



# Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #11

Medicaid Renewal Community Meeting

Department of Health Care Finance

August 16, 2023



# Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Eligibility Dashboard Update and Data Review
- 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 three groups were **required to renew coverage before May 31, 2023, June 30, 2023, or July 31, 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.



# Presentation Overview



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



# UPDATE SINCE LAST MEETING: DHCF Continues to Extend Non-MAGI Beneficiaries with 7/31 Certification End Date



- In response to current Non-MAGI renewal rates, DHCF extended Non-MAGI certification end dates for those with a 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
  - The extension for Non-MAGI beneficiaries who certification end date was 7/31 **will expire on 8/31**
- 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: DHCF is Examining the Difference Between its Historical and Actual Passive Renewal Rate



- DHCF is seeing a lower rate of passive renewals (below 50% overall) than we have seen historically as shared in the [Operational Unwinding Report](#) (approximately two-thirds overall)
- First, the District knows there are individuals that only remained eligible for Medicaid due to the PHE but had income or other changes that made them appear ineligible (referred to as the "PHE Group") and are not likely to be able to passively renew
- Additionally, earlier projections of a higher passive renewal rate were based on a sample of cases that informed our best projections prior to unwinding
  - In actuality, we are seeing fewer individuals meet passive renewal checks than projected
  - Meaning, we have experienced 1) more individuals failing income checks when we check electronic resources; and 2) more individuals failing residency/citizenship checks during the passive renewal initiation process
- DHCF has taken action to address the decline in the passive renewal rate
  - The passive renewal rate is higher now than it was when Medicaid renewals were initiated in June and July due to system corrections related to reasonable compatibility
  - DHCF is looking into other policy and process changes to limit avoidable terminations of coverage (in line with additional flexibilities announced by CMS in June)





# UPDATE SINCE LAST MEETING: DHCF Held Second 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 Wednesday, August 9 @ 5:30 PM aimed at anyone enrolled in Medicaid
  - We scheduled it because we experienced some technical difficulties with the first July 29 meeting;
  - These meetings are scheduled for the evening to reach those unable to attend meetings/trainings during business hours
  - The meeting’s content is oriented toward why and how to update contact information, renew Medicaid coverage, and access resources to assist with renewals
  - This will be a safe space to ask questions about coverage and the renewal process
  - The next meeting is scheduled for August 24 @ 5:30PM
- Please contact or notify any Medicaid beneficiaries you know who would be interested!
  - To improve access, registration will not be required for these events going forward



# Presentation Overview



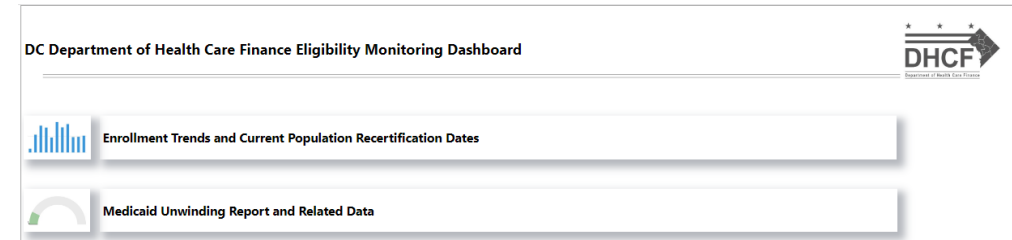
- Medicaid Renewal Background
- What's New This Week
- **Eligibility Dashboard Update and Data Review**
- Key Information on Outreach and Medicaid Renewal
- Next Steps
- Q&A



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



- **Dashboard data** at <https://dhcf.dc.gov/eligibilitydashboard> reflects information as of August 11 for beneficiaries who:
  - Previously received a renewal notice (non-disabled children and adults under 65 due in May-August; people with disabilities and those age 65+ due in June-September).
  - Newly received a notice in August (non-disabled children and adults under 65 due in September; people with disabilities and those age 65+ due in October).
- By the end of August, DHCF will release its **second report on Medicaid redeterminations**. The report will summarize information from the dashboard but also provide additional detail on characteristics of beneficiaries whose coverage was renewed, those who have not responded, and pending renewal timing. The first report, which was released at the end of July, is available at: <https://dhcf.dc.gov/medicaid-renewal>.
- Among beneficiaries **due in May**, 84% have renewed or are pending; for those **due in June**, the figure is 79%. Most who lost coverage had no renewal response flagged.
- Among those **due in July or August**, passive renewals (i.e., coverage automatically extended based on electronic data checks) have increased due to an eligibility system update implemented at the end of July. However, passive rates remain relatively low overall because these are the first months with renewals due for “PHE 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.
- Among those **due in September**, the passive renewal rate is higher because there are very few PHE beneficiaries due for renewal in this month.
- 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.





# More Than 80% of Beneficiaries Due in May 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, 79% (11,500) are **renewed** as of August 11.
    - 66% were renewed passively (extended by DHCF based on electronic checks alone).
    - 13% were renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 5% (700) are **pending** (renewal is flagged in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - 16% (2,300) are **disenrolled**.
    - Less than 1% (fewer than 100) were determined ineligible (beneficiary provided information indicating they no longer qualify).
    - Remaining 15% (2,200) 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.

**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	11,474	9,522	1,952	721	2,309	85	2,224
2023-05	100.0%	79.1%	65.7%	13.5%	5.0%	15.9%	0.6%	15.3%

- 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 August 11, this had decreased to 2,300 as additional renewals were processed.





# Nearly 80% of Beneficiaries Due in June Are Renewed or Pending



- **Approximately 21,600 beneficiaries were due to recertify by the end of June.** This group includes non-disabled children and adults under age 65 with 60-day notices mailed by May 1, as well as people with disabilities and those age 65+ with notices mailed by April 1.
  - Of that total, 72% (15,500) are **renewed** as of August 11.
    - 54% were renewed passively (extended by DHCF based on electronic checks alone).
    - 18% were renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 7% (1,600) are **pending** (renewal is flagged in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - 21% (4,500) are **disenrolled**.
    - People with disabilities and those age 65+ due in June or July received a one-month extension (through July or August) to allow for additional response time. Among those originally due in June, approximately 900 are disenrolled as of August 11, including 800 with no response. DHCF provided information on the characteristics of these beneficiaries in its August 2 community update.
    - The remaining individuals are non-disabled children and adults under 65 (3,600). Nearly two-thirds are adults ages 21-64 and just over one-third are children.

**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
2023-06	21,621	15,521	11,654	3,867	1,586	4,514	362	4,152
2023-06	100.0%	71.8%	53.9%	17.9%	7.3%	20.9%	1.7%	19.2%



# Renewals for MAGI Beneficiaries Due in July Improved with Passive Update; July Non-MAGI Extended Through August



- **Approximately 31,400 Medicaid beneficiaries were due to recertify by the end of July.**
- Of those, 61% (19,100) were renewed or pending as of August 11.
  - 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** due in July (29,300):
  - The overall renewed or pending rate for this group is 61% (17,900) as of August 11 (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+** due in July (2,100):
  - The overall renewed or pending rate for this group is 53% (1,100) as of August 11 (compared to 26% in mid-July).
  - Less than 100 have been determined ineligible and the remaining beneficiaries with no response (900) have coverage extended through August.



# Passive Renewals Also Increased for August; Higher Passive Rate in September Is Due to Population Characteristics



- **Approximately 28,500 Medicaid beneficiaries are due to recertify by the end of August.**
  - Of those, 49% (14,000) were renewed or pending as of August 11.
  - As with all cohorts, renewal numbers continue to increase as responses are received.
  - As with the group due in July, **an eligibility system update has increased the number of people who are passively renewed.**
    - For example, among non-disabled children and adults under age 65 due in August, 35% (8,700 out of 25,000) were renewed passively (compared to 24% before the system update).
    - The passive rate for this group is 58% (8,700 out of 15,100) 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.
- **Approximately 17,600 Medicaid beneficiaries are due to recertify by the end of September.**
  - Of those, 60% were renewed or pending as of August 11.
  - The passive renewal rate is 55% for this group overall, and 67% for non-disabled children and adults under age 65. Rates are higher than July and August because there are very few “PHE beneficiaries” due in September.



# Presentation Overview



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





# 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](mailto: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 30**
  - *Please email [Medicaid.restart@dc.gov](mailto: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 **Thursday, August 24 @ 5:30 PM.**
- The District is continuing monthly Districtwide Trainings on Medicaid Renewal designed for stakeholders and anyone helping others with renewals – the fifth is **Thursday, August 31 @ 10:00 AM.**



# 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**

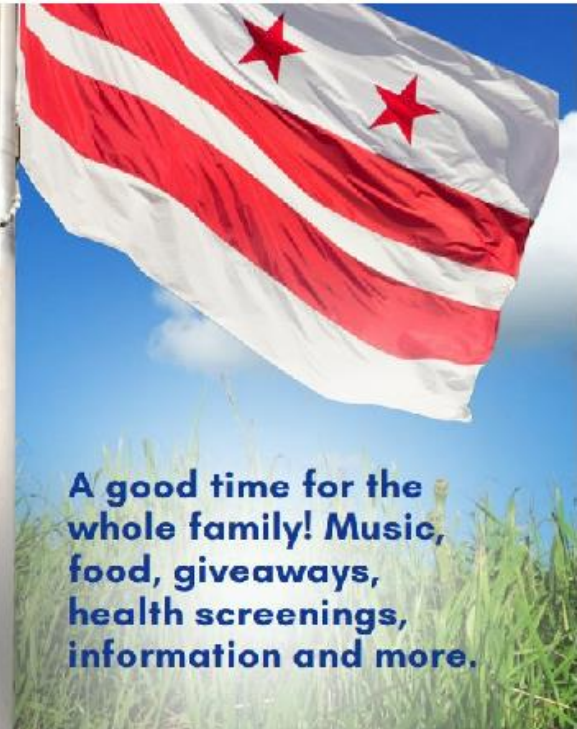
Unity Health Care - Brentwood  
1251 Saratoga Ave. NE, DC

**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?

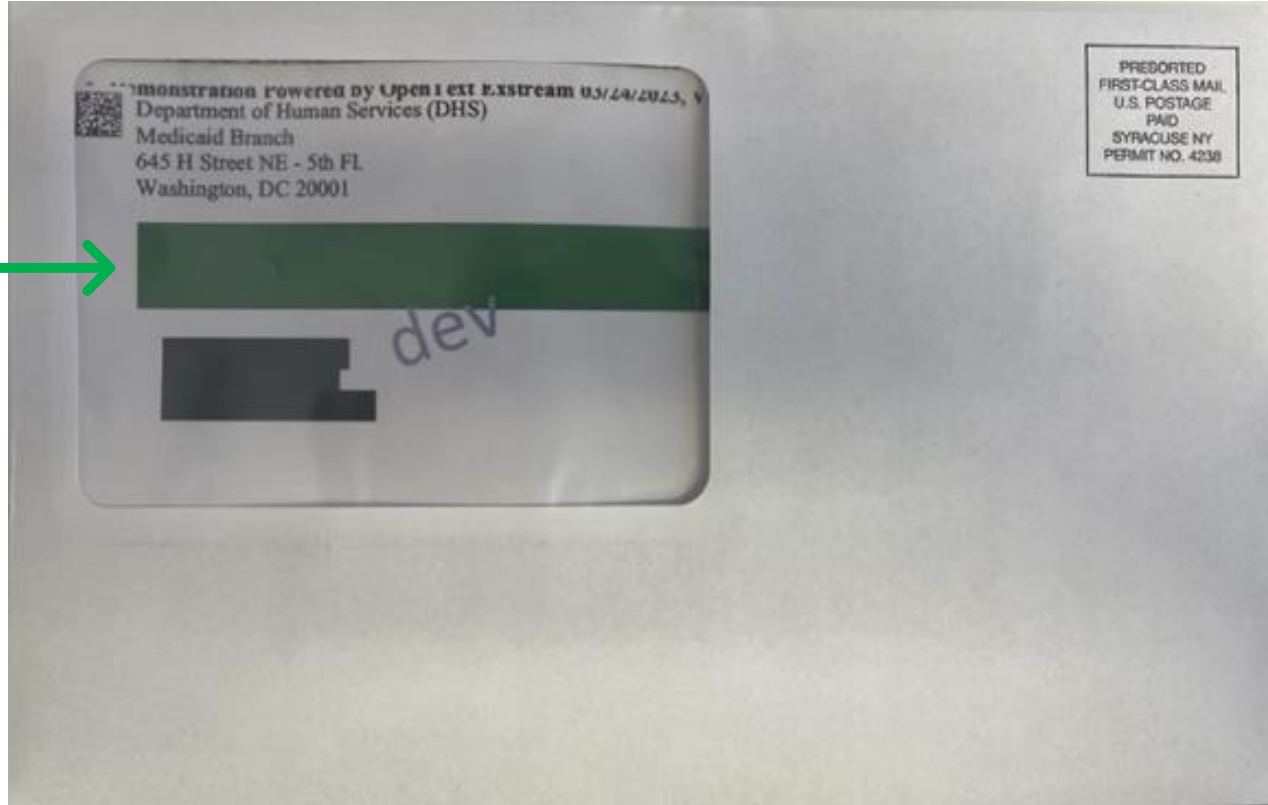
Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten 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 4<sup>TH</sup> 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





# Presentation Overview



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



# 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 third meeting is Thursday, August 24, 2023 @ 5:30 PM.
- The next Community Meeting on Medicaid Renewal will be Wednesday, August 30, 2023 @ 2:30 PM and continue every 2 weeks.
- The District will hold trainings on how to use District Direct for Medicaid Renewal monthly. The next Districtwide Training on Medicaid Renewal will be Thursday, August 31 @ 10:00 AM.
- Please contact [Medicaid.renewal@dc.gov](mailto: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](mailto: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



<b>Pregnant 2023 FPL</b>	
<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	

<b>Adults without Dependent Children (Childless Adults) 2023 FPL</b>	
<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](https://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



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 logo with a blue star and the text "District Direct". To the right are navigation links: "Home" (underlined), "Create Account", and a blue "Log in" button. Below these are language selection 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" and "Learn More About Benefits". The background of the banner is a photograph of a park with autumn trees and people walking.

