



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #13

Medicaid Renewal Community Meeting

Department of Health Care Finance

September 13, 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 four groups were **required to renew coverage before May 31, June 30, July 31, and August 31st**.



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 June cohort ends on **9/30** From 10/1/23 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
- 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 primary eligibility factors reviewed at renewal for QMBs (no resource test).
- **If you know any seniors who are QMBs and may need to renew, please contact them!**

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 Analyzed CMS Letter 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.
- DHCF has been reviewing recent communications where 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 is Making Changes to the Ex-Parte Household Renewals Process



- DHCF is taking action to ensure compliance

- DHCF immediately paused terminations for children with 8/31 end dates and will pause terminations for 9/30 end dates.
 - The number of children with 8/31 certification end date whose procedural termination was paused is **approximately 4,400**.
 - This figure is as of early September and may decrease over time as children can continue to have eligibility determined based on the response to a non-passive renewal notice.
 - Any children with certification end dates prior to implementation of any system fixes that address the household-ex-parte issue will be similarly extended.
 - The District will re-instate impacted MAGI children under 21 with certification end dates prior to 8/1/23 who were procedurally terminated. DHCF expects impacted children will be re-instated later this month.
- In the near term, the District plans to use the back-end ex-parte mitigation strategy to keep the children's eligibility open if the parents are showing that their renewal will be non-passive.
 - The children will remain open in DCAS and in MMIS, while the parents are sent a non-passive renewal. If the parents return the renewal, then the entire household's eligibility will be redetermined based on the submitted/validated information.
 - *Timeline:* In the next month
- A comprehensive system fix is also in development. This comprehensive fix will allow the District to be fully compliant with federal ex-parte requirements (without need for back-end ex-parte mitigation strategy).
 - *Timeline:* Final timeline and level of effort is dependent upon additional CMS guidance on related eligibility functions



UPDATE SINCE LAST MEETING: DHCF Has Requested Waivers from CMS Related to Eligibility Flexibility



- In communication to states, CMS listed appropriate authorities that states may waive in order to ensure the avoid unnecessary procedural terminations during the unwinding period
 - States may ask CMS to consider these flexibilities and waive certain federal requirements by utilizing 1902(e)(14)(A) waiver authority
- DHCF asked CMS for flexible authorities on the following and they have been approved:
 - Targeted SNAP Strategy (non-MAGI); Beneficiaries with No Income Renewal; MCO Beneficiary Contact Updates; NCOA and/or USPS Contact Updates; Enrollment Broker Contact Updates; PACE Contact Updates; MCO Plan Auto-Re-enrollment
- DHCF asked CMS for the following flexible authorities and approval is pending:
 - Enroll and/or Renew Individuals Based on SNAP Eligibility (Targeted SNAP Strategy (MAGI))
 - Verify Income for Non-MAGI Individuals Based on SNAP Eligibility (Targeted SNAP Strategy (Non-MAGI))
 - Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms (MCO Renewal Support)
 - Renew Medicaid Eligibility for Individuals with Income at or below 100% of Federal Poverty Level (FPL) and No Data Returned (100% Income Strategy)
 - Designate Pharmacies, Community-Based Organizations, and/or Other Organizations as Qualified Entities to Make Determinations of Presumptive Eligibility (PE) on a MAGI Basis for Individuals Disenrolled from Medicaid or CHIP for a Procedural Reason in the Prior 90 Days (or Longer Period Elected by the State)
- Providers, managed care partners, and community stakeholders will receive additional information on how the District plans to implement these flexibilities



UPDATE SINCE LAST MEETING: DHCF Testified at the Health Public Oversight Roundtable and Reported Data to CMS



- DHCF provided testimony at the DC Council’s Committee on Health’s Public Oversight Roundtable on “Medicaid Renewal and Redetermination” on Monday, September 11, 2023
 - Chaired by Councilmember Christina Henderson
 - The meeting focused on the status of Medicaid renewals and redeterminations and how to improve awareness and action on renewals
- DHCF data is now available in the [summary-level information](#) on Medicaid and CHIP eligibility available through the Centers for Medicare & Medicaid Services (CMS)
 - 37 states have now reported this data
 - DHCF did not have outcome data for the first 2 months (March and April), as no renewals were due to DHCF yet
 - Nationally, 42.1% of beneficiaries due for renewal in May had their coverage renewed
 - DC data shows 73.4% of beneficiaries due in May had their coverage renewed through the end of that month
 - In the CMS data, DHCF is second only to Virginia for the total percentage of beneficiaries who renewed
 - A variety of factors contribute to variation across states, including differences in the groups being targeted for early renewals as well as differences in renewal policies and system capacity



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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 is adding a survey feature to automated text messaging this month to poll beneficiaries on their intent to renew their DC Medicaid coverage.*
- 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

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 27**
 - *Please email Medicaid.restart@dc.gov to join the meetings and related mailing list if not on it already*
- The District is holding monthly Beneficiary-Focused Meetings on ‘How Do I Renew My DC Medicaid Health Insurance’– the fourth 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

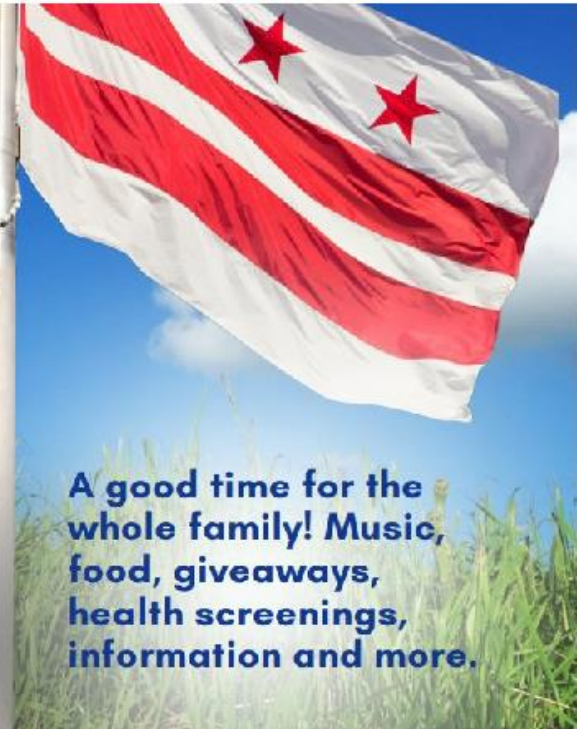
Unity Health Care - Brentwood
1251 Saratoga Ave. NE, DC

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!
 - *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 27, 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 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.





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

