# DC HBX Authority
# ME&E Subcommittee Meeting
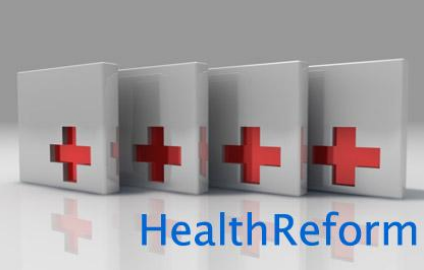
Aug 9, 2012
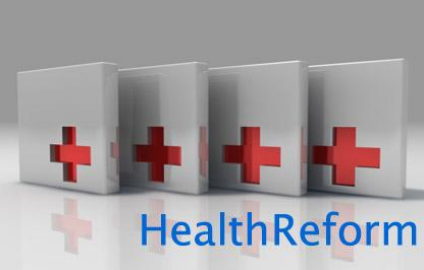
## Agenda

- **Updates from other Subcommittees**
  - Insurance
  - IT
  - Operations
  - Communications
- **Model Insurance Application – Data Elements**
- **State Verification Plan**
- **Other Updates**
  - Policy Questions
  - HBX Board Meetings
  - User Interface Work Group (future)
- **Q&A**

# Other Subcommittee Updates

- **Insurance Subcommittee**
  - Working on QHP Requirements (including EHB selection), anticipate release of draft for public comment in late August
  - Still collecting stakeholder input on Plan Management process flows and Employer selection for SHOP
  - Following up with NAIC on SERFF beta testing (updates for ACA Plan Management)
  - FAQs have been developed for clarification and will be posted to the website soon
- **IT Subcommittee/PMO**
  - Public subcommittee meetings are on hold while the integration RFP is out
  - The Local Data Hub work group identifying POCs at OCTO and sister agencies, survey in progress.  Working with State Verification Team
  - The ACEDS Transition Team is developing a work plan for legacy system modifications and continuing Magi/Non-MAGI process flows for Release 1
  - The PMO is coordinating an update of specific planning documents for CCIIO
- **Operations Subcommittee**
  - Discussing polices and processes for the Call Center and Navigator program
  - Reviewing and updating Operating Model and Sustainability Model for the HBX
- **Communications Subcommittee**
  - Ongoing development of the Board section of the website
  - Analyzing results of the Navigator Survey (with Operations Subcommittee)
  - Planning ongoing newsletters and marketing RFP for DCAS roll-out
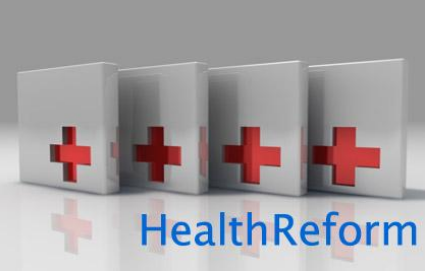
# Model Insurance Application – Data Elements

- Model Insurance Application – Data Elements:

    - With an Application for Insurance Affordability Benefits &
    - Without Insurance Affordability Benefits
    - Comments Are Due in September 4th, 2012

**Appendix A: Data Elements for Application to Support Eligibility Determinations for Enrollment through Affordable Insurance Exchanges, Medicaid and Children's Health Insurance Program Agencies**

| Baseline Applicant Information | Income and Additional information | Program-Specific Questions | Confirmation And Eligibility Determination | Qualified Health Plan Enrollment |
|---|---|---|---|---|
| Household Contact Information – name, address(es), phone number(s), language(s), paperless notices and other forms of communication (email, text), applying for coverage for self | Projected Annual Income – amount and option for "don't know" | Exchange – employer name, EIN, contact information, hours per week, offer of health coverage, date of future enrollment, name of lowest cost plan, employee contribution and frequency, minimum value standard, eligibility for other public coverage, SSNs of tax filer(s) if not provided, Special Enrollment Period information | Application Summary – opportunity to make edits if needed | Tobacco use (TBD) |
| Authorized Representative – (if applicable, skip if no representative) name, organization, address, phone number, email, permissions, signature of applicant, or legal proxy | Current/Monthly Income – (if applicable, some people will skip) employment, self-employment, Social Security benefits, unemployment benefits, other income, frequency of income, adjustments to income | | Rights and Responsibilities & Signatures | Plan Selection and Confirmation – plan name(s)/ plan ID(s), start date |
| Seeking help paying for health insurance and Privacy Statement | Discrepancies – employment changes in last 6 months: loss of a job, decrease in hours, change in job | Medicaid – past medical expenses, pregnancy, absent parent | | Amount of APTC applied toward premium |
| Build Your Household – list primary tax filer, spouse, dependent(s), and other relevant relatives, non-filers list household members, indicate whether each is applying for coverage | Additional Information – *All household members*: pregnancy, other addresses including intended change of residency *Applicants only*: blindness, disability, need for long-term care, full-time student, enrollment in other health insurance, American Indian/Alaska Native questions | CHIP – past health coverage end date and reason for termination, child of public employee | Determination and Notice(s) – withdrawal of a Medicaid application, Request for a full Medicaid determination | |
| Applicant/Non-Applicant information – date of birth, family relationship, SSN (optional for non-applicants) Applicant(s) – sex, citizenship, eligible immigration status, race/ethnicity (optional) | | | Voter Registration[1] | |

[1] Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5

Appendix B: Data Elements for Application to Support Eligibility Determinations for Enrollment through Affordable Insurance Exchanges (Not Applying for Insurance Affordability Programs)
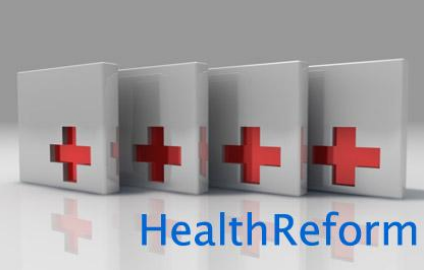
| Baseline Applicant Information | Additional information | Confirmation And Eligibility Determination | Qualified Health Plan Enrollment |
|---|---|---|---|
| Household Contact Information – name, address(es), phone number(s), preferred language(s), paperless notices and other forms of communication (email, text), applying for coverage for self | Addresses – addresses of all applicants, intended change of residency | Application Summary – opportunity to make edits if needed | Tobacco use (TBD) |
| Authorized Representative – (if applicable, skip if no representative) name, organization, address, phone number, email, permissions, signature of applicant, or legal proxy | American Indian/Alaska Native – name of Indian tribe | Rights and Responsibilities & Signatures | Plan Selection and Confirmation – plan name(s)/plan ID(s), start date |
| Seeking help paying for health insurance | | Determination and Notice(s) | |
| Privacy Statement | | Voter Registration[1] | |
| Applicant(s) – name, date of birth, sex, citizenship, eligible immigration status, race/ethnicity (optional), Special Enrollment Period Information | | | |

[1] Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5
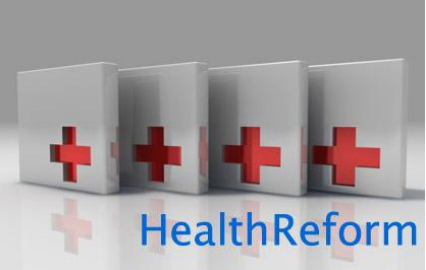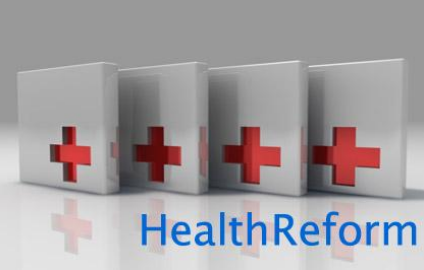
# State Verification Plan Update

- State Verification Plan Update:

    – What is a State Verification Plan?
    – Purpose and Usage
    – Eligibility Verification
    – "Must Have" Components

- What is a State Verification Plan?

  - ❑ State Medicaid agencies must develop a verification plan describing the verification policies and procedures for determining Medicaid eligibility.

  - ❑ The verification plan will set forth the circumstances under which the attestation and data match are considered to be reasonably compatible.

  - ❑ "Reasonable compatibility" means that the information the applicant provided is relatively consistent and any differences will not have a significant impact on the eligibility decision.

  - ❑ The policies articulated in the verification plan will serve as the basis for Payment Error Rate Measurement (PERM) audits.
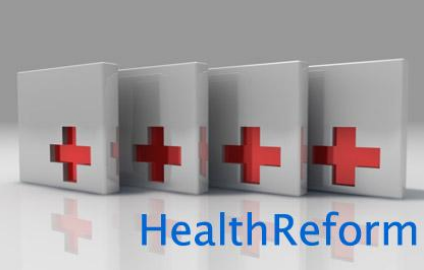
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- Purpose and Usage for a State Verification Plan:

  - ❑ Outlines how eligibility factors will be verified in DCAS
  - ❑ Identifies federal and local data sources used to verify information
  - ❑ Determines the hierarchical structure of electronic data sources used to verify eligibility and the need to require additional documentation
  - ❑ Serves as a blueprint for the verification rules engine design

# State Verification Plan – Eligibility Verification

- Eligibility Verification

| Financial and Non- Financial Eligibility Verification Criteria | |
|---|---|
| Income-Wages, SSI, SSA, Unemployment | Residency |
| Social Security Numbers | Citizenship |
| Pregnancy | Incarceration |
| Age, Date of Birth | Native American |
| Household Size | Disability |

- The Verification Plan Must Have the Following:
  - ❏ Definition for "reasonably compatible" as it relates to Medicaid
  - ❏ Definition for "promptly evaluate" and "reasonable period" as it relates to Medicaid
  - ❏ Creates standards for "does not exist or is not reasonably available"
  - ❏ Creates standards to determine the usefulness of financial and non-financial information to verify eligibility
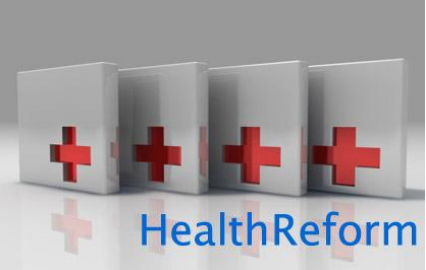
# Other Updates

Other Updates:

- Policy Questions
- HBX Board Meetings
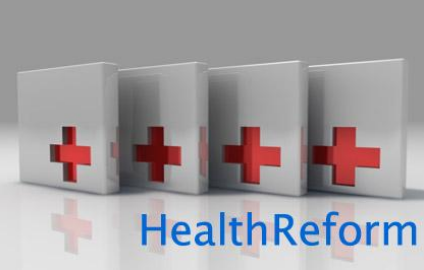- User Interface Work Group (Future)
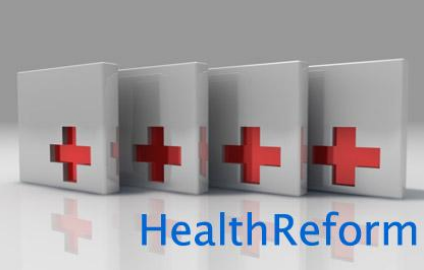
# Other Updates – Policy Questions

- Policy Questions:
  - Resolved Questions
    - States must decide between using current income or projected annual income for renewals for all beneficiaries
    - Lump sum payments are not counted when renewing based on projected annual income
    - States can ask about Third-party coverage, but it may not be a required field
  - Pending Questions (consulting with CMCS)
    - Ability to trigger SEP early for individuals transitioning from Medicaid or ESI
    - Allowing users to opt-in to notifications by e-mail
    - Creating a national database of individuals who have aged-out of Foster Care
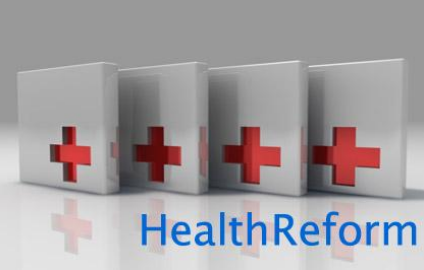
# HBX Board Meeting Update

# Other Updates – User Interface Work Group (Future)

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- User Interface Work Group (Future)

  - Volunteers Needed to Participate in a Public Work Group
  - Develop Non-MAGI and Other Benefit Eligibility Application Questions
  - Develop Public User Interface Information such as the "My Account" and "IVR"
  - Identify Additional Public User Interface Components for Website

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