

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.

MCAC Feedback

- I do believe that the goals are close to the SMART criteria, and could be further clarified to align more closely with the criteria if needed.
- Goal iii is an incomplete sentence. Maybe the survey cut off the sentence? Also, a goal should be to help find alternative Healthcare for those no longer eligible or wishing to transition to traditional Healthcare by joining Family Plans or Domestic Partner Plans or Group Plans for Churches and Non-Profits that are low or no cost because you add members on as additional family or group members at low monthly cost. Allow Brothers and Sisters to share Family Health Insurance. Allow Cousins to join Family Health Group Plans by Working Family Members whether living with them or not. Expand the Benefits of Health Plans to Credit Union Like Relationships: Anyone you are associated with from your former employer (Cobra+Medicaid+Credit Union) so that you get to keep your employer plan but anyone at the former job can add you on as a beneficiary member at the Child or Married Rate.
- Should we include Quality Improvement Organizations in the first bullet?
- ii. Need a frequency and reporting. Suggest monitor quarterly and report to MCAC. Also i. should address the community sites as well. iii. can be deleted if I. and 11. are re-worded. iv. create an annual report of recommendations based on findings from quarterly monitoring and stakeholder input. v. semi-annual review of all relevant consumer communication channels and material for the application and renewal process and provide recommendations for improvement.
- Review data, trends, and patient experience information
- The role of MCAC is not to Monitor. 3 and 4 ok, Need to modify the goals
- This is good for 2017. If we're looking for long-term goals of the committee, I would remove 'six' from i and add 'or other enrollment sites', also to i. As a charter document for sub-committee, long-term seems more appropriate.
- Based on my experience related to the sub-committee topic, these areas seem an appropriate starting point.
- vi. Streamline enrollment and eligibility applications to shorten the time for eligibility determination
- Specificity as relates to observed needs or issues is important so efforts can be concentrated. This applies to all groups. Overall, these appear to be broad goals, therefore it is the objectives that should be SMART as objectives may evolve over time but overall goals remain the same. I think these objectives can be worked out within the committees in concert with DHCF's specific needs.
- I think this subcommittee should also address the low response rate from residents receiving renewal forms in the mail - what can we do to make more people act on those in a timely manner? (Medicaid notices are long, and have a lot of complicated legal language that may be part of the problem)
- Assess existence of/need for services, signage, notices, etc. for language minorities. Identify training that is available for ESA intake representatives, as well as gaps and subject areas to develop further.
- Eliminate monitoring role - Service deliver issues can be brought to the attention of staff - no need to go through MCAC. Would like to see subcommittee focus on beneficiary education - promoting use of electronic capabilities and teaching them about responsibilities to update information and submit information timely.
- Identifying gaps for special populations ---immigrant, LGBTQ
Health Literacy -- exploring strategies to improve health literacy to broaden beneficiary understanding of Medicaid benefits and how to use/take advantage of technology to improve the enrollment process