



Medicaid And Alliance Recertification Outcomes

(Reporting Period April to September 2023)

Department of Health Care Finance

October 2023
Washington DC

Report Outline

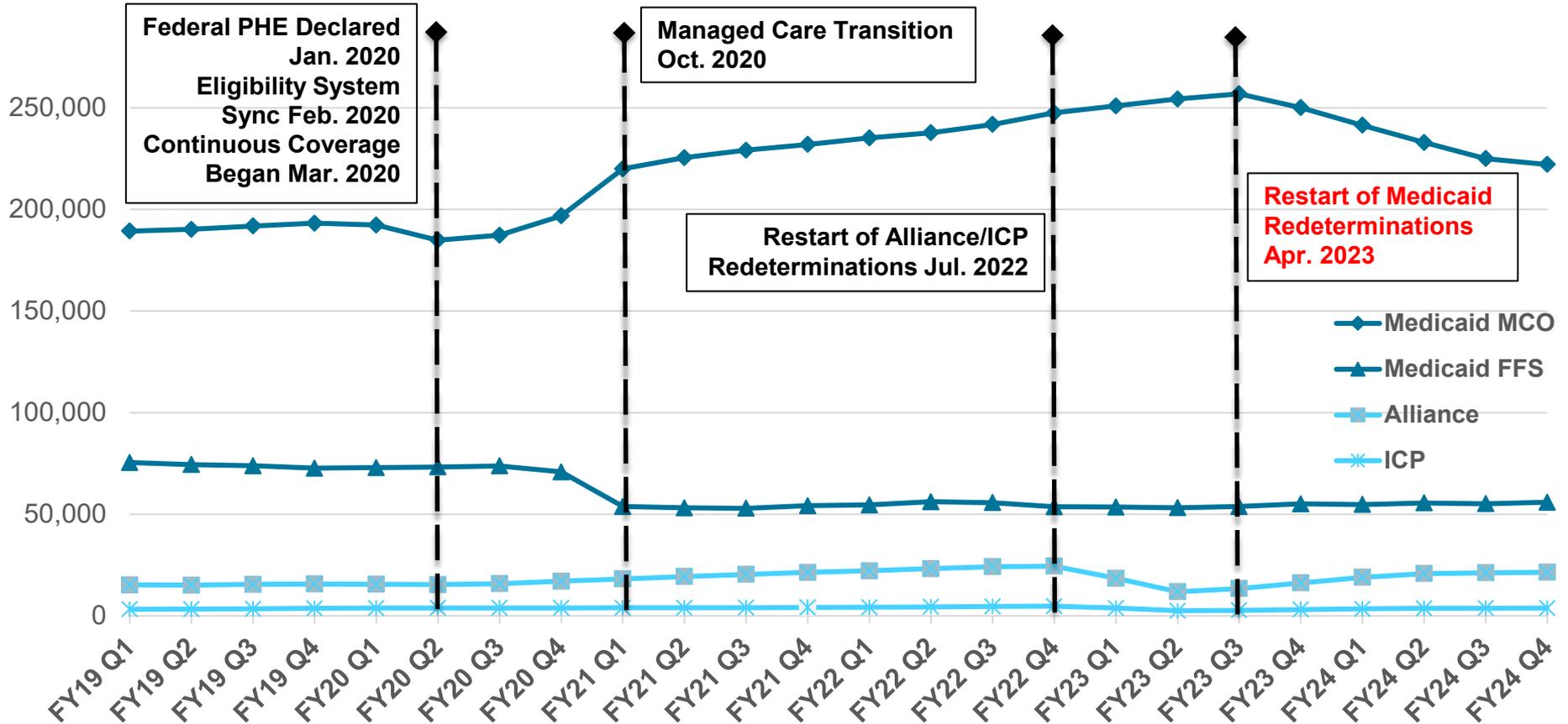
- Introduction
- Summary of Key Findings
- Medicaid Recertification Outcomes
- Alliance Enrollment Trends

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

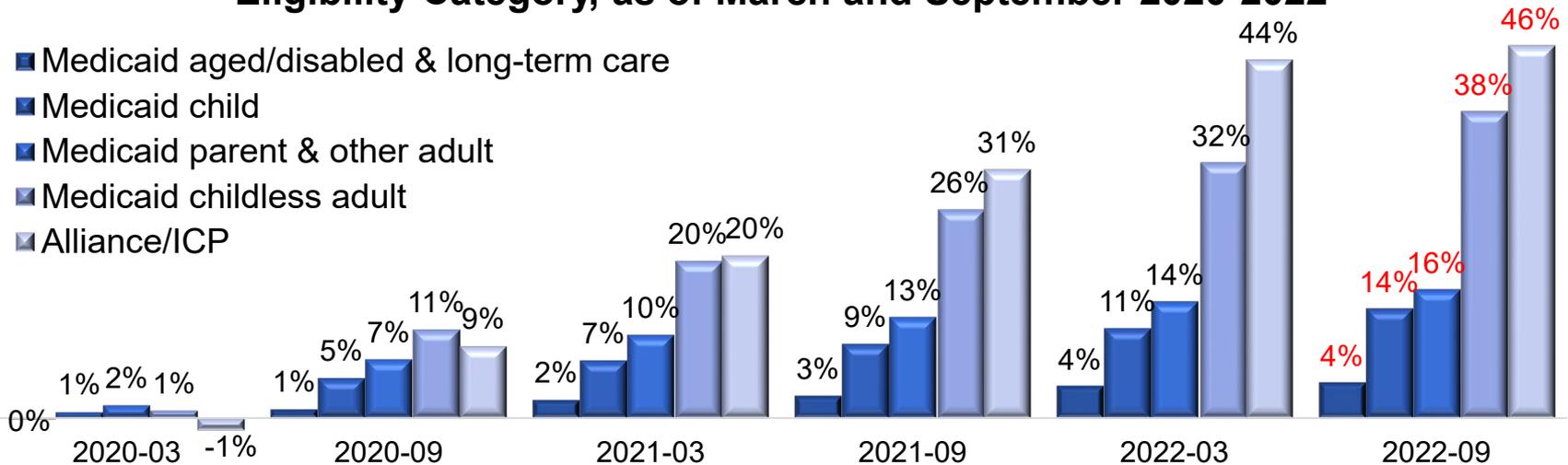


Source: DHCF Medicaid Management Information System data and budget projections as of March 2023.

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

- ❑ The share of Medicaid beneficiaries who are re-enrolled or have a renewal pending is close to or above 80% for May, June, and September. For May through September overall, three-quarters are renewed or pending.
 - For June through September, 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 and August 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.
- ❑ 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 the May and June cohorts has ended and these beneficiaries must now submit a new application to reactivate benefits.
 - Approximately one in three beneficiaries due in May and June responded during their grace period. Grace period responses for those due in July and later will increase until their 90-day period runs out.
- ❑ More than half 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 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.

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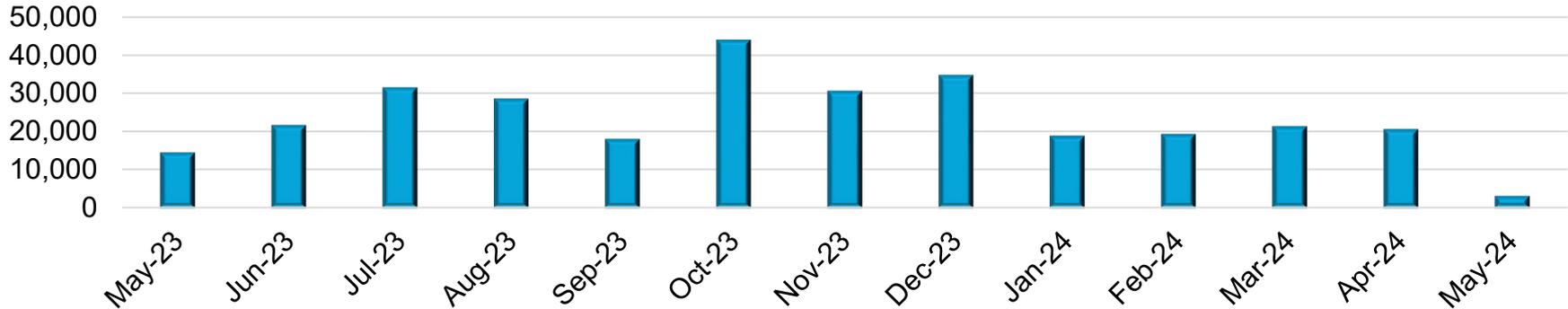
Monthly Redetermination Report Content and Timing

- ❑ 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 October 23.
 - ❑ Detailed renewal outcomes largely focus on groups due in May through September. 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

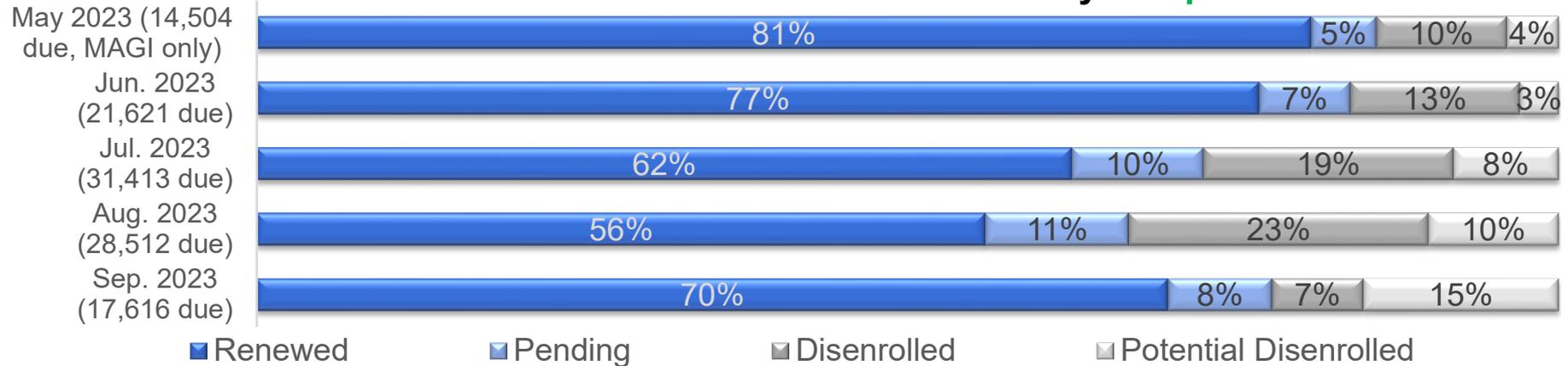
Medicaid Population By Recertification Date During The Unwinding Period



- 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).
- More than half 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 October and a subset of those due in November.

Three-Quarters of Medicaid Beneficiaries Due Are Re-Enrolled or Have a Renewal Pending, With Rates Exceeding 80% in Some Months

Renewal Outcomes to Date for Beneficiaries Due in May – September

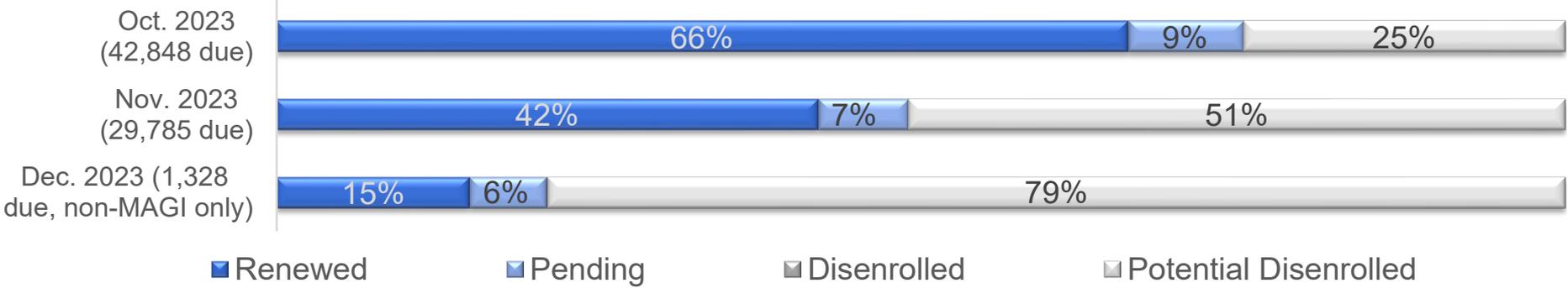


- More than 80% of beneficiaries due in May or June, and nearly 80% of those due in September, are renewed or pending. More than 70% for July and nearly 70% for August are renewed or pending. Lower July and August rates are due in part to a large number of “PHE beneficiaries” who were kept enrolled during 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). September includes very few PHE beneficiaries. For May through September overall, three-quarters have either re-enrolled or have a pending renewal.
- For May through September, the “Potential Disenrolled” category includes approximately 7,600 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 September, it also includes approximately 1,700 people with disabilities and those age 65+ (i.e., non-MAGI) who received one-month extensions through October to allow additional response time (earlier non-MAGI extensions have expired). For more information, see DHCF’s Medicaid renewal meeting materials for 9/27/2023 [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 and in September for those due in June. Beyond the grace period, individuals must submit a full application to reactivate their coverage.

Source: DHCF eligibility system data extracted October 23, 2023.

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

Renewal Outcomes to Date for Beneficiaries Due in **October – December**

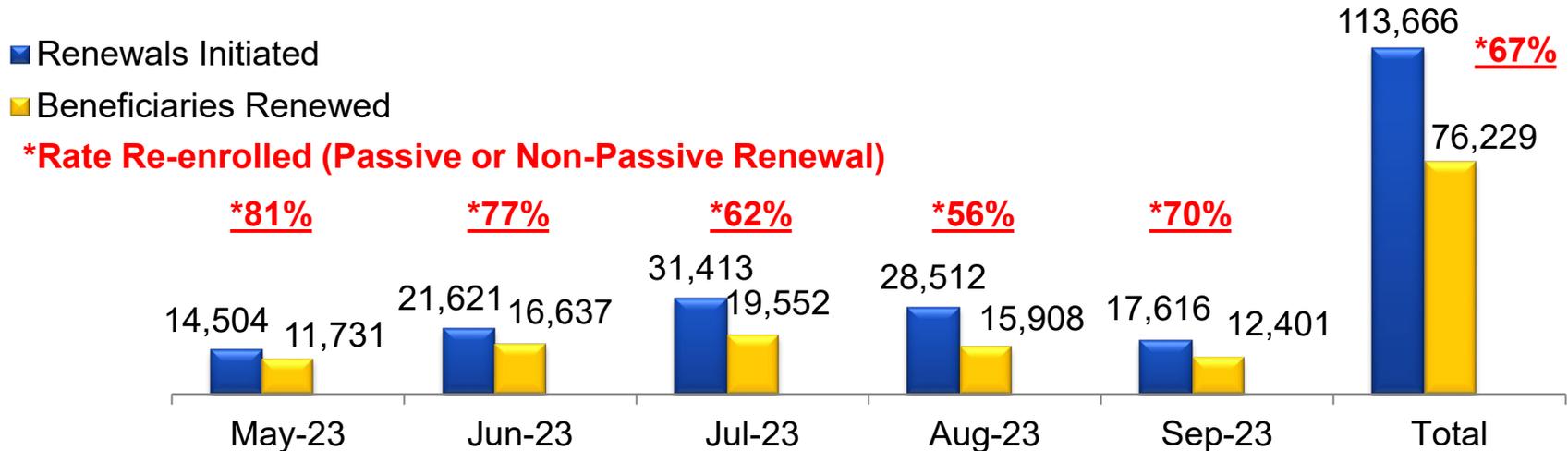


- For beneficiaries due in October, three-quarters are renewed or pending. Although this month includes many PHE beneficiaries who are unlikely to passively renew, it also includes many of Supplemental Security Income (SSI) beneficiaries whose coverage is automatically extended based on their receipt of SSI. This leads to a relatively high renewal rate overall.
- For November, which reflects another month with many PHE beneficiaries, nearly half are renewed or pending.
- December 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 December will receive renewal notices by November 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 900 due in October. They will remain in the “Potential Disenrolled” category past their recertification date during the pause.
- Renewal figures for all months will increase as responses are received during the 90-day grace period.

Source: DHCF eligibility system data extracted October 23, 2023.

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

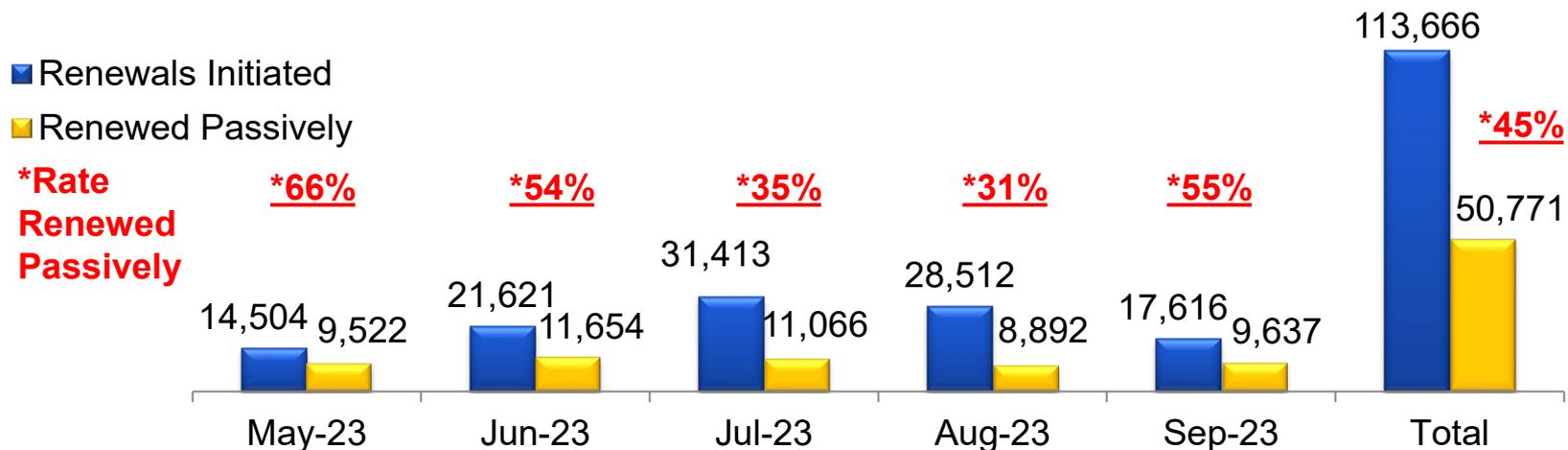
Medicaid Beneficiaries Renewed, By Month Certification Is Due



- 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 ended in August for the beneficiaries due in May and in September for the beneficiaries due in August. They will need to submit a full application to re-apply for coverage.
- July and August 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.

More than 4 in 10 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 and August 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.

Overall and Passive Renewal Rates Vary By Eligibility Group

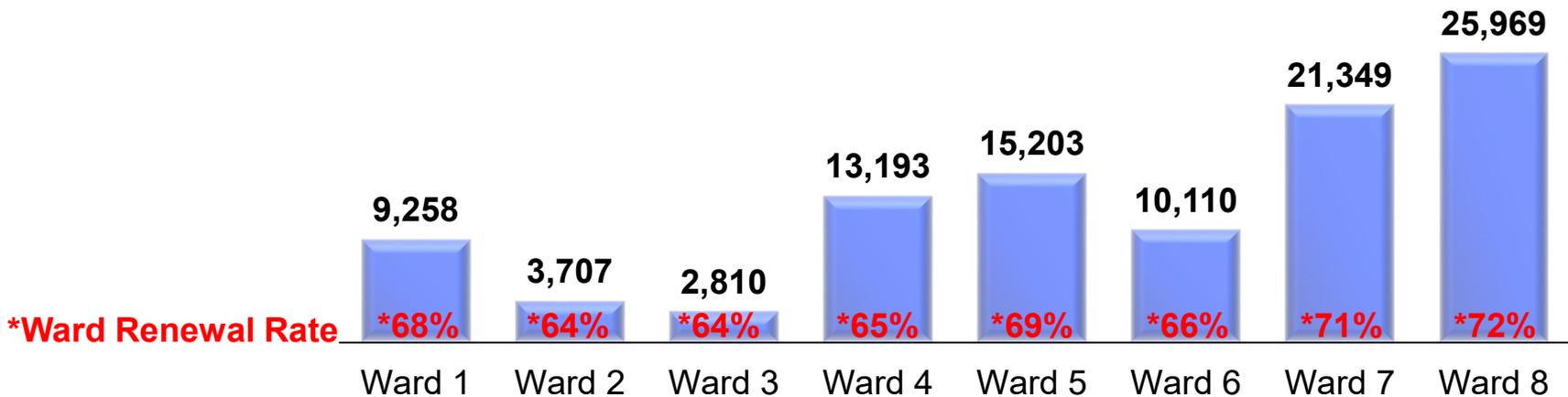
Medicaid Beneficiaries Renewed or Pending to Date, by Eligibility Group for Those Due in May – September

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	43,320	30,444	25,157	2,591	70%	58%	6%
Medicaid Children	40,980	28,304	17,529	3,608	69%	43%	9%
Medicaid Parents and Other Adults	17,080	12,163	7,474	1,653	71%	44%	10%
Aged/Disabled and Long-Term Care	12,286	5,318	611	2,204	43%	5%	18%
Total	113,666	76,229	50,771	10,056	67%	45%	9%

- For June through September, 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.

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 – September



- The total number of beneficiaries with a renewal initiated for a recertification due in May – September 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 October 23, 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 – September

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	39%	52%	57%	34%	38%	44%	37%	34%
Medicaid Children	39%	22%	21%	44%	37%	30%	38%	41%
Medicaid Parents and Other Adults	13%	9%	10%	14%	15%	13%	17%	19%
Aged/Disabled and Long-Term Care	9%	17%	12%	8%	10%	13%	8%	6%
Total	9,258	3,707	2,810	13,193	15,203	10,110	21,349	25,969

- 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 30% (Ward 6) to 44% (Ward 4).

Source: DHCf eligibility system data extracted October 23, 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 Nearly 70% Of Successful Medicaid Recertifications

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

Eligibility Group	Beneficiaries Renewed Total	Beneficiaries Renewed Passively	Passive Percent Of Renewed Total
Medicaid Childless Adult	30,444	25,157	83%
Medicaid Children	28,304	17,529	62%
Medicaid Parents and Other Adults	12,163	7,474	61%
Aged/Disabled and Long-Term Care	5,318	611	11%
Total	76,229	50,771	67%

- 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.

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 – September

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	6,880	2,012	29%
July 2023	13,120	3,832	29%
August 2023	11,659	2,597	22%
September 2023	4,358	523	12%
Total	39,031	9,907	25%

- The grace period for beneficiaries due in May ended in August and for those due in June ended in September.
- 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 – September

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	43,320	18,163	9,030	21%	50%
Medicaid Children	40,980	23,451	7,701	19%	33%
Medicaid Parents and Other Adults	17,080	9,606	2,678	16%	28%
Aged/Disabled and Long-Term Care*	12,286	11,675	4,455	36%	38%
Total	113,666	62,895	23,864	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 September due dates, but one-month extensions (from July through October) were provided to allow for additional response time.

Source: DHCF eligibility system data extracted October 23, 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	53,080	28,284	12,063	23%	43%
Female	60,586	34,611	11,801	19%	34%
Service Use:					
Within Past Year	89,860	50,631	15,680	17%	31%
More Than A Year Ago	23,806	12,264	8,184	34%	67%
Service Delivery:					
Managed Care	104,876	54,856	20,641	20%	38%
Fee-For-Service	8,790	8,039	2,882	33%	36%
Ward:					
1	9,258	4,987	2,003	22%	40%
2	3,707	2,031	993	27%	49%
3	2,810	1,598	759	27%	47%
4	13,193	7,494	3,026	23%	40%
5	15,203	7,983	3,040	20%	38%
6	10,110	5,694	2,144	21%	38%
7	21,349	11,413	3,575	17%	31%
8	25,969	13,488	4,272	16%	32%
Earliest Year Enrolled:					
2022 or Later	7,172	4,036	1,580	22%	39%
2021	6,017	3,738	1,806	30%	48%
2020	6,620	4,042	2,099	32%	52%
2019 or Earlier	93,857	51,079	18,379	20%	36%

Source: DHCF eligibility system data extracted October 23, 2023 and DHCF Medicaid Management Information System data extracted October 22, 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 September, 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. Approximately 230 had responded by the time their grace period ended in September.
 - Nearly 800 non-MAGI beneficiaries originally due in July were extended through August. Approximately 220 have responded to date and their grace period will end in October.
 - Approximately 2,000 non-MAGI beneficiaries originally due in August were extended through September. Approximately 340 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 210 have responded to date and their grace period will end in 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 – September

Eligibility Group	Beneficiaries with Renewal Initiated Total	Determined Ineligible	Determined Ineligible Percent of Initiated Total
Medicaid Childless Adult	43,320	1,249	3%
Medicaid Children	40,980	1,362	3%
Medicaid Parents and Other Adults	17,080	585	3%
Aged/Disabled and Long-Term Care	12,286	308	3%
Total	113,666	3,504	3%

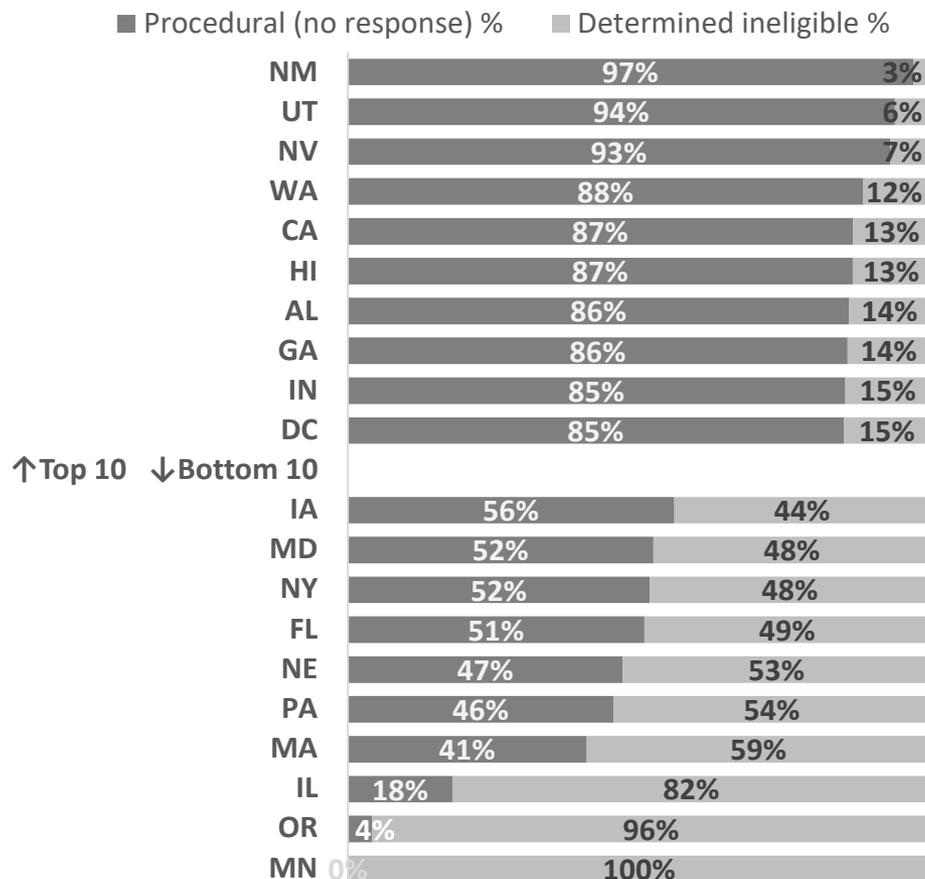
- The percent of persons who have been determined ineligible remains low. However, it increased from 1% in the July redetermination report to 3% in the September and October reports. This is attributed to more “PHE beneficiaries” in later months, as well as more renewal forms returned and processed over time.
- 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-August who had lost coverage as of October 23, 85% 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.

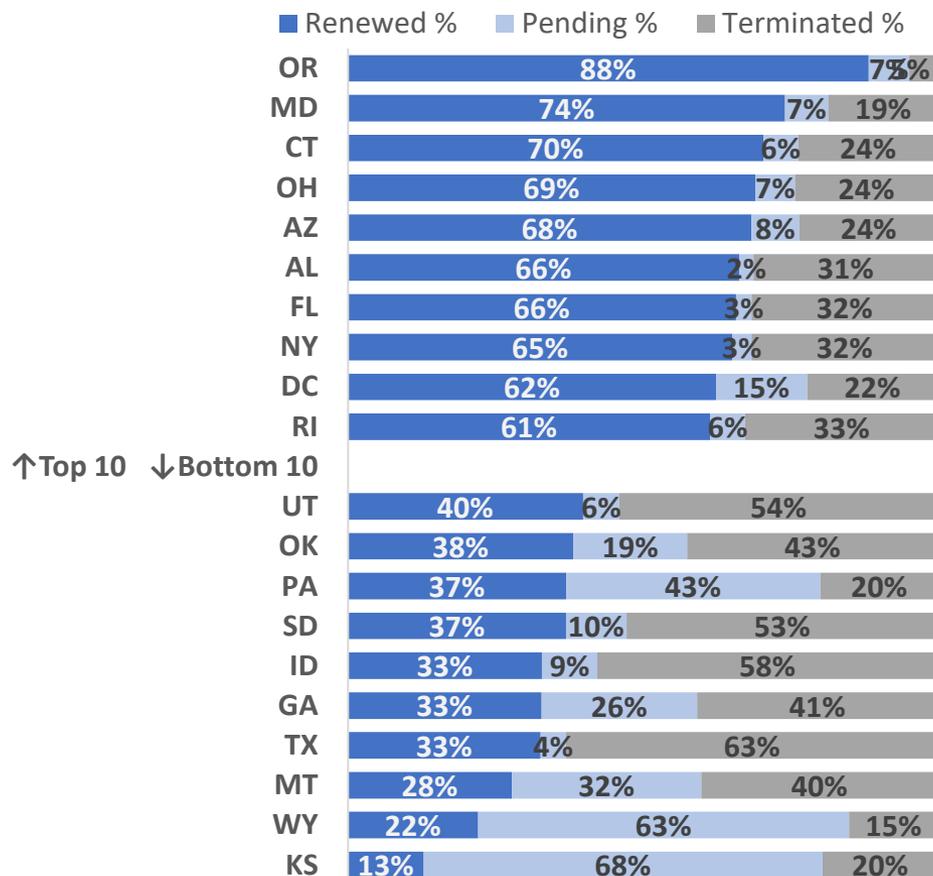
Of Medicaid Disenrollments, Top 10 and Bottom 10 States by Percentage Terminated for Procedural Reasons



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

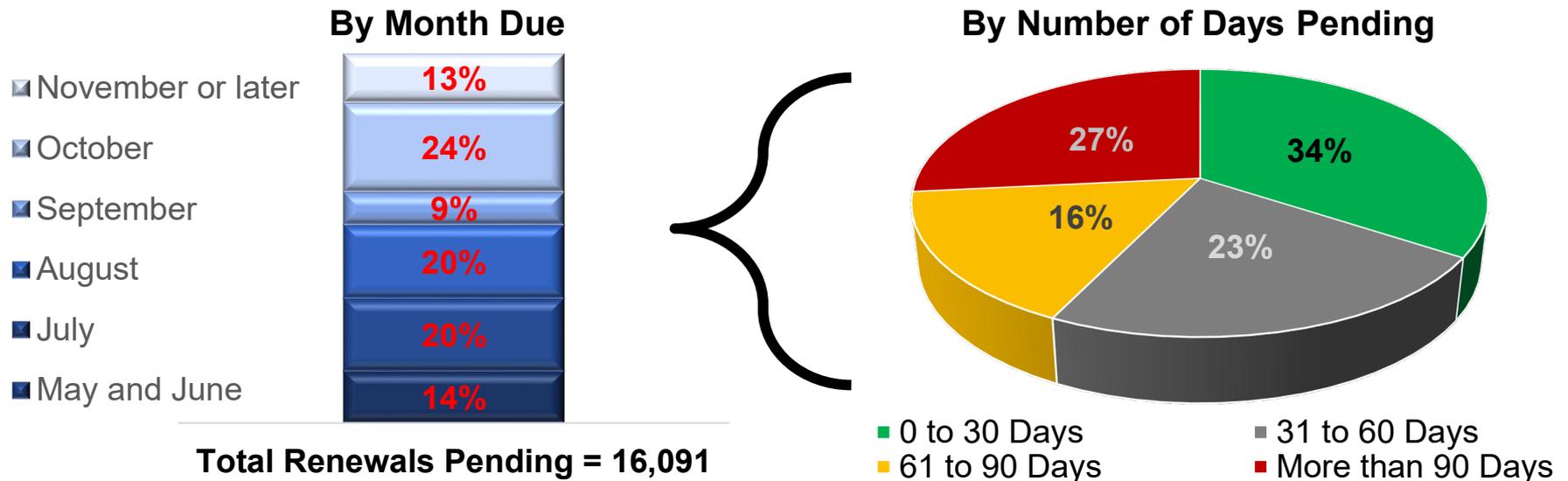
- ❑ DC currently has among the highest overall and passive renewal rates in the nation.
- ❑ For example, 62% of DC Medicaid beneficiaries due in May-August had renewed as of October 23.
 - DC ranked 9th highest out of 44 states with data for the overall renewal rate (see chart at right).
 - DC also ranked 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.

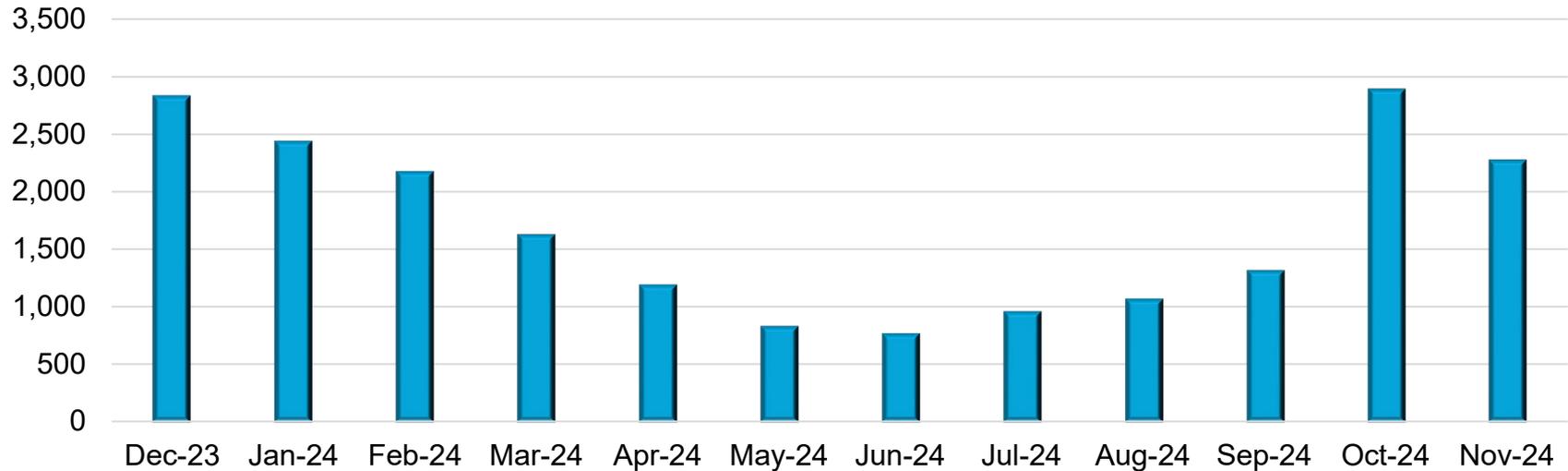
Note: DHCF eligibility system data extracted October 23, 2023. Totals may not sum to 100% due to rounding. A small number of pending renewals with an unknown received date are excluded from the pie chart. Increases in pending since the August redetermination report are attributable to an increase in returned renewal forms and a change in the method for counting pending.

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Distribution Of Alliance And ICP Renewals Is More Uneven Than Medicaid

Current Alliance & ICP Population By Recertification Date

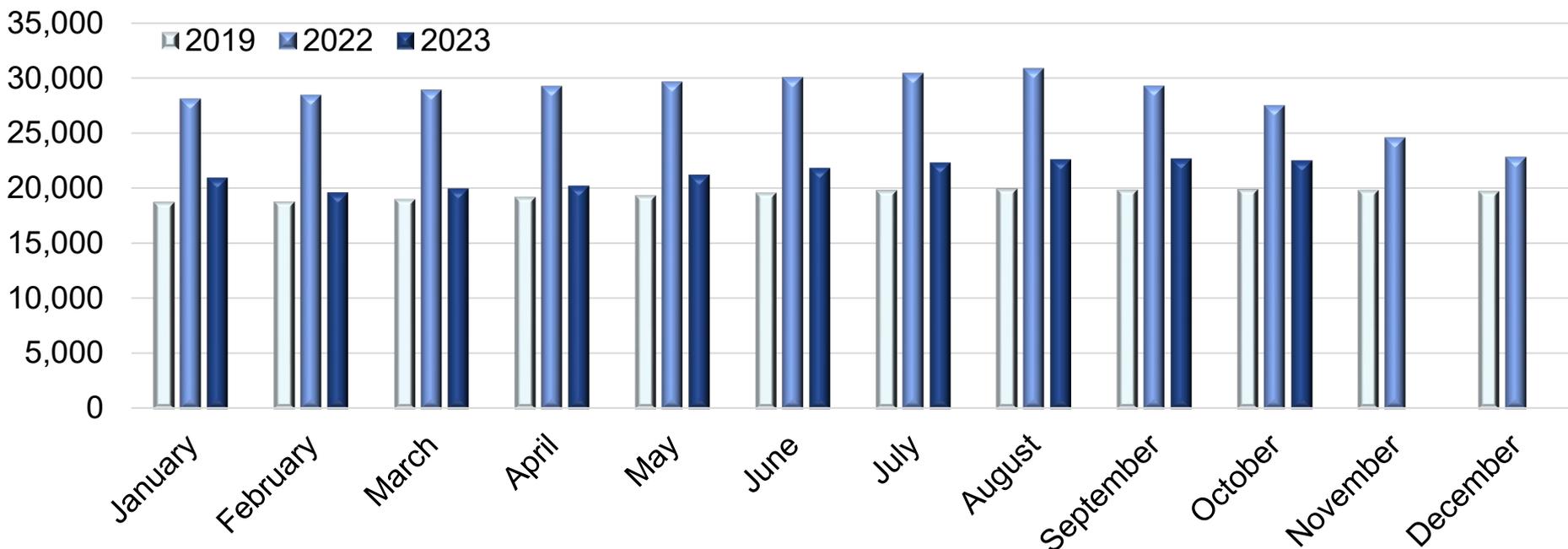


- The uneven distribution of recertification dates for this population is attributable in part to a policy change implemented in FY 2023 that now allows Alliance renewals to be annual rather than every six months.
- Given the large number of Medicaid renewals that are pending, which will continue to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

Source: DHCF Medicaid Management Information System data extracted October 23, 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 October 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>.