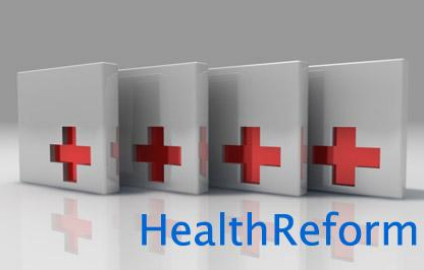


# DC HBX Authority ME&E Subcommittee Meeting

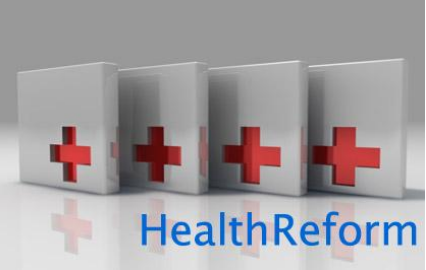
September 13, 2012



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

## Agenda

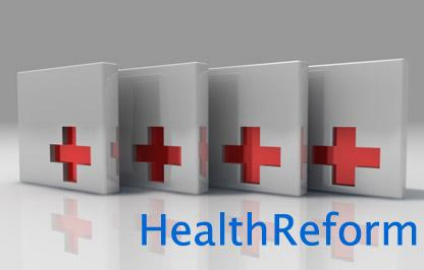
- **Introductions**
- **Updates from Other Subcommittees**
  - Insurance
  - IT
  - Operations
  - Communications
- **Update on Model Insurance Application – Data Elements**
- **Other Updates**
  - State Verification Plan
  - Policy Questions
  - HBX Board Meeting
- **Presentation/Discussion: Advanced Premium Tax Credit (APTC)**
- **Q&A**



# Introductions

## DC Access System (DCAS)

- Sahr Nyandemoh [Sahr.Nyandemoh@dc.gov](mailto:Sahr.Nyandemoh@dc.gov)
- Awilda Ortiz [Awilda.Ortiz@dc.gov](mailto:Awilda.Ortiz@dc.gov)
- Michele Hudson [Amichele.Hudson@dc.gov](mailto:Amichele.Hudson@dc.gov)



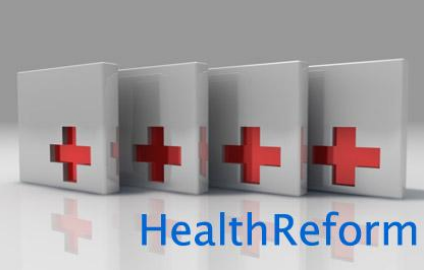
# Other Subcommittee Updates

- **Insurance Subcommittee**
  - Continuing to work on development of Qualified Health Plan (QHP ) Requirements
  - Essential Health Benefits (EHB) Bulletin released 8/29/12 and available on both Health Reform and DISB websites; Public comment period ends 9/28/12
  - Analyzing stakeholder input on Plan Management process flows and Employer selection for SHOP
  - FAQs for small business owners and producers have been developed for clarification and have been posted to the website
- **IT Subcommittee/PMO**
  - Public subcommittee meetings are still on hold while the integration RFP proposals are being reviewed
  - PMNO is getting ready to on-board the IT vendor once selected
  - The Local Data Hub work group identifying POCs at OCTO and sister agencies, survey in progress; Continuing to work with the State Verification Plan team
  - 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
- **Operations Subcommittee**
  - The proposed Exchange Operational Model was presented at the last HBX Board meeting
  - Continuing to discuss policies and processes for the Call Center and Navigator program
  - Presentation of the Navigator Report is scheduled for the next public meeting on 9/20/12
  - Reviewing and updating Sustainability Model for the HBX
- **Communications Subcommittee**
  - Ongoing development of the Board section of the website
  - Planning ongoing newsletters and marketing RFP for DCAS roll-out



# Model Insurance Application – Data Elements Update

- Model Insurance Application – Data Elements Update:
  - Application for Insurance Affordability Benefits & Without Insurance Affordability Benefits
  - In depth review performed and recommendations identified for modifying the Model Insurance Application
  - Comments were officially submitted to the Centers for Medicare & Medicaid Services (CMS) for consideration

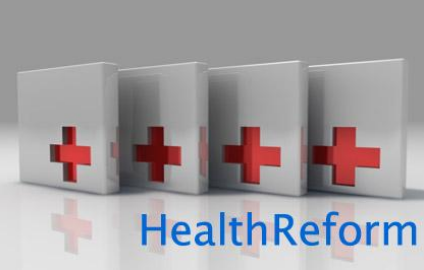


# Model Insurance Application – Data Elements With an Application for Insurance Affordability Benefits

## 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 – <i>All household members:</i> pregnancy, other addresses including intended change of residency <i>Applicants only:</i> 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 <sup>1</sup>	

<sup>1</sup> Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5



# Model Insurance Application – Data Elements Without an Application for Insurance Affordability Benefits

## 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 <sup>1</sup>	
Applicant(s) – name, date of birth, sex, citizenship, eligible immigration status, race/ethnicity (optional), Special Enrollment Period Information			

<sup>1</sup> Pursuant to the National Voter Registration Act of 1993, 42 USC Sec. 1973 GG-5

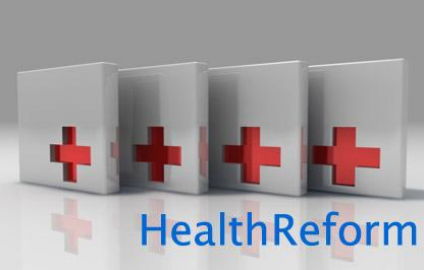


# Other Updates

## Other Updates:

- State Verification Plan
- Policy Questions
- HBX Board Meeting Update





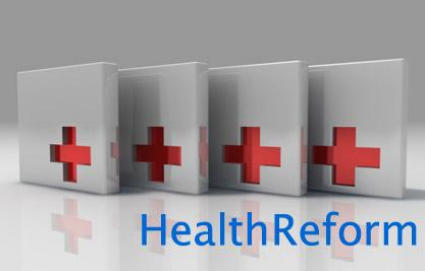
# Other Updates: State Verification Plan

- **State Verification Plan Update:**
  - Brief recap of State Verification Plan: What is it?
    - State Medicaid agencies must develop a verification plan describing the verification policies and procedures for determining Medicaid eligibility
  - Currently on track for identifying, researching and creating verification policies and procedures for the following Eligibility factors:
    - Residency
    - Citizenship
    - Income
    - Household composition
    - Pregnancy
  - In depth presentation scheduled for October 2012



# Other Updates: Policy Questions

- Policy Questions:
  - CMCS unsure of enhanced FMAP calculation methods for newly eligible populations
  - The Primary Care Payment increase to 100% of Medicare, scheduled to start 1/1/2013, is under “fast track review”
  - CMCS may not issue a BHP regulation in time for one to be implemented by 2014
  - CMCS will be giving states flexibility on the methodology for applying MAGI or non-MAGI rules for the period January to March 2014, with the objective that individuals not lose coverage
  - Guidance on Passive Renewals, including the forms to be used, will come out with the Model Application by the end of 2012



# Other Updates: HBX Board Meeting

## Health Benefits Exchange (HBX) Board Meeting Update



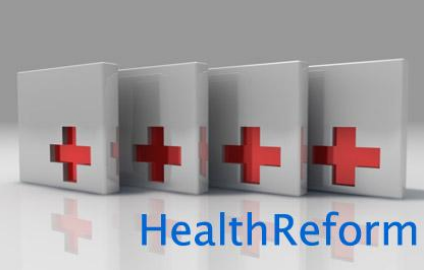
# Advanced Payment of Premium Tax Credits

## Advanced Payment of Premium Tax Credits



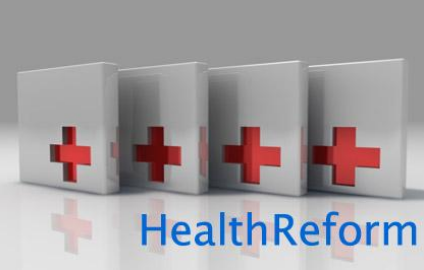
Questions?

Questions?



# Appendix: Release Scope for DCAS

Release 1	Release 2	Release 3
<p><i>ACA Required</i></p> <ul style="list-style-type: none"> <li>• Medicaid (MAGI only)</li> <li>• QHP Subsidies/Credits</li> <li>• Unsubsidized QHPs</li> </ul> <p><b><u>Functionality Deployed:</u></b></p> <ul style="list-style-type: none"> <li>• Customer Portal</li> <li>• Employer/Carrier functions</li> <li>• Verification (Federal Data Hub integration and Local Interfaces)</li> <li>• Eligibility &amp; Enrollment</li> <li>• Plan Management</li> <li>• QHP/Medicaid Financial Management (Marketplace)</li> <li>• Contact Center</li> <li>• Consumer Marketing</li> <li>• “Basic” Case Management</li> </ul>	<p><i>Federally Funded</i></p> <ul style="list-style-type: none"> <li>• Remaining Medicaid (Non-MAGI)</li> <li>• Supplemental Nutrition Assistance Program (SNAP, also known as Food Stamps) including Employment and Training Program and Disaster Food Stamps (separate application process)</li> <li>• Temporary Assistance for Needy Families (TANF) including TANF Employment Program and TANF Diversion (one-time payment in lieu of ongoing benefits)</li> <li>• Refugee Cash and Medical Assistance</li> </ul> <p><i>Locally Funded</i></p> <ul style="list-style-type: none"> <li>• Program on Work, Employment and Responsibility (POWER)</li> <li>• Interim Disability Assistance</li> <li>• General Assistance for Children</li> <li>• Immigrant Children Health Care</li> <li>• DC Healthcare Alliance</li> <li>• Burial Assistance</li> <li>• Homeless “Intake”</li> </ul> <p><b><u>New Functionality Deployed:</u></b></p> <ul style="list-style-type: none"> <li>• “Full” Case Management</li> <li>• Human Services Financial Management</li> </ul>	<p><i>Federal/Local</i></p> <ul style="list-style-type: none"> <li>• Homeless Services Program</li> <li>• Strong Families Program (SFP)</li> <li>• Adult Protective Services (APS)</li> <li>• Family Violence Prevention Services</li> <li>• Teen Parent Assessment Program</li> <li>• Refugee Resettlement Services</li> <li>• Parent and Adolescent Support Services (PASS)</li> <li>• Emergency Rental Assistance Program (ERAP)</li> <li>• Low Income Home Energy Assistance Program (LIHEAP)</li> </ul> <p><i>Non-DHS (“Optional”)</i></p> <ul style="list-style-type: none"> <li>• DOH: Women, Infants, and Children (WIC)</li> <li>• OSSE: Subsidized Child Care</li> </ul> <p><b><u>New Functionality:</u></b></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>



# Appendix: Release Schedule

