

MCAC ELIGIBILITY AND ENROLLMENT SUBCOMMITTEE MEETING



August 18, 2021

Agenda

3:00 – 3:10 Welcome and Introductions - *Eric Scharf, MCAC, E&E Subcommittee Chair; Advocacy Advisor, Depression and Bipolar Support Alliance; Taylor Woods, Special Projects Officer, Health Care Policy and Research Administration (HCPRA), DHCF*

3:10 – 4:15 Department of Health Care Finance (DHCF) Policy Updates:

- Update on Eligibility Restart Efforts for Locally Funded Programs Due to End of the District’s Public Health Emergency - *Danielle Lewis-Wright, Associate Director, Division of Eligibility Policy (DEP), HCPRA, DHCF*
- Presentation on New CMS Guidance for Resumption of Medicaid Eligibility Operations - *Caitlin Brandt, Management Analyst, DEP, HCPRA, DHCF*
- District Access System (DCAS) Update - *Tamika Fitzgerald, Deputy Director, DCAS Administration, DHCF*
- Update on Alliance Rule and Policy Development - *Lisa Klug, Policy Analyst, Division of Regulation and Policy Management, HCPRA, DHCF*

4:15– 4:25 DHCF Enrollment Report Update/Status: *April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA, DHCF*

4:25 – 4:30 Next Steps: *Taylor Woods, Special Projects Officer, HCPRA*

4:30 Adjourn

Update on Eligibility Restart Efforts for Locally Funded Health Programs due to end of District's PHE

Danielle Lewis-Wright, Associate Director, Division of Eligibility Policy, Health Care Policy and Research Administration, DHCF



Presentation Overview



- DC Healthcare Alliance Program (the “Alliance”) and Immigrant Children’s Program (ICP) Overview
- Policy Change on Interview Requirement
- End of the District’s Public Health Emergency (PHE)
- Return to Renewal and Application Processing Procedures
- Renewal Timeline
- Current Restart Status and Next Steps
- Questions



Alliance and ICP Programs Overview

- The Alliance and ICP are locally-funded programs designed to provide medical assistance to District residents who are ineligible for Medicaid.

Requirements	Alliance	ICP
Age	21 years old and older	Under 21 years old
Residency	Verified DC Resident	Verified DC Resident (can be attested by parent/caretaker)
Income	At or below 200% FPL	At or below 300% FPL
Assets	Have liquid resources at or below \$4,000 for individuals or \$6,000 for households of two or more	No resource test
Other Healthcare Coverage	Be ineligible for Medicare and third-party health coverage that meets Minimum Essential Coverage (MEC)	Be ineligible for Medicare and third-party health coverage that meets MEC.



Primary Policy Change for Alliance

- DHCF retains its ability to waive the face-to-face or any interview requirement for an additional sixty (60) days following conclusion of the District's public health emergency.
- Alliance applicants and beneficiaries will not be required to attend a face-to-face interview or any interview following conclusion of the District's public health emergency.



End of the District's PHE



- Medicaid Director Letter provides an overview of changes due to end of the District's PHE plus FAQs regarding federal PHE.
- [MDL 21-03 - PHE Frequently Asked Questions.pdf](#)
- DEP revised Transmittal 20-10(rev.) to include policy and eligibility restart efforts for Alliance and ICP.
- [Transmittal 20-10 \(rev.\) - Temporary Eligibility Policy Changes for Medicaid, Children's Health Insurance Program \(CHIP\), Alliance, and Immigrant Children's Programs in Response to Public Health Emergency \(PHE\) COVID-19](#)
- The end of the District's PHE does not impact the District's Medicaid program. Medicaid follows federal PHE guidance and timeline.



Return to Recertifications and New Application Processing



A. For *currently enrolled* Alliance and ICP beneficiaries:

- Restart Renewals: Eligibility will no longer be automatically extended. Monthly recertification processing and verification procedures will be reinstated at the beginning of August for 9/30/21 and 10/31/21 renewals.
- Resume Reporting Changes: for beneficiaries household changes must be reported within 10 days of the change
- Resume verifications and terminations: resume verifications and sending Request for Information (RFI) notices and resume terminations for beneficiaries determined ineligible for coverage or fail to return requested information

B. For Alliance and ICP applicants:

Alliance:

- DHCF will no longer accept self-attestation of all eligibility requirements.
- 60 days after the District's public health emergency (September 25, 2021), at initial application, eligibility factors like income and residency must be verified, if information cannot be electronically verified, documentation must be provided. Self-attestation of household composition and age will remain.
- Applications will be denied if required information is not verified or determined ineligible for coverage.

ICP:

- DHCF will require income eligibility verification. Applicants aged 20 are required to verify residency. Attestation is accepted for all other eligibility factors like household composition and age.
- Applications will be denied if required information is not verified or determined ineligible for coverage.



Renewal Restart Timeline and Processing



Medical Assistance Program Type	Eligibility Certification Period End Date	Notice Issuance Date
DC Healthcare Alliance Program	9/30/2021 and 10/31/2021	8/3/2021
Immigrant Children's Program (ICP)	9/30/2021 and 10/31/2021	8/3/2021

- If the beneficiary returns the renewal form with all supporting documents within the first 30 days, ESA will register and process the renewal.
- If the form is not returned within 30 days, ACEDS is programmed to issue the advance termination notice 30 days prior to the end of the recertification period.
- If the beneficiary returns the form and proper documents by the end of the recertification period, ESA will register and process the renewal.
- If renewals are not returned by the end of the recertification period, there is a 30-day grace period to return renewals.
- Alliance renewals are every 6 months, and ICP renewals are every 12 months.



Current Status and Next Steps

- Current Status of Alliance and ICP Restart
 - 6,531 Alliance and ICP renewals ending 9/30/2021 and 10/31/2021 were mailed on 8/3.
 - Notices mailed in Spanish and English.
 - The renewals ending in 9/30/2021 and 10/31/2021 will be processed in ACEDS.
 - Renewals with recertification end date of 11/30/21 and thereafter will be processed in DCAS/District Direct.
 - Alliance and ICP are included in the DCAS/District Direct September release and will use MAGI Methodology to determine income and household composition.

New CMS Guidance on Resumption of Medicaid Eligibility Operations

Caitlin Brandt, Management Analyst, Division of Eligibility Policy, Health Care Policy and Research Administration, DHCF



Extended Timeframe for Restart Efforts



- Extends the timeframe for states to complete pending eligibility and enrollment actions to up to 12 months after the month in which the PHE ends
 - States were originally given six months
 - Covers pending verifications, redeterminations based on changes in circumstance, and renewals.
 - Does **NOT** cover timely processing of new applications – states still have four months to have application processing systems back to normal.
 - Guidance does not provide a date for the end of the Federal PHE



Redeterminations for Individuals Found Ineligible



- States must complete an additional redetermination for individuals determined ineligible (but not terminated) for Medicaid during the PHE
 - This includes individuals who failed to respond to a Request for Information
- Must comply with standards under 42 CFR §435.916
 - States must check available data sources first, and request documentation when eligibility cannot be renewed based on available information
 - States must allow a minimum of 30 days for the MAGI beneficiaries to respond, and a 'reasonable period of time' for non-MAGI beneficiaries
 - States must determine if beneficiaries found ineligible for Medicaid are eligible for other insurance programs, and transition them accordingly



Other Guidance



- States are encouraged to reassess their approach to prioritizing work after the end of the PHE, given the longer timeframe
 - Must focus on ensuring continuity of coverage for beneficiaries and limiting delays
- States are also encouraged to streamline eligibility and enrollment.
- CMS will be releasing additional guidance to help states achieve these goals.

District Access System (DCAS) Overview

Tamika Fitzgerald, Deputy Director, DCAS Administration, DHCF

DCAS Overview

Subcommittee on Eligibility and Enrollment, Medical Care Advisory Committee (MCAC)

August 2021



Today's Objectives

During today's session, we will cover...

- The **high-level changes** coming with the upcoming launch
- The **programs transitioning** from our legacy system (i.e., ACEDS)
- The functionalities coming with the new **District Direct Resident Portal and Mobile App**
- The **customer journey** using District Direct Resident Portal
- **Benefits** coming with the upcoming launch



What's New?





Changes Coming in September

What's Coming in R3?

COMPLETED:

Brought MAGI Medical programs onto the same eligibility platform (i.e., DCAS)

The Mobile App went live in summer 2020

GOING LIVE IN SEPTEMBER 2021:

All Non-MAGI and remaining MAGI programs will be brought onto our new eligibility system (i.e., DCAS)

The Resident Portal will go live



Programs Moving to District Direct Resident Portal

In addition to **SNAP, TANF, and MAGI Medical programs** already in our eligibility system (i.e., DCAS), the following **Non-MAGI Medical programs** will also be moving and transition roughly 90,000 residents receiving benefits today.

- Aged, Blind, Disabled (ABD) (including Spend Down)
- Breast and Cervical Cancer
- Children in Care (CIC)
- DC Alliance (DCA)
- DCA Unjustly Convicted
- Elderly and Physical Disability Waiver (including Spend Down)
- Immigrant Children's Program (ICP)
- Katie Beckett
- Long Term Care (LTC) Intellectual Development Disability (IDD) Waiver (including Spend Down)
- LTC Institutional Care Facility (including Spend Down)
- Money Follows the Person (MFP) EPD
- MFP IDD
- MAGI Spend Down
- MAGI Emergency & Non-MAGI Emergency
- Non-MAGI Retroactive Medicaid
- Qualified Medicare Beneficiary (QMB) and QMB+
- Supplemental Security Income (SSI) and Deemed SSI

For new applicants or renewing residents, the **Medicaid cascade** in the eligibility will determine eligibility for MAGI medical first, before continuing down the "cascade" to determine which program the resident is eligible for. **This ensures residents receive the best care they can.**



District Direct Resident Portal Functionality

District Direct is a one stop shop entry point for residents and **puts power into the hands of our residents** to apply for and manage their benefits at their convenience. When the portal is live, customers will be able to do the following:

- **Connect to their existing accounts** to see active cases or in progress tasks, such as needing to submit verification documents or recertify
- **Submit applications** for food, cash, and medical benefits
- **Recertify** for the benefits
- Provide **changes of circumstances**, as needed
- View a **personalized dashboard** with required tasks, status, cases, and more available (must have a connected account)
- **Manage and view their benefits** (e.g., active cases, payment details, EBT card balances)
- View **electronic notices** (paper notices will still be sent)
- Review **frequently asked questions (FAQs)** and **contact details** for the agencies



Customer Technology Comparison

What is the difference between District First, DC Health Link, and the BSA Portal?



CURRENT STATE

District Direct	DC HEALTH LINK	BSA PORTAL
Customers use the District First mobile app to apply and manage their food, cash, and medical benefits (Non-MAGI)	Customers use DC Health Link to apply for Medicaid and search for insurance options for themselves or their employees (small businesses)	Customers use the BSA Portal to apply, recertify, submit changes of circumstance, and other forms for food, cash, and medical (Non-MAGI) benefits



FUTURE STATE

District Direct	DC HEALTH LINK
Customers will come to the District First Citizen Portal or mobile app to apply and manage their food, cash, and medical benefits (MAGI and Non-MAGI)	Customers will come to DC Health Link to search for insurance options for themselves or their employees (small businesses) if they do not need any financial assistance



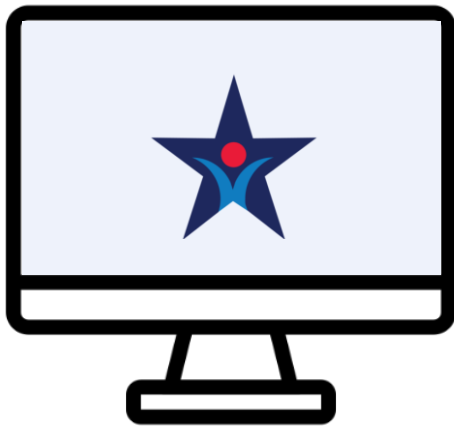


What are the Benefits?



Upcoming Benefits

When District Direct goes live, as a complement to the mobile app, residents and staff will see the following benefits:



BENEFITS	
Residents will...	Staff will...
<ul style="list-style-type: none">- Leverage the portal to complete the combined application at their leisure- Have remote access to all services- Be able to use the portal anytime, anywhere, becoming the preferred way for customers to apply and manage their benefits- Customers will be able to view electronic notices, allowing more time for responses (e.g., recertification deadlines, missing verifications, etc.), while still receiving notices in the mail- Be able to keep better track of their recertification and renewal deadlines- Be able to submit their verification documents electronically	<ul style="list-style-type: none">- Receive pre-populated applications in DCAS whenever a resident applies through the portal- Experience a smaller volume of customers each day as they embrace the self service functionality, allowing caseworkers to focus more on customer service- Receive fewer calls regarding some of the most popular customer questions, including payment details and case status, because those details will be listed in the mobile app and portal



User Story: Jeremy is Interested in Applying for Benefits



1

MEET JEREMY

Jeremy, a 58 year old resident who **just moved to DC** to be closer to his granddaughter, would like to **apply for benefits**

2

CREATE ACCOUNT

Jeremy visits the DHS website and **finds information about the Resident Portal**, so he visits the page and creates an account

3

CHECKS POTENTIAL ELIGIBILITY

Jeremy clicks "**check what you might get**", enters his information, and sees he may be eligible, so he decides to apply

4

SUBMITS APPLICATION

Jeremy **completes and submits his application**, uploads his verification documents, and waits for an eligibility determination

Continues on
next slide



User Story: Jeremy is Interested in Applying for Benefits (Continued)



5

ELIGIBILITY NOTIFICATION

Jeremy logs into the portal some time later and **sees a notification that he is eligible** and is now receiving SNAP benefits (he also receives a notice in the mail)

6

DOWNLOADS MOBILE APP

Jeremy's granddaughter sees that there is a **mobile app**, so she helps her grandpa download the mobile app to his phone, so he can manage his benefits on the go

7

DEADLINE NOTIFICATION

Jeremy **gets a notification** on his phone after about 12 months that he is **approaching his recertification deadline** so he recertifies in the mobile app

8

MANAGE BENEFITS

Jeremy **continues to manage his benefits** using the portal and the mobile app





Let's Recap





What We Hope You Take Away

- 1. All District Residents Receiving Public Health Coverage Will Transition to the new System**
 - This release will transition the roughly 90,000 remaining residents (1/4 of total Medicaid beneficiaries)
- 2. No Current Beneficiaries Should Lose Coverage as a Result of this Transition**
 - Beneficiaries who are transitioning will need to provide additional income data at their next renewal period to determine eligibility under the new automated rules engine, which first screens for eligibility under federal tax-based modified adjusted gross income (MAGI) methodology (i.e., Medicaid Cascade)
- 3. The Resident Portal Puts Power in District Residents' Hands - Making it Easier to Apply For, Renew, and Change Enrollment in District Health and Human Service Programs**
 - This one-stop shop entry point will allow residents to use the same information to apply for many essential health and human service programs at once (e.g., Medicaid, TANF, SNAP) using a new integrated application



Update on Alliance Rule and Policy Development

Lisa Klug, Policy Analyst, Health Care Policy and Research Administration, DHCF

Alliance Program Policy Changes: Legislation and FY 22 Budget Support Act

Source	Policy Change
Unjust Imprisonment Act	Creates a new Alliance eligibility group for individuals who are determined unjustly convicted and imprisoned in the District of Columbia
Prescription Drug Monitoring Program Query and Omnibus Amendments Act	Allows individuals to complete initial interviews and recertifications over the phone and through electronic means, including a web-based portal
FY22 BSA (Mayor's Proposal)	Eliminates the interview requirement for the Alliance Program at initial application and renewal Retains 6-month recertification requirement

Alliance Program Policy Changes: DHCF Proposed Rule

DHCF is proposing new DC Healthcare Alliance rule to:

- Implement changes in Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 and FY22 Budget Support Act (dependent on final text) to:
 - Eliminate the requirement for in-person interviews
 - Allow individuals to apply and recertify over the phone and through electronic means, including a web-based portal
- Update Alliance eligibility standards and processes for greater parity with Medicaid:
 - Increases income eligibility levels to 210% of federal poverty level with 5% disregard – same as Medicaid childless adult limits
 - Adopts Modified Adjusted Gross Income (MAGI) income methodology and other Medicaid eligibility standards and processes
 - Eliminates resource limits, comparable to Medicaid MAGI standards
 - Suspends capitation payments to the Alliance beneficiary's Managed Care Organization if the beneficiary becomes incarcerated
 - Allows DHCF to conduct periodic electronic data matches to update or confirm District residency between renewal periods, and to initiate termination of Alliance eligibility if the discrepancy isn't resolved
- Establish a new Alliance eligibility group for individuals determined unjustly convicted and imprisoned in the District of Columbia, pursuant to Unjust Imprisonment Act requirements
- Rule will be shared with Council for approval in early Fall 2021

Monthly Enrollment Report Update

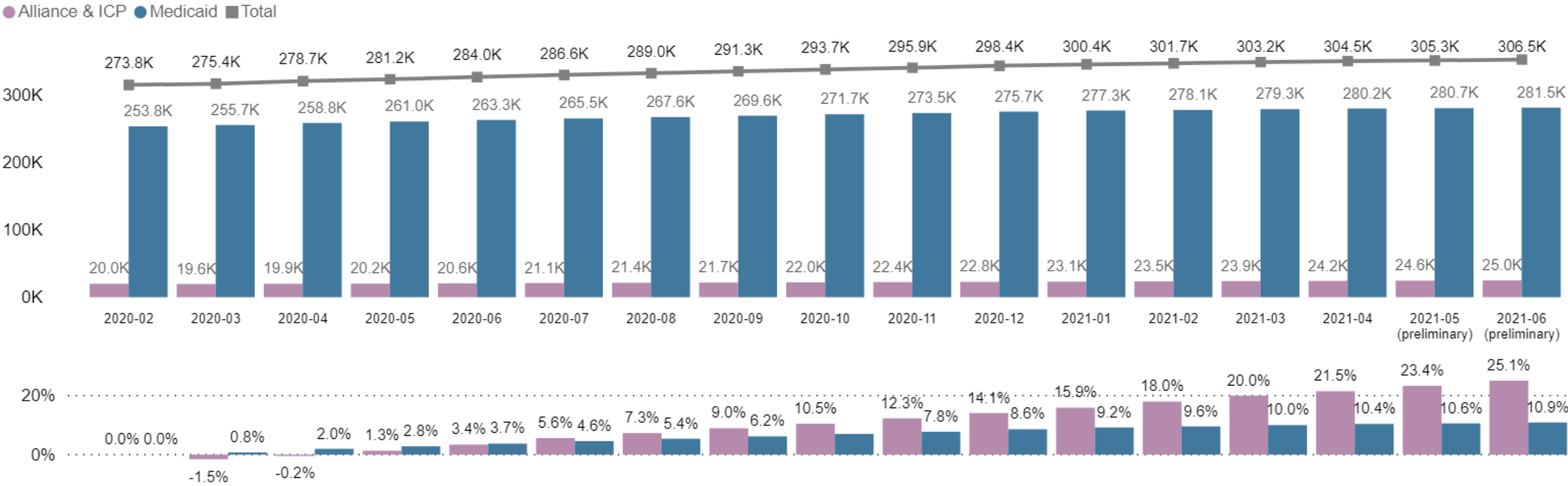
April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA,
DHCF

Update on Enrollment Through June 2021

DHCF enrollment for June was 306,505

- **Medicaid** (281,542) has grown by **10.9%** since February 2020 (prior to the public health emergency)
- **Alliance** (20,883) and **ICP** (4,080) combined have grown by **25.1%** since February 2020
- Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

Number and Percentage Change in Enrollment Since February 2020 by Program



Questions and Comments