

Proposed MCAC Eligibility and Enrollment Subcommittee Overview

BACKGROUND

District of Columbia policymakers have worked hard to create a strong safety net for low-income, vulnerable families and individuals. This is demonstrated in particular by the District's expansion of eligibility for public health insurance programs, which have greatly contributed to the District's success in achieving nearly universal health coverage for children and adults, regardless of age, disability, or immigration status.

Ensuring efficient, consistent, and accurate eligibility determination and renewal process is an important part of health insurance access. To assist with the creation of its state based marketplace, DC implemented an online eligibility determination system. DC is also working to improve its associated business processes in the service centers to improve overall consumer access for application and renewals. Like with any transition of this size and scale, service delivery issues impacted by staffing and technological challenges have compromised the access to these programs for many District residents, where they must line up very early to conduct business in the service center and often wait long times to attempt to complete their business. There have also been challenges with application and renewal processing, requiring consumers to return multiple times to conduct their business or bring back documentation that has already been provided.

Sharing consumer, consumer assistance, provider, and advocate experience on the eligibility determination process is an important monitoring piece of the process as well as a critical opportunity to help improve access and reduce consumers losing coverage or churning in the eligibility process. Collaboration between these stakeholders and the Economic Security Administration have created monthly business process improvement meetings to discuss implementation issues and policy changes to improve service delivery.

The MCAC is an appropriate venue for this ongoing work. In particular, numerous provisions of the MCAC by-laws and procedures indicate that the MCAC may take a role in highlighting community concerns, reviewing DHCF data, advising DHCF leadership, helping evaluate the health insurance enrollment process, and ensuring that services meet needs under reasonable costs.

SUBCOMMITTEE MISSION

As such, MCAC members representing provider and advocate roles propose the formation of an Eligibility and Enrollment Subcommittee for the purposes outlined above. This subcommittee will focus on the experiences of consumers, consumer assistance, providers, and advocates to monitor and improve experiences applying and maintaining health insurance. The subcommittee will work collaboratively with ESA and other relevant agencies to identify areas for improvement and success and solutions.

SUBCOMMITTEE GOALS

The goals of the Subcommittee are as follows:

1. Monitor service delivery at the six Economic Security Administration service centers.
2. Monitor enrollment, application and renewal trends for Medicaid and the Healthcare Alliance.
3. Bring service delivery issues to the attention of the MCAC.
4. Provide suggestions on how to improve the enrollment process and ensure high quality service delivery for consumers by working with ESA and other relevant agencies.

5. Review notices or plans affecting consumers' ability to access benefits in the application and renewal process.

FREQUENCY OF MEETINGS

The Subcommittee would meet monthly to discuss new or ongoing issues.

METHODS OF COMMUNICATION

The subcommittee would hold meetings in person or by conference call, as determined by the subcommittee if and when established.