



Medicaid Renewal Changes for Medicaid Members

What You Need to Know About Medicaid Renewals in 2014

The District is postponing Medicaid renewals for non-disabled pregnant women, children up to age 21, parents/caretaker relatives, and childless adults between ages 21 - 64 until July 2014. These groups are known as Modified Adjusted Gross Income (MAGI) groups.

WHAT ARE MEDICAID RENEWALS?

Every year the District determines if a Medicaid member is still eligible to receive Medicaid coverage. This process is called Medicaid renewal.

WHAT DOES IT MEAN TO HAVE MY MEDICAID RENEWALS POSTPONED?

MAGI Renewals originally scheduled for January 1, 2014 - June 30, 2014 will be deferred for 6 months. This means Medicaid members who are non-disabled pregnant women, children up to age 21, parents/caretaker relatives, and childless adults between ages 21 – 64 will have additional months of Medicaid coverage during this time period.

WHAT GROUPS WILL NOT HAVE THEIR RENEWALS POSTPONED?

Renewals will not be postponed for individuals whose eligibility is based on a disability, blindness, being age 65 or over, receiving Long Term Care services, Qualified Medicare Beneficiaries (QMBs) or Alliance Members.

IF MY MEDICAID RENEWAL HAS BEEN POSTPONED WILL I STILL HAVE MEDICAID COVERAGE?

Yes, you will still have Medicaid coverage.

WILL I HAVE TO CHANGE MY DOCTOR OR GO TO A DIFFERENT PHARMACY?

No. While renewals are postponed, you will still be able to access the same Medicaid services including prescriptions, doctor's visits, and hospital care.

DO I NEED TO CONTACT MY DOCTOR OR INSURANCE PLAN ABOUT MY RENEWAL?

No, you do not have to contact your doctor or health insurance plan about your Medicaid renewal.

WILL THERE BE ANY CHANGES TO THE CURRENT RENEWAL FORM?

Yes. Medicaid members in the past have received a two page renewal form. As of July 2014, MAGI Medicaid members will either receive information about their renewal approval and the information used to determine their eligibility or a pre-populated form.

WHAT IS A PASSIVE RENEWAL?

Passive renewal allows the District to make a redetermination of eligibility without requiring information from you, if information is available. The District's new eligibility system called D.C. Health Link will attempt to verify your information electronically to determine if you are still eligible for Medicaid. If D.C. Health Link does not have enough information to verify your eligibility, you will be sent a pre-populated form to complete and return.

WHEN WILL I RECEIVE A NOTICE OR INFORMATION ABOUT MY RENEWAL?

Starting July 2014, the District will process renewals for MAGI members whose Medicaid renewals were postponed from January 2014 – June 2014. Look for a notice in the mail regarding your renewals. The dates will vary based on your scheduled renewal month.

WHEN WILL I KNOW WHEN I AM DUE FOR A RENEWAL?

You will either receive information about your renewal approval and the information used to determine your eligibility or you will receive a prepopulated form. The prepopulated form will tell you when you are due for a renewal and what steps you must take to return form and additional documentation if needed.

IF I DO NOT KNOW WHEN MY RENEWAL IS DUE, WHO SHOULD I CONTACT?

You should contact the Department of Human Services, Economic Security Administration (ESA) on 202.727.5355.