

# MCAC ELIGIBILITY AND ENROLLMENT (E&E) SUBCOMMITTEE MEETING



May 18, 2022

# Agenda

- **3:00 – 3:10 Welcome, Introductions, and Ground Rules:**
  - *Eric Scharf, MCAC, E&E Subcommittee Chair; DC Advocacy Chair, Depression and Bipolar Support Alliance, National Capital Area Chapter;*
  - *Taylor Woods, Staff Lead, E&E Subcommittee; Special Projects Officer, Health Care Policy and Research Administration (HCPRA), Department of Health Care Finance (DHCF)*
- **3:10 – 4:15 DHCF Updates:**
  - Update on Planning Eligibility Restart Efforts In Preparation for the End of the Federal Public Health Emergency (*Danielle Lewis Wright, Associate Director, Division of Eligibility Policy (DEP), HCPRA, DHCF*)
  - *Communication Strategy on Beneficiary Renewals*
- **4:15– 4:25 DHCF Enrollment Report Update/Status:** *April Grady, Associate Director, Analytics and Policy Research Administration, DHCF*
- **4:25 – 4:30 Next Steps:** *Taylor Woods, Special Projects Officer, HCPRA*
- **4:30 Adjourn**

# Update on Planning Restart for the End of the Federal Public Health Emergency (PHE)

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



# Agenda



- **Overview**
- **Restart Timeline Decision**
- **Verifications**
- **Waiver Decisions**



# Basic Restart Requirements



- States are required to conduct a renewal for all beneficiaries after the PHE before taking any action
- CMS has given states 12 months to initiate all actions, and an additional 2 months to complete all actions.



# CMS Unwinding Chart Flow Options

CMS Flow from SHO Letter



**End of PHE**  
End of the Month in Which the PHE Ends

States only initiating renewals
  States initiating and completing renewals
  States only completing renewals
  12 month unwinding period
  No unwinding-related E&E actions

## Option A: State begins 12-month unwinding period two months prior to the end of the PHE



## Option B: State begins 12-month unwinding period one month prior to the end of the PHE



## Option C: State begins 12-month unwinding period the month after the PHE ends





# Verifications



- Before the PHE, there were certain eligibility factors that had to be electronically verified before enrollment as part of the District's Verification Plan:
  - Income
  - Assets
  - DC Residency
  - Social Security Number
  - Citizenship/Immigration Status
- **During the PHE, the District amended its State Plan to accept attestation of income, residency, and resources.**
- **After the PHE, electronic verifications will restart for new applicants and for current beneficiaries during their renewal**



# Reasonable Compatibility Threshold for Income



- Under reasonable compatibility, states do not require additional documentation from the applicant or beneficiary when the self-attested income is below the eligibility income threshold and the electronic data source reports an income above the eligibility income threshold and the difference between the two is lower than the District's current reasonable compatibility threshold of 10%.
- However, electronic income data is not always completely accurate or may be slightly out of date, and 10% creates a very low range for error.
- The District is increasing the reasonable compatibility threshold to 20%, allowing more flexibility for data errors that may be no fault of the applicant or beneficiary.





# Waivers for the Unwinding Process



- CMS has provided temporary waiver options to help smooth the unwinding process and mitigate churn and adverse actions during the PHE. The District is electing to apply for three:
- 1. DHCF is partnering with Managed Care Plans and using NCOA and return mail to Update Beneficiary Contact Information**
    - This waiver will allow Managed Care plans to update beneficiary contact information without additional confirmation from the beneficiary. The updated contact information can only be accepted from a first party.
    - This waiver will remain in effect for 14 months after the end of the PHE.
  - 2. Automatic Reenrollment in Managed Care plans after termination**
    - A temporary waiver that will allow Managed Care plans to automatically reenroll a beneficiary in the managed care plan if they fall off Medicaid and reenroll within 90 days.
    - This waiver will remain in effect for 17 months after the end of the PHE.



# Waivers for the Unwinding Process (cont.)



## 3. **Passive renewals for individuals with zero attested income**

- This will allow the District to conduct passive renewals for beneficiaries who attested to zero income and had been properly verified according to the District's verification plan in the 12 months prior to the start of the PHE in March 2020.
- The District must still review all non-financial eligibility factors and meet non-financial factors to passively renew eligibility.

# Communication Strategy on Beneficiary Renewals



# Communication Strategies Underway for the Unwinding Process



- Internal efforts are underway to procure a vendor to lead communication and outreach efforts for unwinding efforts
- DHCF is developing strategies to engage beneficiaries and stakeholders
  - More to share in future meetings.
- DHCF is in the process of developing a 1 pager to share with stakeholders and beneficiaries

# Monthly Enrollment Report Update

April Grady, Director, Analytics and Policy Research Administration, DHCF

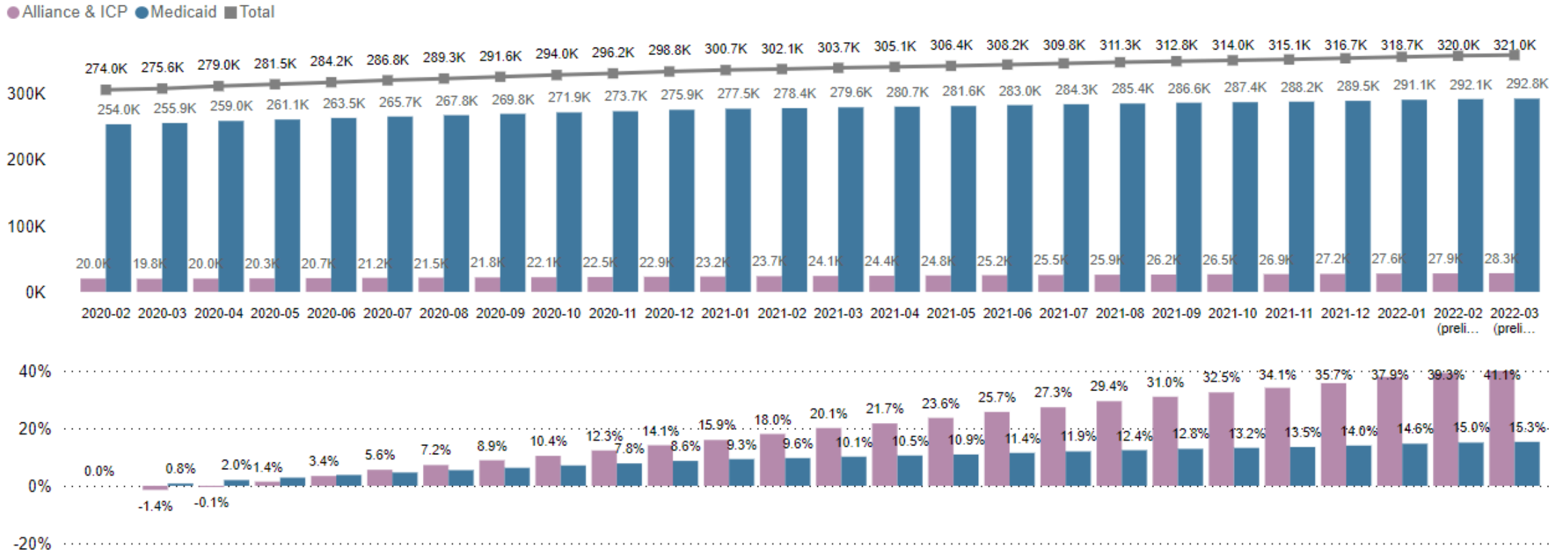
# Update on Enrollment Through March 2022



DHCF enrollment for March was **321,031**

- **Medicaid** (292,762) has grown by **15.3%** since February 2020 (prior to the federal public health emergency)
- **Alliance** (23,736) and **ICP** (4,533) combined have grown by **41.1%** since February 2020
- Monthly reports with additional detail are on the DHCF website: <https://dhcf.dc.gov/node/1180991>

## Number Enrolled and Percentage Change in Enrollment Since February 2020 by Program



# Questions and Comments