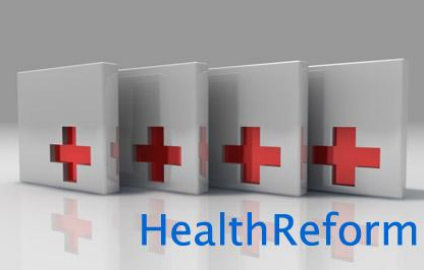


**DC Health Link:**

**Connecting District Residents to Health Care and  
Human Services Benefits**

# **Medicaid Expansion & Eligibility (ME&E) Subcommittee Meeting**

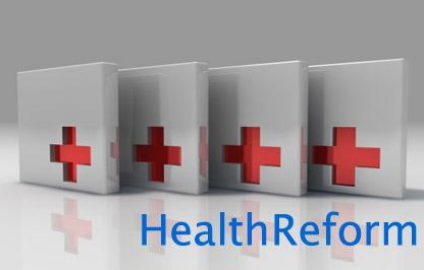
**Thursday, April 17, 2014**



## DC Health Link: Agenda

# Agenda

- **Welcome & Introductions**
- **New Policy Updates**
- **Success Stories**
- **Known Issues**
- **Interagency Communication Efforts**
- **Questions/Discussion**



# Medicaid Policy Updates: 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.



# 2014 MAGI Medicaid Renewals

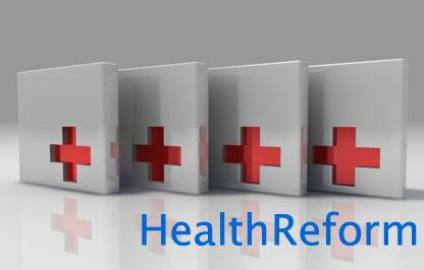
- The District received approval from CMS to postpone MAGI Medicaid Renewals originally scheduled for January 1, 2014 - June 30, 2014 for 6 months
- What are passive MAGI Medicaid Renewals?
  - Passive renewal allows the District to make a redetermination of eligibility without requiring information from beneficiaries, if information is available to make the determination
  - If the 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
  - The beneficiary must complete, sign, and return the pre-populated form 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



# Success Stories: Exceeded Enrollment Targets

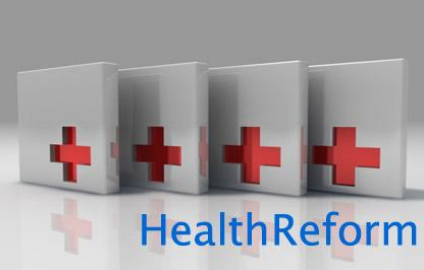
As of April 14, 2014

- 19,118 Medicaid Eligible Enrollees
- 10,456 Private Market Covered Lives (Complete Plan Selection)
- 13,101 SHOP Covered Lives



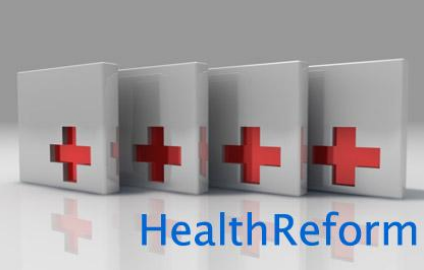
# Known Issues: ID Proofing

- Problems
  - Dumped by Federal Government at Last Minute
  - Designed by Federal Government
  - Controlled by Federal Government
  - Based on Credit History; Not good for Immigrants and Young People
- Solutions
  - HBX Standing up “Office Hours” for Problem Cases
  - DHS having “Super Users” at Service Centers and “One Touch” Events
- NOTE: Experian works for 85% of DC users, whereas other states like California and Washington are experiencing 50% and 65% success rates.



# Known Issues: Notices

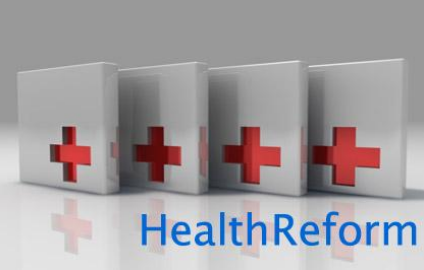
- **Overall Goal** – Replace ACEDS notices that were very limited with more comprehensive notices that combined Medicaid and Exchange content
- Problems
  - Duplicate notices
  - Apartment Numbers not showing up; mail not arriving
  - Dates being improper
  - Medicaid denial reasons not populating
- 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.



# Known Issues: Verification Documents

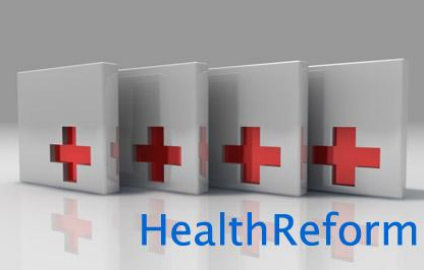
- Problems
  - Fax number went nowhere
  - [info@dchealthlink.com](mailto:info@dchealthlink.com) was overloaded
  - Clients were sending documents to DHCF, HBX, and just about everywhere
- Solutions
  - Fax number works now
  - E-mailed documents are automatically, by system rule, segregated from other 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





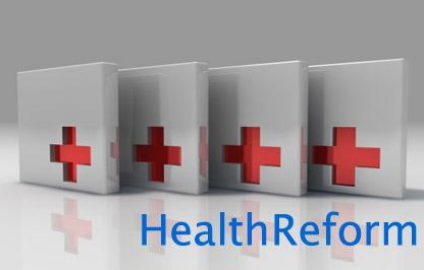
## Other Technical Issues

- 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

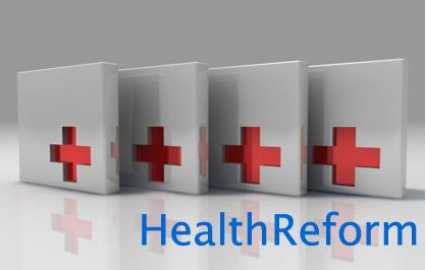
- Overall Objectives
  - Ensure Customer sees gets the right eligibility determination
  - If a customer should have received Medicaid, they will get Medicaid coverage retroactively
  - If a customer should have received APTC, they will get APTC retroactively
    - ASSUMPTIONS: They enroll, pay for the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



## DC Health Link: Interagency Level Communication Efforts

### [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



## Questions/Discussion

# Questions/Discussion