



# Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #15

Medicaid Renewal Community Meeting

Department of Health Care Finance

October 11, 2023



# Presentation Overview



- **Medicaid Renewal Background**
- What's New This Week
- Redetermination Report 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.





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# UPDATE SINCE LAST MEETING: DHCF Made Changes to Minimize Gaps in Coverage When Renewals are Timely Submitted



- The District effectuates extensions for all pending renewals via an extension of eligibility spans in MMIS (DHCF's provider payment system).
- Renewals are identified as pending if either condition is met:
  - Registered in DCAS/District Direct; or
  - Is a paper renewal application that has not yet been registered in DCAS/District Direct but has been received at a service center and scanned in for caseworker processing.
- Pending renewals identified by the agency at the end of the month are extended
- The prior frequency (monthly) meant that some paper renewals dropped off at the end of the month might not be captured and extended timely
- DHCF is increasing the frequency (daily) it effectuates extensions for renewals it identifies to limit these potential gaps.
- **This change is now live.**



# UPDATE SINCE LAST MEETING: DHCF Will Be Sharing Updates on Discovery Actions Issued to Providers



- As mentioned in prior stakeholder engagement meetings, DHCF is working with LTSS providers to ensure compliance with requirements as they relate to timely beneficiary renewals.
- When DHCF finds deficiencies, the agency works with providers to get more information/conducts an investigation.
  - DHCF issues findings as a result of these investigations to formally notify providers of these deficiencies.
- To provide stakeholders with greater transparency, DHCF will be reporting the number of providers with current findings and the number of impacted beneficiaries receiving services from that provider.
- **DHCF will share its first update during the October 25, 2023 Bi-Weekly Stakeholder Meeting**



# UPDATE SINCE LAST MEETING: DHCF is Aware of a Technical Issue with Non-MAGI Cases that Impacts Eligibility Spans



- The District effectuates 30-Day extensions for Non-MAGI eligibility spans by extending closure dates in MMIS (DHCF's provider payment system).
- When eligibility is extended this way it can be overridden by other changes processed in the system.
  - For example, if we extend a Non-MAGI case and a COC occurs for another program it may override the Medicaid extension.
- The issue can lead to someone's correct eligibility spans being inaccurately closed
- The District is aware of approximately 300 Non-MAGI cases impacted by this error and is working to correct any outstanding issues with these cases
- DHCF is also planning system changes going forward, that will limit re-occurrence of this issue for any future extensions



# Presentation Overview



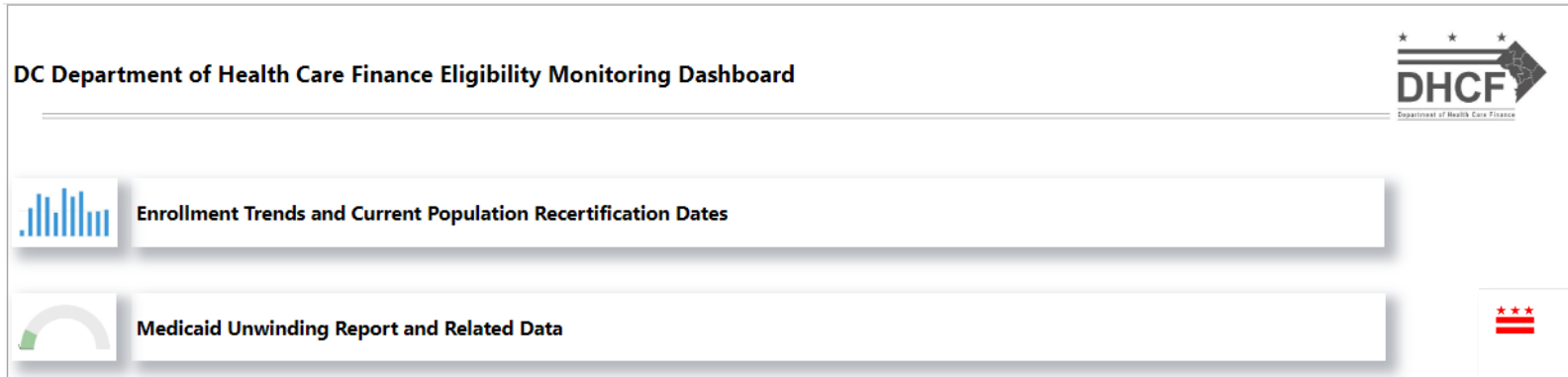
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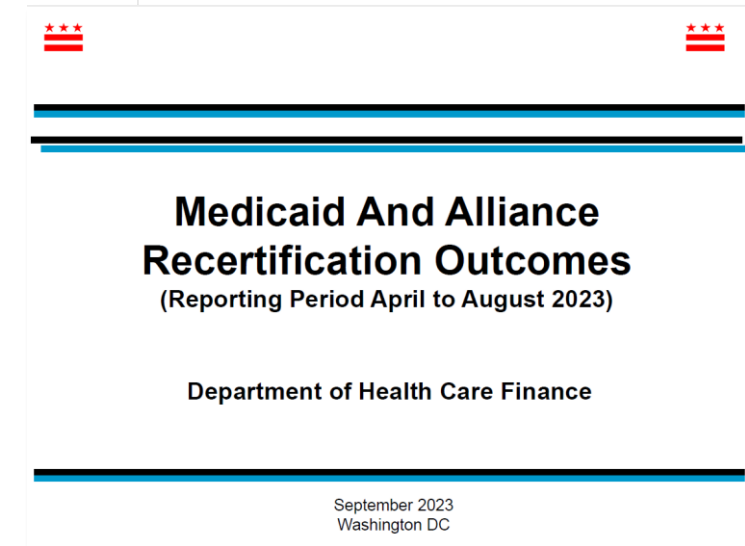
# DC Medicaid Renewal Data is Publicly Available and Regularly Updated on the DHCF Website



- **Dashboard data** at <https://dhcf.dc.gov/eligibilitydashboard> is as of September 18. For an overview, see 9/27/2023 community [meeting materials](#).



- DHCF recently released its **third 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.





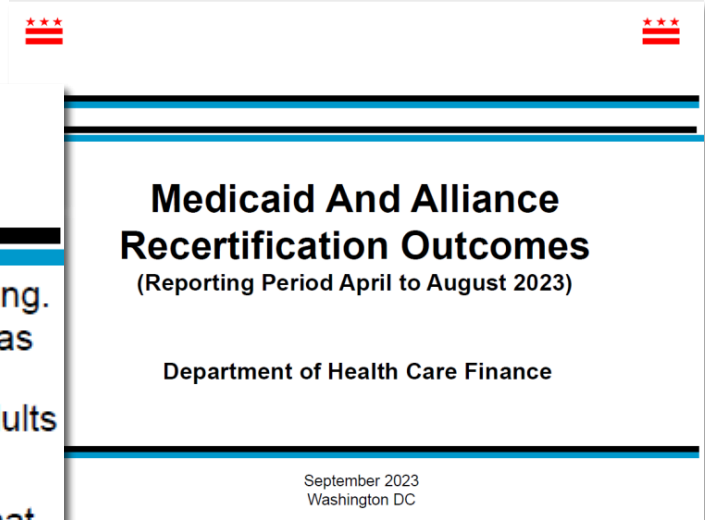


# Redetermination Report Summarizes Dashboard Information and Provides Additional Detail



## Key Findings

- ❑ More than 80% of Medicaid beneficiaries due in May and June have re-enrolled or have a renewal pending. Among those due in July, almost 70% are renewed or pending. In August, the renewal or pending rate was 61%.
- ❑ People with disabilities and those age 65+ have had lower renewal rates than other groups. Childless adults have a high passive renewal rate but are least likely to respond when additional information is required.
- ❑ Renewal figures for all months will increase as responses are received during the 90-day grace period that follows a beneficiary's recertification date.
  - The grace period for the May cohort ended August 31 and these beneficiaries must now submit a new application to reactivate benefits.
  - Approximately one-third of beneficiaries due in May responded during their grace period. Grace period responses for those due in June and later will increase until their 90-day period runs out.
- ❑ More than half of District Medicaid beneficiaries have had a renewal initiated to date. By May 2024, all individuals enrolled at the end of the public health emergency will have been due for a renewal.





# Redetermination Report Data: Many Enrollees Are Responding During The 90-Day Grace Period



## Medicaid Beneficiaries Who Responded During Their 90-Day Grace Period, by Month Due for Those Due in May – August

Month Due	Beneficiaries with Response to a Non-Passive Renewal	Responded During Grace Period	Grace Period Percent of Response Total
May 2023	2,998	1,021	34%
June 2023	6,601	1,947	30%
July 2023	12,032	3,067	25%
August 2023	9,763	1,034	11%
<b>Total</b>	<b>31,394</b>	<b>7,069</b>	<b>23%</b>

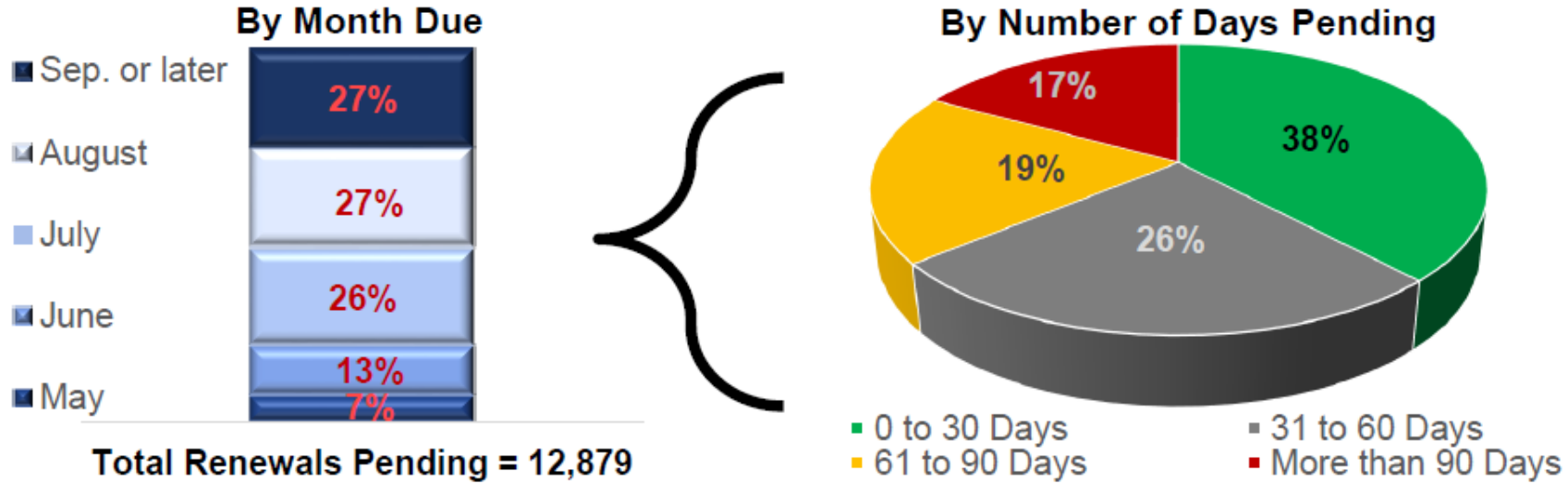
- The grace period for beneficiaries due in May ended in August and for those due in June ended in September.
- Grace period response rates are higher for earlier months because a longer amount of time has passed. For example, the full 90 days has passed for those due in May. However, those due in August have less than a month of grace period experience to date and responses will continue to increase in the coming months.



# Redetermination Report Data: Coverage Is Maintained While Renewals Are Pending



## Percent of Medicaid Beneficiaries With A Pending Renewal, By Month Due And Length Of Time In Process



- Of the total Medicaid beneficiaries with a renewal that has been returned and is currently pending a final determination (12,879), most are due in July or later.
- About 4 in 10 pending renewals have been in process for 30 days or less. The number of days pending is counted from the date the renewal was received (not the date it was due).
- During the period when a renewal is pending, coverage is extended until a determination is made.



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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 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

# 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](mailto: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 15<sup>th</sup> and **next is on Wednesday, October 25**
  - *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 is holding monthly Beneficiary-Focused Meetings on ‘How Do I Renew My DC Medicaid Health Insurance’– the fourth is **Monday, October 16 @ 5:30 PM.**
- The District is continuing monthly Districtwide Trainings on Medicaid Renewal designed for stakeholders and anyone helping others with renewals – the fifth is **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**: Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465
- **Mail**  
Department of Human Services | Economic Security Administration  
Case Record Management Unit  
P.O. Box 91560 Washington, DC 20090
- **Drop-off at a Service Center**
- **Fax at (202) 671-4400**



# DHCF is Working with The Health Benefits Exchange and DC Health Link to Ensure Continuity and Access of Health Coverage



- DC Health Link: DC Health Link is the health care exchange program in the District of Columbia ensuring access to quality and affordable health care to all DC residents. DC Health Link, coordinates benefits and create a "no-wrong-door" environment for District residents seeking help with insurance coverage and costs.
- Relationship with Medicaid Renewal: DC Health Link can find health coverage if a beneficiary no longer qualifies for Medicaid but may qualify for other health plans
  - DC Health Link may also be the first place some beneficiaries go to find or renew coverage
- Recording of Presentation on 4/26: You can find a recording of the presentation DC Health Link made on 4/26 on the Medicaid Renewal website at <https://dhcf.dc.gov/medicaid-renewal>
  - DC Health Link is making sure that representatives are here and at future meetings





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# Medicaid Renewal: Next Steps



- 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 late morning on Saturdays- the next meeting is Monday, October 16, 2023 @ 5:30 PM.
- The next Community Meeting on Medicaid Renewal will be Wednesday, October 25, 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](mailto: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](mailto: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 (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



# 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.*



# Appendix D: What Can Stakeholders Say to Beneficiaries?



## What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!
- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

## What To Do After Receiving Your Renewal Notice

- Complete your renewal by using [districtdirect.dc.gov](https://districtdirect.dc.gov) or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



# Appendix E: DC Healthy Families MCOs are Engaged in a Variety of Medicaid Renewal Activities



The MCOs continue to conduct Medicaid renewal outreach activities which include:

Community Outreach Events	Sending text messaging	Social media updates and posting videos	Home visits (door knockers)	Mailing flyers	Robo and staff calls	Ads in community publications	Participate in DHCF trainings community updates
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MCOs may have wellness centers that offer access to Wi-Fi, computers, and printers to assist with completing renewals. MCO staff are available to answer questions as well.



For enrollees who are slated to lose Medicaid coverage the end of June, the MCOs are conducting targeted phone calls, text messages, and home visits.



# Appendix F: The District is Doing Dedicated Outreach to Special Populations



- **Senior Beneficiaries**
  - DHCF is partnering with DACL to train their staff and senior service network on the renewal process.
  - Seniors are able to access in-person assistance at Senior Wellness Centers and 40+ Community Dining Sites across the District.
  - The Deaf and Hard of Hearing Senior Center and Senior Center for the Blind have also committed to assisting seniors with applications.
- **Beneficiaries Living with Disabilities**
  - DHCF is training employees at DDS and their providers to help beneficiaries.
- **Beneficiaries Experiencing Homelessness**
  - DHCF is meeting with outreach staff, shelter case workers, and adult day centers that work with beneficiaries experiencing homelessness to ensure they are prepared to spread the word and assist beneficiaries with completing their renewals.



# Appendix G: District Direct is available online in English, Spanish, and Amharic!



The screenshot shows the District Direct website interface. At the top left is the "District Direct" logo, which consists of a blue star with a red dot in the center. To the right of the logo are navigation links: "Home" (underlined), "Create Account", and "Log in" (in a blue button). Below these links are three language options: "English", "Español", and "አማርኛ". The main content area features a large blue banner with the text "Welcome to District of Columbia Benefits Portal" and "Apply for SNAP, TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits". Below this text are two buttons: "Apply Now" and "Learn More About Benefits". The background of the banner is a photograph of a park with trees showing autumn foliage and several people walking on a path.





# Appendix H: Consumer Alert: Beware of Medicaid Renewal Scams!



## Beware of Medicaid Renewal Scams

The DC Department of Insurance, Securities and Banking (DISB) is warning District consumers to be on guard against fake Medicaid renewal scams. During the COVID-19 pandemic, the review of Medicaid eligibility for enrolled clients was paused. Jurisdictions, including the District of Columbia, are now returning to pre-pandemic renewal plans. As a result, scam artists may increase efforts to defraud unsuspecting consumers!

### How is the Scam Perpetrated?



Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten you with civil or criminal penalties and demand that you pay a fee to continue receiving benefits.



# Appendix I: Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



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

**Renewal Form for Medical Assistance**

It is time to renew your **Aged, Blind, Disabled (ABD)** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return this renewal form and copies of all required documents by **6/06/2023** 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



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



Look for the green line here

