

MCAC ELIGIBILITY AND ENROLLMENT SUBCOMMITTEE MEETING



April 21, 2021

Agenda

- 3:00 – 3:10** **Welcome and Introductions:** *Eric Scharf, MCAC, E&E Subcommittee Chair; Advocacy Advisor, Depression and Bipolar Support Alliance and Danielle Lewis-Wright, Associate Director, Health Care Policy and Research Administration (HCPRA), Division of Eligibility Policy (DEP), DHCF*
- 3:10 – 3:40** **DCAS Release 3 System Updates:** *Lavar Youmans, Program Director, DC Access System (DCAS) Management Administration, DHCF*
- Overview of DCAS System Launch
- 3:40 – 4:05** **Department of Health Care Finance (DHCF) Policy Updates:**
- FFCRA Implementation Efforts Update: *Danielle Lewis-Wright, Associate Director, DEP, HCPRA, DHCF*
 - Alliance and Immigrant Children’s Program Rules: *Alessandra Klug, Policy Analyst, DRPM, HCPRA, DHCF*
- 4:05– 4:20** **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**

District First Overview

MCAC: Eligibility and Enrollment Subcommittee Meeting

April 21, 2021





Today's Objectives

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

- The **high-level changes** coming with the July launch
- The **programs transitioning** from our legacy system (i.e., ACEDS)
- The functionalities coming with the new **District First Citizen Portal and mobile app**
- The **customer journey** using District First
- **Benefits** coming with the upcoming launch



What's New?





Changes Coming in July

What's Coming in R3?

COMPLETED: Brought MAGI Medical programs onto the same eligibility system (i.e., DCAS)

The District First mobile app went live in summer 2020

GOING LIVE ON JULY 2, 2021: All Non-MAGI and remaining MAGI programs will be brought onto our new eligibility system (i.e., DCAS)

The District First Citizen Portal will go live

In the months leading up to go-live, we will host meetings to share details with our Advisory Bodies to **keep you and your teams up to date on project milestones** through go-live



Programs Moving to the New Eligibility System

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 (**no current beneficiaries will lose coverage as a result of this transition**)

- 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

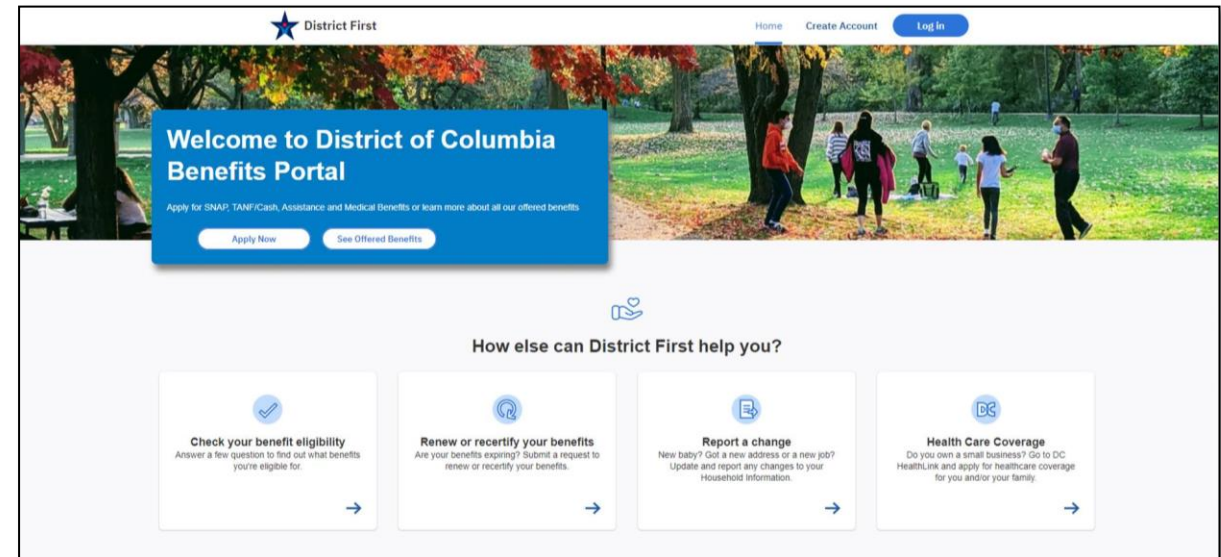
For new applicants or renewing residents, the **Medicaid cascade** in the eligibility will determine eligibility for MAGI medical first, before continuing down the "cascade" to determine which program the resident is eligible for. **This ensures residents receive the best care they can.**



District First Functionality

District First 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 District First Citizen 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 Benefits Citizen Portal?



CURRENT STATE

	DISTRICT FIRST	DC HEALTH LINK	BENEFITS CITIZEN 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 FIRST	DC HEALTH LINK	BENEFITS CITIZEN PORTAL
	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	Will remain open through cutover, but looking to sunset in August





What are the Benefits?



Benefits of District First

The District First Citizen Portal will also go live in July, as a complement to the District First mobile app, which is already live today



Benefits

- Desktop version of DC combined application for **customers to complete tasks at their leisure**
- Gives **remote access** to all services
- Will **reduce lines and wait times** for Call and Service centers
- Meets clients where they most **prefer to apply** for benefits
- **Automates the backend process**, reducing manual efforts on caseworkers
- Customers will **receive e-notices**, allowing more time for responses (e.g., recertification deadlines, missing verifications, etc.)



User Story: Jeremy Applies for General Benefits Online

START

1

MEET JEREMY

Jeremy, a 68 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 District First**, so he visits districtfirst.com and creates an account

3

CHECKS POTENTIAL ELIGIBILITY

Jeremy clicks “**check what you might get**”, enters his information, and sees he may be eligible for medical benefits, so he decides to apply

4

SUBMITS APPLICATION

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

5

ELIGIBILITY NOTIFICATION

Jeremy logs into District First some time later and **sees a notification that he is eligible** and is now receiving non-MAGI benefits (he also receives a notice in the mail)

6

DOWNLOADS MOBILE APP

Jeremy's granddaughter sees that there is a **District First mobile app**, so she helps her grandpa download the 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 mid-certification deadline** so he renews in the mobile app

8

MANAGE BENEFITS

Jeremy **continues to manages his benefits** using District First



User Story: Tina Renews Her SNAP and Medicaid Benefits in the App

START



1

MEET TINA

Tina is a **new mom** that has been living in DC all her life and has been receiving SNAP and Medicaid benefits for the past 5 years

2

DOWNLOAD APP

Tina sees a post on social media about the District First mobile app and decides to **download** it to manage her benefits

3

CONNECT ACCOUNT

After downloading the app, Tina **connects her account** and sees she is up for renewal

4

UPDATING INFO

By clicking on the renewal notification, Tina is able to quickly go through the process of **updating her information and renewing her SNAP and Medicaid benefits**

5

MANAGE BENEFITS

Tina **continues to manage her benefits** using the District First mobile app and loves how easily she is able to keep track of her benefits





Let's Recap





What We Hope You Take Away

- 1. All District Residents Receiving Public Health Coverage Will Transition to the *District First* Eligibility System on July 5, 2021**
 - 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. District First 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



FFCRA Implementation Efforts

Danielle Lewis-Wright

Associate Director, Division of Eligibility Policy, HCPRA, DHCF

DHCF Must Comply with FFCRA/CARES Act Requirements

- ❑ **CMS issued Interim Final Rule with Comments (IFC) on 11/2/20 with key changes:**
 - Requires states to transition individuals to within eligibility groups if change in circumstances (a change in circumstance can be aging out of an eligibility category into another)
 - Adds “not validly enrolled” beneficiaries to list of individuals who can be terminated
 - Allows states to:
 - Terminate based on PARIS match findings of non-residence
 - Reduce benefits if appropriate during PHE at state option

- ❑ **CMS issued SHO #20-004 on 12/22/20 with more sub-regulatory guidance:**
 - Created options for states to prioritize action on restart of eligibility operations
 - Clarified that states can only act on renewal information if no more than six months old
 - Requires states to develop a process to restart efforts and document in a plan for CMS review upon request

- ❑ **DHCF convened work group with ESA on path to compliance**

Changes in Circumstance(CIC) & Medicaid Impact

- States must redetermine Medicaid and CHIP eligibility between regular renewals when they have information about a change in circumstances (CIC) that affects eligibility – either beneficiary-reported or state-identified. 42 CFR §§ 435.916(d), 457.343, and 600.340
 - Beneficiary-Reported Changes: income, residency, household composition, pregnancy, resources
 - State-Identified Changes: age milestone (turning 19, 21 or 65), level of care assessment, Medicare entitlement/enrollment, household composition, income
- Original FFCRA guidance barred states from acting on CICs.
- Recent FFCRA interim final rule with comment (IFC) created new requirement:
 - If a CIC puts a beneficiary in a new eligibility group, the state must reevaluate and put the beneficiary in the correct group.

DHCF and ESA Leadership Direction

DHCF and ESA leadership shared direction guiding implementation planning:

- Preserve access to services to greatest extent possible
- Use phased approach for implementation, with focus on Change of Circumstances (CIC) and renewals monthly
- Additional Considerations:
 - Conversion of ACEDS non-MAGI/Alliance/ICP cases to DCAS
 - ESA restart of FNS and TANF Renewals

DHCF Proposes a Phased Approach That Leverages DCAS Implementation to Minimize Lift

- Recommend the “Hybrid Phased” approach:

Option #	Change of Circumstances (CIC)	MAGI Renewals	Non-MAGI Renewals
5 – Hybrid Phased	MAGI & Non-MAGI: acting of reported changes	Restart will first begin with MAGI Renewals (Phase 1)	Phase 2: Non-MAGI Renewals

To support implementation, HCPRA/DEP is:

- Developing new polices, notices, revised COVID related transmittals, training modules for ESA staff
- Coordinating with ESA and DHCF/DCAS on efforts identify and implement needed operations and system changes.
- Developing organizational and communications plan

FFCRA Notices

- DHCF will be sharing five new notices as part of FFCRA implementation, including:
 - **Termination of EPSDT services** for beneficiaries turning 21
 - **Renewal cover letter** to accompany renewal form
 - **Request for Information (RFI)** requesting additional information at renewal or change in circumstance
 - **Change in Circumstance Decision** informing the beneficiary CIC has been processed and determination completed
 - **Medicare Entitlement Enrollment Change of Circumstance** informs beneficiaries aged 65 and older or aged 64 in childless adult group with income over 100% FPL to their transition to QMB coverage.

FFCRA Implementation Will Not Disrupt Coverage Except in Limited Circumstances

- **Changes in Circumstance (CICs):** During the COVID-PHE, Medicaid coverage will continue for beneficiaries who report a change in circumstances and determined ineligible with the exception of beneficiaries reported as no longer being District residents, death, and requests to terminate coverage
- **Renewals:** Medicaid coverage will continue for beneficiaries who return their renewal form and are determined to be ineligible and for beneficiaries who do not return their renewal form

Alliance and Immigrant Children's Program Rule Update

Lisa Klug, Policy Analyst, Division of Regulation and Policy Management, Health
Care Policy and Research Administration, DHCF

Summary of Alliance Rule

DHCF drafted policy reforms for the DC Healthcare Alliance program to comply with recent changes and update eligibility standards consistent with Medicaid for DCAS launch – the new rules would:

- Update Alliance eligibility requirements to ensure greater parity with Medicaid eligibility standards and processes to:
 - Increase Alliance income eligibility levels to 210% of the federal poverty level with a 5% disregard – comparable to Medicaid childless adult limits
 - Adopt Modified Adjusted Gross Income (MAGI) income methodology and other Medicaid eligibility standards and processes
 - Eliminate resource limits, comparable to Medicaid MAGI standards
- Implement changes from the DC Healthcare Alliance Program Recertification Simplification Act to:
 - Allow exemption from in-person interviews for enrollees or their caregivers that are hospitalized, disabled (including an individual who is pregnant), or elderly (65 or older)
 - Limits in-person interviews to only once every twelve (12) months
 - Allows individuals to complete interviews during recertifications over the phone
- Establish a new Alliance eligibility group for individuals determined to have been unjustly convicted of a crime in the District of Columbia, pursuant to statutory requirements under the Unjust Imprisonment Act
- Suspend capitation payments to the Alliance beneficiary's Managed Care Organization if the beneficiary becomes incarcerated
- Allow DHCF to conduct periodic electronic data matches to update or confirm District residency between annual renewal periods, and to initiate termination of Alliance eligibility if an individual does not resolve the discrepancy
- Rule will be shared with Council for approval in Summer 2021

Summary of Immigrant Children's Program Rule

- DHCF is proposing policy reforms to Immigrant Children's Program through a rule that would:
 - Increase income eligibility to levels comparable to Medicaid/CHIP for children:
 - 319% of the federal poverty level, plus 5% disregard for children 0-18
 - 216% of the federal poverty level, plus 5% disregard for children 19-20
 - Streamline and updates ICP eligibility requirements and procedures to ensure greater parity with Medicaid eligibility standards and processes, including:
 - Adopting Modified Adjusted Gross Income (MAGI) methodology for household income; and
 - Updating non-financial eligibility factors to more closely align with Medicaid financial eligibility requirements.
 - Suspending benefits and capitation payments to the enrollee's Managed Care Organization if the enrollee is incarcerated.
 - Allowing periodic electronic data matches to update or confirm District residency between annual renewal periods, and to initiate termination of eligibility if an individual does not resolve the discrepancy.
- Changes will be effectuated through amendments to the DC code and a rule being proposed for implementation in Summer, 2021

Monthly Enrollment Report Update

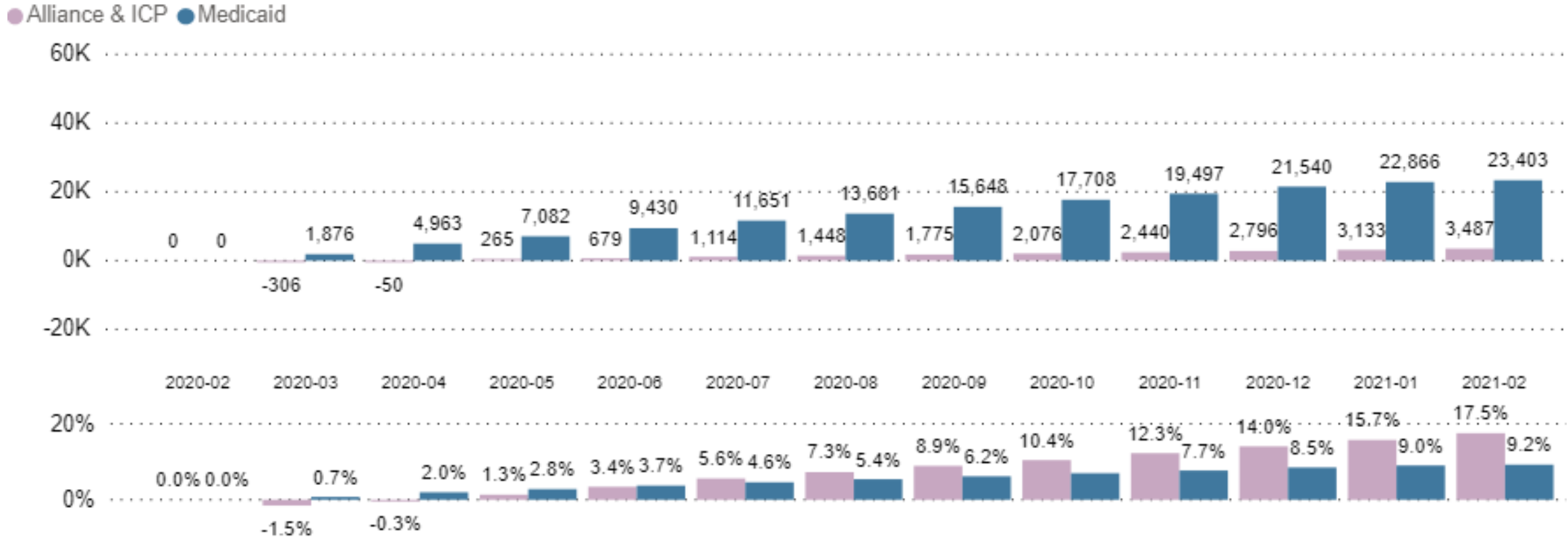
April Grady, Associate Director, Division of Analytics and Policy Research, HCPRA,
DHCF

Update on Enrollment Through February 2021

DHCF enrollment for February was **300,317**

- **Medicaid** (276,925) has grown by **9.2%** since February (prior to the public health emergency)
- **Alliance** (19,403) and **ICP** (3,989) combined have grown by **17.5%** since February
- Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

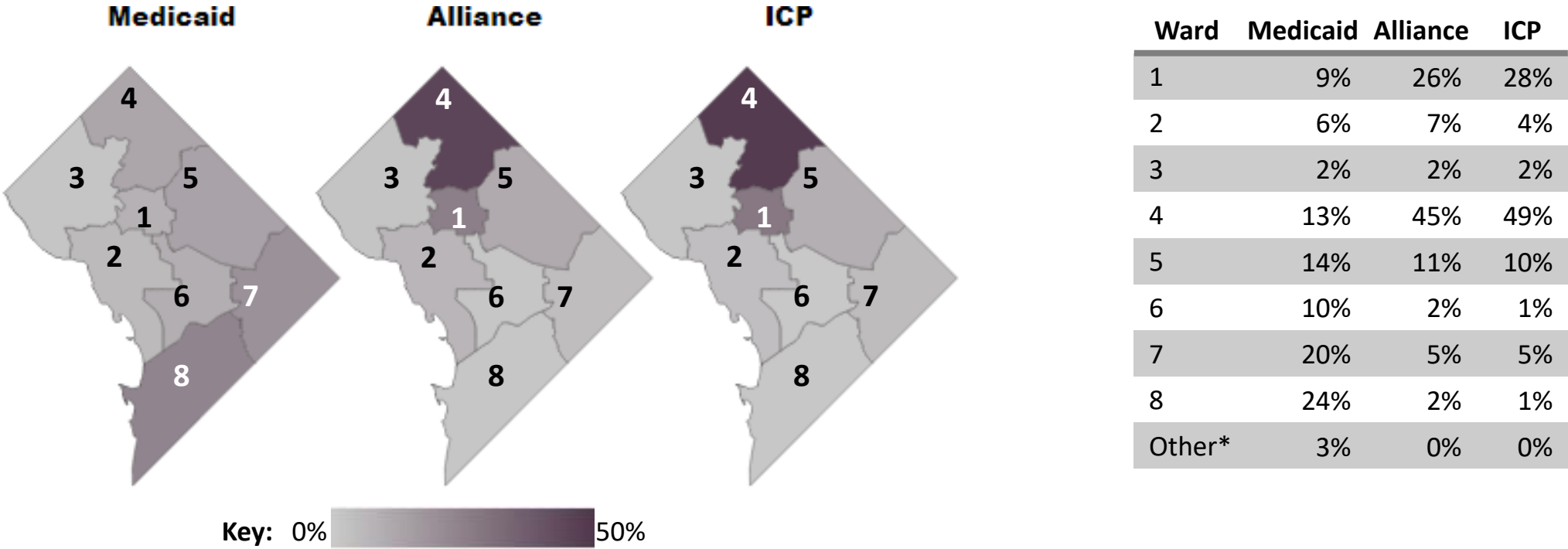
Number and Percentage Change in Enrollment Since February 2020 by Program



Enrollment by Program and Ward

- Most Medicaid beneficiaries (44%) live in Wards 7 and 8
- In contrast, most Alliance (71%) and ICP (76%) beneficiaries live in Wards 1 and 4

Beneficiary Distribution by Program and Ward, FY 2020



Source: DHCF Medicaid Management Information System data extracted in March 2021.

Note: Based on average monthly enrollment. ICP = Immigrant Children’s Program. Sum of components may not equal total due to rounding. *Other includes cases where a mapping is not readily available (e.g., due to a non-standard address format).

Comments/ Questions/Next Steps
