



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #19

Medicaid Renewal Community Meeting

Department of Health Care Finance

January 17, 2024



Presentation Overview



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



Medicaid Beneficiaries Are Renewing 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 eight groups were **required to renew coverage before May 31, June 30, July 31, August 31, September 30, October 31, November 30, and December 31**



The District Must Go Through the Renewal Process for all Medicaid Beneficiaries Before Taking an Adverse Action



- Modified Adjusted Gross Income (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 October cohort ends on **1/31**. From 2/1/24 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 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!**



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UPDATE SINCE LAST MEETING: DHCF is Addressing Ex-Parte Household Renewals Process



- DHCF has addressed last year's 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.
- DHCF took immediate actions to ensure compliance:
 - **Reinstatements** are live in MMIS for potentially impacted children with **May 2023 through July 2023** certification end dates
 - DHCF **paused** disenrollments for potentially impacted children with **August 2023** certification end dates and beyond



UPDATE SINCE LAST MEETING: DHCF Has Implemented a Full System Fix for Ex Parte Renewals



Process

- *DHCF rolled out a comprehensive fix for ex parte renewals this past week, and will be initiating all renewals going forward fully compliant with federal ex parte requirements*
- This comprehensive fix allows the District to properly determine which beneficiaries need to renew their coverage within a household before it initiates the renewal process
 - The “polling” process, which happens before renewals are due, is where the District determines who will need a non-passive renewal
- Going forward, the District will conduct polling on an individual level:
 - Where there is sufficient information to passively renew the entire family, the District will continue to do so.
 - If all individuals in the household are polled above the relevant individual thresholds, the individuals in the household will continue to receive a non-passive notice.
 - If only part of the household can be renewed passively, then the remaining members should expect a non-passive renewal



UPDATE SINCE LAST MEETING: DHCF Has Run Ex Parte Check for Affected Children Due for Renewal Through December



- Approximately 13,000 MAGI children due in May through December who had no renewal response were rechecked for the ability to renew ex parte (i.e., passively) in late December.
 - Approximately 17% were found eligible.
 - Approximately 83% could not be determined eligible based on the check.
 - Some were found to have income above the child eligibility threshold.
 - However, most who could not be determined eligible are “PHE beneficiaries” who were kept enrolled during the public health emergency but have one or more factors that make them appear ineligible and unable to renew passively.
- DHCF will provide an update on ex parte checks for children due in January and later in a future meeting.



UPDATE SINCE LAST MEETING: Continuous Eligibility For Children is Effective as of January 1, 2024



- When a child under age 19 has received an eligibility determination and been approved for Medicaid coverage at application, redetermination, or renewal, they must retain continuous eligibility for the full 12 months effective January 1, 2024.
- Prior to this new policy, when a family reported a change in circumstance such as household composition or income, states would have to make a redetermination that could terminate a child's coverage.
- During this new 12-month continuous eligibility period, an individual's eligibility can only be terminated due to the following reasons:
 - 1) the individual turns 19;
 - 2) the individual or their representative request a voluntary termination;
 - 3) the individual no longer has District residency;
 - 4) the individual received erroneous eligibility due to agency error or fraud; or
 - 5) the individual dies.



Presentation Overview



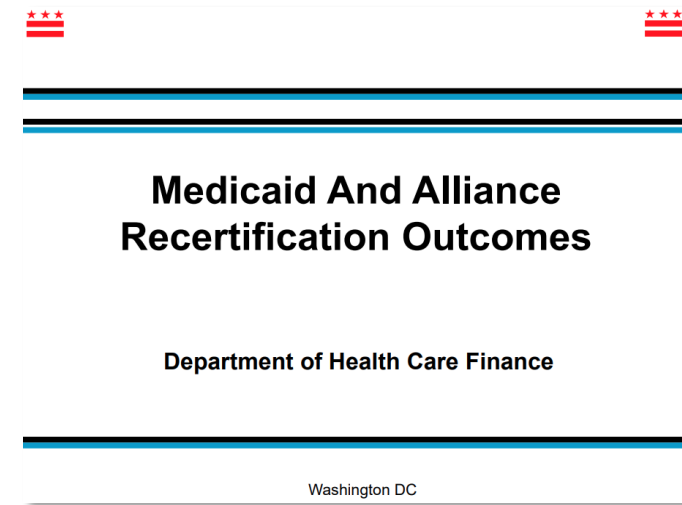
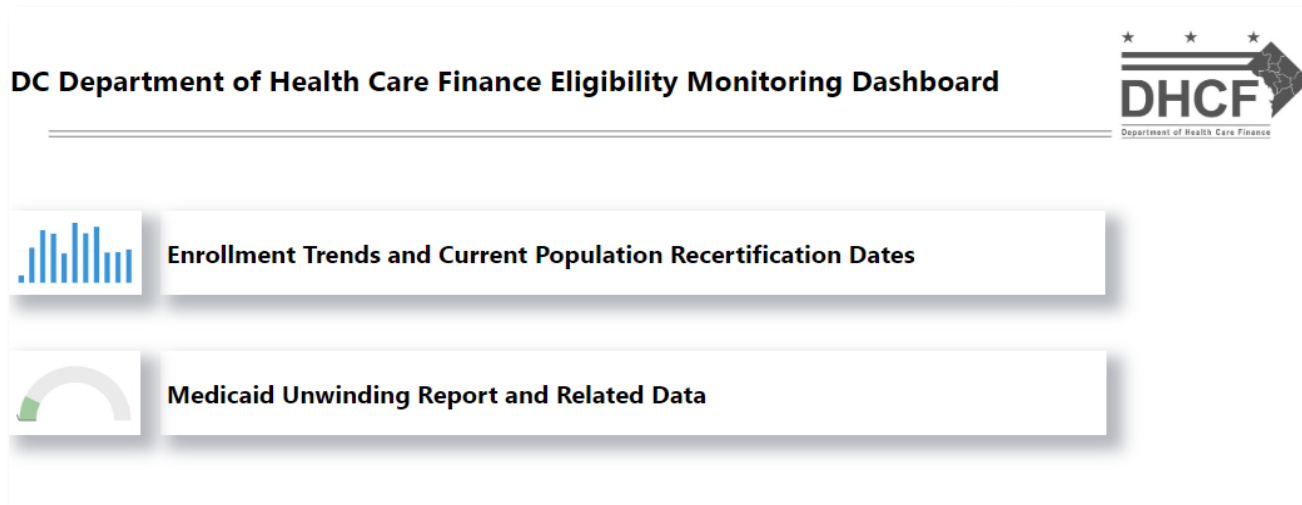
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DC Medicaid Renewal Data Is Publicly Available and Regularly Updated on the DHCF Website



- **Dashboard** at <https://dhcf.dc.gov/eligibilitydashboard> is updated by the middle of each month (version to be released this week reflects data as of 1/15/2024).
- An accompanying **report on redeterminations** is available by the end of each month at <https://dhcf.dc.gov/medicaid-renewal>. 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.
- Data on specific topics may also be provided in [meeting materials](#) that accompany **biweekly community meetings**.

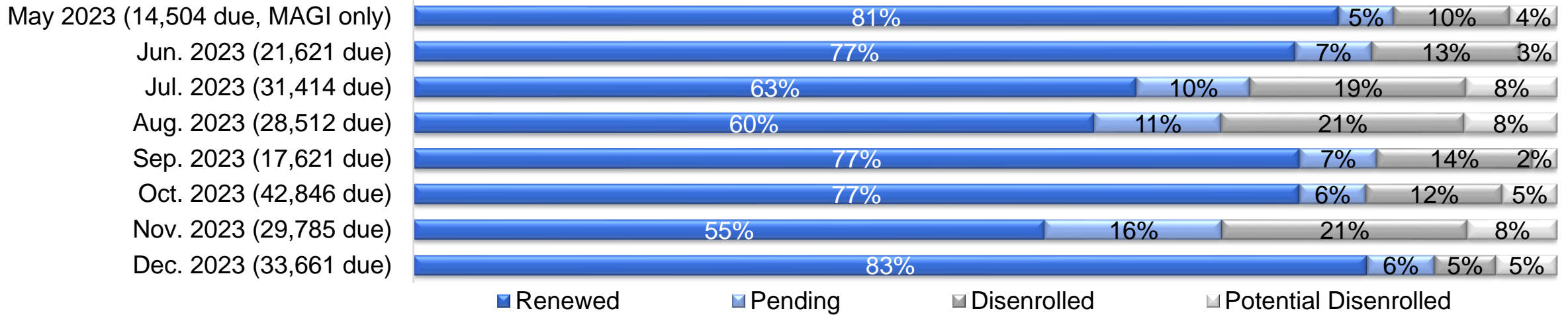




Approximately 80% of Medicaid Beneficiaries Due in the Past Are Re-Enrolled or Have a Renewal Pending



Renewal Outcomes to Date for Beneficiaries Due in May – December



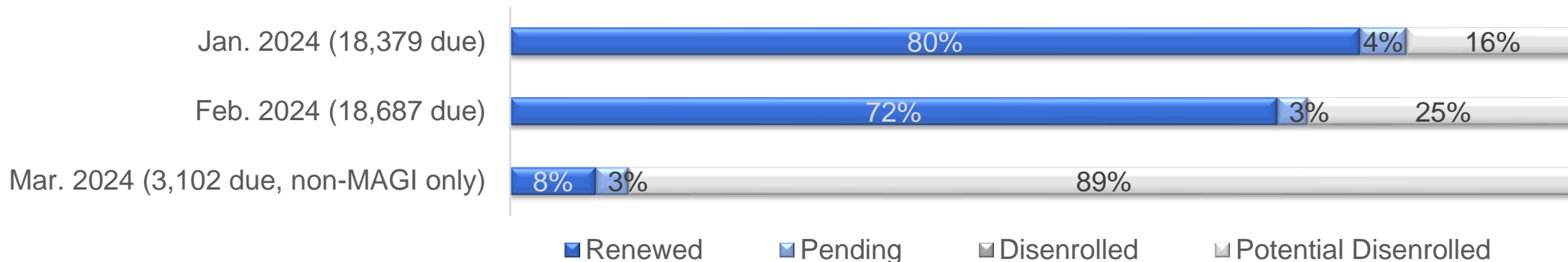
- For May through December overall, approximately 80% of beneficiaries due for a renewal are re-enrolled or pending.
- Lower July, August, and November rates are due in part to a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible and therefore unlikely to renew passively (i.e., no response required). October includes PHE beneficiaries but also many Supplemental Security Income (SSI) beneficiaries who are automatically extended based their receipt of SSI. September includes very few PHE beneficiaries.
- For May through December, the “Potential Disenrolled” category includes approximately 12,000 non-disabled (i.e., MAGI) children under age 21 whose coverage terminations are paused or under review for reinstatement while DHCF ensures compliance with federal “ex parte” rules for passive renewals. For December, it also includes approximately 800 people with disabilities and those age 65+ (i.e., non-MAGI) who received one-month extensions through January to allow additional response time (earlier non-MAGI extensions have expired). For more information, see DHCF’s Medicaid renewal meeting materials [here](#).
- 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, in September for those due in June, and so on. Beyond the grace period, individuals must submit a full application to reactivate their coverage.



Medicaid Beneficiaries Due in the Future Who Have Not Responded Remain Enrolled Until They Reach Their Recertification Date



Renewal Outcomes to Date for Beneficiaries Due in January – March



- For January and February overall, nearly 80% of beneficiaries are renewed or pending. This is largely driven by a high passive renewal rate among non-disabled children and adults under age 65 (i.e., MAGI) for these months.
- March 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 March will receive renewal notices by February 1.
- Individuals who have not responded to a renewal remain enrolled until their recertification date. Certain groups (e.g., non-MAGI beneficiaries) may receive temporary extensions and therefore retain coverage beyond their original due date. For more information, see DHCF’s Medicaid renewal meeting materials [here](#).
- Renewal figures for all months will increase as responses are received during the 90-day grace period.



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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 to poll beneficiaries on their intent to renew their DC Medicaid coverage. This functionality was also added to voice calls last month.*
- The District is conducting automated phone calls to ask beneficiaries to update their contact information and/or complete their renewal packet.
- The District is 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

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. and **next is on Wednesday, January 31, 2024**
 - *Please email Medicaid.renewal@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 **in January**.
- The District is continuing monthly Districtwide Trainings on Medicaid Renewal designed for stakeholders and anyone helping others with renewals – the eighth is **at 12:30 PM on Wednesday, January 24**.



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.
- **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 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 4/26/23 on the Medicaid Renewal website at <https://dhcf.dc.gov/medicaid-renewal>
 - DC Health Link representatives are active participants at this meeting and at future meetings



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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 hosts meetings to answer Medicaid beneficiary questions on the Medicaid Renewal process. The next monthly meeting called, How Do I Renew My DC Medicaid Health Insurance? will take place before the end of January
- The next Community Meeting on Medicaid Renewal will be Wednesday, January 31, 2024 @ 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 Wednesday, January 24, 2024 @ 12:30 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 address 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 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 D: 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 E: 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 F: 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 G: 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 H: District Direct is available online in English, Spanish, and Amharic!



The screenshot shows the District Direct website interface. At the top left is the "District Direct" logo, which consists of a blue star with a red dot in the center. To the right of the logo are navigation links: "Home" (underlined), "Create Account", and "Log in" (in a blue button). Below these links are three language options: "English", "Español", and "አማርኛ". The main content area features a large blue banner with the text "Welcome to District of Columbia Benefits Portal" and 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" (white with blue border) and "Learn More About Benefits" (blue with white text). The background of the banner is a photograph of a park with autumn trees and people walking.







Appendix 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

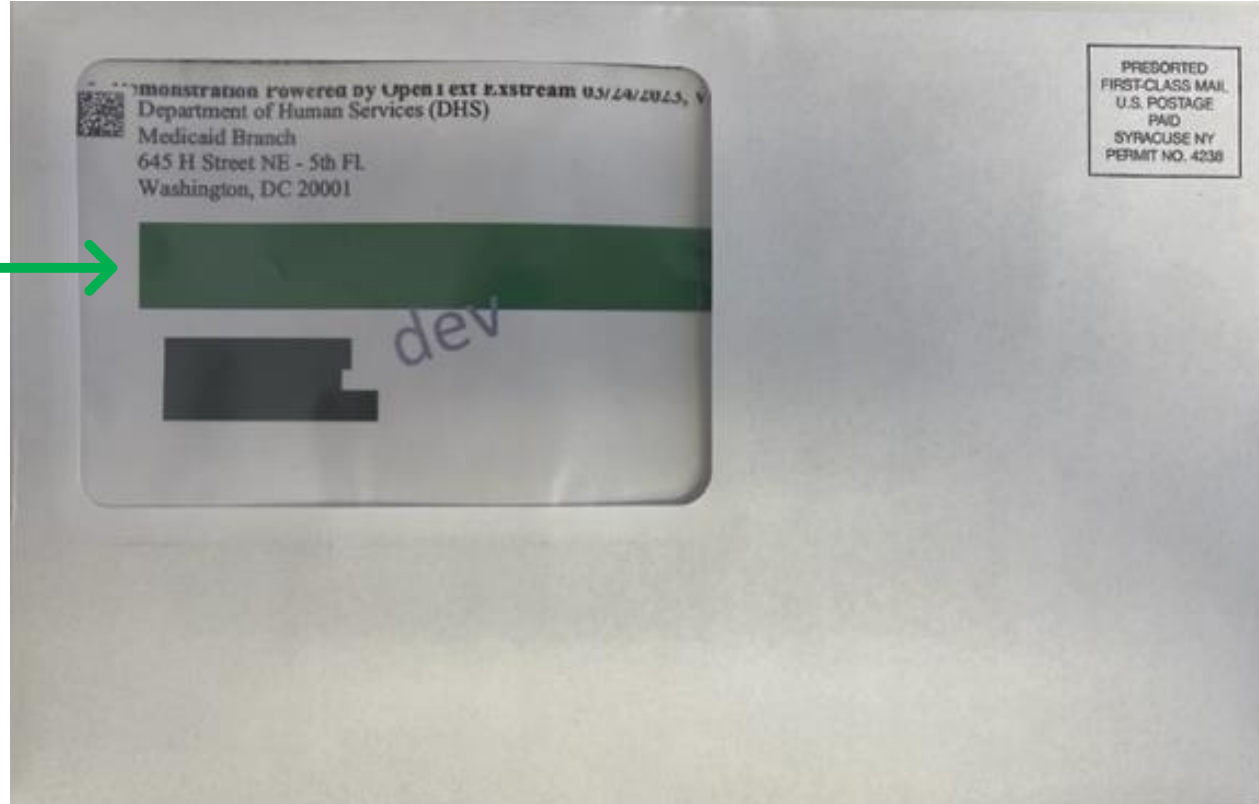
- **By mail:** Complete this form and mail it in the enclosed envelope to:
Attention:
Department of Human Services
Economic Security Administration
Outstation/Medicaid Renewal Unit



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



Look for the green line here





Appendix K: 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.