

**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, April 17, 2014 / 10:00 AM to 12:00 Noon

**Location:** Department of Human Services (DHS)  
64 New York Avenue, NE, Room 649, (The Hoteling Suite)

**Attendees:**

<b>Name</b>	<b>Agency</b>	<b>Email</b>
Deborah Carroll	DHS	deborah.carroll@dc.gov
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Alexander Alonso	HBX	alexander.alonso@dc.gov
Sarah Bagge	HBX	Sarah.bagge@dc.gov
Lesley Tracey	DHS Contractor	lesley.tracy@dc.gov

## Agenda:

- **Introductions & Welcome**
  - Deborah Carroll, Administrator for the Economic Security Administration, welcomed everyone to the meeting. A round robin of introductions was done
- **New Policy Updates:**
  - **Danielle Lewis, DHCF, gave the update**
    - **Medicaid Policy Update: Former Foster Care Youth (FFCY) Category**
      - Effective January 1, 2014, The District implemented Section 2004 of the Affordable Care Act to expand Medicaid coverage to former foster care youth
      - **Who is covered under the former foster care policy?**
        - Individuals between the ages 18 and 25 who were wards of the District and were covered under the District of Columbia's Medicaid program prior to exiting the foster care system
        - Individuals who are District residents are eligible under this category regardless of income until age 26
      - **Coordination among District agencies:**
        - The FFCY policy was developed in collaboration with the Department of Health Care Finance, Child and Family Services Agency, and the Economic Security Administration
        - *Question: An advocate asked whether DC was doing cross coordination with other states*
        - *Answer: The District has opted to only cover District residents who are former foster care. There are limited resources to cross check whether these individuals have come from other jurisdictions*
    - **2014 MAGI Medicaid Renewals**
      - The District received approval from CMS to postpone MAGI Medicaid Renewals originally scheduled for January 1, 2014 - June 30, 2014 for 6 months
      - What are passive MAGI Medicaid Renewals?
        - Passive renewal allows the District to make a redetermination of eligibility without requiring information from beneficiaries, if information is available to make the determination

- If the agency is able to renew eligibility with available information, beneficiaries will be notified of the decision and its basis (passive renewal)
  - If the agency is unable to renew with current information, a pre-populated renewal form will be sent to the beneficiary to answer and return to the agency
  - Once the form is returned, the agency will determine if the beneficiary still meets all of the eligibility factors for continued Medicaid coverage, The agency will provide a notice to the beneficiary of the decision
- *Question: An advocate asked how the upcoming MAGI passive renewal process would function*
- *Answer:*
- *The overall goal is to automate the passive renewal process as much as possible*
  - *A lot will depend upon the system development and how much functionality will be available*
  - *Additionally, beneficiary information will be verified from the Federal Hub, depending upon the maturity and functionality of the Federal Hub, as well as from the Local Hub*
  - *The District will be sending out passive renewal forms 60 days ahead of time*
  - *Beneficiaries will have 60 days to return the form*
  - *Prepaid postage envelopes, provided from the District's print vendor, will be included (this is a new feature from the District)*
- *Question: An advocate asked whether there will be additional information, as well as instructions included for the new passive renewal form*
- *Answer:*
- *Since the new, passive renewal federal form is 16 pages, which is modeled after the CMS renewal form, the expectation is that this first time "conversion" will be more involved with a beneficiary's information, rather than next year; the major difference lying with tax filing status*
  - *To that end, the District envisions establishing Self-Help Centers by late Summer 2014 to help customers with their passive renewal forms*
  - *The District is working with DGS to identify new space, possibly at the Taylor Street Service Center*

- **Success Stories**

- Alexander Alonso, HBX, gave the update
  - DC Health Link is a combined effort from DHS, DHCF and the Exchange
  - Exceeded Enrollment Targets
  - As of April 14, 2014
    - 19,118 Medicaid Eligible Enrollees
    - 10,456 Private Market Covered Lives (Complete Plan Selection)
    - 13,101 SHOP Covered Lives
  - As of April 17, 2014
    - 19,335 Medicaid Eligible Enrollees
    - 10,671 Private Market Covered Lives (Complete Plan Selection)
    - 13,132 SHOP Covered Lives
      - All but 542 are Members of Congress and their staff

- **Known Issues**

- Alexander Alonso, HBX, gave the update
  - ID Proofing
    - Problems:
      - Dumped by Federal Government at the last minute
      - Designed by Federal Government
      - Controlled by Federal Government
      - Based on Credit History; not good for immigrants and young people
      - *District Comments:*
        - *ID Proofing is not found in the Regulations*
        - *Exchanges must “ping” the Federal Hub for verification factors*
        - *Federal agencies that are a part of the Federal Hub requested that data be securely shared*
        - *Thus, Experian was selected to provide security*
        - *Experian requires ID proofing*
        - *NOTE: Experian works for 85% of DC users, whereas other states like California and Washington are experiencing 50% and 65% success rates*
  - Solutions:
    - HBX standing up “office hours” for problem cases
    - DHS having “Super Users” at Service Centers and “One Touch” community events

- **Known Issues continued**

- **Notices**

- **Overall Goal** – Replace ACEDS notices that were very limited with more comprehensive notices that combined Medicaid and Exchange content
    - Problems:
      - Duplicate notices
      - Apartment Numbers not showing up; mail not arriving
      - Dates being improper
      - Medicaid denial reasons not populating
      - *District Comments:*
        - *Up until two weeks ago, we were not able to see Notices due to a bug in the new system; that has since been resolved*
    - Solutions:
      - Manual Review of notices to remove duplicates
      - Data overhaul to populate Apartment numbers
      - System re-design to ensure proper date calculation
      - System re-design to populate Medicaid denial reason (in progress)
    - Recommendation:
      - Customers should opt into Electronic notice (w/o opting out of paper), so that they can see the PDF version of their notice even if there are mailing issues
    - *Question: An advocate asked if there will be an opportunity to assist with editing current notices?*
    - *Answer: Notice templates are completed and editing is not being done at this time. Rather, the District is focusing on the taxonomy to ensure that notices are being triggered at the right time using the correct fields. The District will need help from advocates in developing notice templates during Release 2.*

▪ **Verification Documents**

- **Deborah Carroll gave the update**
- Problems:
  - Fax number went nowhere
  - [info@dchealthlink.com](mailto:info@dchealthlink.com) was overloaded
  - Clients were sending documents to DHCF, HBX, and just about everywhere
- Solutions:
  - Fax number works now
  - E-mailed documents are automatically, by system rule, segregated from other e-mail to [info@dchealthlink.com](mailto:info@dchealthlink.com)
  - DHS team streamlined the process of ingesting documents uploaded via DCHL or e-mailed, and a dedicated ESA SWAT team was trained to process
    - All documents incorrectly sent to DHCF or HBX also sent to SWAT
- *District Comments:*
  - *In June/July 2014, the DC Health Link Contact Center will be equipped with an Interactive Voice Response (IVR) System*
  - *When customers call the Contact Center, they will be able to find out the status of their case*
  - *Customers may have to set up some type of pin number*
  - *The latest activity on the customer's case will be available*
  - *DC Health Link Contact Center number is:*  
*(855) 532-LINK or (855) 532-5465*
  - *Question: An advocate asked whether a customer receives an automated response when they send an email*
  - *Answer: The District does respond to a customer's email, but it is not an automated response. We are working on the legal terminology to include in the response*

- **Other Technical Issues:**

- PROBLEM: Customers were submitting multiple applications, causing those applications to get lost  
-- SOLUTION: That ability was suspended
- PROBLEM: Customers were submitting multiple enrollments  
-- SOLUTION: That ability was suspended
- PROBLEM: Application Summary did not reflect actual application  
-- SOLUTION: That ability was suspended

- **Many More Solutions on the Horizon**

- Overall Objectives
  - Ensure customer gets the right eligibility determination
  - If a customer should have received Medicaid, they will get Medicaid coverage retroactively
  - If a customer should have received APTC, they will get APTC retroactively
    - Assumptions: They enroll, pay for the plan, and are not enrolled in Medicaid or other MEC
  - No gaps in coverage

- **Interagency Communication Efforts**

- Danielle Lewis and Deborah Carroll gave the update
  - [DCMEDICAIDQUESTIONS@DC.GOV](mailto:DCMEDICAIDQUESTIONS@DC.GOV)
    - Purpose: to address the concerns of community stakeholders (i.e. In-person assisters, applicants)
    - Launch date of email – February 2014
    - To date, DHCF has responded to 478 email inquiries
    - Agency Coordination – DHCF works with the ESA SWAT Team and HBX staff to address email inquiries
    - DHCF SMEs are assigned to research, analyze, and provide feedback and resolution to the inquiry

- **General Discussion/Comments/Questions:**

- *Discussion and questions about applications:*
  - *Question: Why did people submit multiple applications?*
  - *Answer: There were a variety of reasons including: people making mistakes; they didn't like the eligibility determination, so they'd submit a new application to try to get a different result*

- **General Discussion/Comments/Questions continued:**

- *District Comment: Customers who want to look at their applications and/or print them after filling them out should do so BEFORE hitting the “submit” button*
- *District Comment regarding system development:*
  - *We are videoconferencing at 9:30 a.m. every day with the vendor in Ireland to resolve issues*
  - *New code drops are done almost every weekend*
    - *With new code drops, there is a continuous need for training*
  - *Release 2 is expected to be fully implemented by April 2015*
- *Discussion about “Super Users”*
  - *The District has approximately 60 “Super Users” who have become experts on the new system*
    - *These Super Users are working closely with our trainers*
- *Question about Non-MAGI renewals*
  - *Non-MAGI renewals are being processed through ACEDS; that process has not changed*
- *Discussion about Lawfully Present and Five Year Bar*
  - *District staff encouraged advocates to elevate any issues or questions regarding Lawfully Present and Five Year Bar to DHCF at [dcmedicaidquestions@dc.gov](mailto:dcmedicaidquestions@dc.gov)*
- *Job Fairs*
  - *Within the next month, the District plans to hold one to two more job fairs to fill positions*

**Action Items:**

Group	Description	Assigned To	Target Date
ME&E	Follow up on open questions above	All	5/8/14

**Next Steps:**

**The next ME&E Subcommittee meeting is tentatively scheduled for Thursday, May 8, 2014. Meeting details to be announced.**