



Medicaid And Alliance Recertification Outcomes

(Reporting Period April to July 2023)

Department of Health Care Finance

August 2023
Washington DC

Report Outline

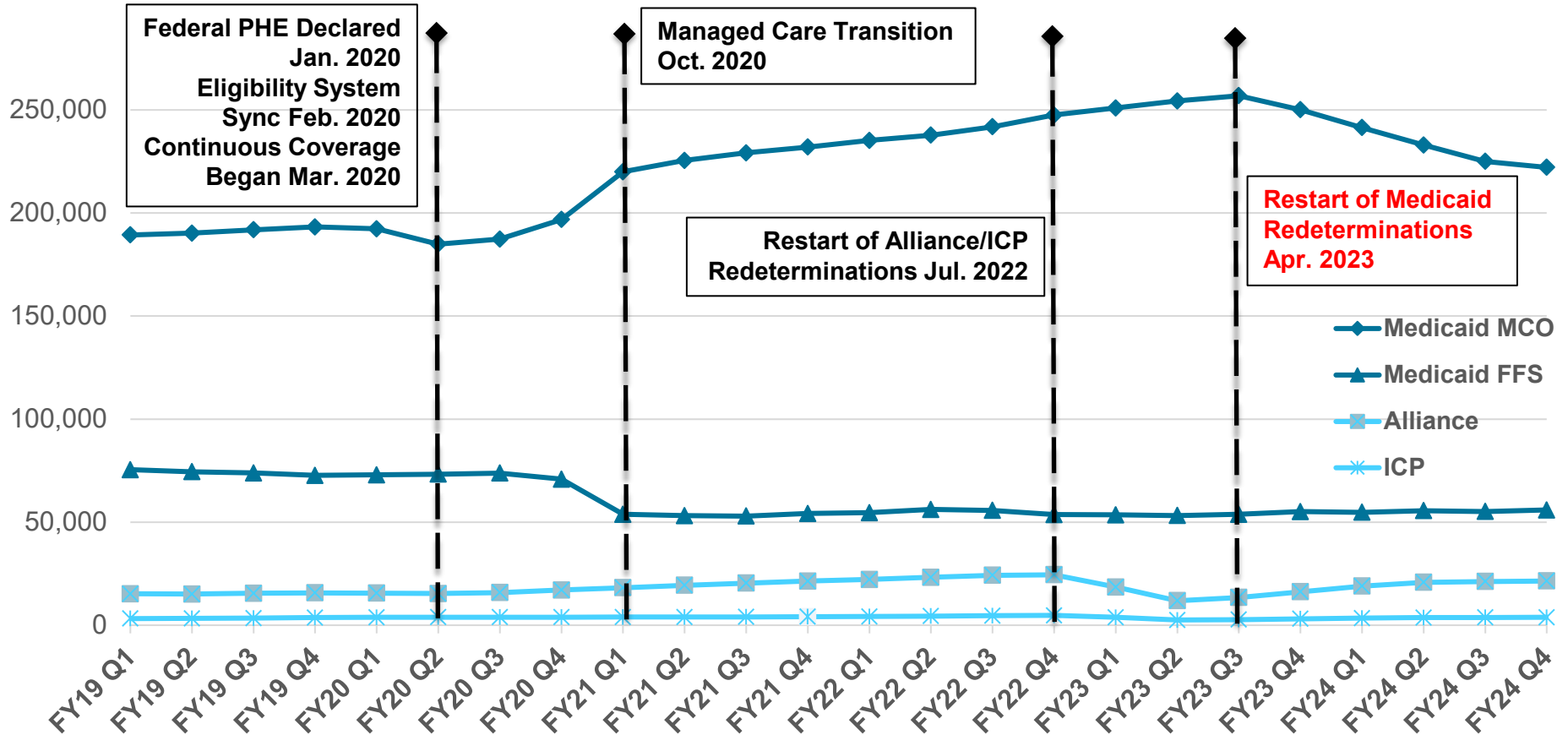
- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

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

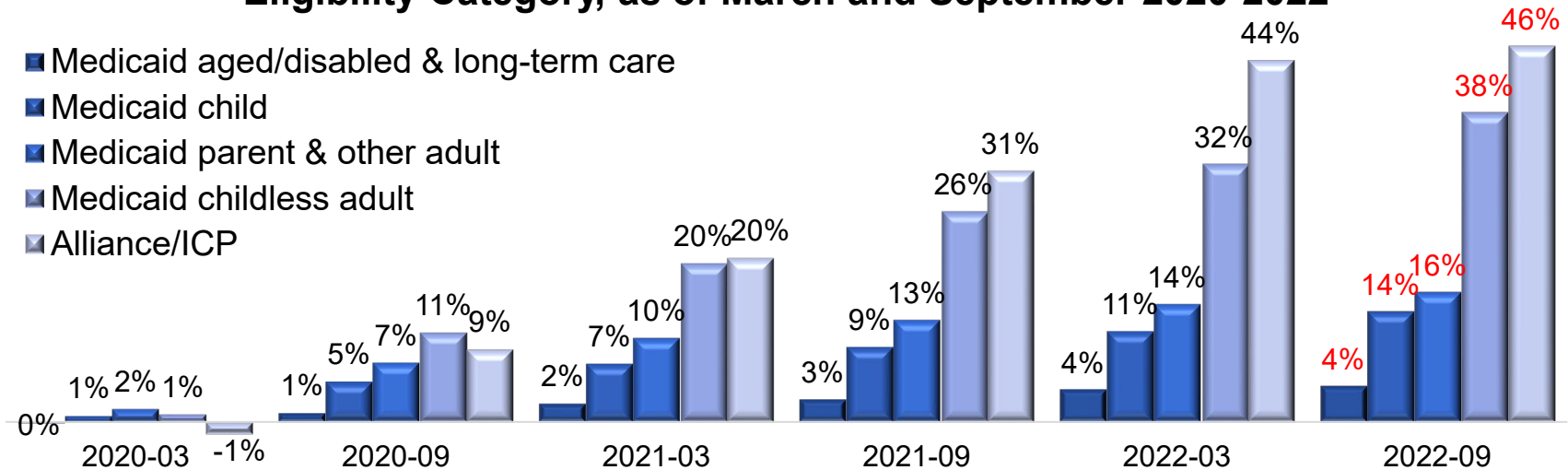


Source: DHCF Medicaid Management Information System data and budget projections as of March 2023.

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 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 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 (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 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.

Report Outline

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

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, more than 60% are renewed or pending.
 - For both June and July, people with disabilities and those age 65+ received one-month extensions to allow for additional response time.
 - Passive renewals (i.e., no beneficiary action required) increased in July due to an eligibility system update.
 - Even after the system update, July renewals remain lower than May and June due to a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency. These individuals had income or other changes that made them appear ineligible and therefore unlikely to renew passively.
- ❑ 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 that follows a beneficiary’s recertification date.
 - The grace period for the May cohort ends August 31. From September forward, this cohort will be required to submit a new application to reactivate their benefits.

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.
 - 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.

Report Outline

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

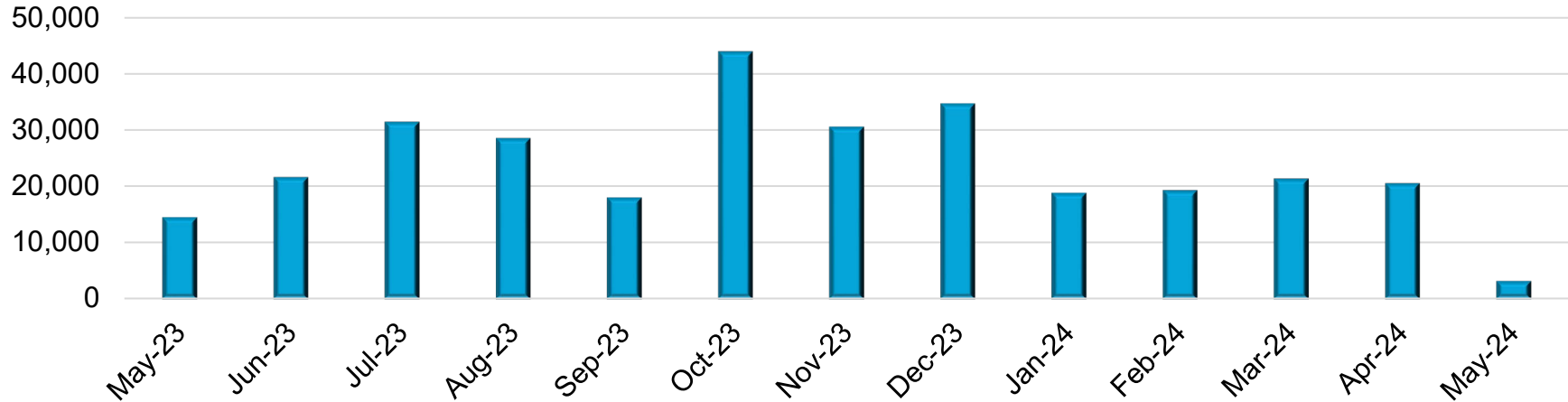
Monthly Redetermination Report Content and Timing

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

- ❑ Most of the information presented here reflects data as of August 11.
 - ❑ Detailed renewal outcomes largely focus on groups due in May through July. 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.
 - ❑ A previous July 2023 report release is available at: <https://tinyurl.com/RedeterminationReportJuly2023>.
 - ❑ 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

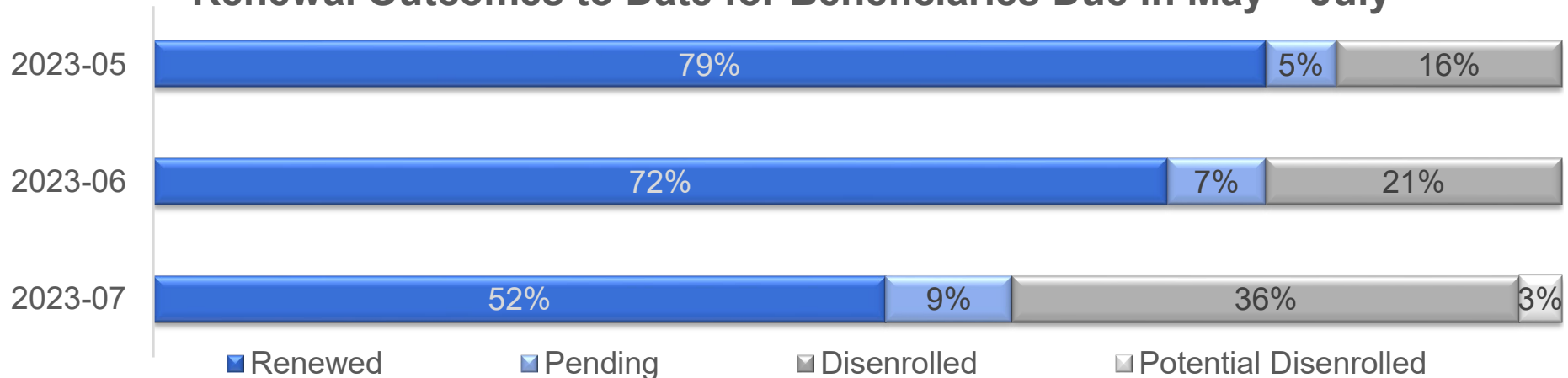
Medicaid Population By Recertification Date During The Unwinding Period



- 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).

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

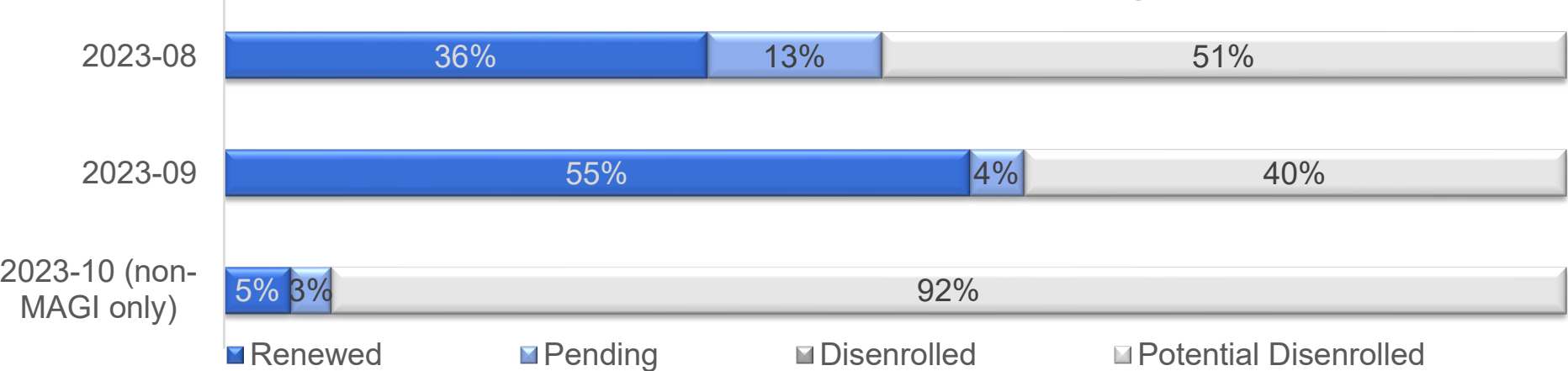
Renewal Outcomes to Date for Beneficiaries Due in May – July



- More than 80% of beneficiaries due in May and nearly 80% due in June are renewed or pending.
- For July, more than 60% are renewed or pending. The lower rate is 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).
- For both June and July, people with disabilities and those age 65+ received one-month extensions to allow for additional response time. The 3% “Potential Disenrolled” for July reflects the extensions through August.
- Renewal figures for all months will increase as responses are received during the 90-day grace period. The 90-day grace period will end in August for the beneficiaries due in May and they will need to submit a full application to re-apply for coverage at that time.

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

Renewal Outcomes to Date for Beneficiaries Due in August – October

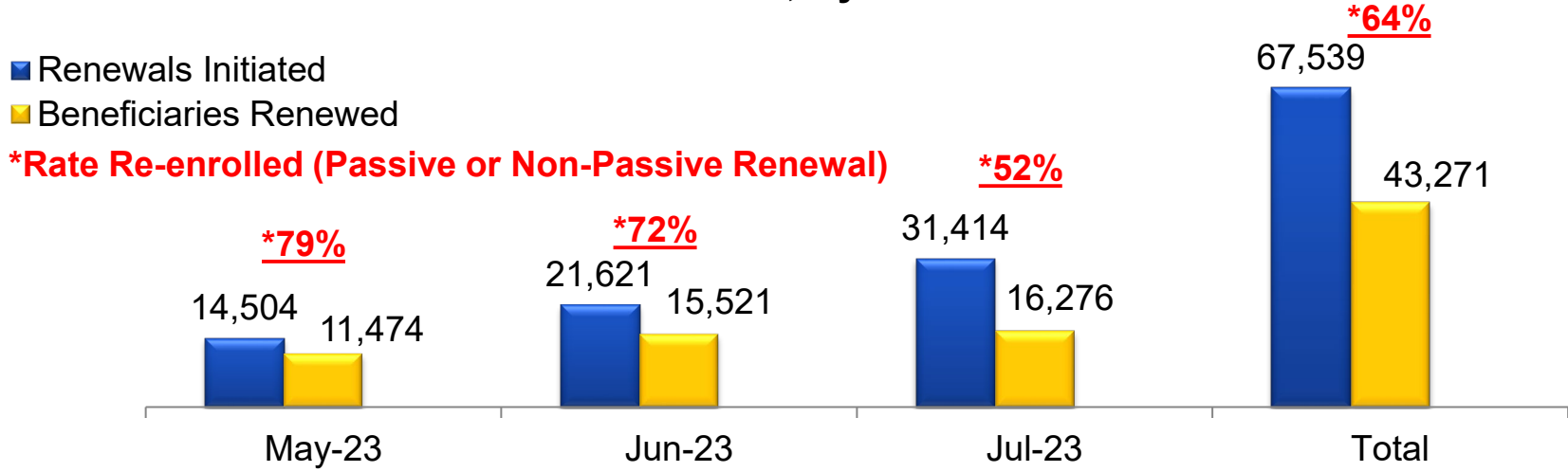


- For beneficiaries due in August, about half are renewed or pending. As with July there are a large number of “PHE beneficiaries” who were kept enrolled during the public health emergency (see previous slide).
- For September, nearly 60% are renewed or pending. Renewal rates are higher in part because there are few PHE beneficiaries due in this month.
- October 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 who are due in October will receive renewal notices by September 1.
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Source: DHCF eligibility system data extracted August 11, 2023.

Since The Recertification Process Was Initiated, Nearly Two-Thirds Of Medicaid Enrollees For Whom The Process Has Started Have Been Re-enrolled

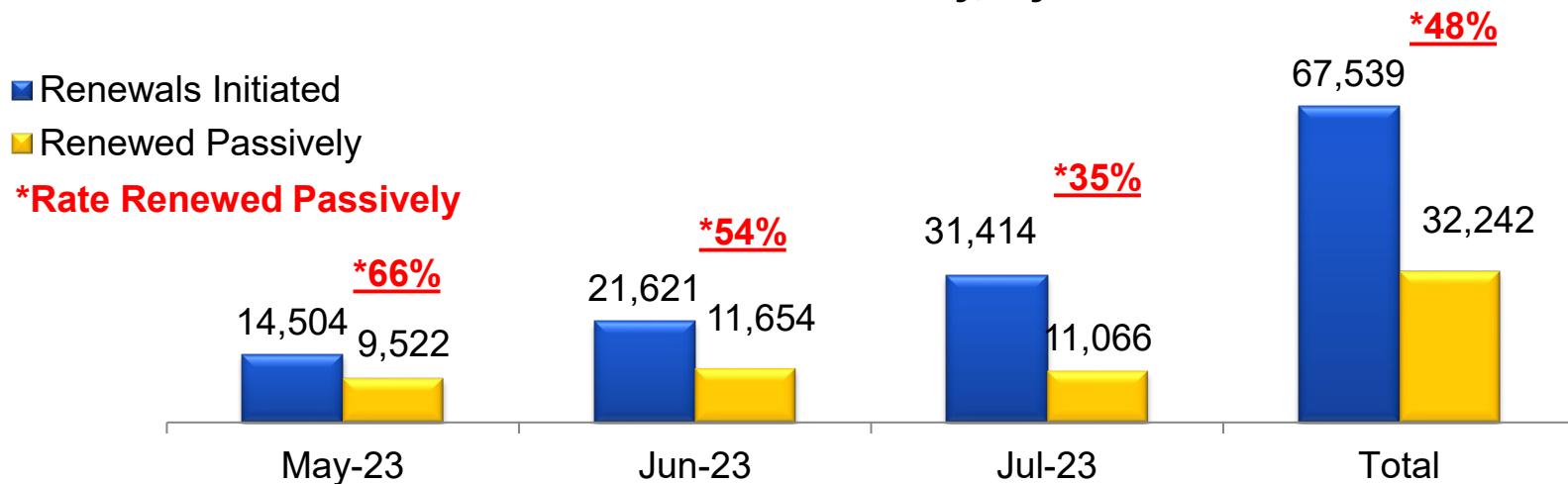
Medicaid Beneficiaries Renewed, By Month Certification Is Due



- 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 will end in August for the beneficiaries due in May and they will need to submit a full application to re-apply for coverage at that time.
- After DHCF’s previous redetermination report was issued in July 2023, an eligibility system update increased the number of beneficiaries due in July who were passively renewed.

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

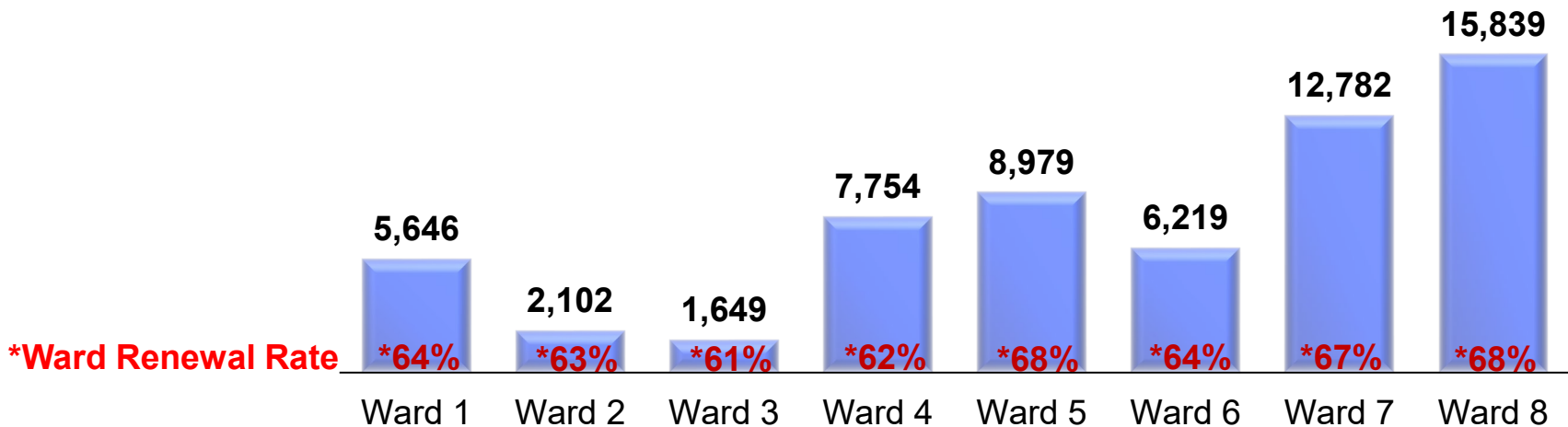
Medicaid Beneficiaries Renewed Passively, By Month Certification Is Due



- 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 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.
- After DHCF's previous redetermination report was issued in July 2023, an eligibility system update increased the number of beneficiaries due in July who were passively renewed.

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



- 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.
- 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 August 11, 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 – July

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	41%	56%	60%	35%	40%	44%	37%	35%
Medicaid Children	41%	23%	21%	45%	39%	33%	40%	43%
Medicaid Parents and Other Adults	14%	9%	10%	15%	16%	14%	18%	19%
Aged/Disabled and Long-Term Care	5%	12%	9%	5%	5%	9%	4%	3%
Total	5,646	2,102	1,649	7,754	8,979	6,219	12,782	15,839

- Of those in Wards 2 and 3 with a Medicaid renewal initiated, childless adults and people who have disabilities or are age 65+ make up more than two-thirds of the total. Children reflect less than a quarter of the total initiated.
- In contrast, the child percentage in other wards ranges from 33% (Ward 6) to 45% (Ward 4).

Source: DHCf eligibility system data extracted August 11, 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.

Overall and Passive Renewal Rates Vary By Eligibility Group

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

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	26,805	17,957	15,265	1,358	67%	57%	5%
Medicaid Children	25,671	16,678	11,826	1,831	65%	46%	7%
Medicaid Parents and Other Adults	10,773	7,104	4,987	996	66%	46%	9%
Aged/Disabled and Long-Term Care	4,290	1,532	164	898	36%	4%	21%
Total	67,539	43,271	32,242	5,083	64%	48%	8%

- After DHCF’s previous redetermination report was issued in July 2023, an eligibility system update increased the number of beneficiaries due in July who were passively renewed.
- For both June and July, 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.
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Passive Renewals Account For Three-Quarters 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	17,957	15,265	85%
Medicaid Children	16,678	11,826	71%
Medicaid Parents and Other Adults	7,104	4,987	70%
Aged/Disabled and Long-Term Care	1,532	164	11%
Total	43,271	32,242	75%

- After DHCF’s previous redetermination report was issued in July 2023, an eligibility system update increased the number of beneficiaries due in July who were passively renewed.
- 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.
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

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	26,805	11,540	6,825	25%	59%
Medicaid Children	25,671	13,845	6,485	25%	47%
Medicaid Parents and Other Adults	10,773	5,786	2,345	22%	41%
Aged/Disabled and Long-Term Care	4,290	4,126	1,714	40%	42%
Total	67,539	35,297	17,369	26%	49%

- After DHCF’s previous redetermination report was issued in July 2023, an eligibility system update increased the number of beneficiaries due in July who were passively renewed. As a result, renewals categorized as non-passive (i.e., those that require a beneficiary response) and no response decreased.
- No response figures for all months will decrease as renewals are received throughout the 90-day grace period.

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	31,375	15,917	8,553	27%	54%
Female	36,164	19,380	8,816	24%	45%
Service Use:					
Within Past Year	53,059	28,193	12,131	23%	43%
More Than A Year Ago	14,480	7,104	5,238	36%	74%
Service Delivery:					
Managed Care	63,720	31,847	15,638	25%	49%
Fee-For-Service	3,819	3,450	1,731	45%	50%
Ward:					
1	5,646	2,931	1,458	26%	50%
2	2,102	1,098	610	29%	56%
3	1,649	927	500	30%	54%
4	7,754	4,234	2,126	27%	50%
5	8,979	4,473	2,065	23%	46%
6	6,219	3,358	1,595	26%	47%
7	12,782	6,477	2,840	22%	44%
8	15,839	7,673	3,529	22%	46%
Earliest Year Enrolled:					
2022 or Later	4,078	2,495	1,169	29%	47%
2021	3,577	2,334	1,312	37%	56%
2020	3,922	2,481	1,524	39%	61%
2019 or Earlier	55,962	27,987	13,364	24%	48%

Source: DHCF eligibility system data extracted August 11, 2023 and DHCF Medicaid Management Information System data extracted August 11, 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

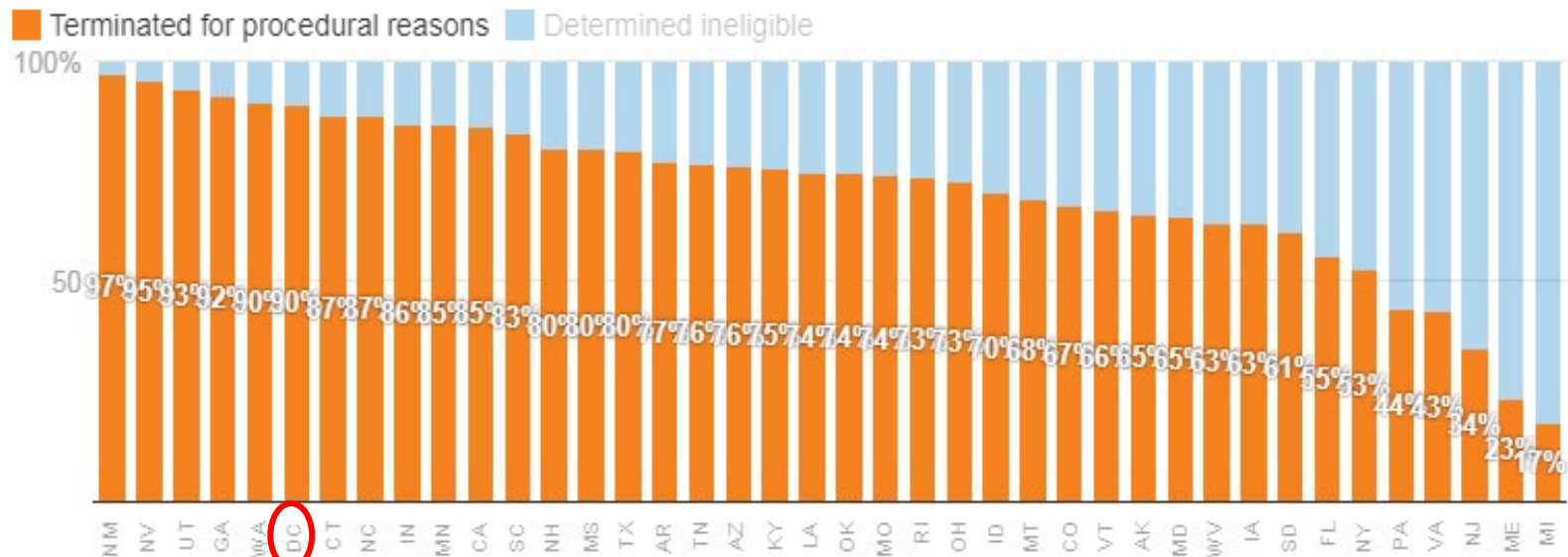
Eligibility Group	Beneficiaries with Renewal Initiated Total	Determined Ineligible	Determined Ineligible Percent of Initiated Total
Medicaid Childless Adult	26,805	663	2%
Medicaid Children	25,671	677	3%
Medicaid Parents and Other Adults	10,773	328	3%
Aged/Disabled and Long-Term Care	4,290	146	3%
Total	67,539	1,814	3%

- The number of persons who have been determined ineligible is low (1,814).
- 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 on the following slide, the number losing Medicaid coverage increases.

Most Beneficiaries Losing Coverage in the District Had No Renewal Response

Overall, 74% of disenrollments are due to procedural reasons, among states reporting as of August 23, 2023

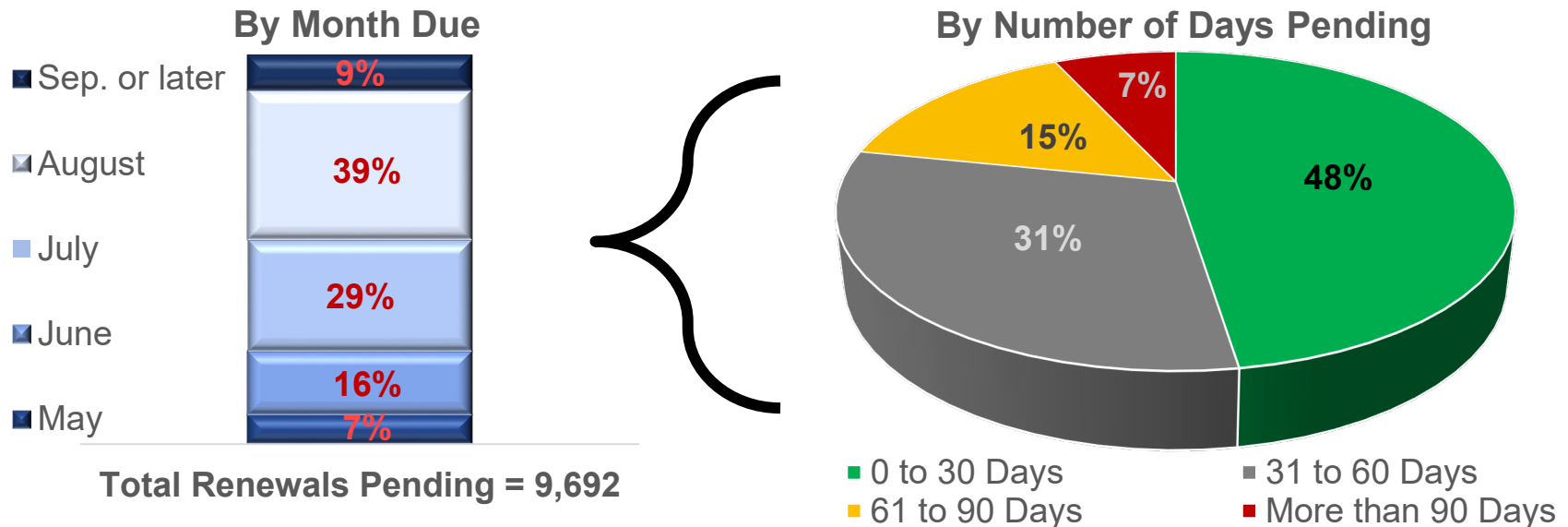
Of Total Disenrollments, the Share Disenrolled for Procedural Reasons vs. the Share Determined Ineligible:



- Among District Medicaid beneficiaries due in May, June or July who have lost coverage to date (18,198 individuals), 90% (16,454 individuals) were due to non-response. The 90% 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.

About Half 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



- Of the total Medicaid beneficiaries with a renewal that has been returned and is currently pending a final determination (9,692), most are due in July (29%) or August (39%).
- About half 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 the renewal was due).
- During the period when a renewal is pending, coverage is extended until a determination is made.

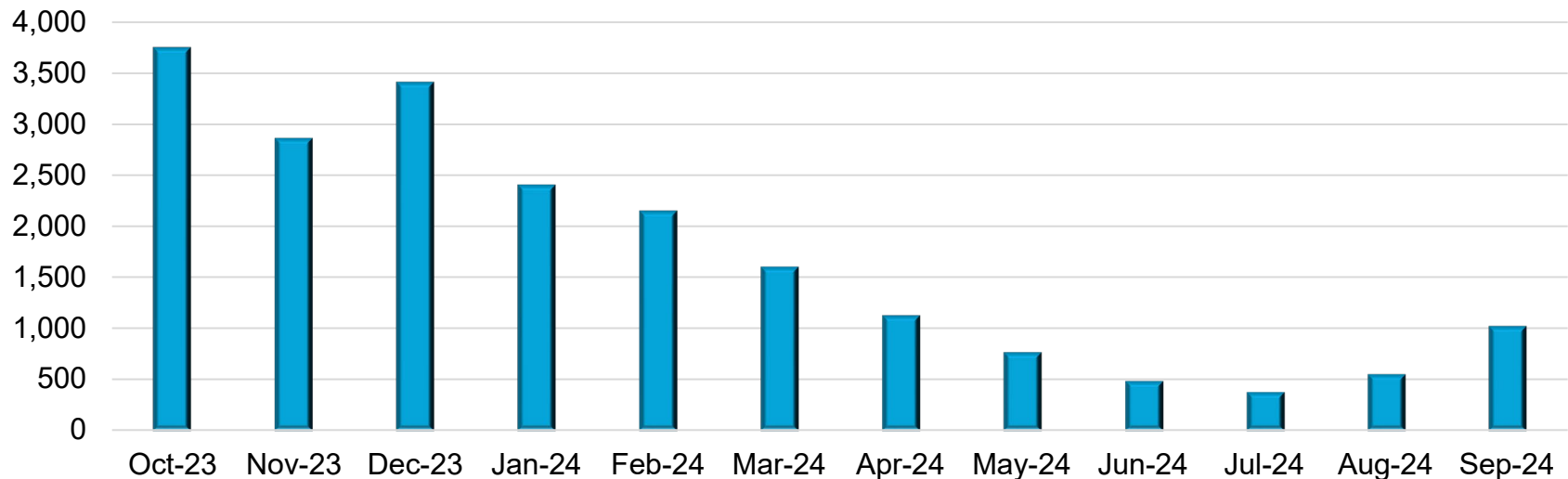
Note: DHCF eligibility system data extracted August 11, 2023. Totals may not sum to 100% due to rounding. A small number of pending renewals with an unknown received date are excluded from the pie chart.

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

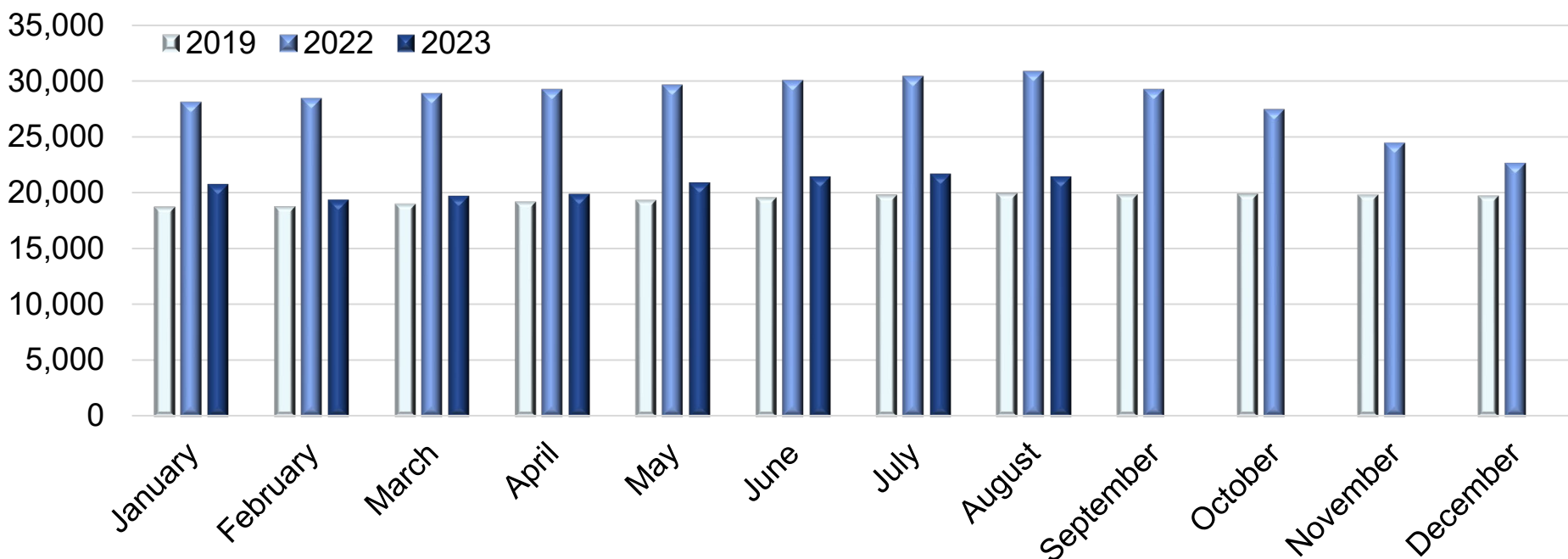


- A large backlog of Alliance/ICP renewals and applications had been processed by DHS as of May 2023, but large numbers of beneficiaries are coming due again starting in October.
- Given the large number of Medicaid renewals that are pending, which will continue to grow in coming months, DHCF is considering 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.

Source: DHCF Medicaid Management Information System data extracted August 11, 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 22,000 as of August 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. For example, the September release will include further breakouts of people with disabilities and those age 65+ (i.e., non-MAGI beneficiaries) who have received eligibility extensions to allow more time for a renewal response.
- All Medicaid renewal reports, and more renewal information is available at: <https://dhcf.dc.gov/medicaid-renewal>.