



# Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Biweekly Meeting #5

Medicaid Renewal Community Meeting

Department of Health Care Finance

May 24, 2023



# Presentation Overview



- Background on Medicaid Renewals
- What's New This Week
- Key Messages for Beneficiaries and Stakeholders
- Communication and Notices on 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 group required to renew coverage before May 31, 2023 (next week)



# Medicaid Renewal Is Not the Only Thing That Changed on April 1<sup>st</sup> – New Managed Care Contracts Also Started



- New Medicaid / Alliance managed care contracts started on April 1<sup>st</sup>
  - One new managed care plan - Amerigroup DC - joins AmeriHealth Caritas and MedStar Family Choice
  - Beneficiaries enrolled in CareFirst Community Health Plan transitioned to Amerigroup DC
- Beneficiaries received postcard and letters between February and March
- Questions about managed care plan enrollment: [dchealthyfamilies.com](http://dchealthyfamilies.com) or call 202-639-4030
- Enrolling into a managed care plan is not renewing Medicaid eligibility





# States Are Required To Conduct A Renewal Of Every Beneficiary Enrolled In Medicaid Before Taking Adverse Action On Medicaid Eligibility



- MAGI Medicaid Beneficiaries (most adults under 65, pregnant women and children under 21, parents/caretaker relatives)
  - 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; there is nothing to do
  - First 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)
  - First 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 sample notices are available on the [DHCF Website](#)
- Medicaid renewal packages will have distinctive markings



# Renewals Have 60/90 Days - But Can Also Be Completed in a 90 Day Grace Period for Coverage to be Reinstated



- ▶ There is a 90-day grace period for individuals who do not renew Medicaid ahead of their cert end date
- ▶ The grace period allows additional time for individuals who fail to recertify timely to submit 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, as long as individuals recertify within the grace period
- ▶ Individuals can recertify their coverage in District Direct; mail; service center; fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date
- ▶ **Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to submit a new application**
  - **The grace period for the May cohort ends on 8/30; From 9/1/23 and forward this cohort will be required to submit a new application to reactivate their benefits.**



# UPDATE SINCE LAST MEETING: DHCF Eligibility Monitoring Dashboard Was Updated May 19



- Dashboard includes Unwinding Data Report\* information submitted by DHCF to the federal Centers for Medicare & Medicaid Services (CMS), along with other key metrics for monitoring the restart of Medicaid eligibility redeterminations.
  - DHCF is making unwinding data available to the public before it is due to CMS.
  - For example, outcomes of renewals due in May are reported to CMS in June. However, DHCF's dashboard already includes the outcomes known to date for all renewals that have been initiated.
  - Similarly, the dashboard includes renewals initiated in May and associated outcomes before the information is reported to CMS in June and beyond.
- Direct link is <https://dhcf.dc.gov/eligibilitydashboard>; also linked at <https://dhcf.dc.gov/> and <https://dhcf.dc.gov/medicaid-renewal>.
- Latest update reflects data as of May 19.

DC Department of Health Care Finance Eligibility Monitoring Dashboard

Enrollment Trends and Current Population Recertification Dates

Medicaid Unwinding Report and Related Data

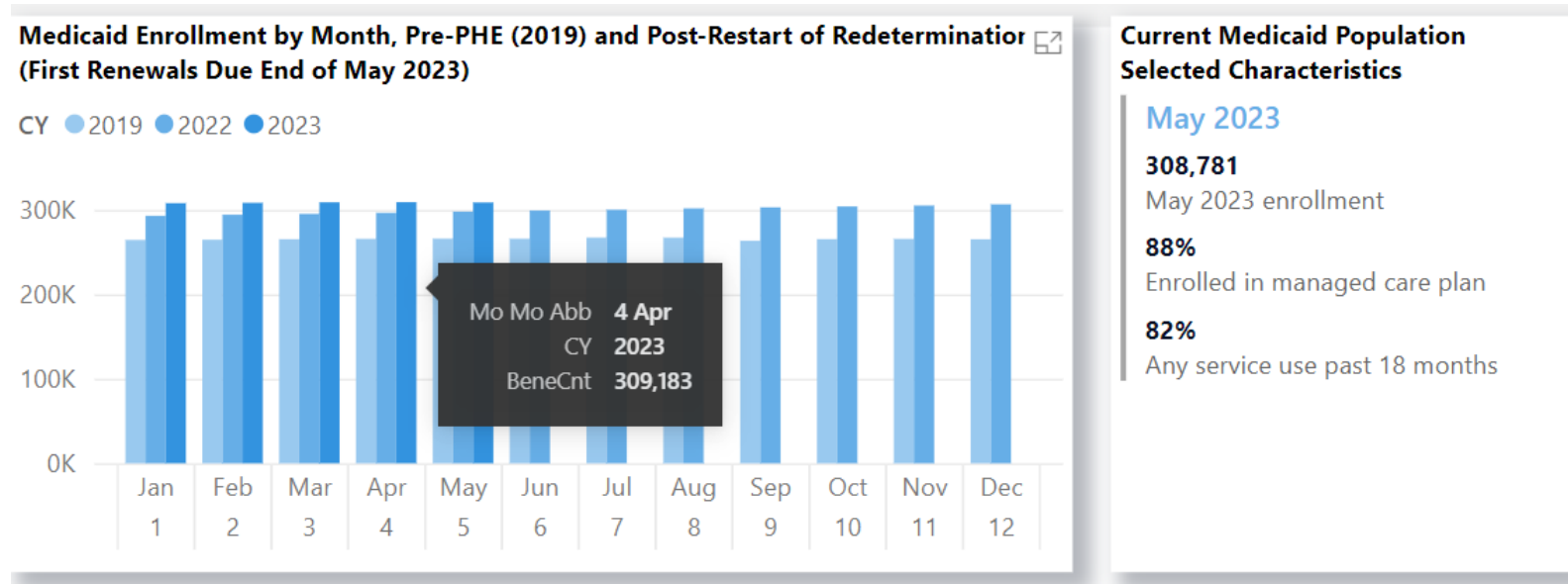
\* <https://www.medicare.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.htm>



# DHCF Eligibility Monitoring Dashboard: Currently Showing a Small Decrease in Medicaid Enrollment for May



- **Medicaid enrollment** currently shown for the month of May (308,781) is lower than the month of April (309,183).
  - This includes normal attrition (moves out of the District, beneficiary requests for termination, and deaths).
  - It also reflects the closure of duplicate Medicaid IDs. The closure of duplicates occurs on a periodic basis and while it reduces the enrollment count, it does not reduce the number of beneficiaries actually covered (e.g., an individual with two Medicaid IDs would have one closed and the other remaining open).
  - As in any month, the overall change in enrollment reflects some individuals losing coverage and some newly gaining coverage.



**Note:** Reflects public dashboard data as of 5/19/2023.

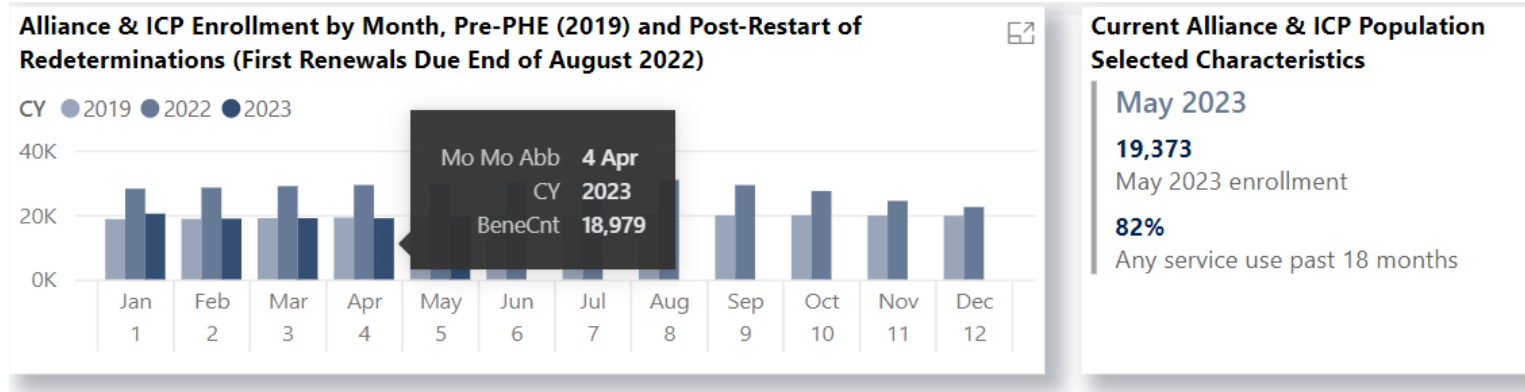




# DHCF Eligibility Monitoring Dashboard: Change in Alliance/ICP Shows How a Given Month May Fluctuate, Due in Part to Retroactive Coverage



- **Alliance/ICP enrollment** for April is higher in the current dashboard compared to the version published at the end of April 2023.
  - This is due in part to an increase in application and renewal processing during May that increased coverage for prior months.
  - Enrollment for May (19,373) also shows an increase relative to the current value for April (18,979)



- As noted in the dashboard, **enrollment and renewal numbers for a given month take at least three months to stabilize.**
  - This is due in part to retroactive coverage. For applications, eligibility is granted back to the date an application is filed (plus an additional three months for Medicaid if requested) regardless of when it is processed. For renewals, eligibility is granted back to an individual’s recertification date if the renewal is filed within 90 days.
  - For example, if an application is received in April and approved at the end of May, coverage will be granted back to April 1 at a minimum. As a result, enrollment for April and May will increase. Enrollment would also increase for January through March if a Medicaid applicant requested coverage for the prior three months.

**Note:** Reflects public dashboard data as of 5/19/2023.



# DHCF Eligibility Monitoring Dashboard: Majority of Beneficiaries Due in May Have Had Coverage Renewed But Many Still Outstanding



- More than 38,000 Medicaid beneficiaries have had a renewal initiated, with due dates ranging from the end of May through July.
- Among the more than 14,000 beneficiaries due to recertify by the end of May:
  - Largely reflects non-elderly, non-disabled population with 60-day notices mailed by April 1.
  - 66% were renewed passively (extended by DHCF based on electronic checks alone).
  - 6% have renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 3% are pending (renewal is in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - Less than 1% have been determined ineligible (beneficiary provided information indicating they no longer qualify).
  - Remaining 25% have no response (renewal is not pending in District Direct and beneficiary will lose coverage as of June 1 without additional action).

**Beneficiaries with Medicaid Renewal Initiated and Renewal Outcomes**

Due month	Beneficiaries with renewal initiated	Beneficiaries renewed	Beneficiary % renewed passive	Beneficiary % renewed non-passive	Beneficiaries not renewed	Beneficiary % pending	Beneficiary % determined ineligible	Beneficiary % no response
2023-05	14,504	10,369	65.7%	5.8%	4,135	3.2%	0.4%	24.9%
2023-06	21,621	12,168	53.9%	2.4%	9,453	3.4%	0.3%	40.1%
2023-07	2,105	132	5.5%	0.8%	1,971	0.4%	0.0%	93.2%
<b>Total</b>	<b>38,230</b>	<b>22,669</b>	<b>55.7%</b>	<b>3.6%</b>	<b>15,559</b>	<b>3.2%</b>	<b>0.3%</b>	<b>37.3%</b>

Note: Reflects public dashboard data as of 5/19/2023.

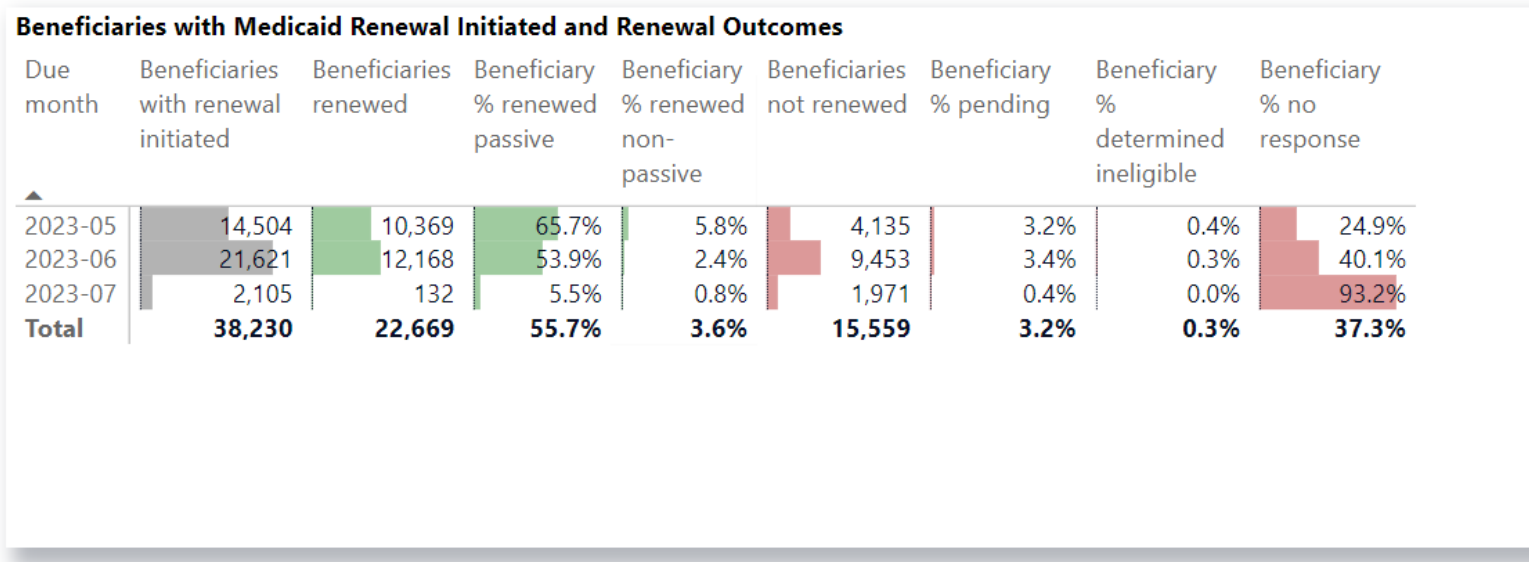


# DHCF Eligibility Monitoring Dashboard: Renewals for June and July

## Include Elderly and Disabled Population



- **Nearly 22,000 beneficiaries are due to recertify by the end of June:**
  - Includes elderly and disabled population with 90-day notices mailed by April 1; also includes non-elderly, non-disabled population with 60-day notices mailed by May 1.
  - Passive renewal rate is lower because most elderly and disabled beneficiaries were converted from the District’s old eligibility system (ACEDS) and most must supply additional information required to make an eligibility determination in the new system (DCAS).
- Only **2,000 are currently due to recertify by the end of July**, reflecting those who received 90-day notices by May 1. This number will increase when 60-day notices are mailed by June 1.



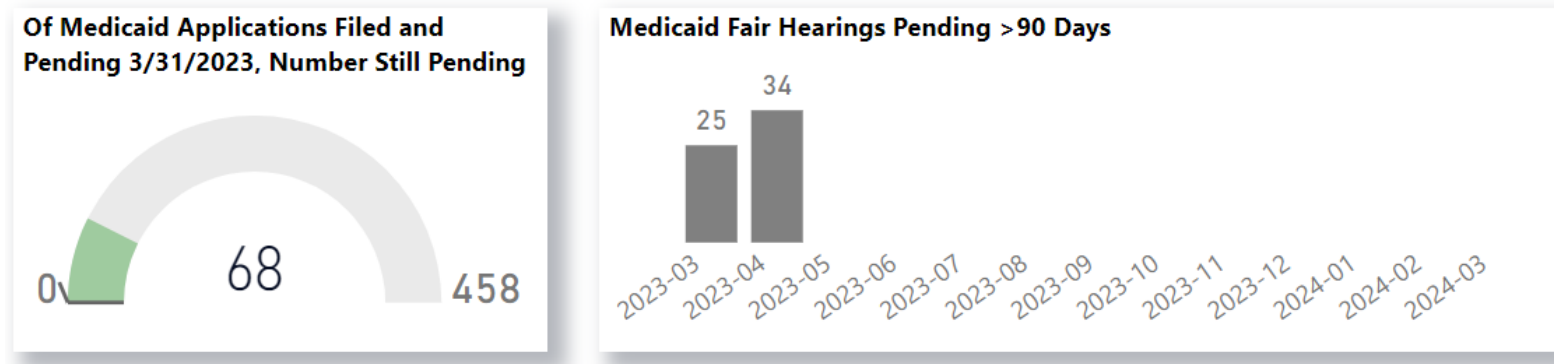
**Note:** Reflects public dashboard data as of 5/19/2023.



# DHCF Eligibility Monitoring Dashboard: Additional Information



- **As noted in previous community meetings, future dashboard updates will include additional information** (e.g., on the characteristics of individuals who renew their coverage versus those who do not).
- **DHCF will continue to monitor key metrics on applications, fair hearings, and other issues.**
  - For example, the number of applications filed and pending by March 31 (prior to the restart of Medicaid renewals) continues to decrease. However, the total number of Medicaid applications that were filed and pending as of that date is higher in the current dashboard (458) compared to the version published at the end of April 2023 (428). This is due in part to lags between the receipt of paper forms and their entry into DCAS, which is the source for application information currently shown in the dashboard.
  - There has been a small increase in the number of Medicaid fair hearings pending more than 90 days.



**Note:** Reflects public dashboard data as of 5/19/2023.



## UPDATE SINCE LAST MEETING: FAQ and an Introductory Video are Now Available on the DHCF Website



- **The Documents**: The District posted a Frequently Asked Questions (FAQ) document drawing on feedback and questions from past meetings, along with an Introductory Video to Medicaid Renewal to add a visual element introducing it
- **Specifics**: Both documents can be found at <https://dhcf.dc.gov/medicaid-renewal>
- **Context**: DHCF wants to provide as much information as possible to stakeholders and beneficiaries, whether through visuals or writing
- **Going Forward**: DHCF may update the FAQ based on input and new issues –suggestions welcome and these meetings are being taken into account.
- **Upcoming Advertisement**: DHCF will also make a 30 second television advertisement publicly available on the website soon.



# UPDATE SINCE LAST MEETING: DHCF Has Taken Steps to Resolve Enrollment Issue with the Alliance Program



- **The Issue**: In previous meetings, stakeholders noted that some Alliance beneficiaries were not correctly enrolled in MCOs
- **Specifics**: Beneficiaries whose Alliance application had been pending or who were incorrectly disenrolled due to a system error were not assigned to MCOs
- **Context**: As a result of earlier Alliance application/renewal backlog & and a system error that resulted in disenrollments, DHCF staff found that beneficiaries were not being properly enrolled after completion of their eligibility determination/redetermination or reenrolled in an MCO after their reinstatement
- **Resolution**: DHCF generated a report of impacted beneficiaries and is working with the enrollment broker to make the correct assignments to MCOs. This work is **ongoing**.
- **Recent**: DHCF has taken action to increase staffing to prevent a backlog, and is redesigning systems so this doesn't happen in the future



## UPDATE SINCE LAST MEETING: Some Medicaid Beneficiaries Reporting a Change of Circumstance Were Terminated In Error and Reinstated



- **The Issue**: After hearing from stakeholders and reviewing terminations that occurred at the end of April, DHCF staff identified that some Medicaid beneficiaries' coverage had been improperly terminated
- **Specifics**: Affected beneficiaries were terminated on 3/31 or 4/30
- **Context**: DHCF staff found that some people who reported changes of circumstance or who hadn't returned all forms after an RFI was generated for their case, were incorrectly terminated on 3/31 or 4/30 without a full redetermination
- **Resolution**: Action was taken to restore eligibility of everyone improperly terminated this way
- **Recent**: DHCF mailed curative notices to all affected and is working to fix its eligibility system going forward to avoid any terminations without a full redetermination



## UPDATE SINCE LAST MEETING: Some Beneficiaries Were Sent 2 Renewal Packets by Accident –But Only 1 is Correct



- **The Issue**: The first batch of dual eligible beneficiaries (receive Medicare in addition to Medicaid) and QMB only beneficiaries (Medicaid pays for Medicare Premiums and cost-sharing) who need to actively renew coverage were sent 2 renewal packets when they only should have only been sent 1
- **Specifics**: Affected beneficiaries received both a [Renewal Form](#) (not intended) and a [Conversion Renewal](#) form (correct)
- **Context**: This was an error made because of a mistaken attachment to the Cover Letter notifying beneficiaries of the need to renew coverage
- **Resolution**: Beneficiaries only need to return the Conversion Renewal form
- **Recent**: DHCF has mailed curative notices to any beneficiaries affected by this with instructions on which form is correct to submit to retain coverage





# What Can Stakeholders Say to Beneficiaries? *Don't Wait to Update!* *Then Check Mail for Important Information!*



## 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](http://districtdirect.dc.gov) or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



## What Can You Do to Support DC Residents in Renewing Coverage?



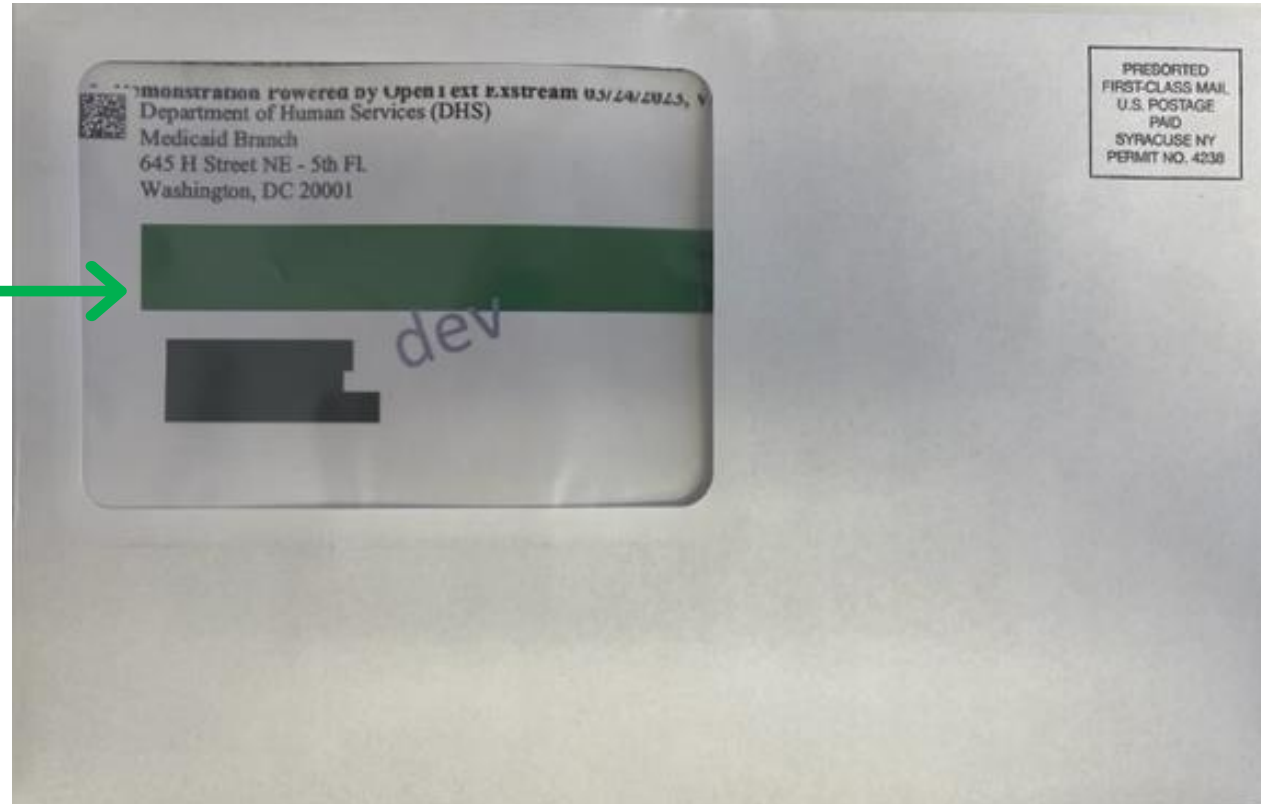
- **DHCF outreach on Medicaid Renewal is ongoing** and includes media (radio, TV, bus advertisements), health/wellness fairs, targeted outreach (texting, robocalls); data sharing with managed care plans; external stakeholder meetings, and more!

### What Can You Do to Support Residents in Renewing Coverage?

- *Providers:* Check on patient / beneficiary renewal dates through the provider portal ([www.dc-medicaid.com](http://www.dc-medicaid.com)) and work with beneficiaries needing to renew
- *Community Partners:* Make fliers, etc. available onsite at your organizations; include information in newsletters and other outreach to District residents; connect beneficiaries to assistance as needed; raise issues to DHCF ([medicaid.renewal@dc.gov](mailto:medicaid.renewal@dc.gov)).
- *Beneficiaries:* Don't wait to update your contact information and look in the mail for the District envelope with the green bar. If you're in doubt about what to do, reach out!
- *Everyone:* Share what you know about Medicaid Renewal to friends, family, and neighbors!



# Look Out For An Envelope that Looks Like This!





Look for the green line here



# Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



**SAMPLE NOTICE: Non-MAGI Renewal Form**

**Renewal Form for Medical Assistance**

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

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**SAMPLE NOTICE: Long Term Care Renewal Form**

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

JOHN DOE  
441 4<sup>TH</sup> STREET, NW  
WASHINGTON, DC 20001

**Subject: Important Message About Determining Your Medical Assistance Coverage**

Dear JOHN DOE:

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

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Medical Assistance Renewal Form D2**

April 1, 2023

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

Integrated Case #: 99999

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

**You can renew your Health Coverage in any one of these**

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



## Completed Renewal Form Packet: Information Needed



### *A completed renewal packet contains:*

- Carefully reviewed answers to all questions on the renewal form.
  - A signature (wet, electronic, or telephonic signature)
  - A submission of current documentation of income and D.C. residency along with renewal form.
- 
- Note: Information on verifying income, verifying residency, and relevant federal poverty level information is included in the Appendix



# 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.



# Consumer Alert: Beware of Medicaid Renewal Scams!



## Know the Facts



Medicaid will not call or email individuals to ask for personal information. Renewal information is typically mailed to you. Clients can renew coverage online, by mail or in person. Importantly, there is no fee to renew Medicaid coverage. If anyone requests payment, it's a scam!

## Protect Yourself

Be cautious about providing personal information over the phone or online. Never share your social security number, Medicaid ID, or bank information, or any other personally identifiable information (PII) without verifying that the request is legitimate.



If you are contacted about renewing Medicaid coverage, do not provide PII. Hang up or delete the email and contact your local Medicaid office to confirm whether there are issues.

## Report Fraud

If you are the victim of a fake Medicaid renewal scam, report it to one of the following government agencies:

1. DISB Enforcement and Consumer Protection Division, 202.727.8000.
2. Federal Bureau of Investigation (FBI) Internet Crime Complaint Center ([IC3gov](https://www.ic3.gov)) or call the FBI Washington Field Office at 202.278.2000.
3. Federal Trade Commission, [ftc.gov](https://www.ftc.gov).



# 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**





District Direct is available online in English, Spanish, and Amharic!



[Home](#)

[Create Account](#)

[Log in](#)

English

Español

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# Welcome to District of Columbia Benefits Portal

Apply for TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits

[Apply Now](#)

[Learn More About Benefits](#)





# 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 will make sure that representatives are here and at future meetings



# Communication on Medicaid Renewal– Outreach to Beneficiaries

- 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



# Communication on Medicaid Renewal–External Outreach



- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
  - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at [Medicaid.restart@dc.gov](mailto:Medicaid.restart@dc.gov).*
- The District is providing ~monthly Stakeholder Trainings to guide stakeholders through the District Direct enrollment process, updating addresses, and renewing Medicaid –next is **an evening in mid-June**
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that will host 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, June 7<sup>th</sup>**
  - *Please email [Medicaid.restart@dc.gov](mailto:Medicaid.restart@dc.gov) to join the meetings and related mailing list if not on it already*
- The District has hired a contractor to place visuals and audio Advertisements for Medicaid Renewal around the District continuing throughout 2023.



# DC Healthy Families MCO 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 May, the MCOs are conducting targeted phone calls, text messages, and home visits.



# Visual Advertisements – Don't Wait to Update!







**Did you know** all DC residents with Medicaid, Alliance, or the Immigrant Children's Program must start renewing their coverage again?



**Don't miss out** on important information. If you haven't already, take time today to update your address, phone number, and/or email address at [districtdirect.dc.gov](https://districtdirect.dc.gov) so that DHCF knows where to send your Medicaid renewal letter.




Then check your mail for info on how to renew. If you need help, please call us at **202-727-5355**.

**Don't Wait to Update!**

All DC residents with **Medicaid** must renew their coverage this year.

Update your contact info at [districtdirect.dc.gov](https://districtdirect.dc.gov).



# Medicaid Renewal: Next Steps



- Advertisements and outreach are ongoing. Look for our messaging on advertisements and fliers throughout the community.
- Automated Calls and Text will start this week.
- DHCF will host ~monthly trainings on District Direct and how to complete Medicaid renewal form. The next monthly training will be in an evening in mid-to-late June.
- The next Community Meeting on Medicaid Renewal will be June 7, 2023 @ 2:30 PM and continue every 2 weeks.
- Please contact [Medicaid.renewal@dc.gov](mailto:Medicaid.renewal@dc.gov) for more information or to get connected to the meetings and trainings.



# Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

[Medicaid.Renewal@dc.gov](mailto:Medicaid.Renewal@dc.gov)





## Appendix A



# Many Types of Documents are Acceptable Verifications of Income

*The following types of documents can be used to verify income:*

1. Recent pay stubs (four weekly, two bi-weekly, or one monthly);
2. Completed employer verification form;
3. Statement showing retirement income, disability income, workers compensation income or pension statement;
4. Bank/Checking account statement;
5. Paper, electronic, or telephonic documentation;
6. A written statement which explains the discrepancy if other documentation is not available.



# Appendix B: Acceptable Verifications (Residency)



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

- An active lease agreement, certified deed, or mortgage statement with a District and their name;
- Phone or Utility bill within the past 2 months;
- D.C. Voter Registration Card;
- Non-expired D.C. motor vehicle registration or D.C. DMV identification card;
- Cancelled check or receipt of mortgage or rental payments within the past 2 months;
- Utility bills and payment receipts with a D.C. address within the past 2 months;
- Non-expired automobile insurance statement with a D.C. residency address;
- D.C. One Card; or
- Completed and signed proof of D.C. Residency Form



# Eligibility Categories are Based on Federal Poverty Limits



Parent Caretaker 2023 FPL	
<i>The District covers this population with household income up to 216% of the FPL (with an additional 5% disregard)</i>	
Category	Parent/Caretaker/Relative
Threshold in FPL	216% + 5% disregard
1 person household, monthly	\$2,685
2 person household, monthly	\$3,632
3 person household, monthly	\$4,578
4 person household, monthly	\$5,525
5 person household, monthly	\$6,472
6 person household, monthly	\$7,418
7 person household, monthly	\$8,365
8 person household, monthly	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Infants and Children 2023 FPL		
<i>The District covers this population with household income up to 319% and 216% of the FPL (with an additional 5% disregard)</i>		
Category	Children (0-18), 319%	Children (19-20), 216%
Threshold in FPL	319% + 5% disregard*	216% + 5% disregard*
1 person household, monthly	\$3,937	\$2,685
2 person household, monthly	\$5,324	\$3,632
3 person household, monthly	\$6,712	\$4,578
4 person household, monthly	\$8,100	\$5,525
5 person household, monthly	\$9,488	\$6,472
6 person household, monthly	\$10,876	\$7,418
7 person household, monthly	\$12,263	\$8,365
8 person household, monthly	\$13,651	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services		



# Eligibility Categories are Based on Federal Poverty Limits



<b>Pregnant 2023 FPL</b>	
<i>The District covers this population with household income up to 319% of the FPL (with an additional 5% disregard)</i>	
Category	Pregnant Individual
Threshold in FPL	319% + 5% disregard
2 person household, monthly	\$5,324
3 person household, monthly	\$6,712
4 person household, monthly	\$8,100
5 person household, monthly	\$9,488
6 person household, monthly	\$10,876
7 person household, monthly	\$12,263
8 person household, monthly	\$13,651
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

<b>Adults without Dependent Children (Childless Adults) 2023 FPL</b>	
<i>The District covers this population with household income up to 210% of the FPL (with an additional 5% disregard)</i>	
Category	Adults Without Dependent Children
Threshold in FPL	210% + 5% disregard*
1 person household, monthly	\$2,612
2 person household, monthly	\$3,533
3 person household, monthly	\$4,454
4 person household, monthly	\$5,375
5 person household, monthly	\$6,296
6 person household, monthly	\$7,217
7 person household, monthly	\$8,138
8 person household, monthly	\$9,059
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	



# Eligibility Category QMB-Federal Poverty Limits



QMB 2023 FPL		
<i>The District covers this population with household income up to 300% of the FPL (with an additional \$20 for QMB Plus)</i>		
Category	QMB	QMB Plus
Threshold in FPL	300% + \$20	100% + \$20
1 person household, monthly	\$3,665	\$1,235
2 person household, monthly	\$4,950	\$1,663
3 person household, monthly	\$6,235	\$2,092
4 person household, monthly	\$7,520	\$2,520
5 person household, monthly	\$8,805	\$2,948
6 person household, monthly	\$10,090	\$3,377
7 person household, monthly	\$11,375	\$3,805
8 person household, monthly	\$12,660	\$4,233
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services (+5% income disregard)		



## Appendix C: Key Tips to Connect District Direct Accounts to Beneficiaries



- Some individuals recertifying will need to connect their account to their established case profile in District Direct.
  - Note:** This is a result of the District switching from the legacy eligibility processing system (ACEDS) during the PHE
- Primary Applicants can connect their account using their Social Security Number, Medicaid ID Number, or Person Reference Number
- A SSN is **NOT** needed to connect a newly created District Direct account to a primary applicant's case profile
  - Note:** Primary applicants in a household can use their Personal Reference Number instead of an SSN
- Please note that the name used to connect must match what is currently in the system. Names listed on notices reflect what is in the system. For example, if the name in the system is John Doe-Smith, that must be used to connect -instead of John Doe.