid Financial	General Assistance for Children	(WIC)
Management (Marketplace)	Immigrant Children Health Care DC Health care Alliance	OSSE: Subsidized Child Care
• Contact Center	DC Healthcare AllianceBurial Assistance	Alon Brooks of the
Consumer Marketing	Homeless "Intake"	New Functionality:
		• N/A
"Basic" Case Management	New Functionality Deployed:	
	 "Full" Case Management 	
	Human Services Financial Management	
	Trainer Services Financial Wallagement	



Appendix: Release Schedule

