



Medicaid And Alliance Recertification Outcomes

(Reporting Period April to October 2023)

Department of Health Care Finance

November 2023
Washington DC

Report Outline

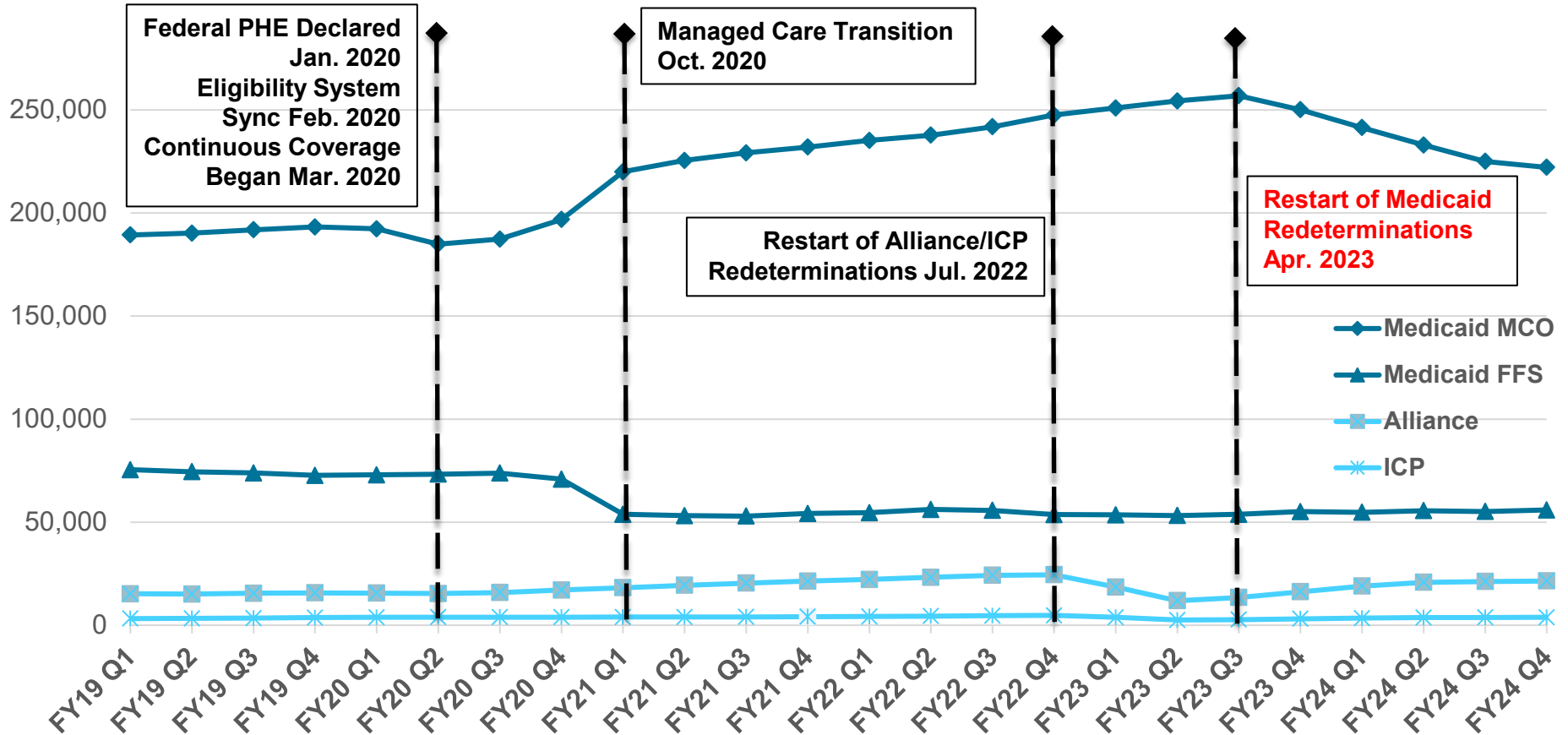
- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

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 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

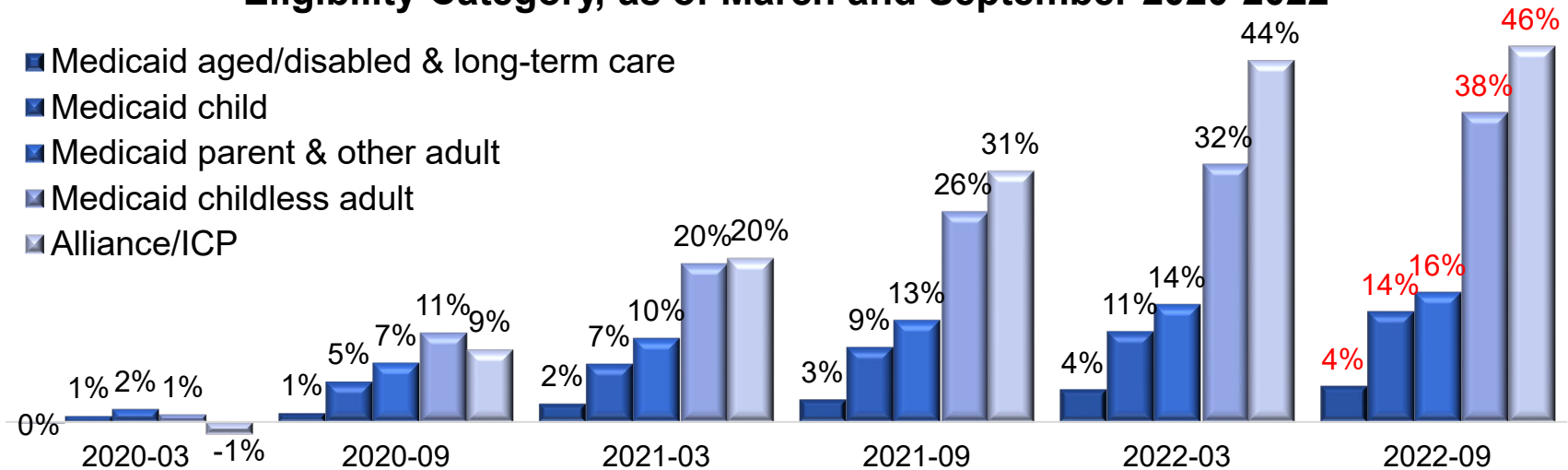


Source: DHCF Medicaid Management Information System data and budget projections as of March 2023.

Note: Projections were developed prior to the April 2023 restart of Medicaid redeterminations. They do not account for actual experience to date (e.g., extensions of eligibility and redetermination pauses for certain groups). Managed care organization (MCO) figures on this chart exclude Medicare dual eligible special needs plan (D-SNP) coverage, which is reflected in the fee-for-service (FFS) category.

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



- Enrollment increased for all, but growth was highest for Medicaid childless adult and Alliance/ICP beneficiaries.
- For example, by September, 2022, Alliance/ICP enrollment was 46% higher than its pre-PHE (February, 2020) level. Growth peaked at 54% in August, 2022 and then began shrinking due to the restart of Alliance/ICP redeterminations.
- As of September, 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 are 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 60 days prior 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 30 days prior to certification end date.
- ❑ Non-MAGI Medicaid beneficiaries include persons who are age 65+, blind, or persons 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 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.
- ❑ 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

- ❑ For May through October overall, more than three-quarters of Medicaid beneficiaries are re-enrolled or have a renewal pending.
 - For June through October, people with disabilities and those age 65+ received one-month extensions to allow for additional response time. Response during the 30-day extension period and the overall 90-day grace period for each group has been relatively low, but DHCF will continue monitoring these beneficiaries to inform strategy going forward.
 - July, August, and October renewal rates are impacted by the high number of beneficiaries who were kept enrolled during the public health emergency – the so-called “PHE group”. These individuals had income or other changes that made them appear ineligible and are therefore unlikely to renew passively. May, June, and September included very few PHE beneficiaries.
 - October includes many Supplemental Security Income (SSI) beneficiaries. These individuals, who have disabilities or are age 65+, are automatically extended based their receipt of SSI.
- ❑ Aside from SSI beneficiaries, 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 cohorts due in July or earlier has ended and these beneficiaries must now submit a new application to reactivate benefits.
 - Approximately one in three beneficiaries due through July responded during their grace period. Grace period responses for those due in August and later will increase until their 90-day period runs out.
- ❑ Approximately three-quarters 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.

DHCF Continues 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.
 - Evening and weekend Beneficiary Town Halls (learn how to check coverage status, update address, renew Medicaid, and open Q&A).
 - Bi-weekly stakeholder community calls.
 - Managed care organizations' efforts to contact their members.

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

- ❑ Identify / apply **new strategies** to improve response rates
 - For example, reports through the CRISP DC Health Information Exchange (HIE) that allow FQHCs and other providers to identify beneficiaries in their patient panel with upcoming redeterminations.
 - Flexibilities announced by CMS.

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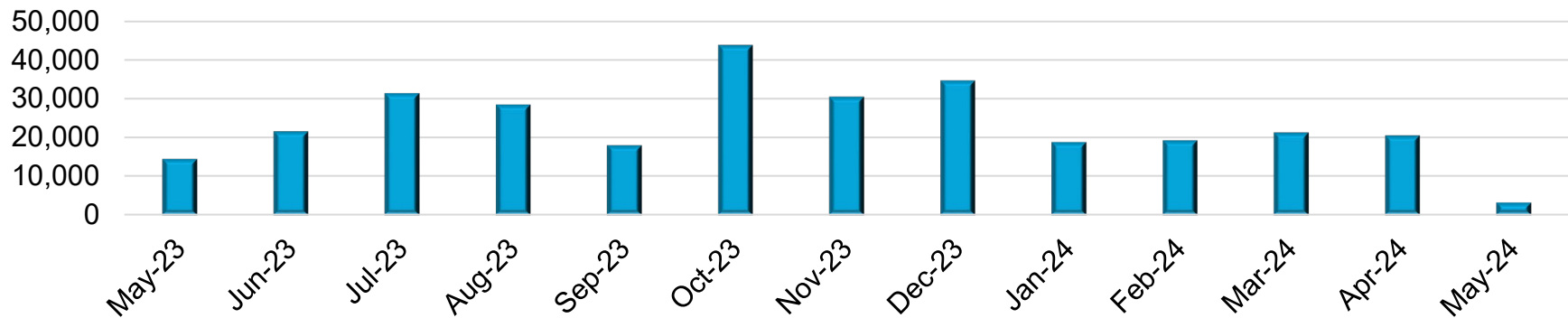
Monthly Redetermination Report Content and Timing

- ❑ This report summarizes data available at <https://dhcf.dc.gov/eligibilitydashboard>, but also provides additional detail on issues that include: data on the characteristics of Medicaid beneficiaries whose coverage has been renewed; information on those who have not responded to a renewal; and data on the length of time that pending renewals have been in process.

- ❑ Most of the information presented here reflects data as of November 20.
 - ❑ Detailed renewal outcomes largely focus on groups due in May through October. Outcomes for those due in later months are presented at a high level, but they are incomplete because beneficiaries have not yet reached their recertification dates.
 - ❑ Reports for all months are at: <https://dhcf.dc.gov/medicaid-renewal>.

The Recertification Dates For Medicaid Enrollees Have Been Staggered To Facilitate Orderly Processing By Government Intake Staff

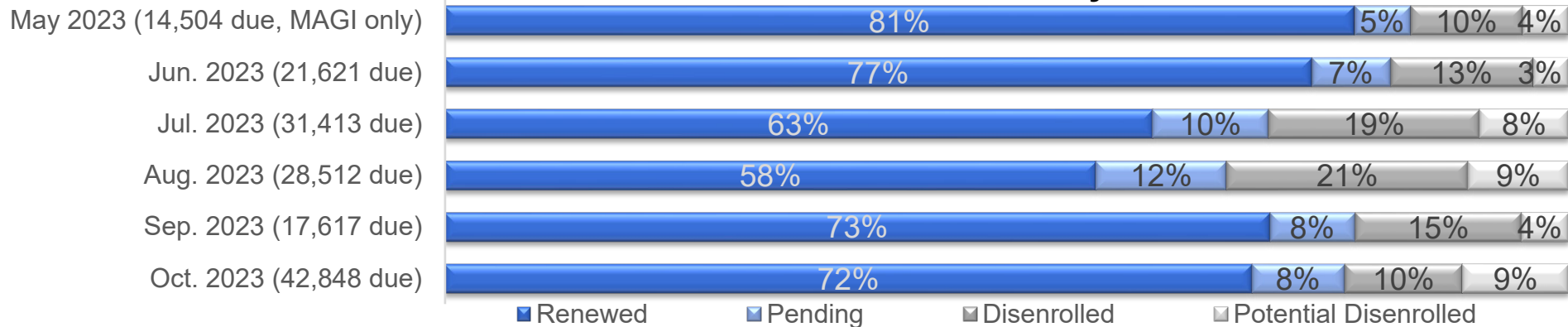
Medicaid Population By Recertification Date During The Unwinding Period



- 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).
- Approximately three-quarters of District Medicaid beneficiaries have had a renewal initiated to date. As shown on slides that follow, this includes all individuals due to renew by the end of December and a subset of those due in January.

More Than Three-Quarters of Medicaid Beneficiaries Due Are Re-Enrolled or Have a Renewal Pending

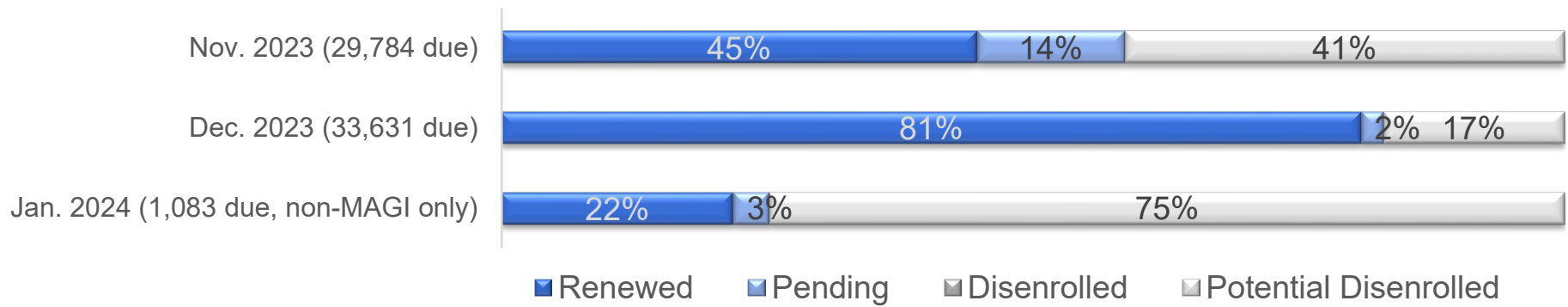
Renewal Outcomes to Date for Beneficiaries Due in May – October



- 80% or more of beneficiaries due in May, June, September, and October are renewed or pending. 70% or more for July and August are renewed or pending. For May through October overall, more than three-quarters are re-enrolled or pending.
- Lower July and August rates are due in part to a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible and therefore unlikely to renew passively (i.e., no beneficiary response required). 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 October, the “Potential Disenrolled” category includes approximately 10,000 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 October, it also includes approximately 1,200 people with disabilities and those age 65+ (i.e., non-MAGI) who received one-month extensions through November to allow additional response time (earlier non-MAGI extensions have expired). For more information, see DHCF’s Medicaid renewal meeting materials for 10/25/2023 [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 in October for those due in July. Beyond the grace period, individuals must submit a full application to reactivate their coverage.

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

Renewal Outcomes to Date for Beneficiaries Due in November – January



- For beneficiaries due in November, which is the last month to include a substantial number of PHE individuals who are unlikely to passively renew, nearly 60% are renewed or pending.
- More than 80% of beneficiaries due in December 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 this month.
- January 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 January will receive renewal notices by December 1.
- As noted earlier, DHCF is pausing terminations for non-disabled (i.e., MAGI) children under age 21 to ensure compliance with federal “ex parte” rules governing passive renewals, including 3,900 due in November. They will remain in the “Potential Disenrolled” category past their recertification date during the pause. For November, this category also includes approximately 3,900 people with disabilities and those age 65+ (i.e., non-MAGI) who will receive one-month extensions through December if they have not responded by their due date. For more information, see DHCF’s Medicaid renewal meeting materials for 11/8/2023 [here](#).
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Source: DHCF eligibility system data extracted November 20, 2023.

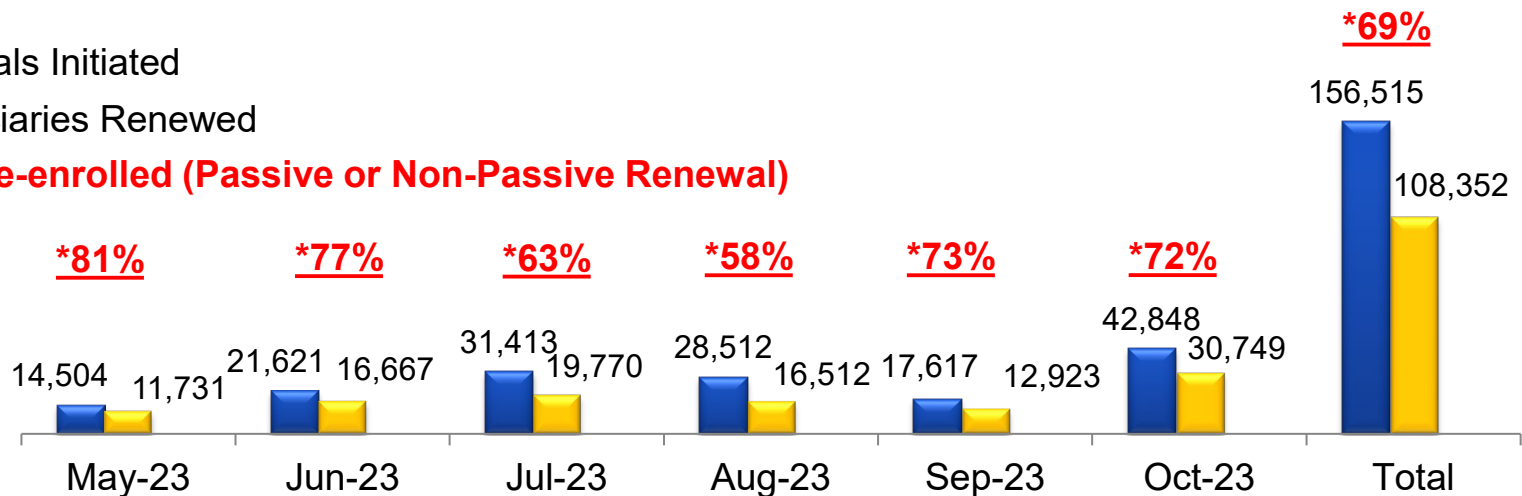
Since The Recertification Process Was Initiated, More Than Two-Thirds of Medicaid Enrollees For Whom The Process Has Started Have Re-enrolled

Medicaid Beneficiaries Renewed, By Month Certification Is Due

■ Renewals Initiated

■ Beneficiaries Renewed

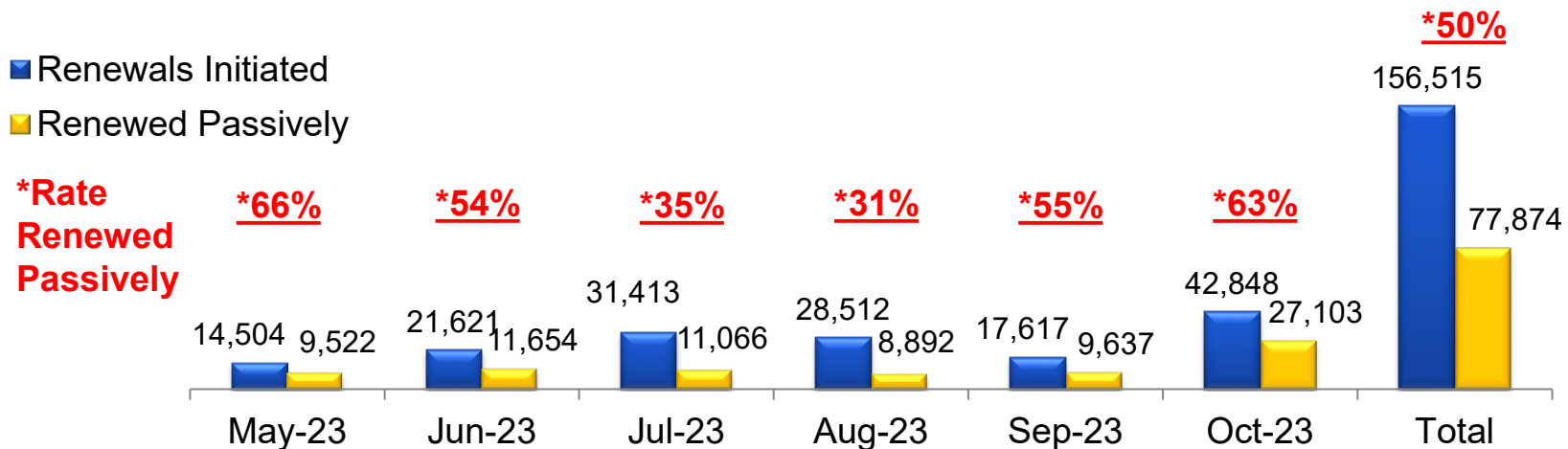
***Rate Re-enrolled (Passive or Non-Passive Renewal)**



- 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 figures for all months will increase as responses are received during the 90-day grace period. The 90-day grace period ended in August for the beneficiaries due in May, in September for the beneficiaries due in June, and in October for those due in July. They will need to submit a full application to re-apply for coverage.
- July, August, and October include beneficiaries (approximately 10,000 for each month) who were kept enrolled during the PHE but had income or other changes that made them appear ineligible. This group is unlikely to renew passively and is expected to suppress renewal rates in the months that they are included.

Half of Beneficiaries Have Renewed Passively Since The Process Was Launched In April 2023

Medicaid Beneficiaries Renewed Passively, By Month Certification Is Due



- 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, August, and October include beneficiaries (approximately 10,000 for each 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. If these beneficiaries are excluded from the calculation, the passive renewal rates for July and August are closer to May and June (52% for July and 49% for August). September includes very few PHE beneficiaries. October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.

Overall and Passive Renewal Rates Vary By Eligibility Group

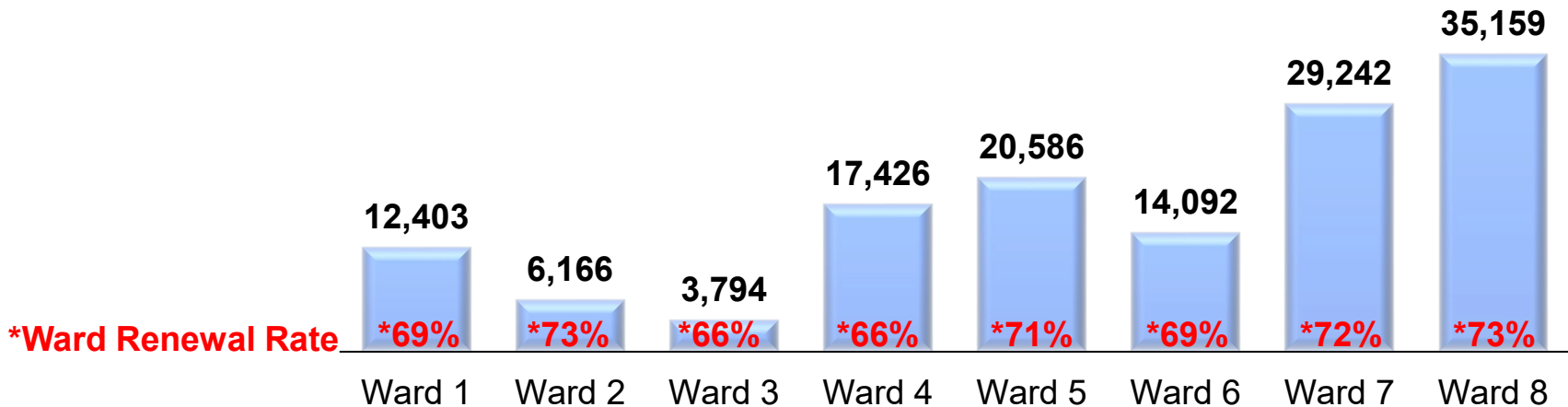
Medicaid Beneficiaries Renewed or Pending to Date, by Eligibility Group for Those Due in May – October

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Beneficiaries Pending	Renewed Percent Of Initiated Total	Passive Percent Of Initiated Total	Pending Percent Of Initiated Total
Medicaid Childless Adult	52,659	36,519	30,307	3,433	69%	58%	7%
Medicaid Children	51,299	34,496	21,697	4,986	67%	42%	10%
Medicaid Parents and Other Adults	20,911	14,261	8,621	2,342	68%	41%	11%
Aged/Disabled and Long-Term Care	31,646	23,076	17,249	2,960	73%	55%	9%
Total	156,515	108,352	77,874	13,721	67%	50%	9%

- For June through October, people with disabilities and those age 65+ (i.e., non-MAGI) received one-month extensions to allow for additional response time. Most non-MAGI beneficiaries must submit information needed to determine their eligibility and therefore cannot be renewed passively. However, the “Aged/Disabled and Long-Term Care” eligibility group for October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. They will also increase after eligibility system updates are completed in early 2024 to redetermine eligibility for 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.

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 – October



- The total number of beneficiaries with a renewal initiated for a recertification due in May – October 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.
- While renewal rates are largely similar across wards, differences may be driven by varying population characteristics (see following slide).

Source: DHCF eligibility system data extracted November 20, 2023.

Note: Excludes beneficiaries not currently mapped to a ward (e.g., due to having a non-standard address format).

Characteristics of Population with Renewal Initiated Vary By Ward

Medicaid Beneficiaries with Renewal Initiated to Date, by Eligibility Group and Ward for Those Due in May – October

Eligibility Group	Within Each Ward, Beneficiaries with Renewal Initiated Total and Eligibility Group Percent of Total							
	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Medicaid Childless Adult	36%	38%	52%	32%	35%	39%	33%	30%
Medicaid Children	36%	30%	20%	41%	33%	27%	34%	37%
Medicaid Parents and Other Adults	12%	6%	10%	14%	13%	12%	16%	17%
Aged/Disabled and Long-Term Care	17%	25%	19%	14%	19%	23%	17%	16%
Total	12,403	6,166	3,794	17,426	20,586	14,092	29,242	35,159

- Of those in Wards 2, 3, and 6 with a Medicaid renewal initiated, childless adults and people who have disabilities or are age 65+ make up more than 60% of the total. Children reflect less than a third of the total.
- In contrast, the child percentage in other wards ranges from 33% (Ward 5) to 41% (Ward 4).

Source: DHCf eligibility system data extracted November 20, 2023.

Note: Excludes beneficiaries not currently mapped to a ward (e.g., due to having a non-standard address format). May not sum to 100% due to rounding.

Passive Renewals Account For More Than 70% Of Successful Medicaid Recertifications

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

Eligibility Group	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Passive Percent Of Renewed Total
Medicaid Childless Adult	36,519	30,307	83%
Medicaid Children	34,496	21,697	63%
Medicaid Parents and Other Adults	14,261	8,621	60%
Aged/Disabled and Long-Term Care	23,076	17,249	75%
Total	108,352	77,874	72%

- Most people with disabilities and those age 65+ (i.e., non-MAGI) must submit information needed to determine their eligibility and therefore cannot be renewed passively. However, the “Aged/Disabled and Long-Term Care” eligibility group for October includes approximately 17,000 Supplemental Security Income (SSI) beneficiaries who renewed passively based on their receipt of SSI.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. They will also increase after eligibility system updates are completed in early 2024 to redetermine eligibility for 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.

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 – October

Month Due	Beneficiaries with Response to a Non-Passive Renewal	Responded During Grace Period	Grace Period Percent of Response Total
May 2023	3,014	943	31%
June 2023	6,888	2,020	29%
July 2023	13,377	4,062	30%
August 2023	12,364	3,253	26%
September 2023	4,800	892	19%
October 2023	8,006	1,074	13%
Total	39,031	12,244	31%

- The 90-day grace period for all beneficiaries due in July or earlier has concluded.
- 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 and June. However, those due in September have less than a month of grace period experience to date and responses will continue to increase in the coming months.

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 – October

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	52,659	22,352	11,194	21%	50%
Medicaid Children	51,299	29,602	10,091	20%	34%
Medicaid Parents and Other Adults	20,911	12,290	3,622	17%	29%
Aged/Disabled and Long-Term Care*	31,646	14,397	5,285	17%	37%
Total	156,515	78,641	30,192	21%	38%

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

* These beneficiaries had their first renewals due in June. Individuals are shown here under their original June through October due dates, but one-month extensions (from July through November) were provided to allow for additional response time.

Source: DHCF eligibility system data extracted November 20, 2023.

Persons Who Enrolled In Medicaid During The Pandemic Have A Higher Non-Response Rate

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	74,381	35,276	15,087	20%	43%
Female	82,134	43,365	15,105	18%	35%
Service Use:					
Within Past Year	124,908	63,188	19,781	16%	31%
More Than A Year Ago	31,607	15,453	10,411	33%	67%
Service Delivery:					
Managed Care	138,685	68,184	25,473	18%	37%
Fee-For-Service	17,830	10,457	4,719	26%	45%
Ward:					
1	12,403	6,216	2,578	21%	41%
2	6,166	2,502	1,227	20%	49%
3	3,794	1,967	960	25%	49%
4	17,426	9,428	3,901	22%	41%
5	20,586	9,880	3,837	19%	39%
6	14,092	7,056	2,720	19%	39%
7	29,242	14,315	4,657	16%	33%
8	35,159	16,800	5,453	16%	32%
Earliest Year Enrolled:					
2022 or Later	8,886	4,929	1,943	22%	39%
2021	7,791	4,687	2,282	29%	49%
2020	8,653	5,097	2,656	31%	52%
2019 or Earlier	131,185	63,928	23,311	18%	36%

Source: DHCF eligibility system data extracted November 20, 2023 and DHCF Medicaid Management Information System data extracted November 19, 2023.

Note: Excludes a small number of beneficiaries with characteristics in unknown or other categories not shown.

Non-MAGI Response During 30-Day Extension and 90-Day Grace Period Has Been Relatively Low

- ❑ For people with disabilities and those age 65+ (i.e., non-MAGI) due in June through **October**, DHCF has provided one-month coverage extensions to allow for additional response time.
 - Qualified Medicare Beneficiaries (QMBs), whose coverage is limited to payment of Medicare premiums and cost sharing, have reflected the largest group with no response for these months.
 - Non-response may be due to a variety of factors. For example, many non-responding beneficiaries are not actively using their Medicaid coverage. Some may be living outside of the District or deceased.
 - For additional information on the characteristics of non-MAGI beneficiaries receiving one-month extensions, see the following DHCF Medicaid renewal community meeting presentations [here](#): 10/25/23; 9/27/2023; 8/30/2023; 8/2/2023; and 6/21/2023.
- ❑ Non-MAGI response during the 30-day extension and the overall 90-day grace period for each group has been relatively low. For example:
 - Nearly 900 non-MAGI beneficiaries originally due in June were extended through July and nearly 800 non-MAGI beneficiaries originally due in July were extended through August. Under 250 beneficiaries responded during the grace period in each cohort.
 - Approximately 2,000 non-MAGI beneficiaries originally due in August were extended through September. Approximately 460 have responded to date and their grace period will end in November.
 - Approximately 2,000 non-MAGI beneficiaries originally due in September were extended through October; approximately 350 have responded to date and their grace period will end in December.
 - Approximately 1,400 non-MAGI beneficiaries originally due in October were extended through November; approximately 170 have responded to date and their grace period will end in January.
 - Those due in November will also be extended through December. DHCF will continue monitoring these beneficiaries through the 90-day grace period and beyond to inform strategy going forward.

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 – October

Eligibility Group	Beneficiaries with Renewal Initiated Total	Determined Ineligible	Determined Ineligible Percent of Initiated Total
Medicaid Childless Adult	52,659	1,513	3%
Medicaid Children	51,299	1,726	3%
Medicaid Parents and Other Adults	20,911	686	3%
Aged/Disabled and Long-Term Care	31,646	325	1%
Total	156,515	4,250	3%

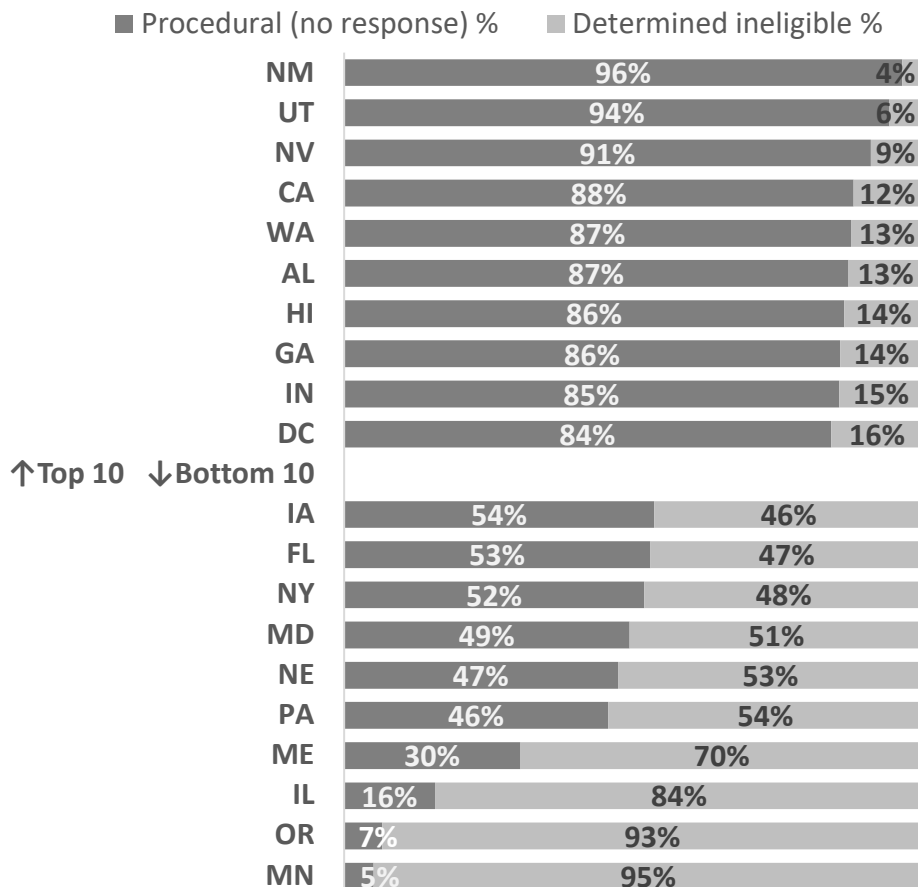
- The percent of persons who have been determined ineligible remains low. However, it has increased over time as more “PHE beneficiaries” are initiated and as more renewal forms are returned and processed.
- Of note, however, this number excludes those who are procedurally terminated because they have not responded. When both groups are considered (see following slide), the percentage losing coverage increases.

Most Beneficiaries Losing Coverage in the District Had No Renewal Response

Among District Medicaid beneficiaries due in May-September who had lost coverage as of October 23 (before DC's latest dashboard update in November), 84% were due to non-response. This is referred to as a procedural termination rate.

This rate relatively high 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.

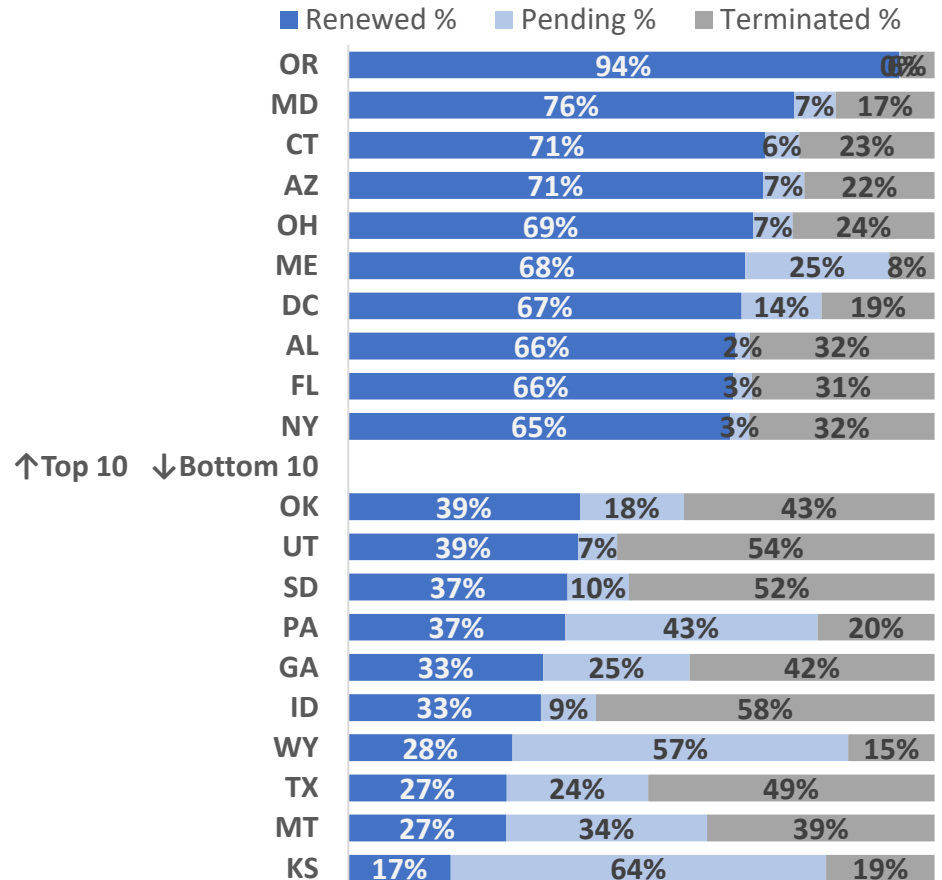
Of Medicaid Disenrollments, Top 10 and Bottom 10 States by Percentage Terminated for Procedural Reasons



Renewal Rates in the District Are High Relative to Many Other States

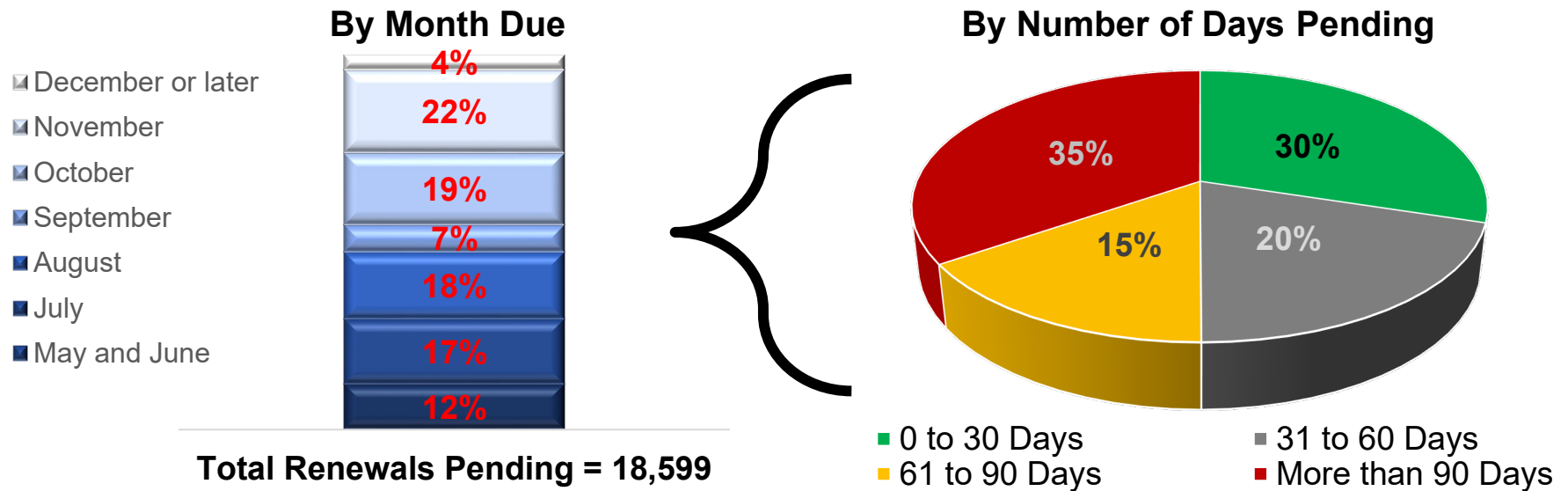
- ❑ DC currently has among the highest overall and passive renewal rates in the nation.
- ❑ For example, 67% of DC Medicaid beneficiaries due in May-September had renewed as of October 23 (before DC's latest dashboard update in November).
 - DC ranked 7th highest out of 45 states with data for the overall renewal rate (see chart at right).
 - DC also ranked 9th highest for the rate of passive renewals (data not shown).
 - A variety of factors contribute to variation across states, including differences in the groups being targeted for early renewals as well as differences in renewal policies and system capacity.

Of Medicaid Renewals Due, Top 10 and Bottom 10 States by Percentage Renewed



About One Third of Pending Renewals Have Been In Process For 30 Days Or Less

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



- 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.

Note: DHCF eligibility system data extracted November 20, 2023. Totals may not sum to 100% due to rounding. A small number of pending renewals with an unknown received date are excluded from the pie chart. Increases in pending since the August redetermination report are attributable to an increase in returned renewal forms and a change in the method for counting pending.

Childless Adults Have The Highest Disenrollment Rate To Date

Medicaid Beneficiaries Disenrolled and Potentially Disenrolled to Date, by Eligibility Group for Those Due in May – October

Eligibility Group	Beneficiaries with Renewal Initiated Total	Beneficiaries Disenrolled	Potentially Disenrolled	Disenrolled Percent of Initiated Total	Potentially Disenrolled Percent of Initiated Total
Medicaid Childless Adult	52,659	12,699	0	24%	0%
Medicaid Children	51,299	1,881	9,968	4%	19%
Medicaid Parents and Other Adults	20,911	4,284	0	20%	0%
Aged/Disabled and Long-Term Care	31,646	4,427	1,183	14%	4%
Total	156,515	23,291	11,151	15%	7%

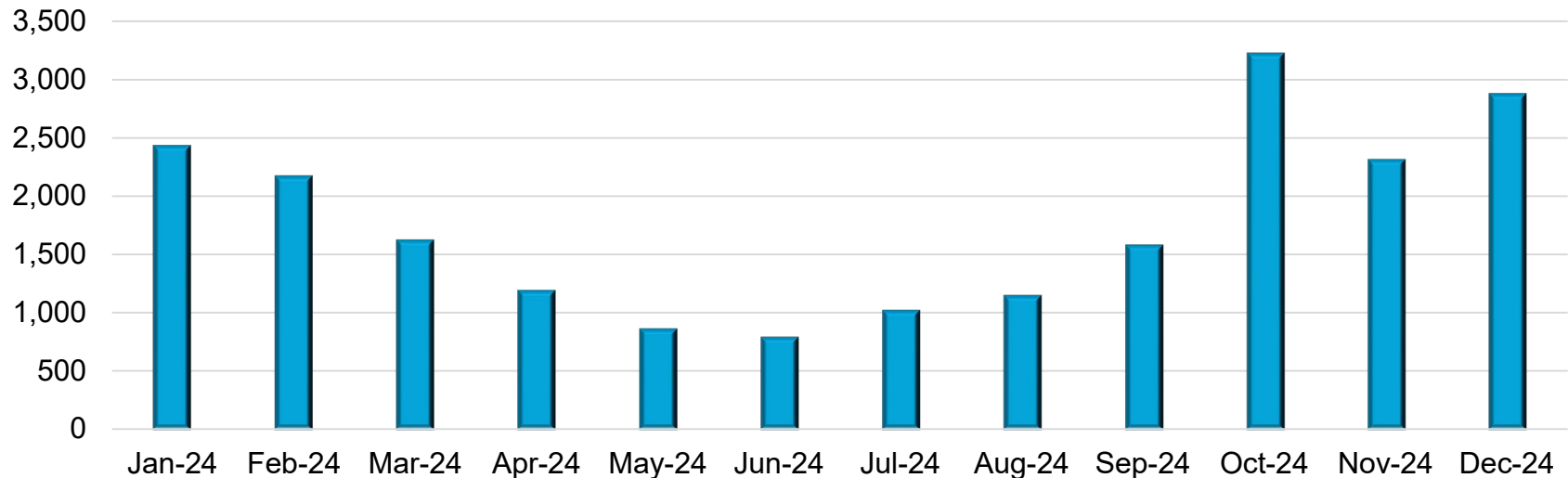
- The rate of disenrollment has varied by eligibility group. Childless adults are most likely to be disenrolled.
- Potentially disenrolled children are those with no renewal response, who currently remain covered. They will be re-determined when eligibility system updates are completed in early 2024 to comply with federal “ex parte” rules for passive renewals, at which point some could be disenrolled.
- Potentially disenrolled aged/disabled and long-term care beneficiaries are those who received a one-month extension from October to November 2023. They will be disenrolled on November 30, 2023 if they have not responded.

Report Outline

- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

Distribution Of Alliance And ICP Renewals Is More Uneven Than Medicaid

Current Alliance & ICP Population By Recertification Date

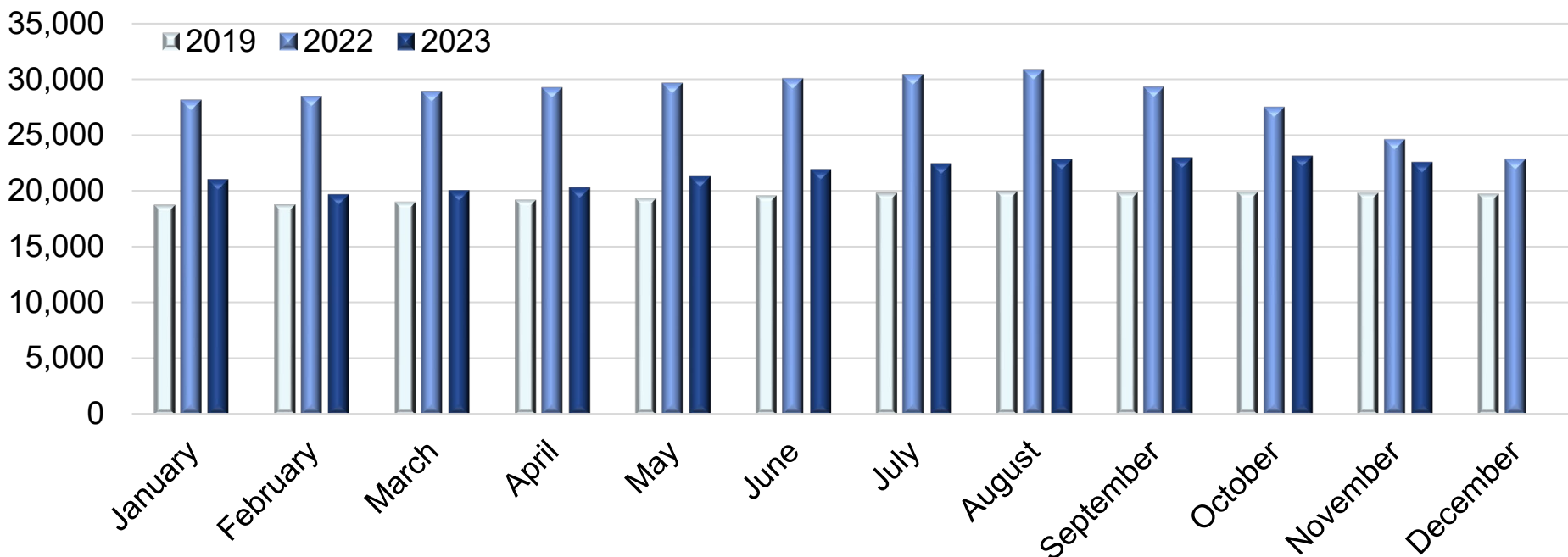


- The uneven distribution of recertification dates for this population is attributable in part to a policy change implemented in FY 2023 that now allows Alliance renewals to be annual rather than every six months.
- Given the large number of Medicaid renewals that are pending, which will continue to grow in coming months, DHCF is considering options for a future redistribution of Alliance/ICP renewals.

Source: DHCF Medicaid Management Information System data extracted November 19, 2023. Note: Limited to months for which renewals have not yet been initiated for all beneficiaries.

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 22,500 as of November 2023. Growth is expected to continue in the future but is not projected to reach levels seen during the PHE.

This Report Is Issued Monthly

- Additional information will be included in this monthly report over time.
- All Medicaid renewal reports, and more renewal information is available at: <https://dhcf.dc.gov/medicaid-renewal>.