



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #10

Medicaid Renewal Community Meeting

Department of Health Care Finance

August 2, 2023



Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Key Information on Outreach and Medicaid Renewal
- Next Steps
- Q&A



Medicaid Beneficiaries Will Have to Renew Their Coverage for the First Time in 3+ Years



- In March 2020, CMS temporarily waived the need to renew Medicaid coverage and states received a 6.2% financial boost to accommodate the increased enrollment.
- Medicaid enrollment has increased 20% since the start of the public health emergency – just over 300,000 District residents are now enrolled in Medicaid.
- At the end of 2022, Congress passed legislation ending the continuous eligibility requirement on March 31, 2023.
- The District restarted Medicaid eligibility **renewals beginning April 1, 2023**. (Alliance and Immigrant Children’s Program renewals started in July 2022), with the first two groups were **required to renew coverage before May 31, 2023 or June 30, 2023**.



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



- MAGI Medicaid Beneficiaries (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. If passively renewed, beneficiaries receive a notice their coverage is renewed and require no further action.
 - The first renewal notice is sent at the end of the month 60 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.
- Non-MAGI Medicaid Beneficiaries (Age 65+, blind, or person with a disability, SSI recipients, 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.
- District Direct renewal sample notices are available on the [DHCF Website](#).
- Medicaid renewal packages have distinctive markings on the envelope.



The District Has a 90-Day Renewal Reinstatement Period for Those Who Do Not Return 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.
- 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**.
 - The grace period for the May cohort ends on **8/30**; From 9/1/23 and forward this cohort will be required to submit a new application to reactivate their benefits.



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UPDATE SINCE LAST MEETING: 30 Day Extension for Non-MAGI Beneficiaries with 6/30 Certification End Dates Ended



- In response to current Non-MAGI renewal rates, DHCF extended Non-MAGI certification end dates for those with 6/30 cohort and 7/31 end dates **by 30 days**.
 - During this time, DHCF will continue to work with LTSS providers, Case Managers, MCO partners, and care teams to ensure that required elements of renewal submissions are submitted and requested in a timely manner.
 - This went into effect on 8/1 for those whose certification end date was 7/31
- DHCF extends the coverage of those who returned their renewal form on time but for whom DHCF could not complete an eligibility determination before the certification end date
 - Anyone who submitted their renewal timely is extended in MMIS
 - The extension is for a period of 1 year, but the extension will only last until DHCF processes the application
 - DHCF has up to 45 days to process applications and renewals



UPDATE SINCE LAST MEETING: Beneficiaries that are QMB Only Represent the Largest Number of Non-MAGI with No Response



- As of July 31, approximately 780 beneficiaries with a disability or age 65+ had no renewal response and were slated to lose coverage effective August 1. Their renewals were originally due in June but were extended through July. They include:
 - Elderly and Persons with Disabilities (EPD) waiver (~110) and Individuals with Intellectual or Developmental Disabilities (ID/DD) waiver (~10) waiver enrollees.
 - Nursing facility and other non-waiver long-term care enrollees (~100).
 - Other individuals with full Medicaid benefits (~250).
 - Qualified Medicare Beneficiaries (QMBs) whose coverage is limited to payment of Medicare premiums and cost sharing (~310).
- Of this group, many do not appear to be actively using their Medicaid coverage. For example, more than a third (~280) had no claims for service use in the past 6 months. Some of these beneficiaries may be living outside of the District or deceased.
- In addition, some whose most recent eligibility determination is related to long-term care are not currently using that type of care. As a result, unlike those who are actively using waiver services or reside in a nursing facility, they may not have regular contact with a provider who plays a case management role that includes assistance with the renewal process.



UPDATE SINCE LAST MEETING: DHCF Remains in Close and Continuous Contact with Partners Responsible for or Assisting with Renewals



FFS Waiver case managers in the EPD Waiver

- Biweekly group calls and one-on-one check-ins, with census-driven follow-up on each cohort, with status checks on outstanding and pending cases
- Routine follow-up and remediation of non-compliance where necessary
- Implementation of ARPA-funded incentive program for high performers
- Validation of termed list against case tracking to identify any gaps

Dual Choice (D-SNP) care management and enrollee services

- Multiple calls per week with plan leadership and care management staff, with census-driven follow-up on each cohort, with status checks on outstanding and pending cases
- Routine follow-up and remediation on process compliance where necessary
- Validation of termed list against case tracking to identify any gaps
- Engagement with plan-wide efforts to support renewals for all enrollees, from EPD Waiver to non-LTSS users and QMB-onlys



UPDATE SINCE LAST MEETING: DHCF Remains in Close and Continuous Contact with Partners Responsible for or Assisting with Renewals



Nursing facilities

- Routine group and one-on-one check-ins; outreach from both eligibility and program staff
- Routine follow-up and remediation of non-compliance where necessary
- Validation of termed list to confirm discharges, moves, and deaths to identify any gaps

DDS Service Coordinators and intermediate care facilities

- Validation of termed list to confirm discharges, moves, and deaths to identify any gaps
- Routine follow-up with DDS colleagues

Updates regarding interRAI assessment processes

- Liberty assessment staff is nearly three times the size it was in March 2023
- Time from request to completion is also approximately one-third the timeframe in March and April
- DHCF observes significant improvement in other assessment processes, including accurate and timely prescription order forms submitted by providers and partners



UPDATE SINCE LAST MEETING: We Are Interested In Your Suggestions



Two groups for which DHCF seeks additional recommendations or input:

- Individuals with full Medicaid benefits, including full-benefit duals, who may not be using LTSS and may not be closely connected to Medicaid providers or partners
- Qualified Medicare Beneficiaries (QMBs) whose coverage is limited to payment of Medicare premiums and cost-sharing, who may not be aware of lapses in coverage until their premiums change or they experience significant cost-sharing demands (e.g., a Medicare-covered hospitalization)



UPDATE SINCE LAST MEETING: Renewals Have Increased for MAGI Beneficiaries Due in July



- Approximately 31,400 Medicaid beneficiaries were due to recertify by the end of July.
- Of those, 56% (17,500) were renewed or pending as of July 31.
 - As with all cohorts, renewal numbers continue to increase as responses are received.
 - In addition, **an eligibility system update has increased the number of people who are passively renewed** (i.e., automatically with no beneficiary action required). This update largely affects MAGI beneficiaries. Most non-MAGI beneficiaries remain non-passive because additional information is typically required to complete their renewal.
- Among **non-disabled children and adults under age 65** who are due in July (29,300):
 - The overall renewed or pending rate for this group is 57% (16,600) as of July 31 (compared to 41% in mid-July, prior to the system update for passive renewals and receipt of additional non-passive renewal responses).
 - This includes 37% (11,000 out of 29,300) who renewed passively (compared to 25% before the system update).
 - The passive rate is 57% (11,000 out of 19,300) when approximately 10,000 “PHE beneficiaries” are excluded (compared to 38% before the system update). PHE beneficiaries are those who are part of a household with an increase in income or other change that made them appear ineligible but were kept enrolled during the PHE.
- Among **people with disabilities and those age 65+** who are due in July (2,100):
 - The overall renewed or pending rate for this group is 45% (940) as of July 31 (compared to 26% in mid-July).
 - Less than 100 have been determined ineligible and the remaining beneficiaries with no response have coverage extended through August (1,100).



UPDATE SINCE LAST MEETING: DHCF Released First Medicaid Renewal Report



- At end of July, DHCF released its [first report on Medicaid redeterminations](#).
- The report summarizes information from the public dashboard but also provides additional detail on characteristics of beneficiaries whose coverage was renewed, those who have not responded, and pending renewal timing.
- It will be updated by the end of each month and is available at: <https://dhcf.dc.gov/medicaid-renewal>.
- Public dashboard updates will continue to be made mid-month and are available at: <https://dhcf.dc.gov/eligibilitydashboard>.





UPDATE SINCE LAST MEETING: Key Findings in First Report on Medicaid Redeterminations Released at the End of July



- More than three-quarters of Medicaid beneficiaries whose recertifications were due in May and June have successfully re-enrolled or have a renewal pending.
- When incomplete information for July is included, more than half of those due in the first three months of the renewal process have successfully re-enrolled.
- Renewal rates for those due in May through July are largely similar across wards. Ward 3 has the lowest renewal rate (46 percent), while Ward 8 has the highest rate (56 percent).
- More than eight of every 10 renewals for beneficiaries due in May through July were passive, meaning that the renewal was automatic for those who qualified.
- For the non-passive group of beneficiaries, the renewal non-response rate is high overall (68 percent). Rates are highest for childless adults (74 percent); those who first enrolled with DHCF in 2020, at the start of the pandemic (74%); and those whose most recent service use was more than a year ago (84 percent).
- Less than one percent of Medicaid beneficiaries due for a renewal have been determined ineligible. Most individuals losing coverage are procedurally terminated because they have not returned their renewal packet.
- Nearly two-thirds of pending renewals have been in process for less than 30 days. During the period when a renewal is pending, coverage is extended until a determination is made.

UPDATE SINCE LAST MEETING: CMS Publication of National Renewal and Related Data on 7/28



- National Summary of Renewal Outcomes (March 2023 and April 2023)
 - Report includes summary-level information on the outcomes of Medicaid and CHIP eligibility renewals in states that had completed a full cohort of unwinding-related renewals during the reporting month
 - Reflects renewals due in March and April; DC was not included because our first renewals were due in May
- Medicaid and CHIP Unwinding Operations Snapshot
 - DC is included in the report (as are all states)
 - Reflects application, eligibility processing, call center, and enrollment information
- Historic Trends in Coverage Continuity, Loss, and Churn
 - Used 2018 Transformed Medicaid Statistical Information System (T-MSIS) data
 - DC's coverage loss is the lowest across states at around 12/13% (National average = 22%)
 - DC's 12-month churn is around 25-30% and below the national average (36%)
- Available at: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.html>



UPDATE SINCE LAST MEETING: DHCF Held a Beneficiary-Focused “How Do I Renew My Medicaid Health Insurance” Event



- The District held the “How Do I Renew My Medicaid Health Insurance” event online on Saturday, July 29th @ 11:00 AM aimed at anyone enrolled in Medicaid
 - We experienced some technical difficulties with the July 29 meeting;
 - We are scheduling a second meeting for **August 9 at 5:30PM** for those who were unable to attend
 - The meeting is scheduled for the evening to reach those unable to attend meetings/trainings during business hours
 - The meeting’s content will be oriented toward why and how to update addresses and renew Medicaid coverage
 - This will be a safe space to ask questions about coverage and the renewal process
- Please contact or notify any Medicaid beneficiaries you know who would be interested!
 - To improve access, registration will not be required for this event



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The District is Conducting Outreach to Beneficiaries Through as Many Mediums as Possible



- DHCF will send Renewal Packets to beneficiaries who cannot passively renew coverage.
- The District will text the cell numbers of beneficiaries to ask beneficiaries to update their address and/or complete their renewal packet.
- The District will conduct automated phone calls to ask beneficiaries to update their contact information and/or complete their renewal packet.
- The District will send emails to beneficiaries with the appropriate information to let them know about Medicaid Renewal and the need to update their address and renew their coverage.
- The District will send push notifications to beneficiaries who have downloaded the District Direct mobile app

• DHCF is training groups such as this one on how to update contact information and renew Medicaid

The District Has Multiple Ongoing Methods of External Outreach And Wants to Join Your Meetings Too!



- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
 - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.restart@dc.gov*.
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that hosts the Unwinding Plan, Stakeholder Toolkit, meeting info, etc.
- The District is hosting regular Community Stakeholder meetings such as this every other week - continuing every-other-Wednesday at 2:30 p.m. -**next is on Wednesday, August 16**
 - *Please email Medicaid.restart@dc.gov to join the meetings and related mailing list if not on it already*
- The District is initiating monthly Beneficiary-Focused Meetings on ‘How Do I Renew My DC Medicaid Health Insurance’ kicking off this month – the second is **Wednesday, August 9 @ 5:30 PM.**



My City, My Plan: Summer Series 2023



THE DC MCP COLLABORATIVE PRESENTS

MY CITY, MY PLAN.

Summer Health Series 2023

STAYING CONNECTED TO
HEALTH PLAN SERVICES &
COMMUNITY PROGRAMS

SUMMER EVENT DATES

SATURDAY JULY 22ND | 12PM-3PM

Unity Health Care - Anacostia
1500 Galen St. SE, DC

SATURDAY AUGUST 5TH | 12PM-3PM

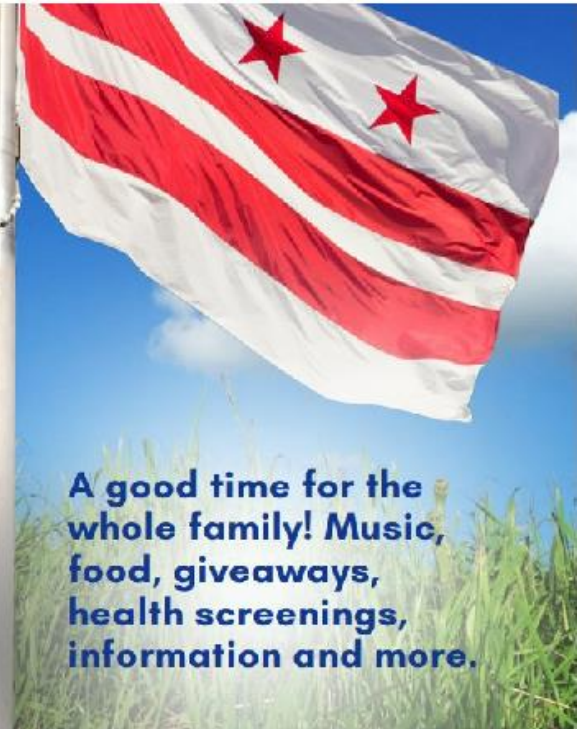
Unity Health Care - Brentwood
1251 Saratoga Ave. NE, DC

SATURDAY AUGUST 26TH | 2PM-6PM

POWAB Valley Green Community Day
Oxon Run Park 1200 Mississippi Ave. SE, DC

SATURDAY SEPTEMBER 23RD | 11AM-2PM

HSCSN Wellness Center
3400 Martin Luther King Jr. Ave. SE, DC



A good time for the whole family! Music, food, giveaways, health screenings, information and more.



Consumer Alert: Beware of Medicaid Renewal Scams!



Beware of Medicaid Renewal Scams

The DC Department of Insurance, Securities and Banking (DISB) is warning District consumers to be on guard against fake Medicaid renewal scams. During the COVID-19 pandemic, the review of Medicaid eligibility for enrolled clients was paused. Jurisdictions, including the District of Columbia, are now returning to pre-pandemic renewal plans. As a result, scam artists may increase efforts to defraud unsuspecting consumers!

How is the Scam Perpetrated?

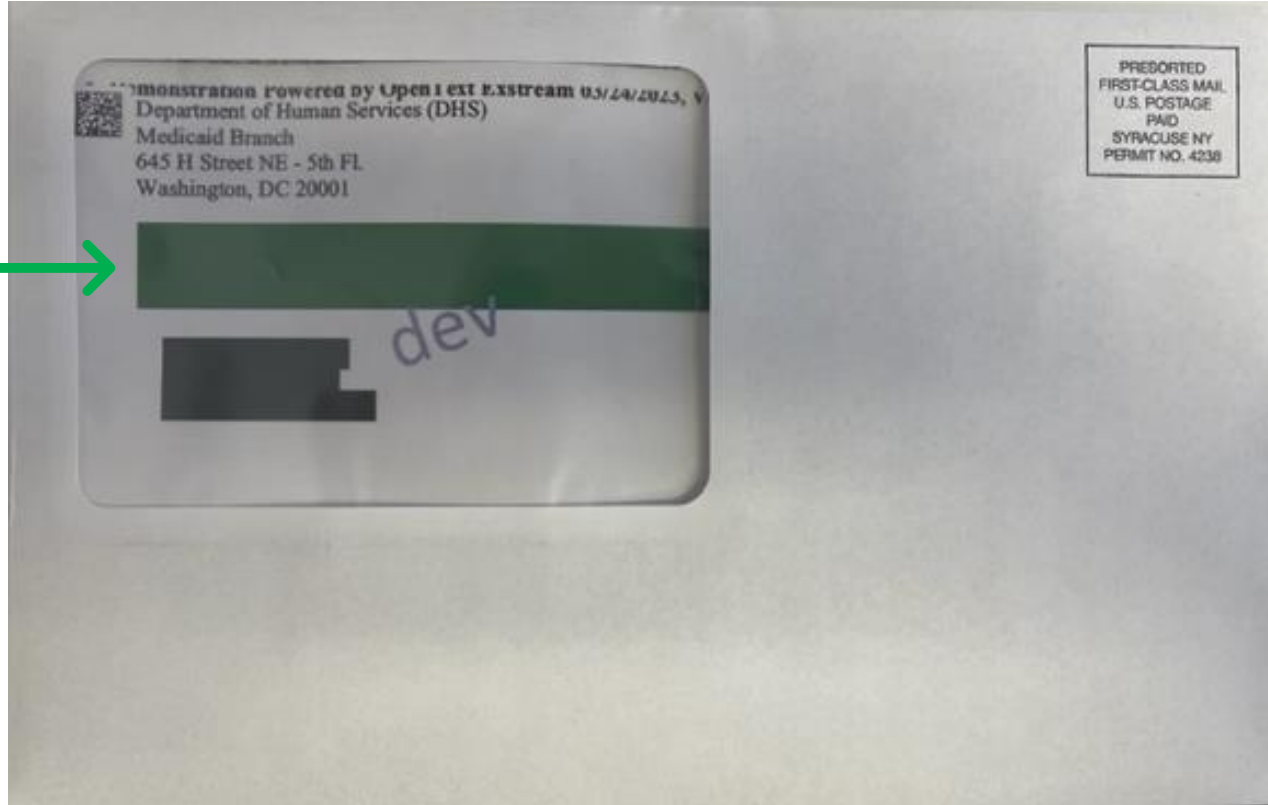
Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten you with civil or criminal penalties and demand that you pay a fee to continue receiving benefits.



Look Out For An Envelope that Looks Like This!



Look for the green line here







Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Non-MAGI Renewal Form

Renewal Form for Medical Assistance

It is time to renew your **Aged, Blind, Disabled (ABD)** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return this renewal form and copies of all required documents by **6/30/2023** to keep your medical assistance coverage. As you complete this form, please tell us any changes that have occurred.

If there is a change in your benefits, you will get

GOVERNMENT OF THE DISTRICT OF COLUMBIA

SAMPLE NOTICE: Long Term Care Renewal Form

Notice Date: 04/01/2023 Account ID: 999999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Important Message About Determining Your Medical Assistance Coverage

Dear JOHN DOE:

It is time to renew your **long term care** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return the attached renewal form and copies of all required documents by **6/30/2023** to keep your long term care medical assistance coverage.

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Assistance Renewal Form D2

April 1, 2023

John Doe
441 4th Street, NW
Washington, DC 20001

Integrated Case #: 99999

It is time to renew your health coverage. Please respond by **<Date Field>** to avoid gaps in your coverage.

You can renew your Health Coverage in any one of these

- **By mail:** Complete this form and mail it in the enclosed envelope to:
Attention:
Department of Human Services
Economic Security Administration
Outstation/Medicaid Renewal Unit



Save Time! Submit Your Renewal Online!



Medicaid beneficiaries may submit their completed renewals:

- **Online**: District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit <https://districtdirect.dc.gov/> or download the mobile app through the Apple App Store or Google Play. **Please encourage beneficiaries to complete their renewal online!**
- **By Phone**: Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465
- **Mail**
Department of Human Services | Economic Security Administration
Case Record Management Unit
P.O. Box 91560 Washington, DC 20090
- **Drop-off at a Service Center**
- **Fax at (202) 671-4400**



DHCF is Working with The Health Benefits Exchange and DC Health Link to Ensure Continuity and Access of Health Coverage



- DC Health Link: DC Health Link is the health care exchange program in the District of Columbia ensuring access to quality and affordable health care to all DC residents. DC Health Link, coordinates benefits and create a "no-wrong-door" environment for District residents seeking help with insurance coverage and costs.
- Relationship with Medicaid Renewal: DC Health Link can find health coverage if a beneficiary no longer qualifies for Medicaid but may qualify for other health plans
 - DC Health Link may also be the first place some beneficiaries go to find or renew coverage
- Recording of Presentation on 4/26: You can find a recording of the presentation DC Health Link made on 4/26 on the Medicaid Renewal website at <https://dhcf.dc.gov/medicaid-renewal>
 - DC Health Link is making sure that representatives are here and at future meetings



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Medicaid Renewal: Next Steps



- Advertisements and outreach are ongoing. Look for our messaging on advertisements and fliers throughout the community!
 - New messaging campaign: *Act Now, Stay Covered*
- Automated Calls and Texts will continue monthly to beneficiaries whose coverage is due to be renewed
- The District is holding beneficiary-focused meetings on Medicaid Renewal requirements monthly in the late morning on Saturdays- the second meeting is Wednesday, August 9, 2023 @ 5:30 PM.
- The next Community Meeting on Medicaid Renewal will be August 2, 2023 @ 2:30 PM and continue every 2 weeks.
- Please contact Medicaid.renewal@dc.gov for more information or to get connected to the meetings and trainings.



Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

Medicaid.Renewal@dc.gov





Appendix A: Acceptable Verifications of Income



The following types of documents can be used to verify income:

- Recent pay stubs (four weekly, two bi-weekly, or one monthly);
- Completed employer verification form;
- Statement showing retirement income, disability income, workers compensation income or pension statement;
- Bank/Checking account statement;
- Paper, electronic, or telephonic documentation;
- A written statement which explains the discrepancy if other documentation is not available.



Appendix B: Acceptable Verifications (Residency)



The following types of documents can be used to verify residency:

- An active lease agreement, certified deed, or mortgage statement with a District and their name;
- Phone or Utility bill within the past 2 months;
- D.C. Voter Registration Card;
- Non-expired D.C. motor vehicle registration or D.C. DMV identification card;
- Cancelled check or receipt of mortgage or rental payments within the past 2 months;
- Utility bills and payment receipts with a D.C. address within the past 2 months;
- Non-expired automobile insurance statement with a D.C. residency address;
- D.C. One Card; or
- Completed and signed proof of D.C. Residency Form



Eligibility Categories are Based on Federal Poverty Limits



Parent Caretaker 2023 FPL	
<i>The District covers this population with household income up to 216% of the FPL (with an additional 5% disregard)</i>	
Category	Parent/Caretaker/Relative
Threshold in FPL	216% + 5% disregard
1 person household, monthly	\$2,685
2 person household, monthly	\$3,632
3 person household, monthly	\$4,578
4 person household, monthly	\$5,525
5 person household, monthly	\$6,472
6 person household, monthly	\$7,418
7 person household, monthly	\$8,365
8 person household, monthly	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Infants and Children 2023 FPL		
<i>The District covers this population with household income up to 319% and 216% of the FPL (with an additional 5% disregard)</i>		
Category	Children (0-18), 319%	Children (19-20), 216%
Threshold in FPL	319% + 5% disregard*	216% + 5% disregard*
1 person household, monthly	\$3,937	\$2,685
2 person household, monthly	\$5,324	\$3,632
3 person household, monthly	\$6,712	\$4,578
4 person household, monthly	\$8,100	\$5,525
5 person household, monthly	\$9,488	\$6,472
6 person household, monthly	\$10,876	\$7,418
7 person household, monthly	\$12,263	\$8,365
8 person household, monthly	\$13,651	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services		



Eligibility Categories are Based on Federal Poverty Limits



Pregnant 2023 FPL	
<i>The District covers this population with household income up to 319% of the FPL (with an additional 5% disregard)</i>	
Category	Pregnant Individual
Threshold in FPL	319% + 5% disregard
2 person household, monthly	\$5,324
3 person household, monthly	\$6,712
4 person household, monthly	\$8,100
5 person household, monthly	\$9,488
6 person household, monthly	\$10,876
7 person household, monthly	\$12,263
8 person household, monthly	\$13,651
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Adults without Dependent Children (Childless Adults) 2023 FPL	
<i>The District covers this population with household income up to 210% of the FPL (with an additional 5% disregard)</i>	
Category	Adults Without Dependent Children
Threshold in FPL	210% + 5% disregard*
1 person household, monthly	\$2,612
2 person household, monthly	\$3,533
3 person household, monthly	\$4,454
4 person household, monthly	\$5,375
5 person household, monthly	\$6,296
6 person household, monthly	\$7,217
7 person household, monthly	\$8,138
8 person household, monthly	\$9,059
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	



Eligibility Category QMB-Federal Poverty Limits



QMB 2023 FPL		
<i>The District covers this population with household income up to 300% of the FPL (with an additional \$20 for QMB Plus)</i>		
Category	QMB	QMB Plus
Threshold in FPL	300% + \$20	100% + \$20
1 person household, monthly	\$3,665	\$1,235
2 person household, monthly	\$4,950	\$1,663
3 person household, monthly	\$6,235	\$2,092
4 person household, monthly	\$7,520	\$2,520
5 person household, monthly	\$8,805	\$2,948
6 person household, monthly	\$10,090	\$3,377
7 person household, monthly	\$11,375	\$3,805
8 person household, monthly	\$12,660	\$4,233
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services (+5% income disregard)		



Appendix C: Key Tips to Connect District Direct Accounts to Beneficiaries



- Some individuals recertifying will need to connect their account to their established case profile in District Direct.
 - **Note:** This is a result of the District switching from the legacy eligibility processing system (ACEDS) during the PHE
- Primary Applicants can connect their account using their Social Security Number, Medicaid ID Number, or Person Reference Number
- A SSN is **NOT** needed to connect a newly created District Direct account to a primary applicant's case profile
 - **Note:** Primary applicants in a household can use their Personal Reference Number instead of an SSN
- *Please note that the name used to connect must match what is currently in the system. Names listed on notices reflect what is in the system. For example, if the name in the system is John Doe-Smith, that must be used to connect instead of John Doe.*



Appendix D: What Can Stakeholders Say to Beneficiaries?



What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!
- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

What To Do After Receiving Your Renewal Notice

- Complete your renewal by using districtdirect.dc.gov or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



Appendix E: DC Healthy Families MCOs are Engaged in a Variety of Medicaid Renewal Activities



The MCOs continue to conduct Medicaid renewal outreach activities which include:

Community Outreach Events	Sending text messaging	Social media updates and posting videos	Home visits (door knockers)	Mailing flyers	Robo and staff calls	Ads in community publications	Participate in DHCF trainings community updates
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MCOs may have wellness centers that offer access to Wi-Fi, computers, and printers to assist with completing renewals. MCO staff are available to answer questions as well.



For enrollees who are slated to lose Medicaid coverage the end of June, the MCOs are conducting targeted phone calls, text messages, and home visits.



Appendix F: The District is Doing Dedicated Outreach to Special Populations



- **Senior Beneficiaries**
 - DHCF is partnering with DACL to train their staff and senior service network on the renewal process.
 - Seniors are able to access in-person assistance at Senior Wellness Centers and 40+ Community Dining Sites across the District.
 - The Deaf and Hard of Hearing Senior Center and Senior Center for the Blind have also committed to assisting seniors with applications.
- **Beneficiaries Living with Disabilities**
 - DHCF is training employees at DDS and their providers to help beneficiaries.
- **Beneficiaries Experiencing Homelessness**
 - DHCF is meeting with outreach staff, shelter case workers, and adult day centers that work with beneficiaries experiencing homelessness to ensure they are prepared to spread the word and assist beneficiaries with completing their renewals.



Appendix G: District Direct is available online in English, Spanish, and Amharic!



The screenshot shows the District Direct website interface. At the top left is the "District Direct" logo, which consists of a blue star with a red dot in the center. To the right of the logo are navigation links: "Home" (underlined), "Create Account", and "Log in" (in a blue button). Below these links are three language options: "English", "Español", and "አማርኛ". The main content area features a large blue banner with the text "Welcome to District of Columbia Benefits Portal" and "Apply for SNAP, TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits". Below this text are two buttons: "Apply Now" and "Learn More About Benefits". The background of the banner is a photograph of a park with trees showing autumn foliage and several people walking on a path.

