

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



DISTRICT OF COLUMBIA MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Meeting Minutes
Wednesday, October 28, 2015
1:30 pm to 3:00 pm

Attendance

Wes Rivers, DC Fiscal Policy Institute
Carmelita White, DHCF
Claudia Schlosberg, DHCF
Marina Havan, DHS
Zenia Sanchez, Terris, Praylik & Millian, LLP
Kathleen Millian, Terris, Praylik & Millian, LLP
Orlando Barrios, Terris, Pravlik & Millian, LLP
Jessica Foster, Health Management Associates
F. Sears, Trusted Health Plan
Lauren Kugel, MFC
Michael Villafranca, Children's Law Center
James Christian, AmeriHealth
Ron Swanda, COA
Justin Palmer, DCHA
Racheal Plaskon, DHS
Justin Stokes, DHCF
Anthony Proctor, DHCF

Makenzie McIntosh, DHCF
Krysta Lynn Ricard, DHCF
Araceli Simbulan, DHCF
Tamika Fitzgerald, DHCF
Sharon Augenbaum, DHCF
Hazelyn Martin Henry, DHCF
Kevin O'Donnell, DHCF/OGC
John Wedeles, DHCF
Colleen Sonosky, DHCF
Danielle Lewis, DHCF
Deniz Soyer, DHCF
Ayesha Smith, DHCF
Serina Reckling, DHCF
Yorick Uzes, DHCF
Constance Yancy, DHCF
An-Tsun Huang, DHCF
Robert Howard, DHCF
Lisa Truitt, DHCF

Participation via Conference Call:

Veronica Sharpe, DCHCA
Chris DeYoung, GW Health Insurance Project
HSCSN
DC Primary Care Association
AARP
DCHA
Chelsea Sharon, Legal Aid

Erin Loubier, Whitman Walker
Judy Levy, DC Long Term Care
Trusted
DC CLL
MedStar HHA
Monica Brown, DHS

I. Welcome, Introductions, and Approval of Minutes

Wes Rivers, MCAC Chair, called the meeting to order at 1:33 p.m. There were fourteen (14) MCAC members present. Mr. Rivers called for a motion to approve the meeting notes of the September 23, 2015, Medical Care Advisory Committee Meeting (MCAC). The motion was seconded and approved, with the exception of one abstention, and an edit to agenda item #II, M1 and D1 Renewals Update - the last two (2) words in the paragraph should read "RFP process."

II. M1 and D1 Renewals Updates

Claudia Schlosberg stated that the DC Access System (DCAS), the new automated eligibility system, the process of designing, building, and implementing has been not without challenges. It is a very large IT project, and like other states, the District has had challenges. We have managed those challenges with our technical teams that identify the issue, and then work on the technical fixes. We also have programmatic teams composed of both the Department of Human Services (DHS) and the Department of Health Care Finance (DHCF) staff who develop the workarounds and try to address the problems to ensure that we are providing eligibility determinations to beneficiaries. Sometimes a problem is not revealed to us immediately. There is a very organized system for tracking those issues, for tracking progress on resolving them, and for trying to manage them.

Ms. Schlosberg specified that one of the things that is critically important is that we have to rely on you as members of the community, and advocates, to inform us when a beneficiary who has been adversely affected by one of the technical glitches, is in need of immediate assistance. There is a call center, emails are set up, and we are always accessible. Our goal and commitment here is to the people that we serve, to keep them connected to Medicaid, to ensure that they get access to Medicaid as quickly as possible.

She concluded that the project has at times posed challenges. These were technical issues that we could not have necessarily prevented. The issue is how well we are managing them. So we have brought people together to give you an update on where we are on Medicaid applications and renewals.

DC Health Link MAGI Medicaid Processing – Danielle Lewis & Katheryne Lawrence, DHCF, provided a presentation regarding DC Health Link MAGI Medicaid Processing (*slide deck available on DHCF's website*).

Following are a few key points from the presentation that were discussed:

- **Update on DCHL Processing** – Enrollment numbers, issues with processing, and renewals. Over 60,000 were added through converted MAGI renewals (M1). Population that is moved from legacy mainframe ACEDS into new DC Health Link.
- **Processing Issues** – Backlog, Malformed cases, and not activated
- **Background** – A set of variables have been identified that meet CMS 'backlog' categorization. These variables are being used to build a data search. These may or may not have Medicaid Benefits.
- **Causes for Backlog**
 - Malformed Cases (Group #1)
 - Remediation Action
- **Application Backlog** – Group 2
 - Approved but not active (Group #2)
 - Remediation action as approved by CMS
- **Renewals**
 - Every year the District determines if a Medicaid member is still eligible to receive Medicaid coverage. This process is called Medicaid renewal.
 - In order to continue to receive health coverage beneficiaries must renew every twelve (12) months.

- **MAGI Renewals Eligibility Categories**
 - Parents/Caretaker relative
 - Infants and Children (0-18 years)
 - CHIP
 - Youth (19-20 years)
 - Childless Adults (21-64)
 - Pregnant Women
- **MI Renewals vs. DI Renewals** – There was discussion regarding the differences between M1 converted MAGI renewals and D1 D.C. Health Link renewals
- **MAGI Renewals Outreach Efforts**
 - Mailings and postcards to individuals and families due to renewal Medicaid Coverage
 - Robo Calls
 - Managed Care Outreach Efforts
- **MCO Outreach Timeline for MAGI Renewals**
- **MI/DI Renewals Update**
- **Converted MAGI Medicaid Renewals (MI)**
- **DI Renewals Metrics**
- **Renewal Processing Issues (tracked at case level)**
 - Malformed Cases (Group 1)
 - Address Conversion (Group 3)
- **Group 1 & 3**
 - Background
 - Remediation Plan – Passive
 - Remediation Plan Non-Passive
 - For ongoing cases effect by defects
- **If You Encounter a Problem**
 - Call Center Contact & Fair Hearing Information: (855) 532-5465, hours 8:00 am – 5:30 pm
 - In-Person at Service Center: Information given for each Service Center (*for additional details, please see slide deck on DHCF's website*)

In addition, Marina Havan, DHS and Kathryn Lawrence, DHCF discussed issues regarding applications that have not been processed due to problems with the renewal applications. There were several questions regarding the application process. Kathryn Lawrence stated that she will provide the link to the DCAS Webinar again, which will provide details regarding the application process.

Ms. Havan stated that the software problem will be resolved once the software has been upgraded and she reported on enrollment numbers and remediation plans. She also stated that teams are working overtime on weekdays in the evenings and on weekends on the backlogs to track pending applications.

Ms. Lawrence discussed the remediation plan for renewal forms from May – October. There was some discussion regarding renewal forms that were not received by beneficiaries whose addresses were affected by the software issue. She said that those individuals would be contacted.

Ms. Lawrence was asked if she could provide the PowerPoint. She stated that she would and that it will be emailed, and made available on DHCF's website.

Wes Rivers stated that beginning the January cycle we will have a large influx of renewals being brought into the service centers. He asked if DHS has enough staff to process the applications. Ms. Haven stated that they have fifty (50) people who have been planning for this.

Ms. Schlosberg provided some good news from CMS. She reported that the amendments to the EPD Waiver were approved by CMS. It will be implemented on January 1, 2016. A new emergency rule for Personal Care Assistance Services was adopted on October 27, 2015. It should be published in the DC Register this Friday. Also, a vendor has been selected for Participant Directed Services. We hope to have it completed by November 15, 2015.

Lastly, Ms. Schlosberg reported that DHCF has had to suspend payments to another home health agency based on credible allegations of fraud. We have been in the process of moving and transitioning beneficiaries to other home health providers.

III. Adjournment

The meeting was adjourned at 3:06 pm

Approval of Minutes:

Wes Rivers, MCAC Chair

Date