



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #16

Medicaid Renewal Community Meeting

Department of Health Care Finance

October 25, 2023



Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Eligibility Dashboard and Data Update
- 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). The first five groups were **required to renew coverage before May 31, June 30, July 31, August 31, and September 30**



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 July cohort ends on **10/31**. From 11/1/23 and forward, this cohort will be required to submit a new application to reactivate their benefits.

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 do 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 at 1-(866)-242-7726
 - If you are in PACE, contact the PACE Center at (571)-622-0555 or Toll Free 1-(877)-324-7223



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: Medicare Open Enrollment Does Not Affect Your Medicaid Coverage



- Medicare Open Enrollment started on October 1, allowing seniors to choose between Medicare plans
- Choosing a new Medicare plan *does not affect* your Medicaid coverage
- Seniors enrolled as QMBs or in District Dual Choice (D-SNP) through UnitedHealthcare must have their Medicaid coverage renewed through DHCF –even if they take action during Medicare Open Enrollment
- Please tell any seniors you know about Medicaid Renewal and that it's different from Medicare Open Enrollment



Medicare Open Enrollment vs. DC Medicaid Renewal



Medicare Open Enrollment

When: October 15th to December 7th annually.

Who: Medicare enrollees- individuals aged 65 and older, and younger people with certain disabilities.

What: During this period, existing Medicare beneficiaries can:

- Change from Original Medicare to Medicare Advantage or vice versa;
- Switch Medicare Advantage plans; and
- Enroll in or change Prescription Drug Plans (Part D).

Why: To review and make changes to existing Medicare coverage, ensuring it best fits individual needs.





Medicare Open Enrollment vs. DC Medicaid Renewal



DC Medicaid Renewal

When: Renewal dates vary; individuals are notified in advance.

Who: Medicaid enrollees- individuals who qualify through income or health condition in DC

What: Individuals need to:

- Update their information with DC Medicaid;
- Complete renewal forms and provide necessary documents; and
- Renew their Medicaid coverage to continue receiving benefits.

Why: To maintain eligibility for Medicaid benefits and continue receiving essential health care services.

Key Difference:

Medicare Open Enrollment: Concerns Medicare coverage, allowing changes to plans.

DC Medicaid Renewal: Focuses on renewing Medicaid eligibility for continued coverage.





Presentation Overview



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



UPDATE SINCE LAST MEETING: DHCF Gives 30 Day Extension for Non-MAGI Beneficiaries with 10/31 Certification End Dates



- In response to current Non-MAGI renewal rates, DHCF will extend Non-MAGI certification end dates for those with 10/31 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 11/1 for those whose certification end date is 10/31
- DHCF previously extended Non-MAGI certification end dates for those with 6/30, 7/31, 8/31, and 9/30 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 will continue to reviewing the effectiveness of these extensions to inform strategy going forward



UPDATE SINCE LAST MEETING: DHCF Continues to Monitor Providers' Compliance with Completing Timely Renewals



- DHCF is working with LTSS partners and providers to ensure compliance with requirements as they relate to timely beneficiary renewals, which case managers are responsible for with LTSS beneficiaries
- Our EPD Waiver regulations provide a compliance process that DHCF is leveraging to notify, engage, and retrain providers, or remediate compliance issues -including those related to timely beneficiary renewals
- DHCF issues compliance notices, also called "discoveries," to formally notify providers of compliance deficiencies
- DHCF tracks renewal timeliness on a monthly cohort basis
- 16 EPD Waiver case management providers with discoveries issued regarding a lack of timeliness for renewal completions. These 16 agencies serve 96% of the FFS EPD Waiver population
- Providers with repeat discoveries on the same compliance issues are currently attending mandatory retraining and technical assistance sessions with DHCF staff; continued noncompliance will result in implementation of sanctions



Presentation Overview



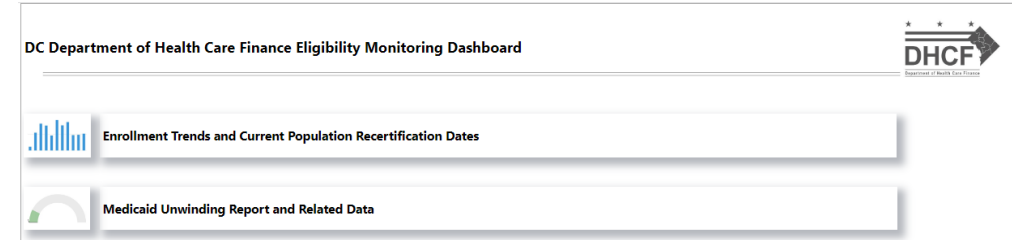
- Medicaid Renewal Background
- What's New This Week
- **Eligibility Dashboard and Data Update**
- Key Information on Outreach and Medicaid Renewal
- Next Steps
- Q&A



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



- **Dashboard data** at <https://dhcf.dc.gov/eligibilitydashboard> is as of October 23.
- By the end of the month, DHCF will release its **fourth report on Medicaid redeterminations** at <https://dhcf.dc.gov/medicaid-renewal>. The monthly reports 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.



Key points include:

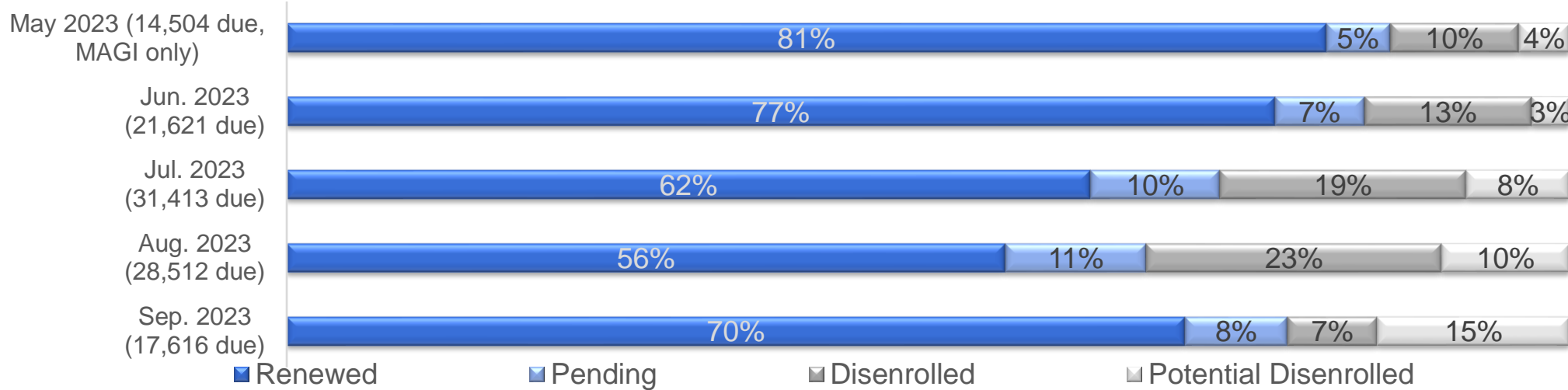
- At least two-thirds of Medicaid beneficiaries due through September are re-enrolled or have a renewal pending. Rates of renewed or pending exceed 80% in some months.
- Populations due in July, August, October, and November include large numbers of “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible and therefore unable to renew passively.
- Although October includes many PHE beneficiaries who are unlikely to passively renew, it also includes many Supplemental Security Income (SSI) beneficiaries whose coverage is automatically extended based on their receipt of SSI.
- 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.
 - The grace period ended in August for beneficiaries due in May and in September for those due in June.
 - Beyond the grace period, individuals must submit a full application to reactivate their coverage.



At Least Two-Thirds of Medicaid Beneficiaries Due Are Re-Enrolled or Have a Renewal Pending, With Rates Exceeding 80% in Some Months



Renewal Outcomes to Date for Beneficiaries Due in May – September



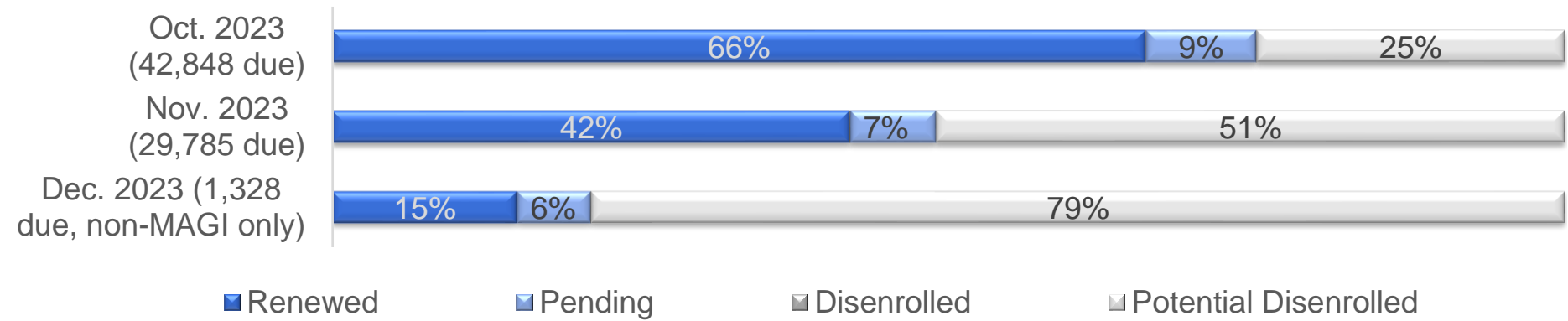
- **More than 80% of beneficiaries due in May or June are renewed or pending. More than 70% for July and nearly 70% for August are renewed or pending.** Lower July and August rates are due in part to a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible and therefore unlikely to renew passively (i.e., no beneficiary response required). September includes very few PHE beneficiaries, leading to a relatively high rate or renewed or pending, at nearly 80% to date.
- For May through September, the **“Potential Disenrolled” category reflects non-disabled (i.e., MAGI) children under age 21 whose coverage terminations are paused or under review** while DHCF ensures compliance with federal “ex parte” rules governing passive renewals. For September, it **also includes people with disabilities and those age 65+ (i.e., non-MAGI) who received one-month extensions** through October to allow for additional response time (earlier non-MAGI extensions have expired).
- Renewal figures for all months will increase as responses are received during the 90-day grace period. **The grace period ended in August for beneficiaries due in May and in September for those due in June.** Beyond the grace period, individuals must submit a full application to reactivate their coverage.



Medicaid Beneficiaries Due in October or Later Who Have Not Yet Responded Will Remain Enrolled Until They Reach Their Recertification Date



Renewal Outcomes to Date for Beneficiaries Due in October – December



- **For beneficiaries due in October, three-quarters are renewed or pending.** Although this month includes many PHE beneficiaries who are unlikely to passively renew, it also includes many Supplemental Security Income (SSI) beneficiaries whose coverage is automatically extended based on their receipt of SSI. This leads to a relatively high renewal rate overall.
- **For November, which reflects another month with many PHE beneficiaries, nearly half are renewed or pending.**
- **December is incomplete** because only beneficiaries with disabilities and those age 65+ (i.e., non-MAGI) have received renewal notices to date. Non-disabled children and adults under age 65 due in December will receive renewal notices by November 1.
- As noted earlier, DHCF is pausing terminations for non-disabled (i.e., MAGI) children under age 21 to ensure compliance with federal “ex parte” rules governing passive renewals. They will be extended and remain in the “Potential Disenrolled” category past their recertification date during the pause.
- Renewal figures for all months will increase as responses are received during the 90-day grace period.





As of October 23, Approximately 1,590 Non-MAGI Beneficiaries Due by the End of the Month Had No Renewal Response



- As of October 23, approximately 1,590 beneficiaries with a disability or age 65+ (i.e., non-MAGI) whose original due date is October have not yet responded. As with non-MAGI beneficiaries originally due from June through September, DHCF will extend coverage for those due in October by an additional month to allow more time for a renewal response. October beneficiaries with no response to date include:
 - Elderly and Persons with Disabilities (EPD) waiver (~170) and Individuals with Intellectual or Developmental Disabilities (ID/DD) waiver (~30) enrollees.
 - Nursing facility and other non-waiver long-term care enrollees (~160).
 - Other individuals with full Medicaid benefits (~700).
 - Qualified Medicare Beneficiaries (QMBs) whose coverage is limited to payment of Medicare premiums and cost sharing (~530).
 - For additional information on the characteristics of non-MAGI beneficiaries receiving one-month extensions, see the following DHCF [community meeting presentations](#): 9/27/2023; 8/30/2023; 8/2/2023; and 6/21/2023.
- Non-MAGI response during the 30-day extension and the overall 90-day grace period for each group has been relatively low. For example:
 - Nearly 900 non-MAGI beneficiaries originally due in June were extended through July; approximately 230 had responded by the time their grace period ended in September.
 - Nearly 800 non-MAGI beneficiaries originally due in July were extended through August; approximately 220 have responded to date and their grace period will end in October.
 - Approximately 2,000 non-MAGI beneficiaries originally due in August were extended through September; approximately 340 have responded to date and their grace period will end in November.
 - Approximately 2,000 non-MAGI beneficiaries originally due in September were extended through October; approximately 210 have responded to date and their grace period will end in December.
 - DHCF will continue to monitor the effectiveness of the one-month extension for the non-MAGI population.



Presentation Overview



- Medicaid Renewal Background
- What's New This Week
- Eligibility Dashboard and Data Update
- **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 is sending Renewal Packets to beneficiaries who cannot passively renew coverage.
- The District is texting the cell numbers of beneficiaries to ask beneficiaries to update their address and/or complete their renewal packet.
 - *The District has added a survey feature to automated text messaging this month to poll beneficiaries on their intent to renew their DC Medicaid coverage. This functionality will also be added to voice calls in the coming weeks.*
- The District is conducting automated phone calls to ask beneficiaries to update their contact information and/or complete their renewal packet.
- The District sending 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 is sending push notifications to beneficiaries who have downloaded the District Direct mobile app



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.

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 recordings and slides, etc.
- The District is hosting regular Community Stakeholder meetings such as this every other week - continuing every-other-Wednesday at 2:30 p.m. -the 15th and **next is on Wednesday, November 8**
 - *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 sixth is **Saturday, November 18 @ 11:00 AM.**
- The District is continuing monthly Districtwide Trainings on Medicaid Renewal designed for stakeholders and anyone helping others with renewals – the fifth is **Monday, October 30 @ 5:00 PM.**



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:** Public Benefits Call Center at (202) 727-5355
- **By Mail**
Department of Human Services | Economic Security Administration
Case Record Management Unit
P.O. Box 91560 Washington, DC 20090
- **In-Person:** Drop-off completed forms at or receive in-person assistance at a DHS Service Center.
- **By Fax:** You may fax renewals to **(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
- Eligibility Dashboard and Data Update
- Key Information on Outreach and Medicaid Renewal
- **Next Steps**
- Q&A



Medicaid Renewal: Next Steps



- Outreach is ongoing. Look for our messaging 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 will issue a Renewal Report monthly and post it publicly on the website –the next will be posted next week.
- The District is holding beneficiary-focused meetings on Medicaid Renewal requirements monthly in the evenings or late mornings on Saturdays- the next meeting is Saturday, November 18 @ 11:00 AM.
- The next Community Meeting on Medicaid Renewal will be Wednesday, November 8, 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 Monday, October 30 @ 5:00 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 for DHCF programs:

- 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 of Residency



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

- 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



Appendix C: 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		



Appendix D: 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	



Appendix E: 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 F: 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 G: 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 H: 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 I: 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 J: 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 K: Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Non-MAGI Renewal Form

Renewal Form for Medical Assistance

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

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

SAMPLE NOTICE: Long Term Care Renewal Form

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

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

Subject: Important Message About Determining Your Medical Assistance Coverage

Dear JOHN DOE:

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

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Assistance Renewal Form D2

April 1, 2023

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

Integrated Case #: 99999

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

You can renew your Health Coverage in any one of these

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



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



Look for the green line here

