



# Update on Medicaid Renewals for the Health Benefits Exchange Board

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# Background: 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 by 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), with the first two groups required to renew coverage before May 31, 2023, or June 30, 2023.

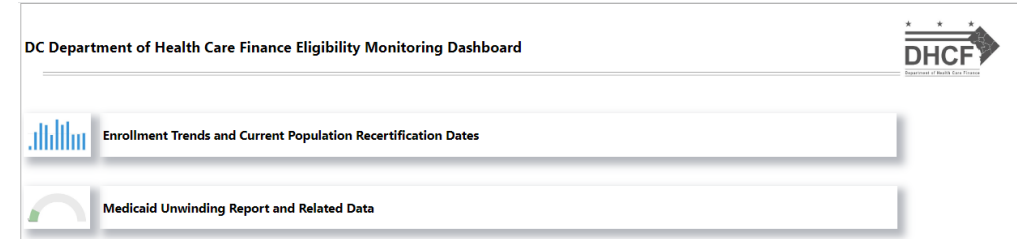


# DC Medicaid Renewal Data is Publicly Available and Regularly Updated on the DHCF Website



Public data at <https://dhcf.dc.gov/eligibilitydashboard> is typically updated by the 15<sup>th</sup> of each month. It currently reflects information as of June 15 for beneficiaries who:

- Previously received a renewal notice (non-disabled children and adults under 65 due in May-June; people with disabilities and those age 65+ due in June-July).
- Newly received a notice in June (non-disabled children and adults under 65 due in July; people with disabilities and those age 65+ due in August).



Data provided in this presentation reflects information as of July 10, beyond what is currently shown in the dashboard linked above. A data update for the general public will be provided during DHCF's next biweekly community meeting on July 19.

- Among beneficiaries **due in May**, more than 80% have renewed or are pending. Most who lost coverage had no response flagged in District Direct.
- Among those **due in June or July**, many currently show as actual or potential coverage loss because there is no renewal response flagged in District Direct. People with disabilities and those age 65+ have received one-month extensions (through July or August) to allow for additional response time.
- Among those **due in July or August**, passive renewals (i.e., coverage automatically extended based on electronic data checks) are low. These are the first months with renewals due for beneficiaries who were kept enrolled during the public health emergency but had income or other changes that made them appear ineligible. Because they are already known to appear ineligible, most are not able to renew based on electronic checks.
- For **all groups** whose renewal is currently due or past due in a 90-day grace period, the number in a renewed, pending, or determined ineligible status can continue to increase as renewals are returned and processed. Similarly, the number in the terminated category will decrease.



# Results from First Month of Renewals: More Than 80% of Beneficiaries Are Renewed or Pending



- **Approximately 14,500 beneficiaries were due to recertify by the end of May.** This group largely reflects non-disabled children and adults under age 65 with 60-day notices mailed by April 1.
  - Of that total, 77% (11,200) are **renewed** as of July 10.
    - 66% were renewed passively (extended by DHCF based on electronic checks alone).
    - 12% were renewed non-passively (beneficiary provided information needed to extend their coverage).
  - 4% (600) are **pending** (renewal is flagged in District Direct but requires verification(s) from beneficiary or processing by caseworker).
  - 19% (2,700) are **disenrolled**.
    - Less than 1% (fewer than 100) were determined ineligible (beneficiary provided information indicating they no longer qualify).
    - Remaining 18% (2,600) had no response (renewal not flagged in District Direct). These are referred to as “procedural terminations.”
    - Among the disenrolled, nearly two-thirds are adults aged 21-64 and just over one-third are children (not shown in current dashboard).

**Outcomes to Date for Beneficiaries with Medicaid Renewal Initiated, Number by Renewal Due Month**

Due month	Renewal initiated	Renewed	Renewed: Passive	Renewed: Non-passive	Pending	Terminated or potential to be	Terminated: Ineligible	Terminated: Non-response
2023-05	14,504	11,230	9,522	1,708	558	2,716	87	2,629
2023-05	100.0%	77.4%	65.7%	11.8%	3.8%	18.7%	0.6%	18.1%

- The **renewed and pending categories will continue to increase** during the 90-day grace period. For example, there were 3,300 terminations from the May group as of June 1. By July 10, this had decreased to 2,700 as additional renewals were processed.





# There Are No Substantial Differences in Renewal Rates by Age, Gender, Eligibility Category, and Managed Care Plan for Beneficiaries Due in May



- Among the 14,500 beneficiaries due to recertify by the end of May (largely non-disabled children and adults under 65), there were no substantial differences in renewal rates by age, gender, eligibility category, and managed care plan. For example:
  - 77% of children under age 21 renewed, compared to 78% of those age 21-64.
  - Female beneficiaries were slightly more likely to renew (79%) than male beneficiaries (76%).
  - Childless adults accounted for the largest group due in May, with a 77% renewal rate. Parents and caretaker relatives had a 78% renewal rate. As noted above, 77% of children renewed.
  - Renewal rates for the three managed care plans (Amerigroup, AmeriHealth, MedStar) that enroll nearly all beneficiaries due in May ranged from 76% to 79%.
- Those whose renewal is completed or pending are more likely to have recent service use (e.g., health care provider visit, prescription fill, etc.) than those who lost coverage.
  - Among those who have renewed, 78% used services in the past year.
  - Among those whose renewal is currently pending (not yet determined eligible or ineligible), 88% used services in the past year.
  - Among those who lost coverage, 69% used services in the past year.
- Additional information on beneficiary characteristics by renewal status will be provided as part of DHCF's July update.



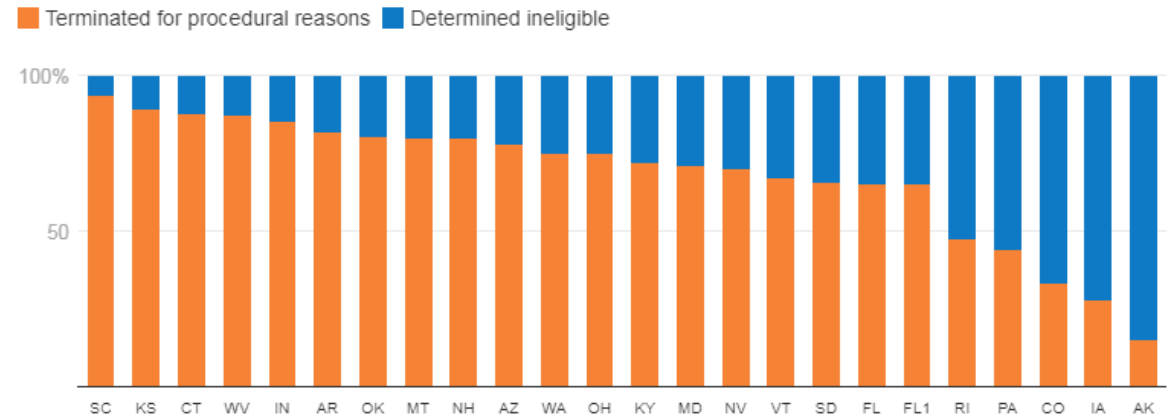
# Most Beneficiaries Due in May Who Lost Coverage Had No Renewal Response

- Among the 2,700 beneficiaries due in May who are disenrolled as of July 10, **reasons for coverage loss:**
  - 2% (fewer than 100) responded and were determined ineligible.
  - 96% (approximately 2,600) had no renewal response flagged in District Direct. This 96% is referred to as a procedural termination rate.
- The District’s procedural termination rate is high relative to other states that currently have public data.\*
  - This is due in part to the fact that the **District has the highest eligibility levels in the nation** for parents (221% of the federal poverty level) and childless adults (215% FPL).
  - High eligibility levels mean that most people who return a renewal will be found eligible and very few will be determined ineligible. As a result, most of the people losing coverage are those who do not respond, leading to a high procedural termination rate.

Figure 2

Overall, 71% of disenrollments are due to procedural reasons, among states reporting as of July 05, 2023

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



NOTE: Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Rates are calculated as procedural disenrollments divided by total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS • Get the data • PNG

\* <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/>



# June Renewal Patterns Show Similarities to May - But Changes In Passive Renewal Rate for July, August Is A Concern



- **Due in June**

- Approximately 21,600 beneficiaries were due to recertify by the end of June, including:
  - 19,400 non-disabled children and adults under age 65 with 60-day notices mailed by May 1.
  - 2,200 people with disabilities and adults age 65+ with 90-day notices mailed by April 1.
- Of those, 72% (15,500) are renewed or pending as of July 10, including:
  - 76% (14,500) of non-disabled children and adults under 65.
  - 42% (900) of people with disabilities and adults age 65+.
- For most of the remaining 28% (6,100), there is no renewal response currently flagged in District Direct.
  - Among 4,900 non-disabled children and adults in this category, approximately 60% are age 21-64 and 40% are under age 21. These individuals were disenrolled effective July 1.
  - Among 1,200 people with disabilities and adults age 65+ in this category, groups include: home and community-based waiver enrollees (~200); nursing facility residents (~200); other individuals with full Medicaid benefits (~300); and those whose Medicaid coverage is limited to payment of Medicare premiums and cost sharing (~500). These individuals have received a one-month extension of coverage (through July) to allow additional time for a renewal response.
- July and August cohorts represent high number of beneficiaries (approximately 31,000 and 28,000 respectively)
  - July is first month of renewals for the “PHE Group” (individuals that already appear to be ineligible; most are not able to renew passively)
- Issue to Watch: Lower passive renewal rate for July and August compared to May and June



# Looking Ahead: On-Going Outreach; Continued Monitoring and Analysis Will Inform DHCF's Renewal Strategy



- 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
- On-going **data analysis** to understand renewal patterns, demographics
  - Eligibility Renewal Dashboard updates
  - First Medicaid Renewal report to be released by end of July
- Identify / apply **new strategies** to improve response rates
  - New flexibilities announced by CMS in June
  - Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy). (under consideration)
  - Permit managed care plans to assist enrollees to complete and submit Medicaid renewal forms. (under consideration)
  - Evening and weekend Beneficiary Town Halls (learn how to check coverage status, update address, renew Medicaid, and open Q&A)





# Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

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