



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #12

Medicaid Renewal Community Meeting

Department of Health Care Finance

August 30, 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 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 **8/31** (TOMORROW); From 9/1/23 and forward, this cohort will be required to submit a new application to reactivate their benefits.



Key Messaging: Qualified Medicare Beneficiaries (QMB) Must Renew Through DC Medicaid to Keep Their Coverage!



- While Qualified Medicare Beneficiaries (QMB) may receive most of their coverage through Medicare, QMBs are considered Medicaid beneficiaries and need to take part in Medicaid Renewal because Medicaid pays some of their Medicare premiums and expenses
- **If you know any seniors who are QMBs and may need to renew, please contact them!**



Qualified Medicare Beneficiaries (QMB) Only Renewals



- The QMB program helps District residents who are eligible for Medicare pay for their Medicare costs. This means that Medicaid will pay for monthly Medicare Part A and Part B premiums and cost sharing (e.g. doctor's office visit copays).
- Income and residency are the eligibility factors reviewed at renewal for QMBs (no resource test).
- QMB only beneficiaries who applied for coverage as of November 15, 2021 in DCAS receive the MSP application/QMB Only form at renewal to complete and return (9 pages total)
 - QMB only beneficiaries whose eligibility was determined in ACEDS (legacy system) will receive the Conversion Renewal Form (46 pages) to complete and return.
- Some beneficiaries received both forms
 - Those impacted beneficiaries need to complete and return the Conversion Renewal Form

Key Messaging: Beneficiaries with LTC and Waiver Coverage SHOULD Have Their Renewal Completed by a Case Worker



- We expect case workers assigned to beneficiaries in long term care (LTC) and waiver programs in DC Medicaid to complete those beneficiary's renewal applications
- Case workers use a version of District Direct specifically for their use called the Partner Portal
- Case workers will not need to act until a beneficiary's coverage is up for renewal
- If you do not know who your case worker is and you are in a LTC or waiver program, please contact the LTCA hotline at 202-442-9533; OR the agency where the case manager works
 - If you are enrolled in UHC, you should contact UHC Enrollee Services 1-(866)-242-7726
 - If you are in PACE, contact the PACE Center (571)-622-0555 or Toll Free 1-(877)-324-7223



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UPDATE SINCE LAST MEETING: DHCF Gives 30 Day Extension for Non-MAGI Beneficiaries with 8/31 Certification End Dates



- In response to current Non-MAGI renewal rates, DHCF will extend Non-MAGI certification end dates for those with 8/31 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 goes into effect on 9/1 for those whose certification end date is 8/31
- DHCF previously extended Non-MAGI certification end dates for those with 6/30 and 7/31 end dates
- 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 will last until DHCF processes the application
 - DHCF has up to 45 days to process applications and renewals



UPDATE SINCE LAST MEETING: Extension Expected for Approximately 2,100 Non-MAGI Beneficiaries Due in August



- As of August 29, approximately 2,100 beneficiaries with a disability or age 65+ (i.e., non-MAGI) are due in August but will have coverage extended through September to allow more time for a renewal response. They include:
 - Elderly and Persons with Disabilities (EPD) waiver (~170) and Individuals with Intellectual or Developmental Disabilities (ID/DD) waiver (~50) waiver enrollees.
 - Nursing facility and other non-waiver long-term care enrollees (~190).
 - Other individuals with full Medicaid benefits (~1,080).
 - Qualified Medicare Beneficiaries (QMBs) whose coverage is limited to payment of Medicare premiums and cost sharing (~630).
- In addition, more than 500 of the 2,100 are “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible.
 - The largest group of these PHE beneficiaries (~330) were previously eligible for Medicaid automatically because they received Supplemental Security Income (SSI) cash assistance. Current records do not show them with an SSI benefit.
 - Most of the remaining PHE beneficiaries are in QMB only (~60) or other non-long term care (~110) eligibility categories.
 - Regardless of their PHE status, these individuals may respond and provide renewal information that allows for a determination of ongoing eligibility.



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



- As of August 29, approximately 820 beneficiaries with a disability or age 65+ (i.e., non-MAGI) who were originally due in July but had coverage extended through August have no renewal response. They are slated to lose coverage effective September 1 and include:
 - Elderly and Persons with Disabilities (EPD) waiver (~80) and Individuals with Intellectual or Developmental Disabilities (ID/DD) waiver (~30) waiver enrollees.
 - Nursing facility and other non-waiver long-term care enrollees (~130).
 - Other individuals with full Medicaid benefits (~260).
 - Qualified Medicare Beneficiaries (QMBs) whose coverage is limited to payment of Medicare premiums and cost sharing (~320).
- Non-response for the July non-MAGI population (extended through August and described above) looks similar to non-response for the June non-MAGI population (extended through July and described in DHCF's [8/2/2023 update](#)).
 - As noted in the previous update, many of the beneficiaries who have not responded do not appear to be actively using their Medicaid coverage. Some 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: CMS Provided Guidance on Ex Parte Household Renewals Process



- States are required to make a redetermination of eligibility on an *ex parte* basis, “without requiring information from the individual if able to do so, based on reliable information contained in the individual’s account or other more current information”
 - Often called “passive” or “automatic” renewals
 - 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.
- CMS [clarified](#) that *ex parte* (passive or automatic) renewals must be done individually and not at the household level
 - Example: A mother and child are each enrolled in Medicaid on the basis of MAGI, as a household of two. DC’s MAGI Medicaid threshold is 216% of the federal poverty level (FPL) for parents/caretaker relatives and 319% of the FPL for children (not counting the 5% disregard). Ex parte eligibility must be processed separately for the mother and the child with respect to the separate eligibility levels.



UPDATE SINCE LAST MEETING: DHCF Will Make Changes to the Ex Parte Household Renewals Process



- DHCF is taking action to ensure compliance
 - Immediately pause terminations for children
 - Ongoing analysis will determine if other populations are affected; if so, corrective action will be taken
 - The District believes it's out of compliance with conducting an *ex parte* renewal for some household members who are eligible, if more information is needed for other members of the household
 - The District will modify its eligibility system to conduct *ex parte* renewals for *individuals*
 - The District will modify notices connected to *ex parte* renewals and 30-day reminders to acknowledge that the eligibility of all members of the household may not be tied together
- Next Steps:
 - Review CMS guidance
 - Ongoing analysis to determine impact and any corrective actions
 - Finalize timeline for necessary eligibility system changes
 - Updates will be provided, as needed, during the Bi-Weekly Community Stakeholder meetings



UPDATE SINCE LAST MEETING: FQHCs Can Now Use the DC HIE to Identify and Monitor Redetermination Dates for Medicaid and Alliance Beneficiaries



- PopHealth Analytics tool is 1 of 6 Core Capabilities that make up the CRISP DC Health Information Exchange (HIE) infrastructure.
 - Enables access to a suite of dashboards and reports designed to support population health management through various health-related data sources.
 - Designed with a diverse group of DC HIE users in mind to support analyses and interventions.
- The new *DC Medicaid Redetermination Report* allows DC HIE users of the PopHealth tool to identify beneficiaries in their patient panel with upcoming redeterminations and inform outreach.
- Who can access this report?
 - Since 7/31, available to FQHC staff that are credentialed to access the CRISP DC HIE's PopHealth Analytics tool
 - Starting 9/11, EPD Waiver Case Management Agencies and Nursing Facilities; starting, 9/30 D-SNP Case Managers
- What's the source of this data and how often is it updated?
 - DHCF, in partnership with Conduent, provides the CRISP DC HIE with a beneficiary file containing recertification dates from the District's Medicaid Management Information System (MMIS)
 - Through CRISP DC HIE's PopHealth tool, provider organizations are able to view recert dates for their panel of patients
 - Reports are updated weekly on Monday with the latest recertification dates



UPDATE SINCE LAST MEETING: Panel-level Redetermination Report in CRISP DC HIE PopHealth Analytics Tool



- Identify and monitor the redetermination date for your patient population to avoid gaps in coverage

- Filter your patient population by:
 - Days left for redetermination
 - Current payer (e.g. AmeriHealth, etc.)
 - DHCF program (e.g. Medicaid, Alliance)
 - Program code

- Need access to this report?
 - FQHC-based staff can contact Francesca.Charles@crisphealth.org
 - Staff at other provider organizations interested in obtaining access can contact deniz.soyer@dc.gov

DC Medicaid Redetermination Report

The DC Medicaid Redetermination Report can be used to identify and monitor the Medicaid Redetermination Dates for your beneficiary population to avoid any gaps in recertification.

Days Left for Redetermination: (All) | Current Payer Name: (All) | DHCF Program: (All) | Program Code: (All)

Days Left for Redetermination: 0-30 Days (Red) | 31-60 Days (Orange) | 61-90 Days (Yellow)

Medicaid ID	Last Name	First Name	DOB	Gender	Street	State	Zip	Current Payer Name	DHCF Program	Program Code	Days Left for Redetermination	Medicaid Redetermination Date
											1	8/31/2023
											1	8/31/2023
											1	8/31/2023
											1	8/31/2023
											31	9/30/2023
											31	9/30/2023
											31	9/30/2023
											31	9/30/2023
											31	9/30/2023
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											62	10/31/2023
											62	10/31/2023
											92	11/30/2023
											92	11/30/2023
											92	11/30/2023
											92	11/30/2023
											92	11/30/2023



REMINDER: The Extension of Certification End Dates May Not Be Visible in District Direct/Partner Portal



- Those checking District Direct may not see updated eligibility in District Direct/DCAS for individuals who: (1) have responded to a renewal and will retain coverage pending a final determination; (2) are non-MAGI beneficiaries originally due in June through August who have not responded but received a one-month extension
 - The eligibility extensions are effectuated in the Medicaid Management Information System (MMIS); the *beneficiary's certification end date does NOT change in District Direct/DCAS*
 - Our electronic systems (District Direct vs MMIS) will be at odds when someone's coverage is extended in this way until a final determination of eligible/ineligible is made (for those who are pending) or a one-month extension has ended with no beneficiary response (for non-MAGI)
 - Providers and others with access to systems that use MMIS data (e.g., web portal at <https://www.dc-medicaid.com/dcwebportal/home>, DC Care Connect, CRISP DC HIE, certain dashboards that DHCF makes available to MCOs) will reflect the eligibility extensions that are in MMIS
 - **Stakeholders should remind and work with beneficiaries to take action to renew their coverage, even if they are beyond the certification end date**
- Those checking the District Direct Partner Portal (available only to case managers associated with long term services and supports & some facility providers) may not see the extension of eligibility in the Partner Portal
 - Partner Portal access and training is specific to many case managers & facility providers assisting LTC beneficiaries
 - The Partner Portal is connected to District Direct and not MMIS
 - Case workers in Partner Portal should complete renewals even if the beneficiary is after the certification end date because renewals can be processed



UPDATE SINCE LAST MEETING: DHCF Held Third 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 Thursday, August 24 @ 5:30 PM aimed at anyone enrolled in Medicaid
 - 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 Thursday, September 14 @ 5:30 PM**
- 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



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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, September 13**
 - *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 **Thursday, September 14 @ 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 **Friday, September 29 @ 2:00 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

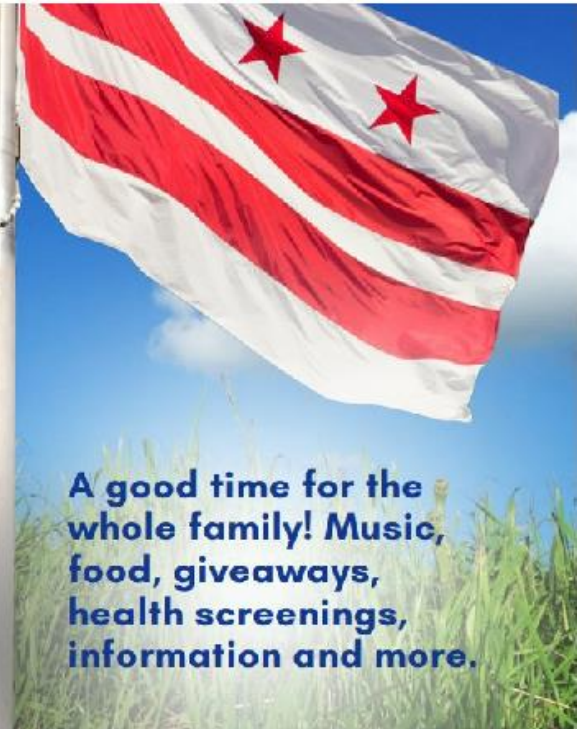
Unity Health Care - Brentwood
1251 Saratoga Ave. NE, DC

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.



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 next meeting is Thursday, September 14, 2023 @ 5:30 PM.
- The next Community Meeting on Medicaid Renewal will be Wednesday, September 13, 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 Friday, September 29 @ 2:00 PM.
- Please contact Medicaid.renewal@dc.gov for more information or to get connected to the meetings



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". Two buttons are visible: "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.





Appendix H: 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.



Appendix I: 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



Appendix J: Look Out For An Envelope that Looks Like This!



Look for the green line here

