Medicaid And Alliance Recertification Outcomes
(Reporting Period April to July 2023)

Department of Health Care Finance
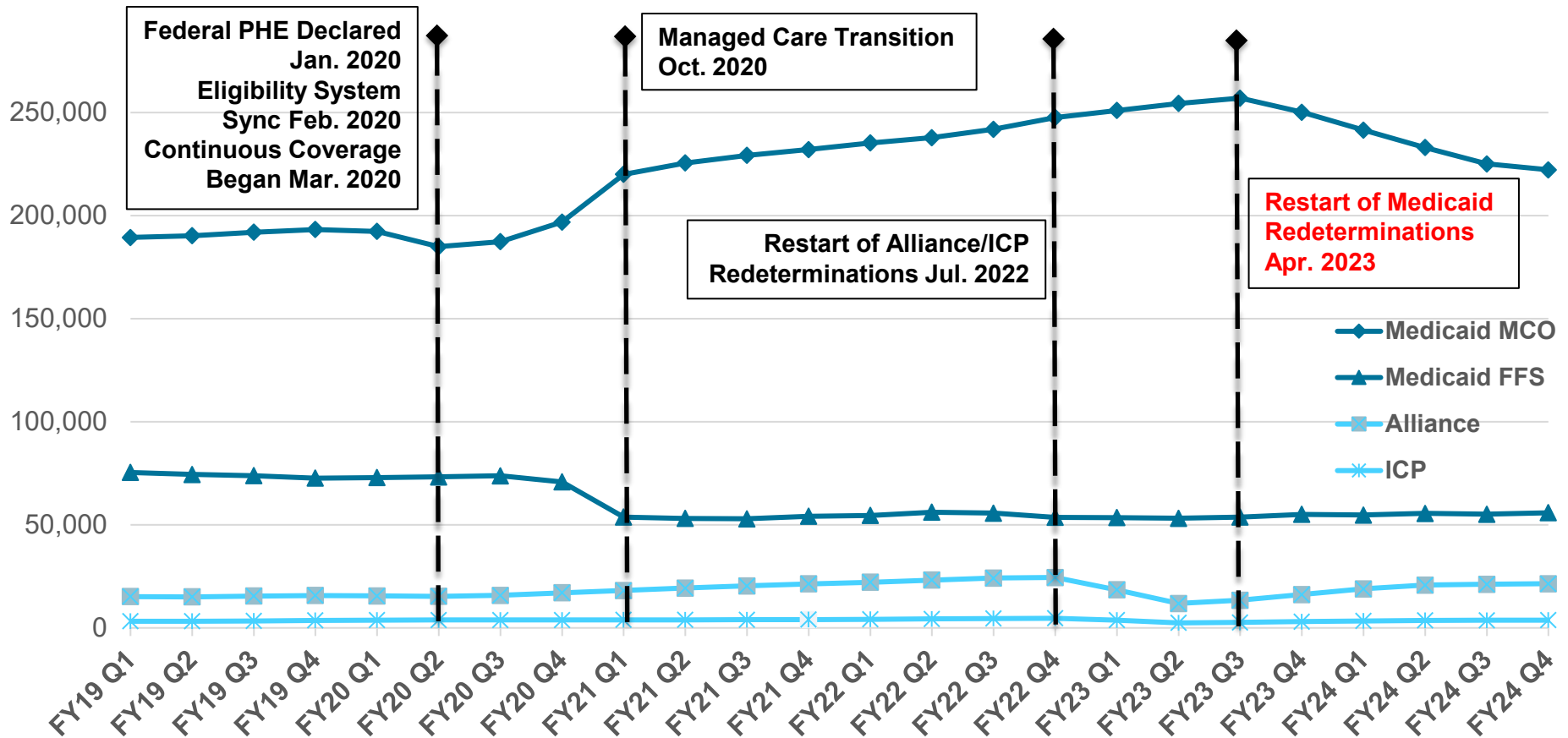
July 2023
Washington DC

Report Outline

☑ **Introduction**

❑ Summary of Key Findings

❑ Medicaid Recertification Outcomes

❑ Alliance Enrollment Trends

The Termination Of The Public Health Emergency (PHE) Ends Continuous Enrollment In Medicaid

❑ With the initiation of the PHE in March 2020, the District was required by federal law to keep people continuously enrolled in Medicaid through the month in which the federal COVID-19 public health emergency ended.

  ➢ This meant no one would be disenrolled from Medicaid unless they requested an end to their eligibility, moved out of the District, or were deceased.

❑ To ensure equal treatment for members in the Alliance and Immigrant Children's Program (ICP) – the city's locally funded health insurance programs for non-citizens – the District applied the federal continuous enrollment provisions to this locally funded program as well. Continuous enrollment was in place for the Alliance and ICP programs through July 2022, while the District's local PHE was in effect.

❑ For Medicaid, continuous enrollment was in place until April 1, 2023. These important policy changes ensured that enrollees in DHCF programs had access to COVID vaccines, testing, and treatment during the core period of the pandemic.

Medicaid And Alliance Enrollment Spiked During The Pandemic, But Future Declines Are Predicted
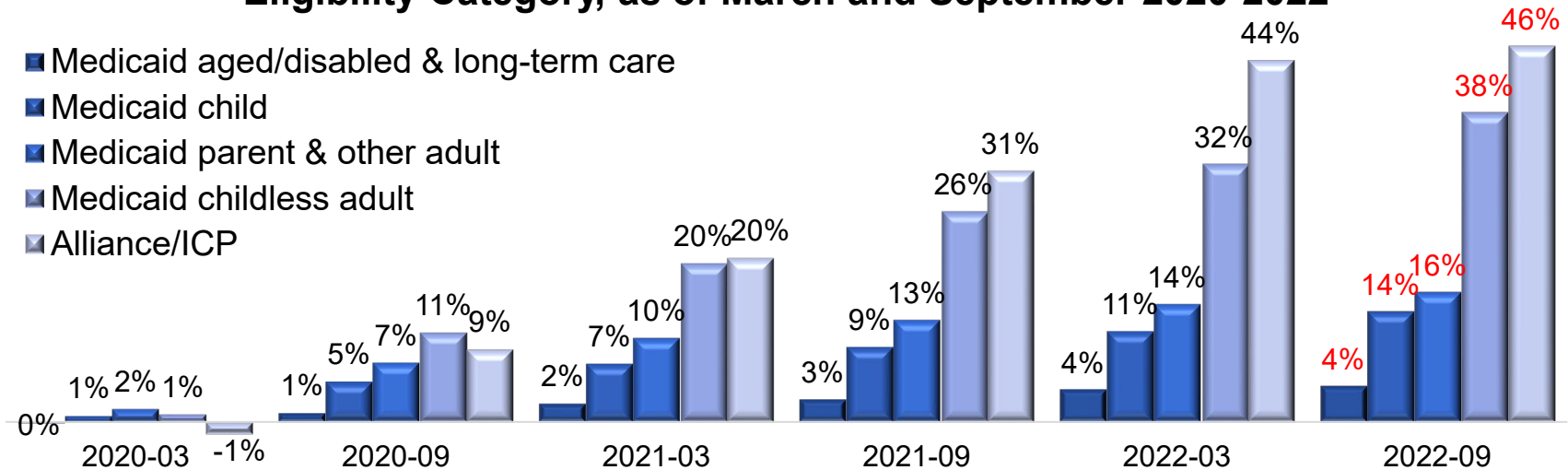
DHCF Average Monthly Enrollment by Quarter, FY 2019 to FY 2024

Federal PHE Declared Jan. 2020 Eligibility System Sync Feb. 2020 Continuous Coverage Began Mar. 2020

Managed Care Transition Oct. 2020

Restart of Alliance/ICP Redeterminations Jul. 2022

Restart of Medicaid Redeterminations Apr. 2023

Legend:
- Medicaid MCO
- Medicaid FFS
- Alliance
- ICP

Note: MCO figures on this chart exclude Medicare dual eligible special needs plan (D-SNP) coverage.
Source: DHCF Medicaid Management Information System data and budget projections.

Enrollment Increases During Continuous Eligibility Were Largest For Medicaid Adults Who Did Not Have Children, And Alliance Beneficiaries

Percentage Change in DHCF Enrollment Since February 2020 by Broad Eligibility Category, as of March and September 2020-2022

Legend:
- ■ Medicaid aged/disabled & long-term care
- ■ Medicaid child
- ■ Medicaid parent & other adult
- ■ Medicaid childless adult
- ■ Alliance/ICP

Category	2020-03	2020-09	2021-03	2021-09	2022-03	2022-09
Medicaid aged/disabled & long-term care	0%	1%	2%	3%	4%	4%
Medicaid child	1%	5%	7%	9%	11%	14%
Medicaid parent & other adult	2%	7%	10%	13%	14%	16%
Medicaid childless adult	1%	11%	20%	26%	32%	38%
Alliance/ICP	-1%	9%	20%	31%	44%	46%

- Enrollment increased for all, but growth was highest for Medicaid childless adult and Alliance/ICP beneficiaries.

- For example, by Sep. 2022, Alliance/ICP enrollment was 46% higher than its pre-PHE (Feb. 2020) level. Growth peaked at 54% in Aug. 2022 and then began shrinking due to the restart of Alliance/ICP redeterminations.

- As of Sep. 2022, Medicaid childless adult enrollment was 38% above its pre-PHE level. In comparison, PHE growth for other groups ranged from 4% (aged/disabled and long-term care) to 16% (parents and other adults).

Source: DHCF Medicaid Management Information System data extracted July 2023.
Note: Medicaid aged/disabled & long-term care group includes both children and adults.

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. Beneficiaries who are passively renewed, will receive a notice of continued coverage and no further action is required.

➢ For those who are not passively renewed, the first renewal notice is sent at the end of the month <u>60 days prior</u> to the certification end date.

➢ If the beneficiary does not return the renewal packet, or there are outstanding verifications with a returned packet, a second notice of pending termination is sent <u>30 days prior</u> to certification end date.

❑ Non-MAGI Medicaid beneficiaries (e.g., age 65+, blind, or person with a disability, Supplemental Security Income recipients, home and community-based waiver participants)

➢ The first renewal notice is sent at the end of the month 90 days <u>prior</u> 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.

❑ DHCF has a public dashboard with renewal data at https://dhcf.dc.gov/eligibilitydashboard; District Direct renewal sample notices are available at https://dhcf.dc.gov/page/medicaid-restart-renewal-notices.

❑ Medicaid renewal packages have distinctive markings on the envelope.

The District Has a 90-Day Renewal Reinstatement Period for Those Who Do Not Return Renewals 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.

  ➢ As a result, renewal data is not final until at least 90 days have passed.
  ➢ For example, the number in a renewed or pending category will continue to increase as renewals are returned and processed. Similarly, the terminated number will decrease.

❑ 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.

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Key Findings

❑ More than three-quarters of Medicaid beneficiaries due in May and June have re-enrolled or have a renewal pending.

❑ Among those due in July, many currently show as potential coverage loss because they have not responded to DHCF's invitation to renew coverage.

  ➢ For both June and July, people with disabilities and those age 65+ received one-month extensions to allow for additional response time.

  ➢ Passive renewals were low for July, but an eligibility system update increased the number of individuals who can be passively renewed (no beneficiary action required) and this will be reflected in DHCF's August data release.

❑ Overall, people with disabilities and those age 65+ have had lower renewal rates than other groups to date. Childless adults have a high passive renewal rate but are least likely to respond when additional information is required to renew.

❑ Renewal figures for all months will increase as responses are received during the 90-day grace period.

DHCF Will Continue To Implement Multiple Strategies Designed To Increase Renewal Rates

❑ On-going direct and indirect **outreach** to Medicaid beneficiaries

  ➢ Media (radio, TV, etc.).
  ➢ Text messaging and automated phone calls.
  ➢ Presence at health fairs, other citywide events.
  ➢ Bi-weekly stakeholder community calls.
 ➢ Managed care organizations' efforts to contact their members.

❑ On-going **data analysis** to understand renewal patterns, demographics

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The Recertification Dates For Medicaid Enrollees Have Been Staggered To Facilitate Orderly Processing By Government Intake Staff
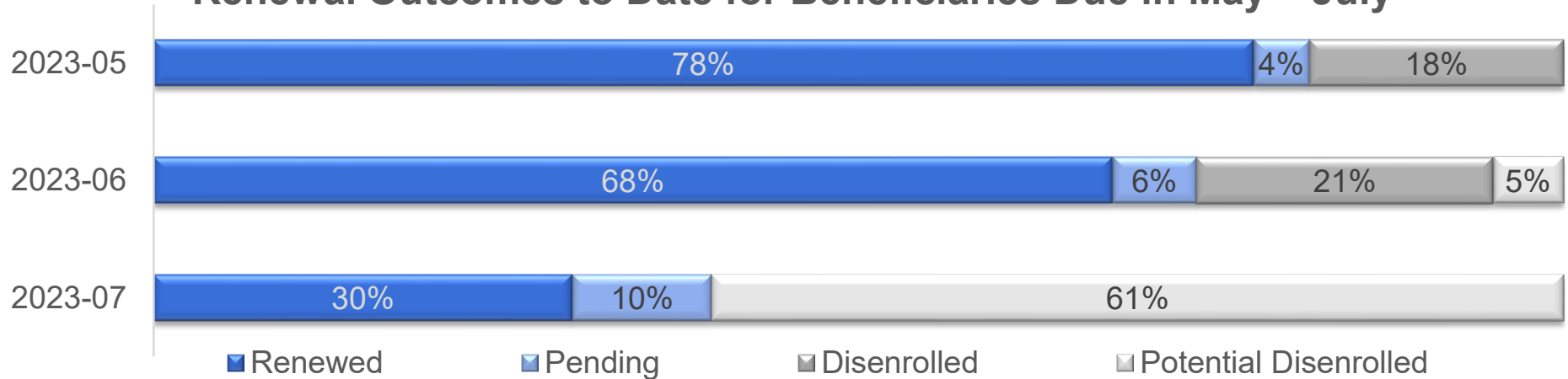
Medicaid Population By Recertification Date During The Unwinding Period
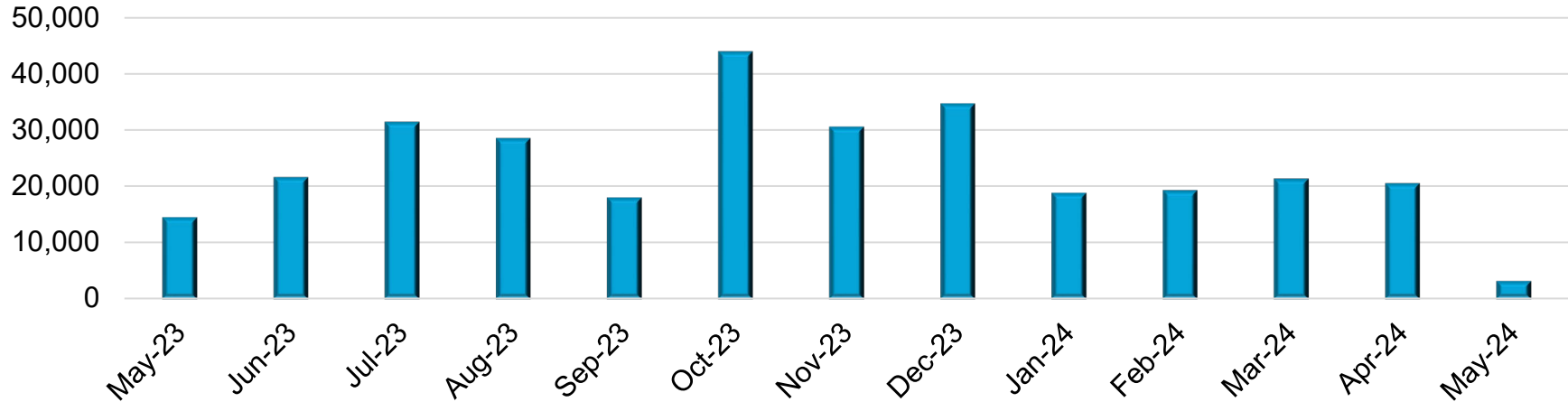
- The distribution of dates shown reflect a number of factors, including federal requirements to ensure renewals are reasonably spread (e.g., no more than 1/9 of the total population due in a given month).

- The beginning and end of the unwinding period varies by population. In May 2023, only non-disabled children and adults under age 65 were due and in May 2024 only people with disabilities and adults age 65+ are due.

- Higher numbers in some months may reflect certain populations more likely to be clustered together. For example, October includes many Supplemental Security Income (SSI) beneficiaries whose coverage will be renewed passively (i.e., without any action required by the individual).

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Source: DHCF eligibility system data extracted July 17, 2023 and DHCF Medicaid Management Information System data extracted July 18, 2023.

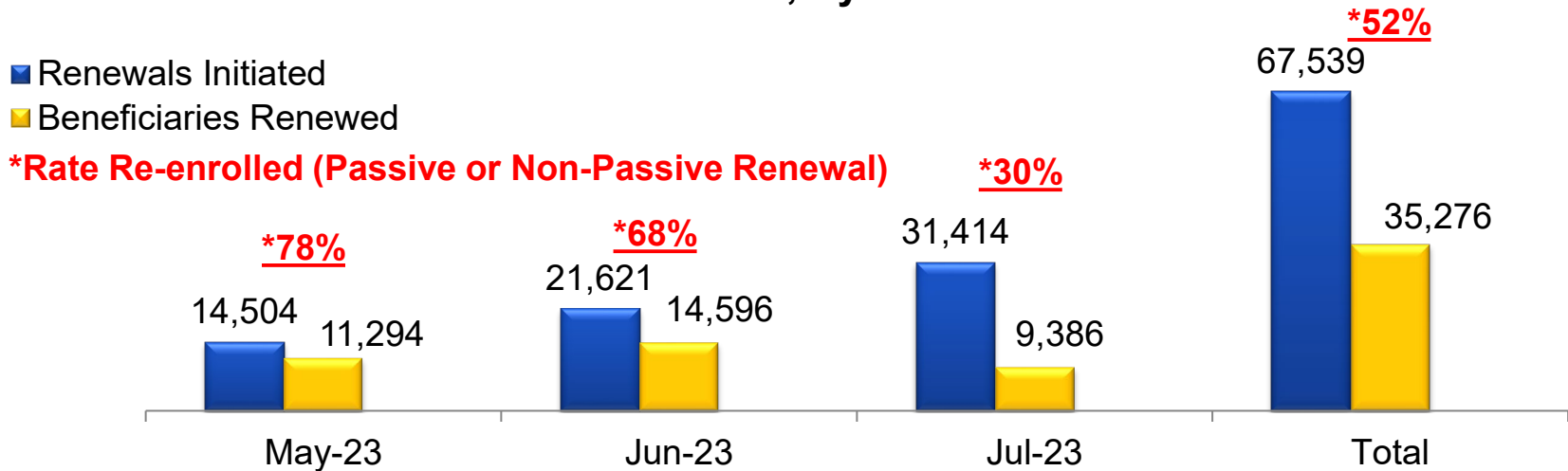# More Than Three-Quarters of Medicaid Beneficiaries Due in May and June Have Re-Enrolled or Have a Renewal Pending

Renewal Outcomes to Date for Beneficiaries Due in May – July

Month	Renewed	Pending	Disenrolled	Potential Disenrolled
2023-05	78%	4%	18%	
2023-06	68%	6%	21%	5%
2023-07	30%	10%		61%

- More than 80% of beneficiaries due in May and nearly 75% due in June are renewed or pending.

- For June, the 5% "Potential Disenrolled" reflects people with disabilities and those age 65+ (i.e., non-MAGI) who received a one-month extension through July. For July, the 61% "Potential Disenrolled" includes non-MAGI beneficiaries extended through August and MAGI beneficiaries with no extension.

- Renewal rates for July are not yet complete and will increase as additional responses are received. In addition, an eligibility system update has increased the number of individuals who can be passively renewed (i.e., without any action required by the beneficiary) and this change will be reflected in DHCF's August data release.

- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Source: DHCF eligibility system data extracted July 17, 2023.

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Overall, Since The Recertification Process Was Initiated, More Than Half Of Medicaid Enrollees For Whom The Process Has Started, Have Been Re-enrolled
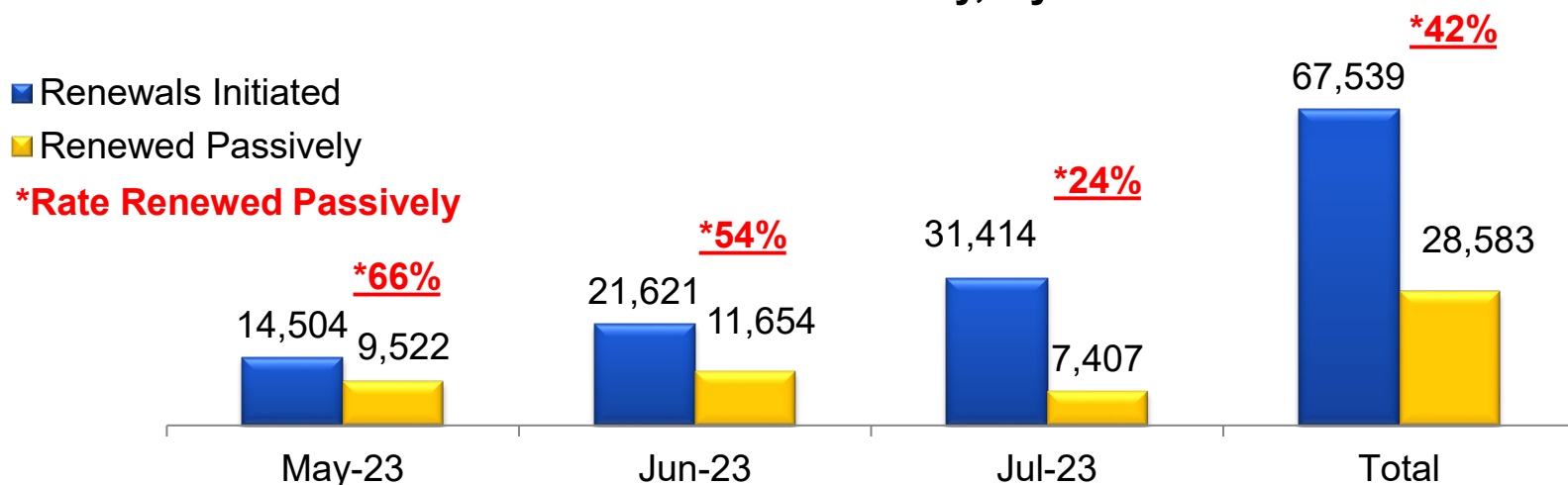
Medicaid Beneficiaries Renewed, By Month Certification Is Due

■ Renewals Initiated
■ Beneficiaries Renewed

*Rate Re-enrolled (Passive or Non-Passive Renewal)

	May-23	Jun-23	Jul-23	Total
Renewals Initiated	14,504	21,621	31,414	67,539
Beneficiaries Renewed	11,294	14,596	9,386	35,276
*Rate Re-enrolled	*78%	*68%	*30%	*52%

- Beneficiaries who have re-enrolled include those who were renewed passively (i.e., no action required by the individual), as well as those who have responded to provide information needed to extend their coverage.

- Renewal rates for July are not yet complete and will increase as additional responses are received. In addition, an eligibility system update has increased the number of individuals who can be passively renewed and this change will be reflected in DHCF's August data release.

- Renewal figures for all months will increase as responses are received during the 90-day grace period.

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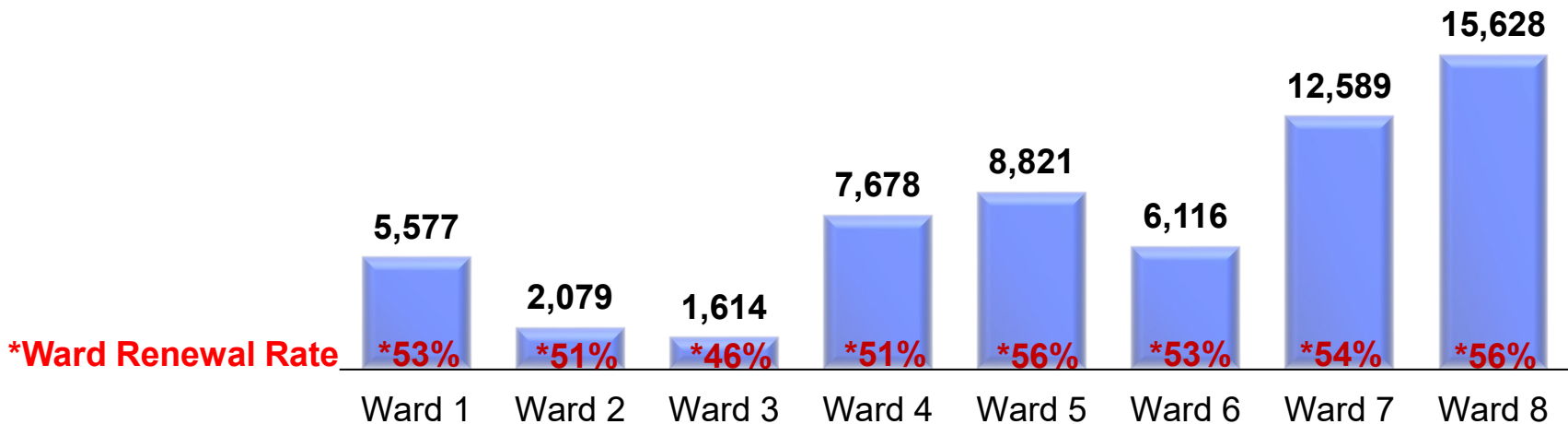# More Than Four in 10 Beneficiaries Have Renewed Passively Since The Process Was Launched In April 2023

Medicaid Beneficiaries Renewed Passively, By Month Certification Is Due

- Renewals Initiated
- Renewed Passively

*Rate Renewed Passively

	May-23	Jun-23	Jul-23	Total
Renewals Initiated	14,504	21,621	31,414	67,539
Renewed Passively	9,522	11,654	7,407	28,583
*Rate Renewed Passively	*66%	*54%	*24%	*42%

- May renewals only included non-disabled children and adults, who have the highest passive renewal rates.

- June was the first month to include people with disabilities and those age 65+, many of whom require additional information to determine their eligibility and therefore cannot be passively renewed.

- July includes beneficiaries (approximately 10,000 for this month) who were kept enrolled during the PHE but had income or other changes that made them appear ineligible and are therefore unlikely to renew passively.

- An eligibility system update has increased the number of individuals who can be passively renewed and this change will be reflected in DHCF's August data release.

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Renewal Rates Are Largely Similar Across Wards

Number Of Medicaid Beneficiaries With A Renewal Initiated And Percentage Renewed, By Ward For Those Due in May – July

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Beneficiaries	5,577	2,079	1,614	7,678	8,821	6,116	12,589	15,628
*Ward Renewal Rate	*53%	*51%	*46%	*51%	*56%	*53%	*54%	*56%

- The total number of beneficiaries with a renewal initiated for a recertification due in May – July is shown at the top of each bar. The total reflects all beneficiaries with a renewal due, regardless of whether they have renewed.

- Wards 7 and 8 account for largest numbers due for a renewal because they account for the largest numbers of Medicaid beneficiaries in the District.

- Ward 3 has the smallest number of beneficiaries and the lowest renewal rate at 46%, likely due to in part to the fact that it has the lowest poverty rate in the District. Renewal rates in other wards ranged from 51% to 56%.

Source: DHCF eligibility system data extracted July 17, 2023.
Note: Excludes beneficiaries not currently mapped to a ward (e.g., due to having a non-standard address format).

Passive Renewals Account For More Than 80% Of Successful Medicaid Recertifications

Medicaid Beneficiaries Renewed Passively to Date, by Eligibility Group for Those Due in May – July

Eligibility Group	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Passive Percent Of Renewed Total
Medicaid Childless Adult	14,650	12,884	88%
Medicaid Children	13,819	11,018	80%
Medicaid Parents and Other Adults	5,752	4,515	78%
Aged/Disabled and Long-Term Care	1,055	166	16%
Total	**35,276**	**28,583**	**81%**

- Renewals for July are not yet complete and will increase as additional responses are received. In addition, an eligibility system update has increased the number of individuals who can be passively renewed and this change will be reflected in DHCF's August data release.

- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Source: DHCF eligibility system data extracted July 17, 2023.

Among Medicaid Beneficiaries With Non-Passive Renewals Initiated, Childless Adults Have The Highest Non-Response Rate

Medicaid Beneficiaries Who Have Not Responded to Date, by Eligibility Group for Those Due in May – July

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Initiated Non-Passive	No Response	No Response Percent of Initiated Total	No Response Percent of Initiated Non-Passive
Medicaid Childless Adult	26,214	13,336	9,906	38%	74%
Medicaid Children	26,055	15,043	9,872	38%	66%
Medicaid Parents and Other Adults	11,025	6,496	4,011	36%	62%
Aged/Disabled and Long-Term Care	4,243	4,079	2,538	60%	62%
Total	**67,537**	**38,954**	**26,327**	**39%**	**68%**

- An eligibility system update has increased the number of individuals who can be passively renewed and this change will be reflected in DHCF's August data release. As a result, renewals categorized as non-passive (i.e., those that require a beneficiary response) and no response will decrease.

- No response figures for all months will decrease as renewals are received throughout the 90-day grace period.

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Source: DHCF eligibility system data extracted July 17, 2023.

The Non-Response Rate Varies By Enrollee Characteristics

Enrollee Characteristics	Beneficiaries with Renewal Initiated Total	Beneficiaries Initiated Non-Passive	No Response	No Response % of Initiated Total	No Response % of Initiated Non-Passive
Gender: Male	31,312	17,549	12,362	39%	70%
Female	36,101	21,309	13,873	38%	65%
Service Use:					
Within Past Year	52,779	30,680	19,401	37%	63%
More Than A Year Ago	14,634	8,178	6,834	47%	84%
Service Delivery:					
Managed Care	63,662	35,452	23,960	38%	68%
Fee-For-Service	3,751	3,406	2,275	61%	67%
Ward:					
1	5,577	3,163	2,136	38%	68%
2	2,079	1,218	864	42%	71%
3	1,614	1,060	735	46%	69%
4	7,678	4,550	3,059	40%	67%
5	8,821	4,814	3,125	35%	65%
6	6,116	3,642	2,333	38%	64%
7	12,589	7,056	4,479	36%	63%
8	15,628	8,428	5,566	36%	66%
Earliest Year Enrolled:					
2022 or Later	4,071	2,746	1,664	41%	61%
2021	3,572	2,573	1,801	50%	70%
2020	3,909	2,700	2,011	51%	74%
2019 or Earlier	55,861	30,839	20,759	37%	67%

Source: DHCF eligibility system data extracted July 17, 2023 and DHCF Medicaid Management Information System data extracted July 18, 2023.
Note: Excludes a small number of beneficiaries with characteristics in unknown or other categories not shown.

The Number of Enrollees Who Have Been Determined Ineligible for Medicaid Is Small

Medicaid Beneficiaries Determined Ineligible to Date, by Eligibility Group for Those Due in May – July

| Eligibility Group	Beneficiaries with Renewal Initiated Total	Determined Ineligible	Determined Ineligible Percent of Initiated Total
Medicaid Childless Adult	26,214	356	1%
Medicaid Children	26,055	308	1%
Medicaid Parents and Other Adults	11.025	171	2%
Aged/Disabled and Long-Term Care	4,243	110	3%
Total	67,537	423	1%

- The number of persons who have been determined ineligible is low (423).

- Of note, however, this number does not include those who are procedurally terminated because they have not returned their renewal packet. When you consider both groups, as we do on slide 21, the number losing Medicaid coverage increases.

Source: DHCF eligibility system data extracted July 17, 2023.

Most Beneficiaries Losing Coverage in the District Had No Renewal Response

Overall, 73% of disenrollments are due to procedural reasons, among states reporting as of July 27, 2023

Of Total Disenrollments, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible:
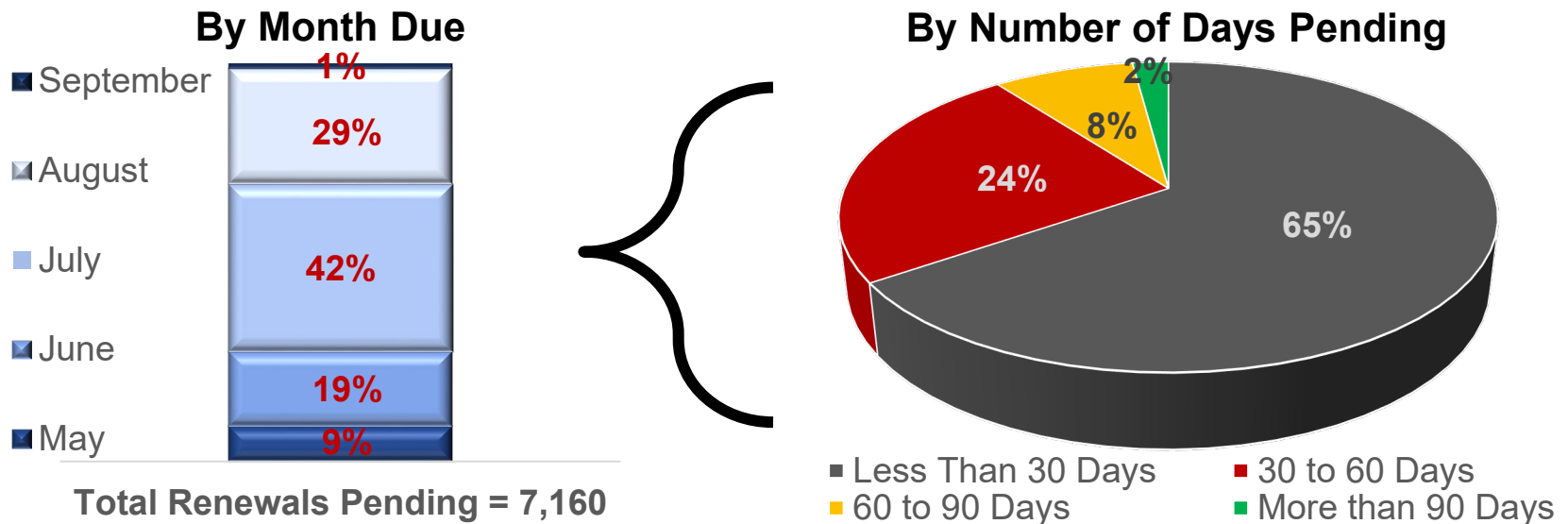
🟧 Terminated for procedural reasons 🟦 Determined ineligible
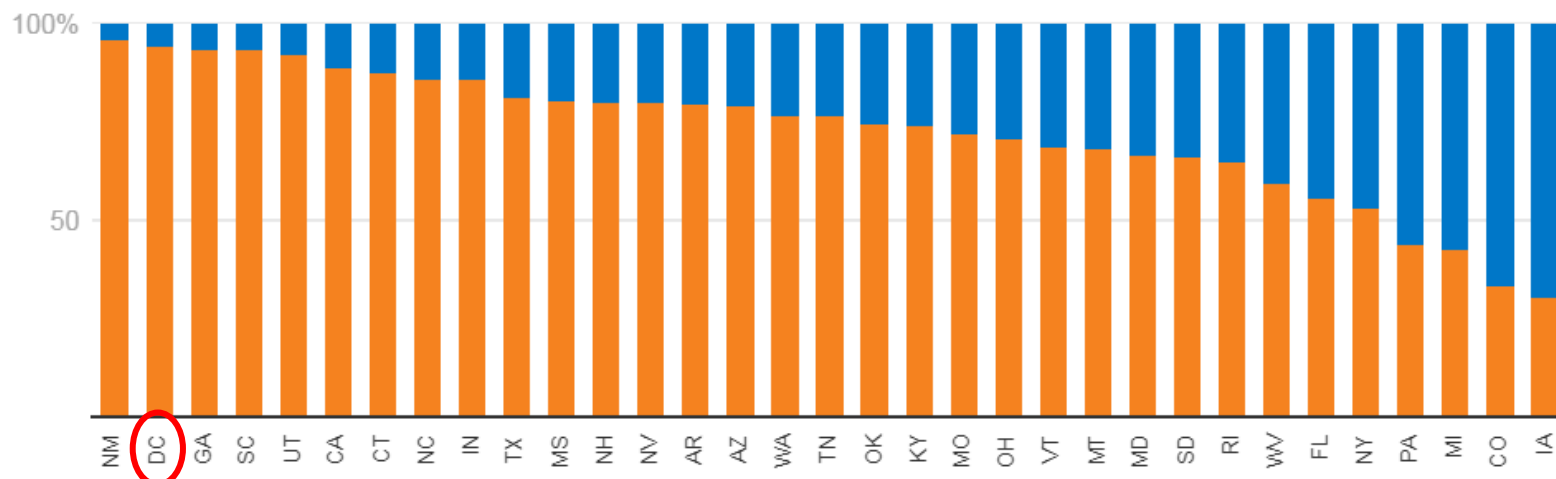
- Among District Medicaid beneficiaries due in May or June who have lost coverage to date (7,178 individuals), 94% (6,755 individuals) were due to non-response. The 94% is referred to as a procedural termination rate.

- This rate is high relative to other states but is due in part to the District having the highest eligibility levels in the nation for parents and childless adults. Very few people who return a renewal in DC will be found ineligible. This means that nearly all coverage loss is due to non-response, leading to a high procedural termination rate.

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Source: DHCF eligibility system data extracted July 17, 2023 and https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/.

Most Pending Renewals Have Been In Process For Under 30 Days

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

By Month Due

- September — 1%
- August — 29%
- July — 42%
- June — 19%
- May — 9%

Total Renewals Pending = 7,160

By Number of Days Pending

- 65% — Less Than 30 Days
- 24% — 30 to 60 Days
- 8% — 60 to 90 Days
- 2% — More than 90 Days

Legend:
- ■ Less Than 30 Days
- ■ 30 to 60 Days
- ■ 60 to 90 Days
- ■ More than 90 Days

- Of the total Medicaid beneficiaries with a renewal that has been returned and is currently pending a final determination (7,160), most are due in July (42%) or August (29%).

- Nearly two-thirds have been in process for less than 30 days. The number of days pending is counted from the date the renewal was received (not the date the renewal was due).

- During the period when a renewal is pending, coverage is extended until a determination is made.

Note: DHCF eligibility system data extracted July 17, 2023. There are 88 pending renewals with an unknown returned date excluded from the pie chart.

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Distribution Of Alliance And ICP Renewals Is More Uneven Than Medicaid

## Current Alliance & ICP Population By Recertification Date
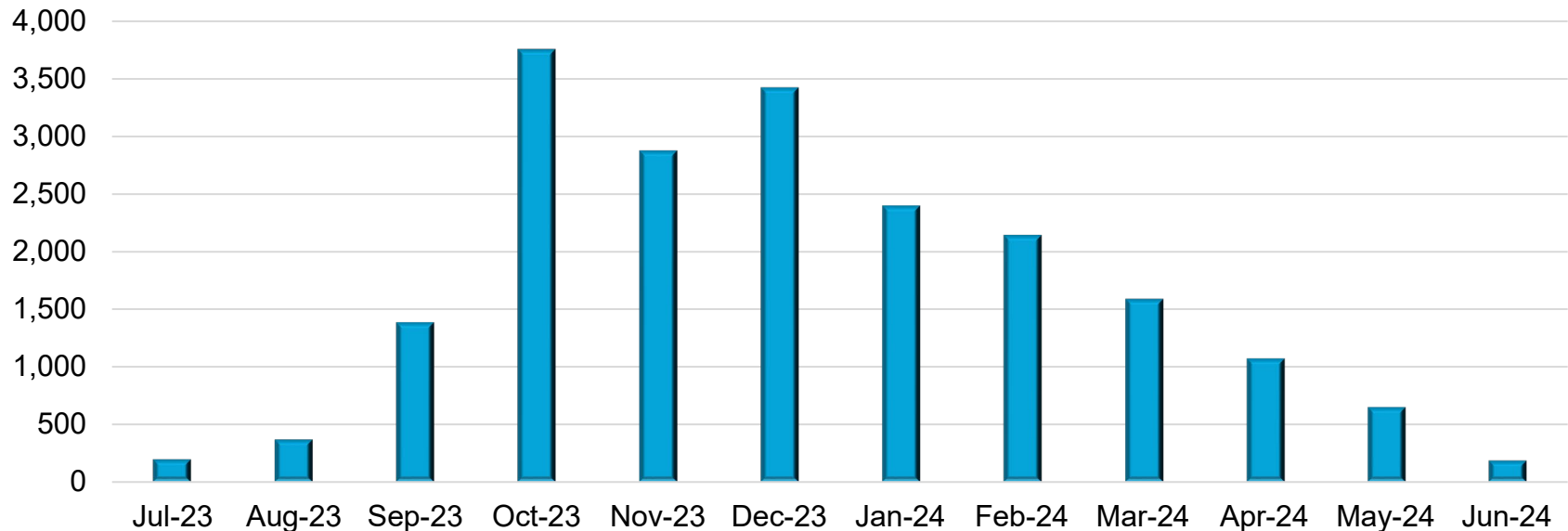
- A large backlog of Alliance/ICP renewals and applications had been processed by DHS as of May 2023, but large numbers of beneficiaries are coming due again starting in October.

- Given the large number of Medicaid renewals that are pending, which will continue to grow in coming months, DHCF is considering options for redistributing some of the Alliance/ICP renewals currently due in October through December 2023 to fall later in 2024. The uneven distribution of recertification dates is attributable in part to a policy change that now allows Alliance renewals to be annual rather than every six months.

Since Alliance and ICP Redeterminations Restarted In August 2022, Enrollment Levels Have Dropped Significantly And Are More Aligned To Historical Levels

Alliance & ICP Enrollment by Month, Pre-PHE (2019) and Post-Restart of Redeterminations (First Renewals Due August 2022)
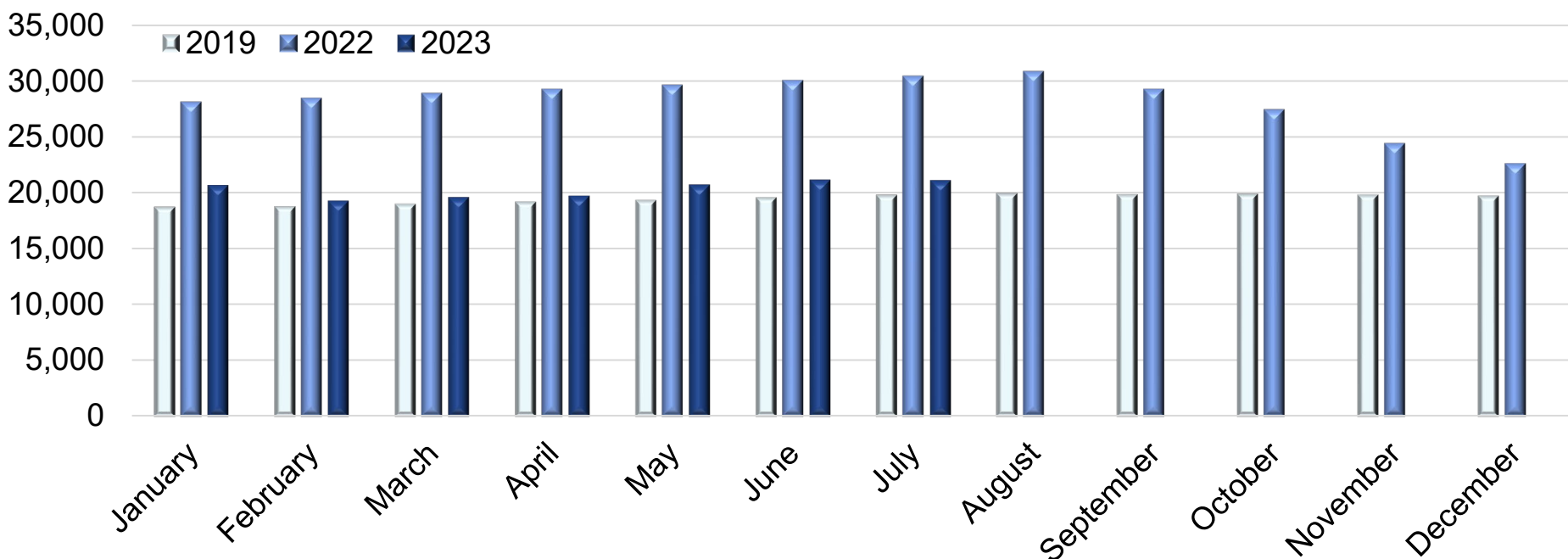
- Alliance/ICP enrollment peaked in August 2022, at nearly 31,000 beneficiaries. Decreases since that time are attributable to a restart of eligibility redeterminations.

- Enrollment is approximately 21,000 as of July 2023. Growth is expected to continue in the future but is not projected to reach levels seen during the PHE.

Source: DHCF Medicaid Management Information System data extracted July 18, 2023.

The Medicaid Renewal Report Will Be Issued Monthly Going Forward

☐ **All Medicaid Renewal reports, and more renewal information is on the Medicaid Renewals website at:** https://dhcf.dc.gov/medicaid-renewal

The End