



Medicaid And Alliance Recertification Outcomes

(Reporting Period April to December 2023)

Department of Health Care Finance

January 2024
Washington DC

Report Outline

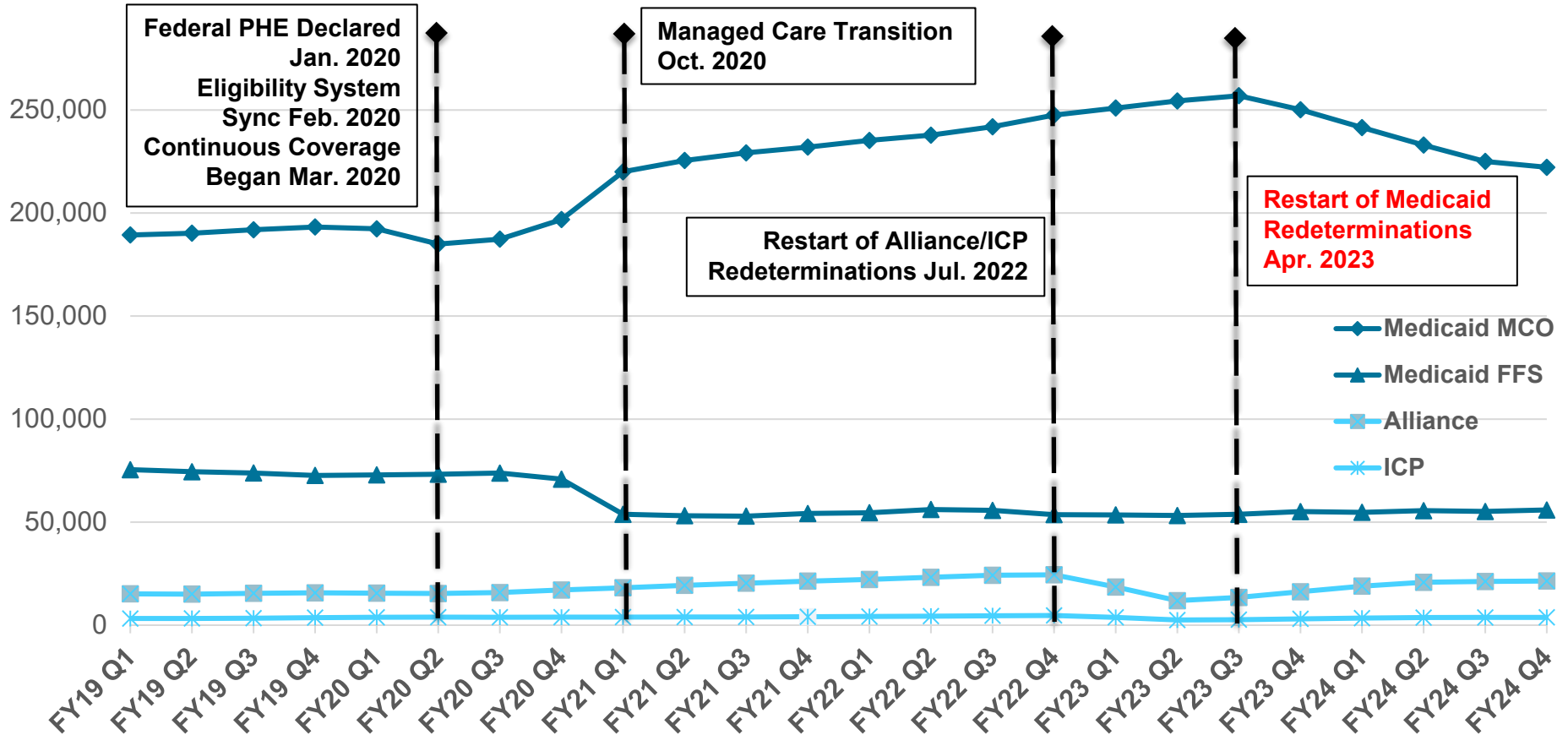
- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

The Termination Of The Public Health Emergency (PHE) Ends Continuous Enrollment In Medicaid

- ❑ With the initiation of the PHE in March 2020, the District was required by federal law to keep people continuously enrolled in Medicaid through the month in which the federal COVID-19 public health emergency ended.
 - This meant no one would be disenrolled from Medicaid unless they requested an end to their eligibility, moved out of the District, or were deceased.
- ❑ To ensure equal treatment for members in the Alliance and Immigrant Children's Program (ICP) – the city's locally funded health insurance programs for non-citizens – the District applied the federal continuous enrollment provisions to this program as well. Continuous enrollment was in place for the Alliance and ICP programs through July 2022, while the District's local PHE was in effect.
- ❑ For Medicaid, continuous enrollment was in place until April 1, 2023. These important policy changes ensured that enrollees in DHCF programs had access to COVID vaccines, testing, and treatment during the core period of the pandemic.

Medicaid And Alliance Enrollment Spiked During The Pandemic, But Future Declines Are Predicted

DHCF Average Monthly Enrollment by Quarter, FY 2019 to FY 2024

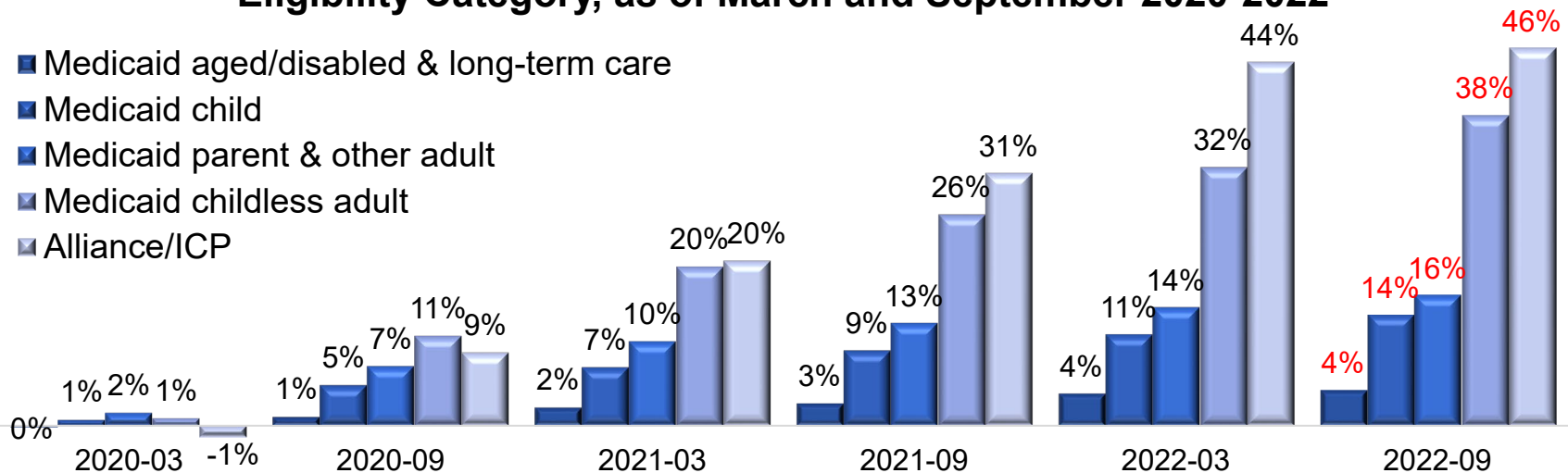


Source: DHCF Medicaid Management Information System data and budget projections as of March 2023.

Note: Projections were developed prior to the April 2023 restart of Medicaid redeterminations. They do not account for actual experience to date (e.g., extensions of eligibility and redetermination pauses for certain groups). Managed care organization (MCO) figures on this chart exclude Medicare dual eligible special needs plan (D-SNP) coverage, which is reflected in the fee-for-service (FFS) category.

Enrollment Increases During Continuous Eligibility Were Largest For Medicaid Adults Who Did Not Have Children, And Alliance Beneficiaries

Percentage Change in DHCF Enrollment Since February 2020 by Broad Eligibility Category, as of March and September 2020-2022



- Enrollment increased for all, but growth was highest for Medicaid childless adult and Alliance/ICP beneficiaries.
- For example, by September, 2022, Alliance/ICP enrollment was 46% higher than its pre-PHE (February, 2020) level. Growth peaked at 54% in August, 2022 and then began shrinking due to the restart of Alliance/ICP redeterminations.
- As of September, 2022, Medicaid childless adult enrollment was 38% above its pre-PHE level. In comparison, PHE growth for other groups ranged from 4% (aged/disabled and long-term care) to 16% (parents and other adults).

Source: DHCF Medicaid Management Information System data extracted July 2023.
 Note: Medicaid aged/disabled & long-term care group includes both children and adults.

The District Must Go Through the Renewal Process for All Medicaid Beneficiaries Before Taking an Adverse Action

- ❑ MAGI Medicaid beneficiaries are most adults under 65, pregnant women and children under 21, parents/caretaker relatives.
 - A *passive renewal* happens at the end of the month prior to mailing of renewal packets. Beneficiaries who are passively renewed, will receive a notice of continued coverage and no further action is required.
 - For those who are not passively renewed, the first renewal notice is sent at the end of the month 60 days prior to the certification end date.
 - If the beneficiary does not return the renewal packet, or there are outstanding verifications with a returned packet, a second notice of pending termination is sent 30 days prior to certification end date.

- ❑ Non-MAGI Medicaid beneficiaries include persons who are age 65+, blind, or persons with a disability, Supplemental Security Income recipients, home and community-based waiver participants.
 - The first renewal notice is sent at the end of the month 90 days prior to certification end date.
 - If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.

- ❑ DHCF has a public dashboard with renewal data at <https://dhcf.dc.gov/eligibilitydashboard>; District Direct renewal sample notices are available at <https://dhcf.dc.gov/page/medicaid-restart-renewal-notices>.

- ❑ Medicaid renewal packages have distinctive markings on the envelope.

The District Has a 90-Day Renewal Reinstatement Period for Those Who Do Not Return Renewals by Their End Date

- ❑ There is a 90-day grace period for individuals who do not renew Medicaid ahead of their certification end date. The grace period allows additional time for individuals who fail to recertify timely in submitting their renewal.

- ❑ If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to the certification end date. If a provider provides care in this period, they will be reimbursed if the individual recertifies within the grace period.
 - As a result, renewal data is not final until at least 90 days have passed.
 - For example, the number in a renewed or pending category will continue to increase as renewals are returned and processed. Similarly, the terminated number will decrease.

- ❑ Individuals can recertify their coverage in District Direct, mail, service center, fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date.

- ❑ Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to submit a new application.

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Key Findings

- ❑ For May through December overall, approximately 80% of Medicaid beneficiaries are re-enrolled or have a renewal pending.
 - For June through December, people with disabilities and those age 65+ received one-month extensions to allow for additional response time. Response during the 30-day extension period and the overall 90-day grace period for each group has been relatively low, but DHCF will continue monitoring these beneficiaries to inform strategy going forward.
 - July, August, October, and November renewal rates are impacted by the high number of beneficiaries who were kept enrolled during the public health emergency – the so-called “PHE group”. These individuals had income or other changes that made them appear ineligible and are therefore unlikely to renew passively. Other months included very few PHE beneficiaries.
 - October includes many Supplemental Security Income (SSI) beneficiaries. These individuals, who have disabilities or are age 65+, are automatically extended based their receipt of SSI.
- ❑ Aside from SSI beneficiaries, people with disabilities and those age 65+ have had lower renewal rates than other groups. Childless adults have a high passive renewal rate but are least likely to respond when additional information is required.
- ❑ Renewal figures for all months will increase as responses are received during the 90-day grace period that follows a beneficiary’s recertification date.
 - The grace period for cohorts due in September or earlier has ended and these beneficiaries must now submit a new application to reactivate benefits.
 - Nearly 30% of beneficiaries due through September responded during their grace period. Grace period responses for those due in October and later will increase until their 90-day period runs out.
- ❑ More than 80% of District Medicaid beneficiaries have had a renewal initiated to date. By May 2024, all individuals enrolled at the end of the public health emergency will have been due for a renewal.

DHCF Continues To Implement Multiple Strategies Designed To Increase Renewal Rates

- ❑ On-going direct and indirect **outreach** to Medicaid beneficiaries
 - Media (radio, TV, etc.).
 - Text messaging and automated phone calls.
 - Presence at health fairs, other citywide events.
 - Evening and weekend Beneficiary Town Halls (learn how to check coverage status, update address, renew Medicaid, and open Q&A).
 - Bi-weekly stakeholder community calls.
 - Managed care organizations' efforts to contact their members.

- ❑ On-going **data analysis** to understand renewal patterns, demographics

- ❑ Identify / apply **new strategies** to improve response rates
 - For example, reports through the CRISP DC Health Information Exchange (HIE) that allow FQHCs and other providers to identify beneficiaries in their patient panel with upcoming redeterminations.
 - Flexibilities announced by CMS.

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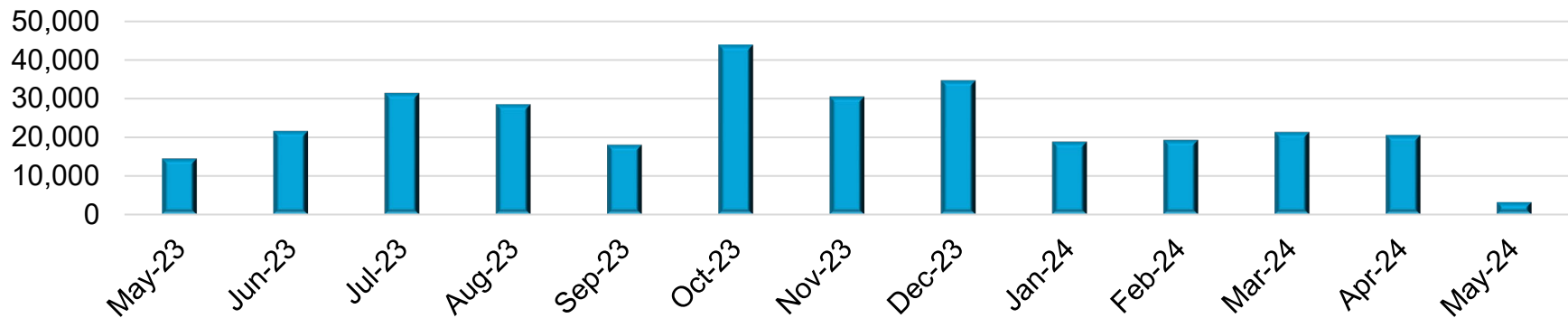
Monthly Redetermination Report Content and Timing

- ❑ This report summarizes data available at <https://dhcf.dc.gov/eligibilitydashboard>, but also provides additional detail on issues that include: data on the characteristics of Medicaid beneficiaries whose coverage has been renewed; information on those who have not responded to a renewal; and data on the length of time that pending renewals have been in process.

- ❑ Most of the information presented here reflects data as of January 15.
 - ❑ Detailed renewal outcomes largely focus on groups due in May through December. Outcomes for those due in later months are presented at a high level, but they are incomplete because beneficiaries have not yet reached their recertification dates.
 - ❑ Reports for all months are at: <https://dhcf.dc.gov/medicaid-renewal>.

The Recertification Dates For Medicaid Enrollees Have Been Staggered To Facilitate Orderly Processing By Government Intake Staff

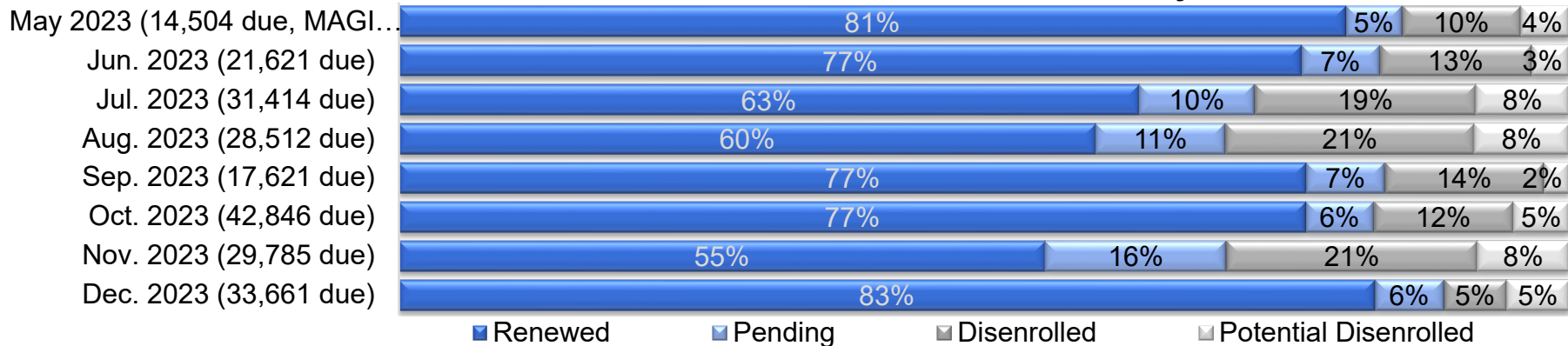
Medicaid Population By Recertification Date During The Unwinding Period



- The distribution of dates shown reflect a number of factors, including federal requirements to ensure renewals are reasonably spread (e.g., no more than 1/9 of the total population due in a given month).
- The beginning and end of the unwinding period varies by population. In May 2023, only non-disabled children and adults under age 65 were due and in May 2024 only people with disabilities and adults age 65+ are due.
- Higher numbers in some months may reflect certain populations more likely to be clustered together. For example, October includes many Supplemental Security Income (SSI) beneficiaries whose coverage will be renewed passively (i.e., without any action required by the individual).
- More than 80% of District Medicaid beneficiaries have had a renewal initiated to date. As shown on slides that follow, this includes all individuals due to renew by the end of February and a subset of those due in March.

Approximately 80% of Medicaid Beneficiaries Due in the Past Are Re-Enrolled or Have a Renewal Pending

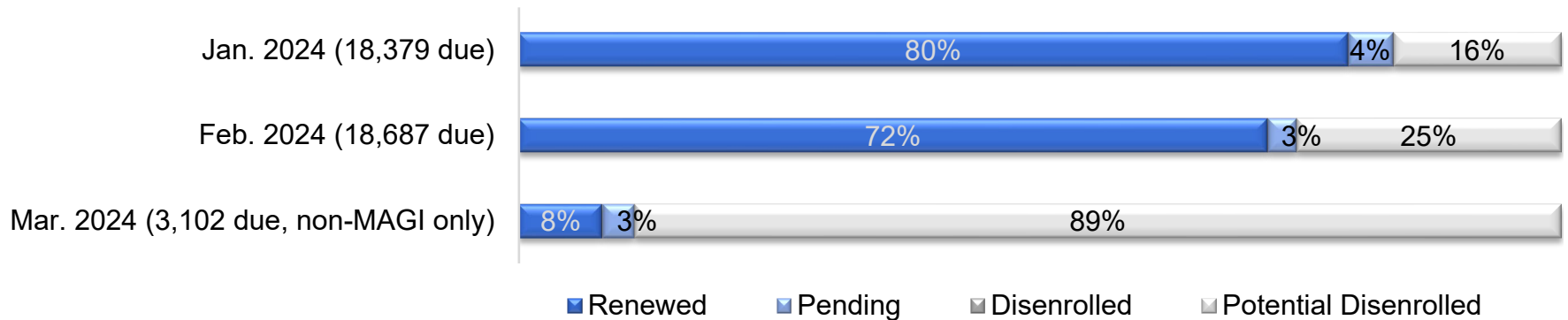
Renewal Outcomes to Date for Beneficiaries Due in May – December



- For May through December overall, approximately 80% of beneficiaries due for a renewal are re-enrolled or pending.
- Lower July, August, and November rates are due in part to a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible and therefore unlikely to renew passively (i.e., no response required). October includes PHE beneficiaries but also many Supplemental Security Income (SSI) beneficiaries who are automatically extended based their receipt of SSI. September includes very few PHE beneficiaries.
- For May through December, the “Potential Disenrolled” category includes more than 12,000 non-disabled (i.e., MAGI) children under age 21 whose coverage terminations are paused or under review for reinstatement while DHCF ensures compliance with federal “ex parte” rules for passive renewals. For December, it also includes approximately 800 people with disabilities and those age 65+ (i.e., non-MAGI) who received one-month extensions through January to allow additional response time (earlier non-MAGI extensions have expired). For more information, see DHCF’s Medicaid renewal meeting materials [here](#).
- Renewal figures for all months will increase as responses are received during the 90-day grace period. The grace period ended in August for beneficiaries due in May, in September for those due in June, and so on. Beyond the grace period, individuals must submit a full application to reactivate their coverage.

Medicaid Beneficiaries Due in the Future Who Have Not Responded Will Remain Enrolled Until They Reach Their Recertification Date

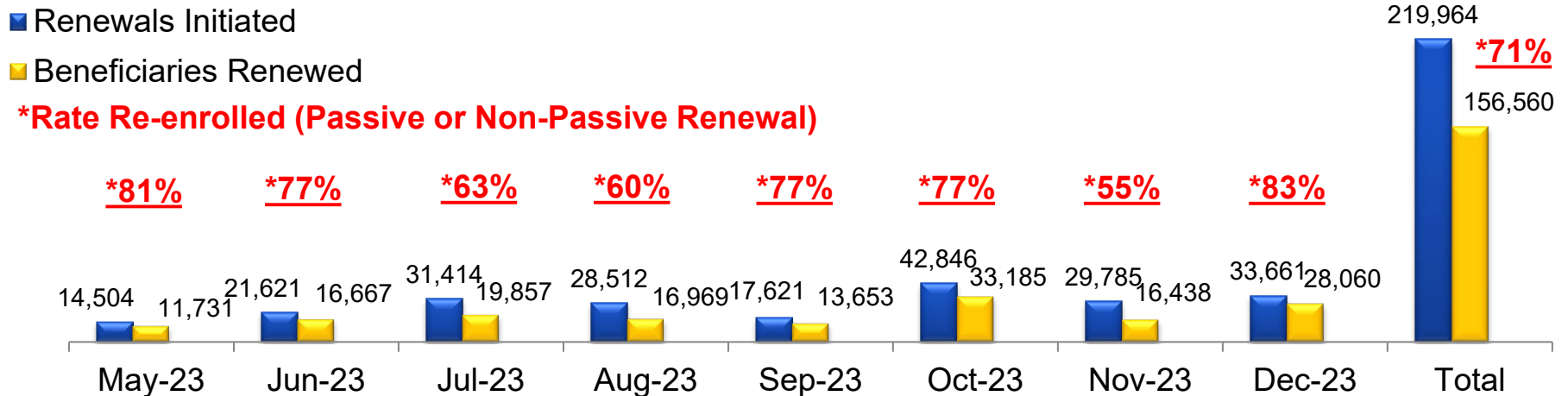
Renewal Outcomes to Date for Beneficiaries Due in January – March



- For January and February overall, nearly 80% of beneficiaries are renewed or pending. This is largely driven by a high passive renewal rate among non-disabled children and adults under age 65 (i.e., MAGI) for these months.
- March is incomplete because only beneficiaries with disabilities and those age 65+ (i.e., non-MAGI) have received renewal notices to date. Non-disabled children and adults under age 65 due in March will receive renewal notices by February 1.
- Individuals who have not responded to a renewal remain enrolled until their recertification date. Certain groups (e.g., non-MAGI beneficiaries) may receive temporary extensions and therefore retain coverage beyond their original due date. For more information, see DHCF's Medicaid renewal meeting materials [here](#).
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Since The Recertification Process Was Initiated, More Than Two-Thirds of Medicaid Enrollees For Whom The Process Has Started Have Re-enrolled

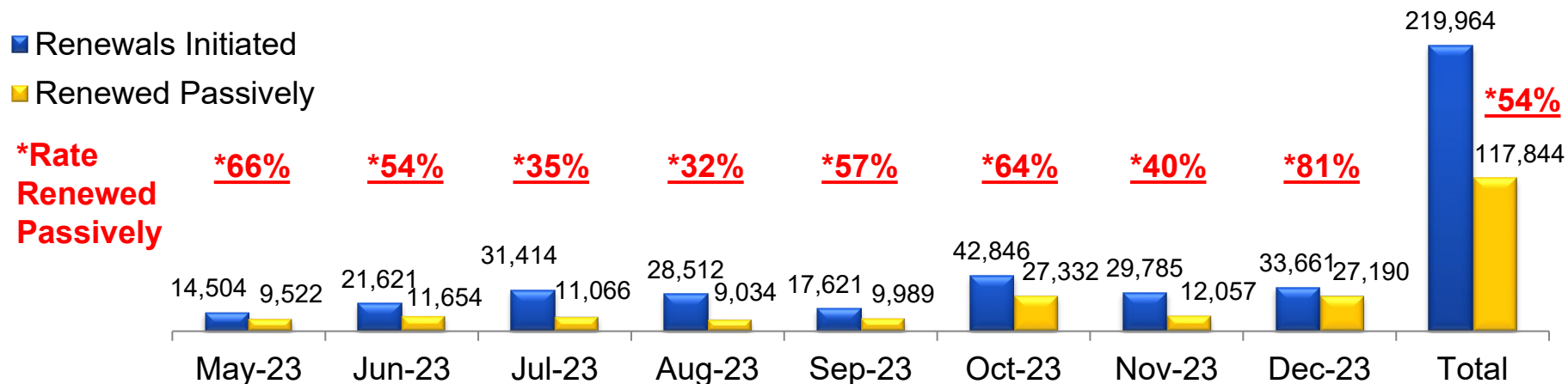
Medicaid Beneficiaries Renewed, By Month Certification Is Due



- Beneficiaries who have re-enrolled include those who were renewed passively (i.e., no action required by the individual), as well as those who have responded to provide information needed to extend their coverage.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. The 90-day grace period ended in August for the beneficiaries due in May, in September for the beneficiaries due in June, and so on. They will need to submit a full application to re-apply for coverage.
- July, August, October, and November include beneficiaries (approximately 10,000 for each month) who were kept enrolled during the PHE but had income or other changes that made them appear ineligible. This group is unlikely to renew passively and is expected to suppress renewal rates in the months that they are included.

More Than Half of Beneficiaries Have Renewed Passively Since The Process Was Launched In April 2023

Medicaid Beneficiaries Renewed Passively, By Month Certification Is Due



- May renewals only included non-disabled children and adults, who have the highest passive renewal rates.
- June was the first month to include people with disabilities and those age 65+, many of whom require additional information to determine their eligibility and therefore cannot be passively renewed.
- July, August, October, and November include beneficiaries (approximately 10,000 for each month) who were kept enrolled during the PHE but had income or other changes that made them appear ineligible and are therefore unlikely to renew passively. If these beneficiaries are excluded from the calculation, the passive renewal rates are higher (e.g., 52% for July and 49% for August and November). September includes very few PHE beneficiaries. October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.

Overall and Passive Renewal Rates Vary By Eligibility Group

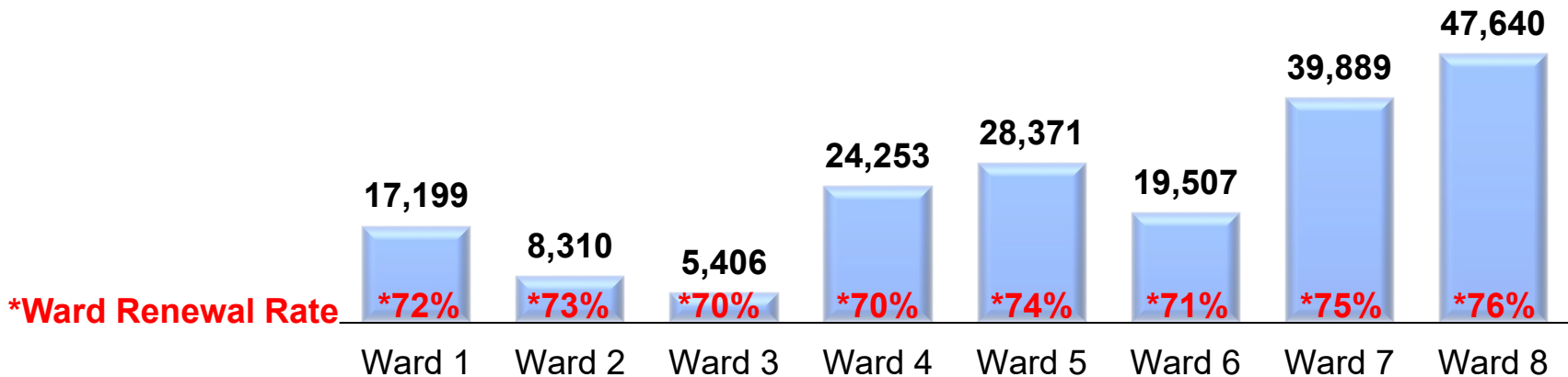
Medicaid Beneficiaries Renewed or Pending to Date, by Eligibility Group for Those Due in May – December

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Beneficiaries Pending	Renewed Percent Of Initiated Total	Passive Percent Of Initiated Total	Pending Percent Of Initiated Total
Medicaid Childless Adult	77,480	56,765	49,373	4,710	73%	64%	6%
Medicaid Children	71,030	50,180	34,052	6,850	71%	48%	10%
Medicaid Parents and Other Adults	29,355	21,097	14,173	3,142	72%	48%	11%
Aged/Disabled and Long-Term Care	42,096	28,516	20,245	3,980	68%	48%	9%
Total	219,961	156,558	117,843	18,682	71%	54%	8%

- For June through December, people with disabilities and those age 65+ (i.e., non-MAGI) received one-month extensions to allow for additional response time. Most non-MAGI beneficiaries must submit information needed to determine their eligibility and therefore cannot be renewed passively. However, the “Aged/Disabled and Long-Term Care” eligibility group for October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. They will also increase after eligibility system updates are completed in early 2024 to redetermine eligibility for non-disabled (i.e., MAGI) children under age 21 whose coverage terminations are paused or under review for reinstatement while DHCF ensures compliance with federal “ex parte” rules for passive renewals.

Renewal Rates Are Largely Similar Across Wards

Number Of Medicaid Beneficiaries With A Renewal Initiated And Percentage Renewed, By Ward For Those Due in May – December



- The total number of beneficiaries with a renewal initiated for a recertification due in May – December is shown at the top of each bar. The total reflects all beneficiaries with a renewal due, regardless of whether they have renewed.
- Wards 7 and 8 account for largest numbers due for a renewal because they account for the largest numbers of Medicaid beneficiaries in the District.
- While renewal rates are largely similar across wards, differences may be driven by varying population characteristics (see following slide).

Source: DHCF eligibility system data extracted January 15, 2024.

Note: Excludes beneficiaries not currently mapped to a ward (e.g., due to having a non-standard address format).

Characteristics of Population with Renewal Initiated Vary By Ward

Medicaid Beneficiaries with Renewal Initiated to Date, by Eligibility Group and Ward for Those Due in May – December

Eligibility Group	Within Each Ward, Beneficiaries with Renewal Initiated Total and Eligibility Group Percent of Total							
	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Medicaid Childless Adult	39%	42%	55%	34%	36%	41%	34%	32%
Medicaid Children	33%	27%	18%	38%	32%	25%	33%	36%
Medicaid Parents and Other Adults	12%	6%	9%	14%	14%	12%	16%	17%
Aged/Disabled and Long-Term Care	16%	25%	18%	14%	18%	22%	16%	15%
Total	17,199	8,310	5,406	24,253	28,371	19,507	39,889	47,640

- Of those in Wards 2, 3, and 6 with a Medicaid renewal initiated, childless adults and people who have disabilities or are age 65+ make up more than 60% of the total. Children reflect less than a third of the total.
- In contrast, the child percentage in other wards ranges from 32% (Ward 5) to 38% (Ward 4).

Source: DHCF eligibility system data extracted January 15, 2024.

Note: Excludes beneficiaries not currently mapped to a ward (e.g., due to having a non-standard address format). May not sum to 100% due to rounding.

Passive Renewals Account For Three-Quarters Of Successful Medicaid Recertifications

Medicaid Beneficiaries Renewed Passively to Date, by Eligibility Group for Those Due in May – December

Eligibility Group	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Passive Percent Of Renewed Total
Medicaid Childless Adult	56,765	49,373	87%
Medicaid Children	50,180	34,052	68%
Medicaid Parents and Other Adults	21,097	14,173	67%
Aged/Disabled and Long-Term Care	28,516	20,245	71%
Total	156,558	117,843	75%

- Most people with disabilities and those age 65+ (i.e., non-MAGI) must submit information needed to determine their eligibility and therefore cannot be renewed passively. However, the “Aged/Disabled and Long-Term Care” eligibility group for October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. They will also increase after eligibility system updates are completed in early 2024 to redetermine eligibility for non-disabled (i.e., MAGI) children under age 21 whose coverage terminations are paused or under review for reinstatement while DHCF ensures compliance with federal “ex parte” rules for passive renewals.

Many Enrollees Are Responding During The 90-Day Grace Period

Medicaid Beneficiaries Who Responded During Their 90-Day Grace Period, by Month Due for Those Due in May – December

Month Due	Beneficiaries with Response to a Non-Passive Renewal	Responded During Grace Period	Grace Period Percent of Response Total
May 2023	2,983	918	31%
June 2023	6,813	1,968	29%
July 2023	13,267	3,945	30%
August 2023	12,419	3,318	27%
September 2023	4,993	1,098	22%
October 2023	9,273	2,106	23%
November 2023	9,491	1,871	20%
December 2023	2,926	337	12%
Total	62,165	15,561	25%

- The 90-day grace period for all beneficiaries due in September or earlier has concluded.
- Responses for those due in October or later do not yet reflect their full 90-day grace period and will therefore continue to increase in the coming months.

Among Medicaid Beneficiaries With Non-Passive Renewals Initiated, Childless Adults Have The Highest Non-Response Rate

Medicaid Beneficiaries Who Have Not Responded to Date, by Eligibility Group for Those Due in May – December

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Initiated Non-Passive	No Response	No Response Percent of Initiated Total	No Response Percent of Initiated Non-Passive
Medicaid Childless Adult	77,480	28,107	14,181	18%	50%
Medicaid Children	71,030	36,978	12,203	17%	33%
Medicaid Parents and Other Adults	29,355	15,182	4,340	15%	29%
Aged/Disabled and Long-Term Care*	42,096	21,851	9,231	22%	42%
Total	219,961	102,118	39,955	18%	39%

- No response figures for all months will decrease as renewals are received throughout the 90-day grace period.

* These beneficiaries had their first renewals due in June. Individuals are shown here under their original June through December due dates, but one-month extensions (from July through January) were provided to allow for additional response time.

Source: DHCF eligibility system data extracted January 15, 2024.

Persons Who Enrolled In Medicaid During The Pandemic Have A Higher Non-Response Rate

Enrollee Characteristics	Beneficiaries with Renewal Initiated Total	Beneficiaries Initiated Non-Passive	No Response	No Response % of Initiated Total	No Response % of Initiated Non-Passive
Gender: Male	104,602	45,833	19,935	19%	43%
Female	115,358	56,284	20,020	17%	36%
Service Use:					
Within Past Year	173,865	82,223	26,469	15%	32%
More Than A Year Ago	46,095	19,894	13,486	29%	68%
Service Delivery:					
Managed Care	195,985	86,965	32,530	17%	37%
Fee-For-Service	23,975	15,152	7,425	31%	49%
Ward:					
1	17,199	7,738	3,156	18%	41%
2	8,310	3,304	1,611	19%	49%
3	5,406	2,471	1,159	21%	47%
4	24,253	11,737	4,578	19%	39%
5	28,371	12,362	4,685	17%	38%
6	19,507	8,984	3,436	18%	38%
7	39,889	17,607	5,415	14%	31%
8	47,640	20,558	6,275	13%	31%
Earliest Year Enrolled:					
2022 or Later	13,396	6,373	2,510	19%	39%
2021	10,441	5,796	2,757	26%	48%
2020	11,703	6,370	3,246	28%	51%
2019 or Earlier	184,420	83,578	31,442	17%	38%

Source: DHCF eligibility system data extracted January 15, 2024 and DHCF Medicaid Management Information System data extracted January 17, 2024.

Note: Excludes a small number of beneficiaries with characteristics in unknown or other categories not shown.

Non-MAGI Response During 30-Day Extension and 90-Day Grace Period Has Been Relatively Low

- ❑ For people with disabilities and those age 65+ (i.e., non-MAGI) due in June through **December**, DHCF has provided one-month coverage extensions to allow for additional response time.
 - Qualified Medicare Beneficiaries (QMBs), whose coverage is limited to payment of Medicare premiums and cost sharing, have reflected the largest group with no response for these months.
 - Non-response may be due to a variety of factors. For example, many non-responding beneficiaries are not actively using their Medicaid coverage. Some may be living outside of the District or deceased.
 - For additional information on non-MAGI beneficiaries receiving one-month extensions, see the following DHCF Medicaid renewal community meeting presentations [here](#): 12/20/2023; 11/8/2023; 10/25/23; 9/27/2023; 8/30/2023; 8/2/2023; and 6/21/2023.
- ❑ Non-MAGI response during the 30-day extension and the overall 90-day grace period for each group has been relatively low. For example:
 - Approximately 5,700 non-MAGI beneficiaries originally due in June through September had not responded by their due date and received one-month extensions. Approximately 1,100 responded either during their one-month extension or the remainder of their 90-day grace period.
 - Approximately 5,500 non-MAGI beneficiaries originally due in October through December had not responded by their due date and received one-month extensions. While the full response will not be known until their extension and remaining grace periods have ended, approximately 500 have responded to date.
 - Those due in January will also be extended through February. DHCF will continue monitoring these beneficiaries through the 90-day grace period and beyond to inform strategy going forward.

The Number of Enrollees Who Have Been Determined Ineligible for Medicaid Is Small

Medicaid Beneficiaries Determined Ineligible to Date, by Eligibility Group for Those Due in May – December

Eligibility Group	Beneficiaries with Renewal Initiated Total	Determined Ineligible	Determined Ineligible Percent of Initiated Total
Medicaid Childless Adult	77,480	1,824	2%
Medicaid Children	71,030	1,798	3%
Medicaid Parents and Other Adults	29,355	777	3%
Aged/Disabled and Long-Term Care	42,096	371	1%
Total	219,961	4,770	2%

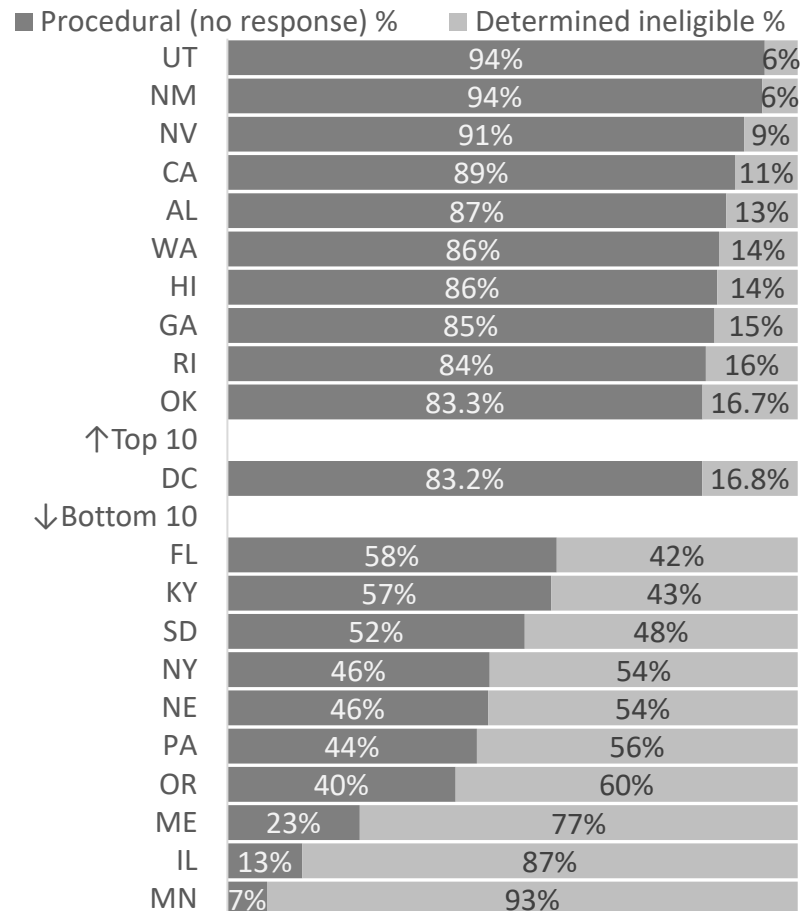
- The percent of persons who have been determined ineligible remains low. However, it has increased over time as more “PHE beneficiaries” are initiated and as more renewal forms are returned and processed.
- Of note, however, this number excludes those who are procedurally terminated because they have not responded. When both groups are considered (see following slide), the percentage losing coverage increases.

Most Beneficiaries Losing Coverage in the District Had No Renewal Response

Among District Medicaid beneficiaries due in May - November who had lost coverage as of December 18 (before DC's latest dashboard update in January), 83% were due to non-response. This is referred to as a procedural termination rate.

This rate relatively high but is due in part to the District having the highest eligibility levels in the nation for parents and childless adults. Very few people who return a renewal in DC will be found ineligible. This means that nearly all coverage loss is due to non-response, leading to a high procedural termination rate.

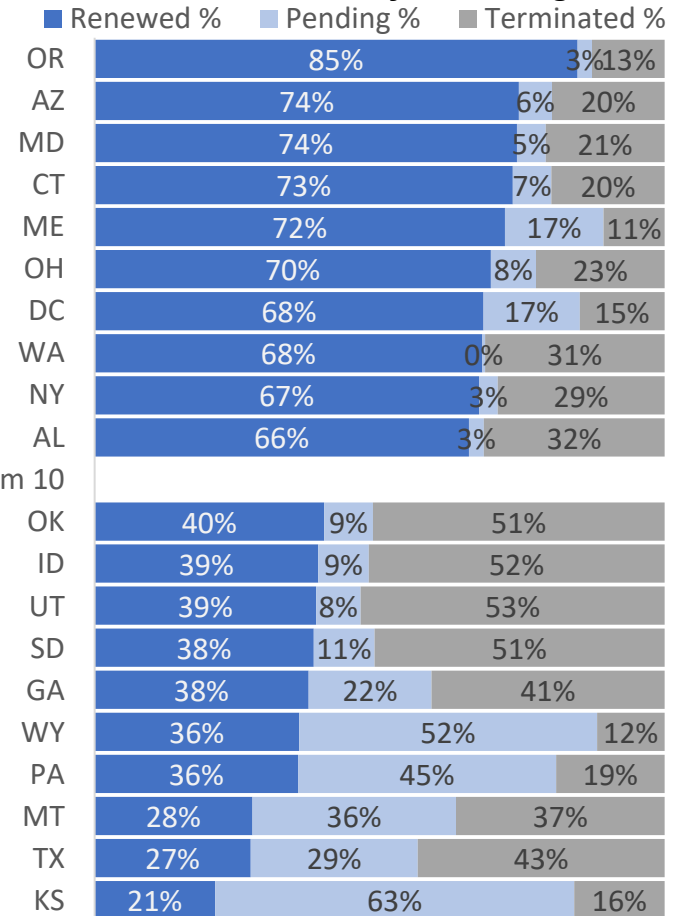
Of Medicaid Disenrollments, Top 10 and Bottom 10 States by Percentage Terminated for Procedural Reasons



Renewal Rates in the District Are High Relative to Many Other States

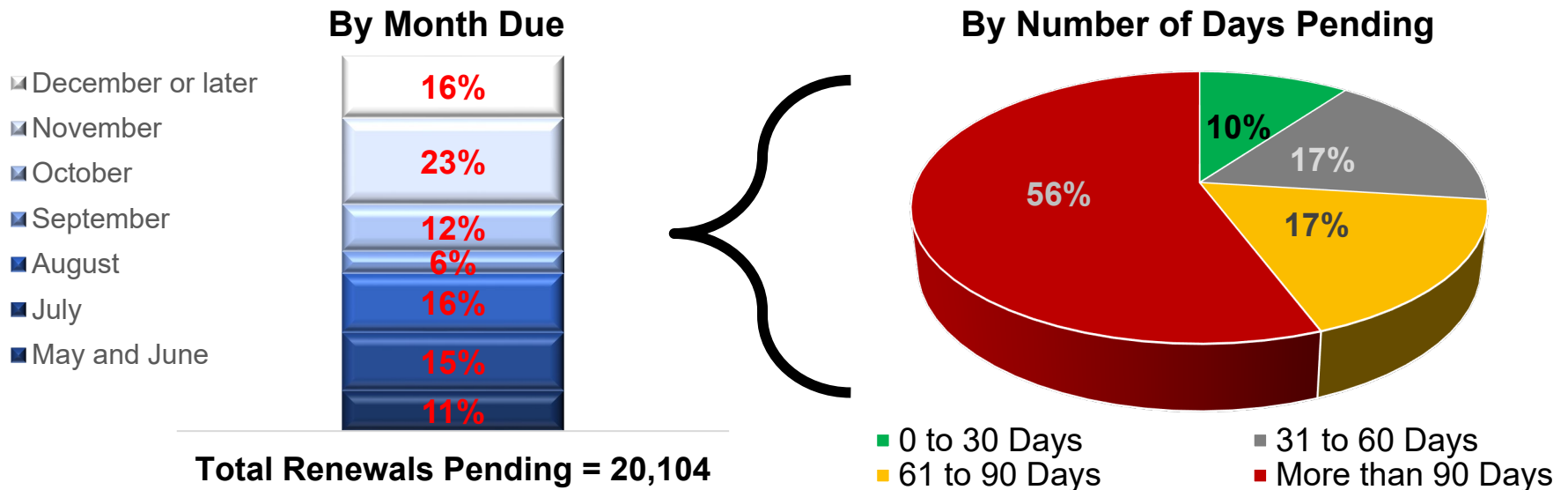
- ❑ DC currently has among the highest overall and passive renewal rates in the nation.
- ❑ For example, 68% of DC Medicaid beneficiaries due in May - November had renewed as of December 18 (before DC's latest dashboard update in January).
 - DC ranked 7th highest out of 46 states with data for the overall renewal rate (see chart at right).
 - DC also ranked 9th highest for the rate of passive renewals (data not shown).
 - A variety of factors contribute to variation across states, including differences in the groups being targeted for early renewals as well as differences in renewal policies and system capacity.

Of Medicaid Renewals Due, Top 10 and Bottom 10 States by Percentage Renewed



More Than Half of Pending Renewals Have Been In Process For At Least 90 Days

Percent of Medicaid Beneficiaries With A Pending Renewal, By Month Due And Length Of Time In Process



- The number of days pending is counted from the date the renewal was received (not the date it was due).
- During the period when a renewal is pending, coverage is extended until a determination is made.

Note: DHCF eligibility system data extracted January 15, 2024. Totals may not sum to 100% due to rounding. A small number of pending renewals with an unknown received date are excluded from the pie chart. Increases in pending since the August redetermination report are attributable to an increase in returned renewal forms and a change in the method for counting pending.

Disenrollment Rates Vary by Eligibility Group

Medicaid Beneficiaries Disenrolled and Potentially Disenrolled to Date, by Eligibility Group for Those Due in May – December

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Disenrolled	Potentially Disenrolled	Disenrolled Percent of Initiated Total	Potentially Disenrolled Percent of Initiated Total
Medicaid Childless Adult	77,480	15,995	0	21%	0%
Medicaid Children	71,030	2,068	11,976	3%	17%
Medicaid Parents and Other Adults	29,355	5,082	0	17%	0%
Aged/Disabled and Long-Term Care	42,096	8,784	817	21%	2%
Total	219,961	31,929	12,793	15%	6%

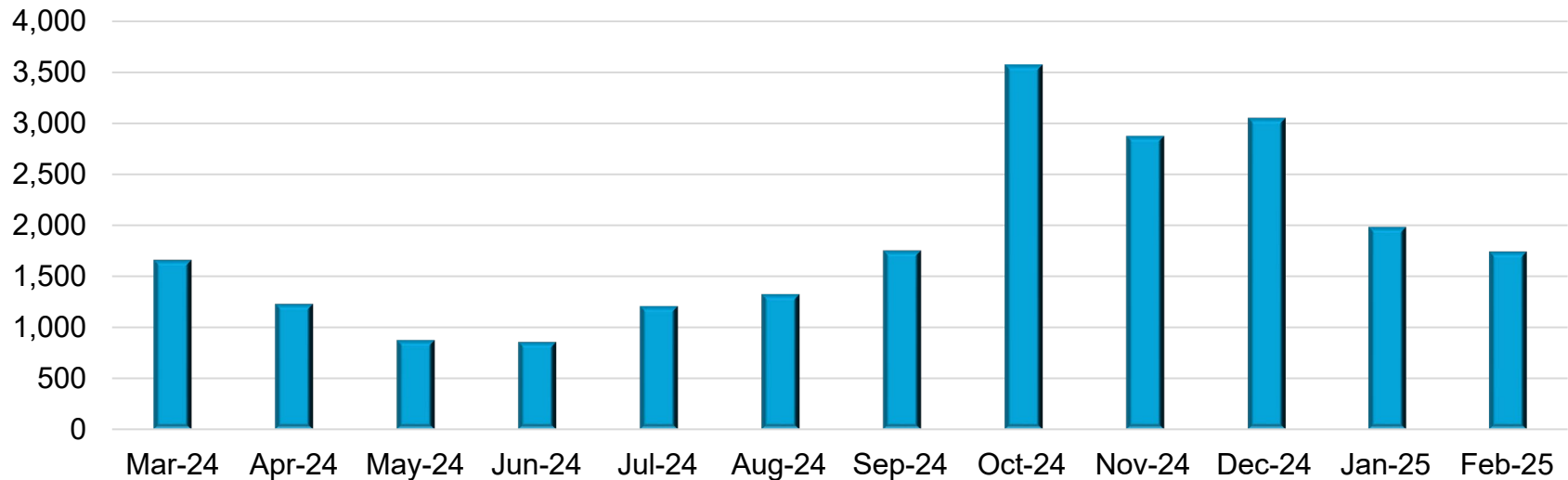
- The rate of disenrollment has varied by eligibility group.
- Potentially disenrolled children are those with no renewal response, who currently remain covered. They will be re-determined when eligibility system updates are completed in early 2024 to comply with federal “ex parte” rules for passive renewals, at which point some could be disenrolled.
- Potentially disenrolled aged/disabled and long-term care beneficiaries are those who received a one-month extension from December 2023 to January 2024. They will be disenrolled on January 31, 2024 if they have not responded.

Report Outline

- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

Distribution Of Alliance And ICP Renewals Is More Uneven Than Medicaid

Current Alliance & ICP Population By Recertification Date

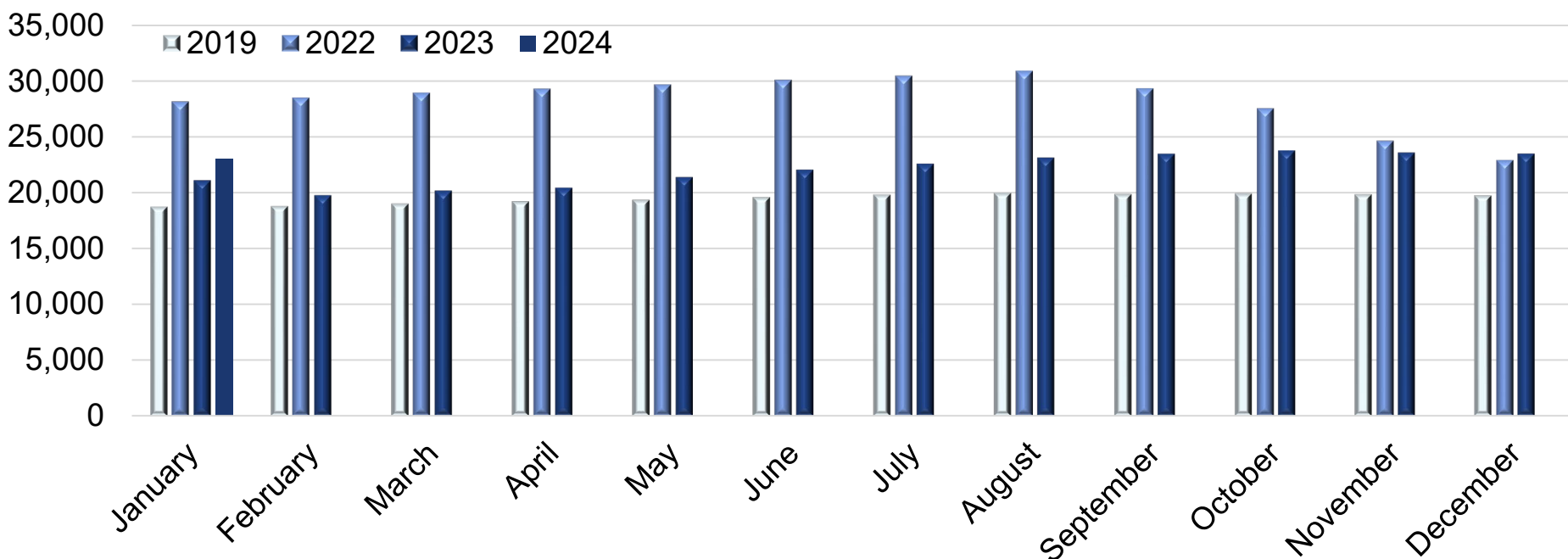


- The uneven distribution of recertification dates for this population is attributable in part to a policy change implemented in FY 2023 that now allows Alliance renewals to be annual rather than every six months.
- Given the large number of Medicaid renewals that are pending, which will continue to grow in coming months, DHCF is considering options for a future redistribution of Alliance/ICP renewals.

Source: DHCF Medicaid Management Information System data extracted January 17, 2024. Note: Limited to months for which renewals have not yet been initiated for all beneficiaries.

Since Alliance and ICP Redeterminations Restarted In August 2022, Enrollment Levels Have Dropped Significantly And Are More Aligned To Historical Levels

Alliance & ICP Enrollment by Month, Pre-PHE (2019) and Post-Restart of Redeterminations (First Renewals Due August 2022)



- Alliance/ICP enrollment peaked in August 2022, at nearly 31,000 beneficiaries. Decreases since that time are attributable to a restart of eligibility redeterminations.
- Enrollment is approximately 23,000 as of January 2024. Growth is expected to continue in the future but is not projected to reach levels seen during the PHE.

This Report Is Issued Monthly

- Additional information will be included in this monthly report over time.
- All Medicaid renewal reports, and more renewal information is available at: <https://dhcf.dc.gov/medicaid-renewal>.