



Medical Care Advisory Committee

June 29, 2022



Agenda



- Call to Order
- Approval of Minutes
- Q&A on Medicaid Program Update (15 minutes)
 - Doula Services
 - Healthcare Workforce Taskforce
 - Enrollment Snapshot
 - SPA, Waiver, Rule Update
- Discussion Topics (80 minutes)
 - New Medicaid Card
 - Unwinding Public Health Emergency (PHE) Stakeholder Engagement
 - Alliance
- Subcommittee Updates (10 minutes)
 - Eligibility and Enrollment
 - Access
 - Long-Term Services and Supports
 - Health Care Re-Design
- Opportunity for Public Comment (5 minutes)
- Announcements (5 minutes)
 - Revisit MCAC Bylaws
 - FY23 MCAC Membership Applications



Medical Assistance Card



All beneficiaries receive a Medical Assistance card once their eligibility is processed and approved. The card is manually created by ESA and mailed to beneficiaries. The Medical Assistance card is used by beneficiaries in the Alliance, Immigrant Children's, and Medicaid programs. Managed care beneficiaries use the Medical Assistance card until they select a managed care plan and receive a separate card from their plan.

Why the Change? The effort to redesign the card began in 2018 through the MCAC Access Subcommittee and resulted in a 2019 recommendation to the agency to redo the design of the cards. The new card has key contact numbers for beneficiaries and providers as well as DHCF's logo. Cards will be created and mailed at the same time as Eligibility Approval notices are mailed.

<u>When will new cards be available?</u> Over the next month, we will roll out a redesigned card, an automated process for producing the card and expanded options for beneficiaries to access their card more easily. The *target go-live for the new card is July 31st*; if the effective date changes, advance notice will be provided.

Who is responsible for the process? DHCF – via DCAS – will be responsible for this process. Once we go live, replacement cards can be requested online via District Direct and beneficiaries can download and print a copy of their Medical Assistance card at home. Existing options for requesting a new card – contacting ESA directly by phone, written request, etc. – will remain as options for beneficiaries.

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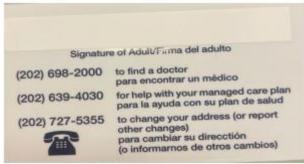


Individuals with the current Medical Assistance card can continue to use their card.



Existing Card





New Card



The card will be in paper format instead of the current plastic format.

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Medical Assistance Cards



Discussion

- What are the best strategies\practices for getting information to beneficiaries and providers?
- What information do you need from DHCF to inform front desk or other staff know that new card is valid?

If you have questions about:

- Card's content: Danielle Lewis-Wright, Division of Eligibility Policy, danielle.lewis@dc.gov
- Card production/Mailing: Tamika Fitzgerald, DCAS, tamika.fitzgerald@dc.gov





Alliance Recertification is Restarting: Notices go out July 1 for beneficiaries with an 8/30/22 end date.

What is different?

Alliance eligibility processes are now within the District Direct integrated eligibility system that now offers both an online portal and mobile application. Interviews are not required.

Beneficiaries can:

- Apply for benefits
- Renew coverage
- Submit changes of circumstances
- View outstanding verifications and upload documents
- View notices





What can beneficiaries expect?

- Notices informing them to recertify to keep Alliance coverage will be sent out in the beneficiary's preferred language either English or Spanish
 - 60-day notice
 - 30-day notice is the adverse notice of termination
- Outreach will be conducted by their managed care plan





Notice Date: <Date of Notice>

Account ID: <Account ID>

- <Primary First Name> <Primary Last Name>
- <Primary Street Address 1>
- <Primary Apt/Suite> <Primary Street Address 2>
- <Primary City>, <Primary State> <Primary Zip>

Subject: Termination of Medical Assistance Coverage

Dear <Primary First Name> <Primary Last Name>:

[IF Non-MAGI] Your medical assistance coverage will terminate on <Recert Date> because we have not received a completed renewal packet. The medical assistance coverage will be terminated for below individual(s):

<Ineligible First Name 1> <Ineligible Last Name 1>

[IF Person N field populated] <Ineligible First Name N> <Ineligible Last Name >

This decision is supported by the following: Code of Federal Regulations 42 C.F.R. § 435.916.

[IF Locally Funded] Your medical assistance coverage will terminate on <Recert Date> because we have not received a completed renewal packet. The medical assistance coverage will be terminated for below individual(s):

<Ineligible First Name 1> <Ineligible Last Name 1>
[IF Person N field populated] <Ineligible First Name N> <Ineligible Last Name >

This decision is supported by the following: 22-B DCMR § 3305.

[IF DCA No Face to Face Interview] Your medical assistance coverage will terminate on Recert Dates because you failed to complete the required face to face interview. The medical assistance coverage will be terminated for below individual(s):

<Ineligible First Name 1> <Ineligible Last Name 1>
[IF Person N field populated] <Ineligible First Name N> <Ineligible Last Name >

Questions? Call District Direct Customer Service at 1-202-727-5355 or go online to www.districtdirect.dc.gov. [If Assister/Broker Assigned] You may also contact <assister/broker organization name> at <assister/broker organization phone>.

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Verifications Due at Renewal	Examples of Acceptable Verification Documents to Upload
Income	Recent paystubs (from the last 30 days) Self-employment: most recent tax return form Statement showing retirement income, disability income, or Workers Compensation Pension or annuity statement Unemployment Income statements
Residency (only one form of verification is required)	 DC driver's license, identification card, or DC One Card Active lease, rental agreement, or rent receipt Utility or telephone bill Pay stub or earning statement issued within the previous 30 days with the individual's name and District of Columbia address Property tax bill issued within the last 60 days for property located in the District of Columbia Completed Residency Form

If the beneficiaries cannot verify residency through options identified in the chart, they can submit a residency form: https://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/final_proof_of_dc_residency_form.pdf It requires another DC resident attests the beneficiary is a resident and provide their DC residency.

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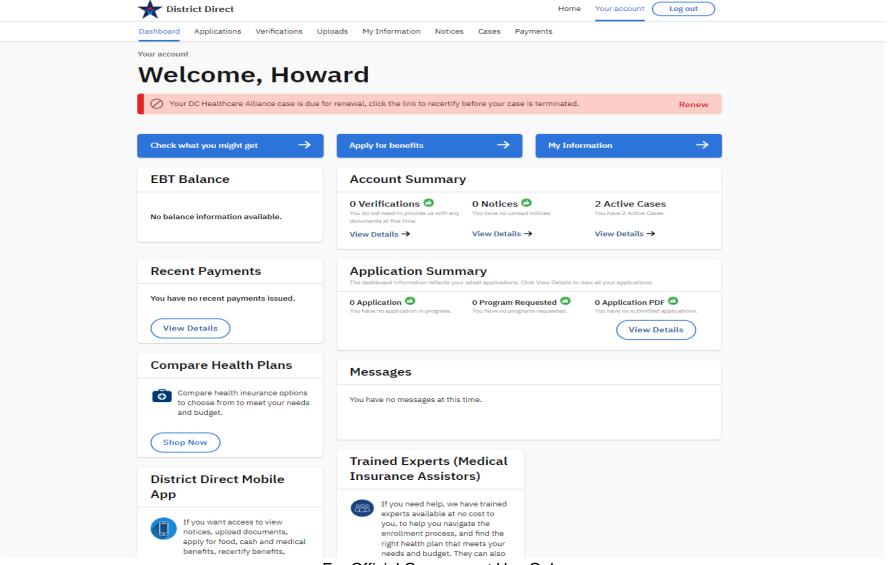




- District Direct Online Application sessions available starting week of July 18th.
 - You can sign up here. Or Copy the link http://Informeddelivery.usps.com
- Monitoring renewal response rate and completion
- Coordinating outreach with managed care plans
- Targeted outreach with partners
- For questions or concerns: DHCFAllianceRecert@dc.gov



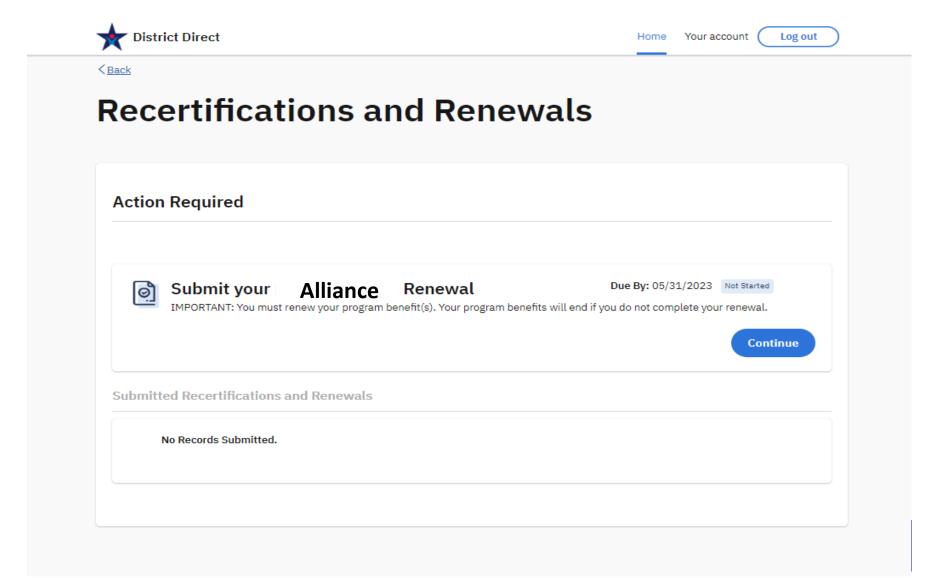




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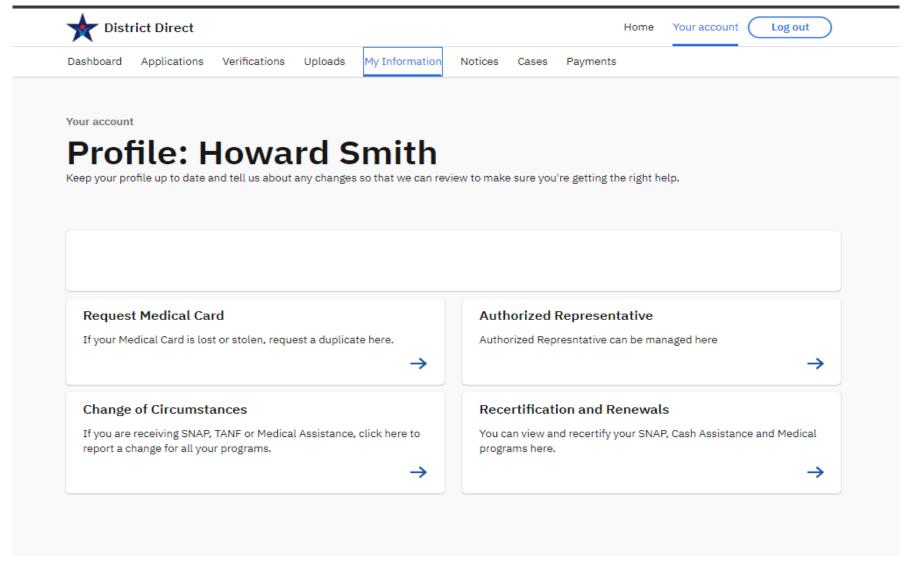


















Home

Your account

Log out

< Back

STEP 1 of 6

Recertification and Renewal

Please read the information below.

Overview

Your SNAP (Food Stamps) or Medicaid benefits will end if you do not return this online report. You must apply for recertification or renewal. If you also participate in any Cash Assistance Program, to include Temporary Assistance for Needy Families (TANF), Program on Work Employment and Responsibility (POWER), General Assistance for Children, or Interim Disability Assistance (IDA), DHS will re-determine your eligibility for those programs at the same time.

Prepare your recertification or renewal

You will be using a new application form to complete your recertification. We need the information requested in this online form to see if you are still eligible and to compute the amount of your monthly SNAP benefits. When you review and update your questions, you must give information for everyone included in your SNAP (food Stamps) or Medicaid benefits household.

Submit your recertification / renewal

When you have reviewed your recertification or renewal and submitted the online report, a confirmation page will be displayed.

3 Verifications – Required Documents

The agency will alert you about what information requires verification and what documents are required. Verifications are very important to the recertification and renewal process and are required to approve benefits. If you would like faster notifications you can download the mobile application which will enable notifications on your mobile device.

Scan the QR code or download the District Direct Mobile App from the Apple and Google play stores.



Once we have processed your recertification and renewal report, you will get a notice telling you the decision we have made.

Before you go...

Once we have processed your recertification and renewal, you will get a notice telling you the decision we have made.

Start





Recertification Delete and exit < Back Summary This page is a summary of the current information we have on file for you and your household. Please review all information on this page to make sure it is correct. If you have experienced a change, you can make the change here by using the links to add or change information. If you need to remove a member from your household please call DC Health Link toll free at 1-855-532-5465. You This section has information about the first person listed on your application. In this section, you can make changes to your: · Home or mailing address · Preferences for receiving notices from DC Health Link · Citizenship or immigration status · Health insurance coverage (other than Medicaid or a DC Health Link plan) Full Name Date of Birth: SSN: Edit xxx-xx-8768 Female 12/12/1980 Margaret MArtinez Citizenship Status Supporting Document U.S. Citizen **About Household Members** This section has information about everyone else included on your case. In this section, you can make changes to their: · Home or mailing addresses · Social Security numbers Citizenship or immigration status · Health insurance coverage other than Medicaid or a DC Health Link plan · Tax filing status To add a new household member, please click on Add. Member Name Date of Birth: SSN: Edit 12/12/2010 Male xxx-xx-5123 John Martinez Citizenship Status Applying For? U.S. Citizen



Recertification & Future Alliance Changes



Alliance Changes:

- Face-to-face interviews are no longer required
- Effective 10/1/22, Alliance recertification will occur annually

Discussion:

- Are there other key messages we want to make sure we communicate to stakeholders?
- What other strategies to ensure we get beneficiaries and providers the right information?



Unwinding Public Health Emergency Stakeholder Engagement



- On April 12, 2022, Secretary Becerra renewed the determination that we are in a national public health emergency (PHE).
- The Extension announcement means the PHE will be in place through at least July 15, 2022.
- Biden-Harris Administration is committed to providing you with at least 60-days' notice before any expiration or termination of the PHE.
 - Many individuals' Medicaid/CHIP eligibility will need to be redetermined.
 Our goal is to ensure that as many individuals retain coverage as possible,
 whether by renewing their Medicaid or CHIP coverage, smoothly
 transitioning to Marketplace coverage, or enrolling in a different health
 coverage option.
- Moving target: 60-day notice was due May, we expect PHE to be extended in July through at least mid-October 2022. The 60-day deadline would be mid-August.



Unwinding Public Health Emergency Stakeholder Engagement: CMS Guidance and Tools



- May 10th Letter to Governors: Commitment to 60-day notification to states. Identified the following:
 - CMS Guidance
 - State Health Official Letter (SHO) #22-001, ("March 2022 SHO"):
 - Provides additional guidance describing how states may distribute eligibility and enrollment work when restoring routine operations, mitigate churn, and smooth transitions between coverage programs, including the FFM or an SBM.

https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf

- State Health Official Letter (SHO) #21-002, ("August 2021 SHO"):
 - Updates guidance in the December 2020 SHO to provide states 12 months after the PHE ends to complete pending eligibility and enrollment work and ensures states renew eligibility for all beneficiaries prior to taking any adverse action.

https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf

- State Health Official Letter (SHO) #20-004, ("December 2020 SHO"):
 - Provides guidance on ending temporary authorities when the PHE ends, making temporary changes permanent, procedures for ending policies authorized under the FFCRA.
 <u>https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf</u>
- Medicaid and CHIP Continuous Enrollment Unwinding Toolkit
 - Research to examine reactions to messages designed to:
 - Let people know how to get important information about their Medicaid
 - Provide context about how Medicaid renewal rules have been impacted
- Best Practices and Strategies



Unwinding Public Health Emergency Stakeholder Engagement: Deeper Dive into Communications Toolkit



Sample

Divided into two phases

- Phase I: Renewals are coming up make sure
 Medicaid has a current address
- Phase II: Renewal is complete and no longer eligible, what to do next

Identifies key messages for social and outreach products:

- Update your contact information
- Check your mail
- Complete your renewal form (if you get one)





Unwinding Public Health Emergency Stakeholder Engagement



Next Steps

 By end of July, we will have initial unwinding plan which will be used as living document. Similar to CMS and other states.

Discussion

- Are there messages that won't resonate with beneficiaries?
- Are there best practices that you are willing to share with DHCF?
- What other materials should DHCF generate?
- Are there community-based organizations that we should partner with?





Next Meeting:

September 28th

5:30-7:30