



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #9

Medicaid Renewal Community Meeting

Department of Health Care Finance

July 19, 2023



Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Overview of Eligibility Dashboard Data
- 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: DHCF Extending Coverage for 6/30 and 7/31 Non-MAGI Certification End Dates



- 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 7/1 for those whose certification end date was 6/30
- 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 legally has up to 45 days to process applications and renewals



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



- The District is holding the “How Do I Renew My Medicaid Health Insurance” event online on Saturday, July 29th @ 11:00 AM aimed at anyone enrolled in Medicaid
 - The meeting is scheduled for a Saturday to reach those unable to attend these meetings and trainings that have been on weekdays or weeknights so far
 - 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!
 - Registration is open and encouraged in advance



UPDATE SINCE LAST MEETING: New Fact Sheet and Summary from CMS on Federal Monitoring and State Mitigation Strategies



- CMS released a fact sheet on Returning to Regular Medicaid Renewals yesterday
 - The [Fact Sheet](#) provides details on CMS' role in monitoring and oversight of states and ability to take action
- CMS released a Summary of State Mitigation Strategies on Medicaid Renewal yesterday
 - The District includes information on [this sheet](#) because its renewal form asks for more information than the minimum and is not able to complete *ex parte* (passive) renewals for all of its non-MAGI population
 - DHCF must ask for information to ensure a complete record in the DCAS system
 - This is part of the transition process from the legacy eligibility system (ACEDS) to the new eligibility system (DCAS)



UPDATE SINCE LAST MEETING: The District Details Its Actions on the Summary from CMS Chart on State Mitigation Strategies



- To address issues identified in the State Mitigation Strategies document, the District is:
 - Streamlining income determinations
 - Streamlining asset determinations
 - Streamlining renewal forms and requirements
 - Making additional policy changes to support retention
 - Enhancing outreach and in-person assistance
- The flexibilities DHCF noted in the Summary will also be detailed in the DHCF Operational Plan



Presentation Overview



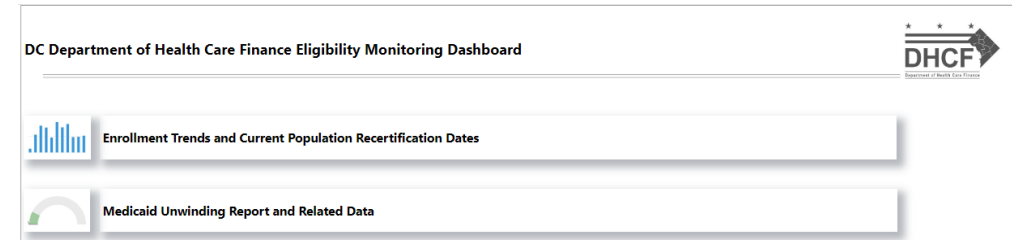
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DC Medicaid Renewal Data is Publicly Available and Regularly Updated on the DHCF Website



- Public data at <https://dhcf.dc.gov/eligibilitydashboard> reflects information as of July 17 for beneficiaries who:
 - Previously received a renewal notice (non-disabled children and adults under 65 due in May-July; people with disabilities and those age 65+ due in June-August).
 - Newly received a notice in July (non-disabled children and adults under 65 due in August; people with disabilities and those age 65+ due in September).



- Among beneficiaries **due in May**, more than 80% have renewed or are pending. Most who lost coverage had no response flagged in District Direct.
- Among those **due in June or July**, many currently show as actual or potential coverage loss because there is no renewal response flagged in District Direct. People with disabilities and those age 65+ have received one-month extensions (through July or August) to allow for additional response time.
- Among those **due in July or August**, passive renewals (i.e., coverage automatically extended based on electronic data checks) are low. These are the first months with renewals due for beneficiaries who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible. Because they are already known to appear ineligible, most are not able to renew based on electronic checks.
- For **all groups** whose renewal is currently due or past due in a 90-day grace period, the number in a renewed, pending, or determined ineligible status can continue to increase as renewals are returned and processed. Similarly, the number in the terminated category will decrease.



Results from First Month of Renewals: More Than 80% of Beneficiaries Are Renewed or Pending



- **Approximately 14,500 beneficiaries were due to recertify by the end of May.** This group largely reflects non-disabled children and adults under age 65 with 60-day notices mailed by April 1.
 - Of that total, 78% (11,300) are **renewed** as of July 17.
 - 66% were renewed passively (extended by DHCF based on electronic checks alone).
 - 12% were renewed non-passively (beneficiary provided information needed to extend their coverage).
 - 4% (600) are **pending** (renewal is flagged in District Direct but requires verification(s) from beneficiary or processing by caseworker).
 - 18% (2,600) are **disenrolled**.
 - Less than 1% (fewer than 100) were determined ineligible (beneficiary provided information indicating they no longer qualify).
 - Remaining 17% (2,500) had no response (renewal not flagged in District Direct). These are referred to as “procedural terminations.”
 - Among the disenrolled, nearly two-thirds are adults ages 21-64 and just over one-third are children (not shown in current dashboard).

Outcomes to Date for Beneficiaries with Medicaid Renewal Initiated, Number by Renewal Due Month

Due month	Renewal initiated	Renewed	Renewed: Passive	Renewed: Non-passive	Pending	Terminated or potential to be	Terminated: Ineligible	Terminated: Non-response
2023-05	14,504	11,294	9,522	1,772	638	2,572	84	2,488
2023-05	100.0%	77.9%	65.7%	12.2%	4.4%	17.7%	0.6%	17.2%

- The **renewed and pending categories will continue to increase** during the 90-day grace period. For example, there were 3,300 terminations from the May group as of June 1. By July 17, this had decreased to 2,600 as additional renewals were processed.





There Are No Substantial Differences in Renewal Rates by Age, Gender, Eligibility Category, and Managed Care Plan for Beneficiaries Due in May



- Among the 14,500 beneficiaries due to recertify by the end of May (largely non-disabled children and adults under 65), there were no substantial differences in renewal rates by age, gender, eligibility category, and managed care plan. For example:
 - 77% of children under age 21 renewed, compared to 78% of those age 21-64.
 - Female beneficiaries were slightly more likely to renew (79%) than male beneficiaries (76%).
 - Childless adults accounted for the largest group due in May, with a 77% renewal rate. Parents and caretaker relatives had a 78% renewal rate. As noted above, 77% of children renewed.
 - Renewal rates for the three managed care plans (Amerigroup, AmeriHealth, MedStar) that enroll nearly all beneficiaries due in May ranged from 76% to 79%.
- Those whose renewal is completed or pending are more likely to have recent service use (e.g., health care provider visit, prescription fill, etc.) than those who lost coverage.
 - Among those who have renewed, 78% used services in the past year.
 - Among those whose renewal is currently pending (not yet determined eligible or ineligible), 88% used services in the past year.
 - Among those who lost coverage, 69% used services in the past year.
- Additional information on beneficiary characteristics by renewal status will be provided at the end of July.



Most Beneficiaries Due in May Who Lost Coverage Had No Renewal Response

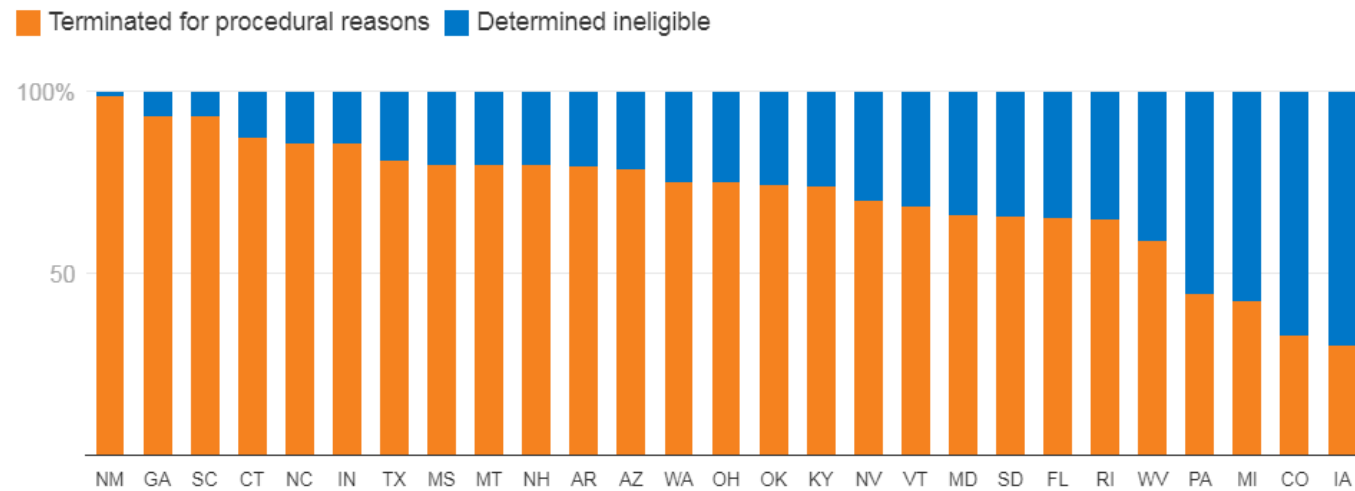


- Among the 2,600 beneficiaries due in May who are disenrolled as of July 17, **reasons for coverage loss:**
 - 4% (fewer than 100) responded and were determined ineligible.
 - 96% (approximately 2,500) had no renewal response flagged in District Direct. This 96% is referred to as a procedural termination rate.
- The District’s procedural termination rate is high relative to most other states that currently have public data.*
 - This is due in part to the fact that the **District has the highest eligibility levels in the nation** for parents (221% of the federal poverty level) and childless adults (215% FPL).
 - High eligibility levels mean that most people who return a renewal will be found eligible and very few will be determined ineligible. As a result, most of the people losing coverage are those who do not respond, leading to a high procedural termination rate.

Figure 2

Overall, 75% of disenrollments are due to procedural reasons, among states reporting as of July 17, 2023

Of Total Disenrollments, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible:



NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS - Get the data - PNG



* <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>



Among Those Due in June, Many Currently Show As Actual or Potential Coverage Loss



Beneficiaries Whose Renewals Were Due in June

- Approximately 21,600 beneficiaries were due to recertify by the end of June, including:
 - 19,400 non-disabled children and adults under age 65 with 60-day notices mailed by May 1.
 - 2,200 people with disabilities and adults age 65+ with 90-day notices mailed by April 1.
- Of those, 74% (15,900) are renewed or pending as of July 17, including:
 - 77% (14,900) of non-disabled children and adults under 65; 47% (1,000) of people with disabilities and adults age 65+.
- For most of the remaining 26% (5,700), there is no renewal response currently flagged in District Direct.
 - Among 4,500 non-disabled children and adults in this category, approximately 60% are age 21-64 and 40% are under age 21. These individuals were disenrolled effective July 1.
 - Among 1,200 people with disabilities and adults age 65+ in this category, groups include: home and community-based waiver services (HCBS) enrollees (~200); nursing facility (NF) residents (~150); other individuals with full Medicaid benefits (~300); and Qualified Medicare Beneficiaries (QMBs) whose Medicaid coverage is limited to payment of Medicare premiums and cost sharing (~500). These individuals have received a one-month extension of coverage (through July) to allow additional time for a renewal response.
 - DHCF continues to work closely with case managers, facility providers, and health plans to ensure timely recertifications and limit unnecessary gaps in credential.
 - DHCF announced details for a CM incentive payment centered around timely completion of EPD renewals



Among Those Due in July, Many Currently Show As Actual or Potential Coverage Loss



- **Beneficiaries Whose Renewals Are Due in July**
 - Approximately 31,400 beneficiaries are due to recertify by the end of July.
 - Of those, 40% (12,400) are renewed or pending as of July 17. DHCF expects this number to increase by the end of the month and beyond.
 - For most of the remaining 60% (19,000), there is currently no renewal response.
 - Non-disabled children and adults (17,500) will be disenrolled effective August 1 if no response is received by the end of July.
 - People with disabilities and adults age 65+ (1,500) have received a one-month extension (through August) to allow for additional response time. This group includes HCBS waiver (~300), NF (~200), other full benefit (~400), and QMB only beneficiaries (~600).



Among Those Due in July or August, Passive Renewals Are Low



- Among those due in July or August, passive renewals (i.e., coverage automatically extended based on electronic data checks) are low relative to May and June.
 - Among those due in May, 66% were passively renewed. This month included only non-disabled children and adults, who have the highest passive renewal rates.
 - Among those due in June, 60% were passively renewed. This 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.
 - Among those due in July, 24% were passively renewed.
 - Among those due in August, 21% were passively renewed.
- One reason for the low passive rates in July and August is the fact that these are the first months with renewals due for beneficiaries who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible. Because these individuals (~10,000 in each month) are already known to appear ineligible, most are not able to renew based on electronic checks. After removing these “PHE beneficiaries” from the calculation, the passive rate is closer to 40% for non-disabled children and adults under age 65.
- DHCF is reviewing options to increase the passive renewal rate in future months.



Looking Ahead: On-Going Outreach; Continued Monitoring and Analysis Will Inform DHCF's Renewal Strategy



- 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
 - Bi-weekly stakeholder community calls
 - Managed care organizations' efforts to contact their members
- On-going **data analysis** to understand renewal patterns, demographics
 - Eligibility Renewal Dashboard updates
 - First Medicaid Renewal report to be released by end of July
- Identify / apply **new strategies** to improve response rates
 - New flexibilities announced by CMS in June
 - Evening and weekend Beneficiary Focused Outreach Meetings (learn how to check coverage status, update address, renew Medicaid, and open Q&A)
 - DHCF recently announced details of CM incentive payment program focused on timely completion of EPD Waiver Renewals



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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

Government of the District of Columbia

Medicaid

Department of Health Care Finance

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 is providing ~bimonthly Stakeholder Trainings on the District Direct enrollment process, updating addresses, and renewing Medicaid –next is **Tuesday, July 25, at 10:00 AM.**
- 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 2**
 - *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 first is **Saturday, July 29 @ 11:00 AM.**



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?

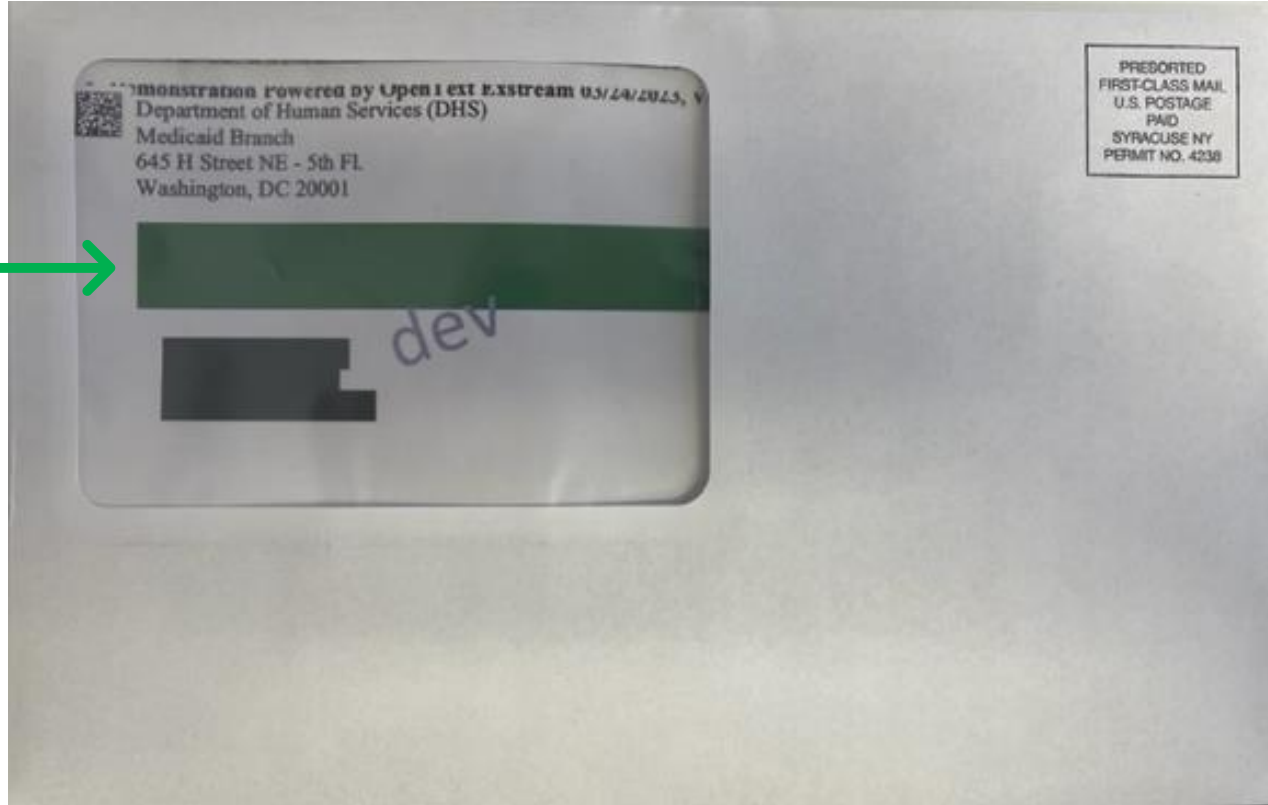
Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten 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 **6/06/30/2023** 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!
- Automated Calls and Texts will continue monthly to beneficiaries whose coverage is due to be renewed
- DHCF will host ~monthly trainings on District Direct and how to complete Medicaid renewal form. The next monthly training will be on Tuesday, July 25 @ 10:00 AM.
- The District is holding beneficiary-focused meetings on Medicaid Renewal requirements monthly in the late morning on Saturdays- the first meeting is Saturday, July 29, 2023 @ 11:00 AM.
- 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 a sub-header "Apply for SNAP, TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits". Two buttons are present: "Apply Now" (white with blue border) and "Learn More About Benefits" (blue with white text). The background of the banner is a photograph of a park with autumn trees and people walking.

