

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**SAMPLE NOTICE: Passive Renewal Approval**

04/01/2023

Account ID: 999999999

JOHN DOE  
441 4<sup>TH</sup> STREET, NW  
WASHINGTON, DC 20001

**Subject: DC Health Link Renewal Notice**

Dear JOHN DOE:

**Congratulations!** Based on available information, we can renew Medicaid coverage for the following person(s) for an additional twelve (12) months:

JOHN DOE

The above person(s) was determined eligible for Medicaid based on the information in the Household Information section of this notice.

**Household Information**

As we described when you first applied for coverage, we are required to review our data sources to get updated information about you and your household to renew your eligibility. This is the most recent information that we have:

JOHN DOE	
State of Residence	District of Columbia
Citizenship/Immigration Status	U.S. Citizen
Tax Status	Single Filer
Medicare Coverage	No
Household Size	1
Countable Monthly Income	\$1000



It is your responsibility to notify the agency if any of the above information is incorrect.

The law requiring you to notify the agency if any of the information used to determine your continued eligibility is incorrect can be found in the Code of Federal Regulations at 42 C.F.R. § 435.916(a)(2)(ii).

If all of the information provided on this Notice is accurate, nothing further is needed from you.

## Reporting Changes for Individuals Receiving Medicaid

You must report any changes that might affect you or your household member's eligibility for Medicaid such as if:

- You move;
- Your income changes;
- Your household changes - For example, someone joins your household, someone leaves your household, you marry or divorce, become pregnant, or have/adopt a child;
- Your immigration status changes;
- You or a family member becomes incarcerated.

The law requiring you to report these changes can be found in the Code of Federal Regulations at: 42 C.F.R. § 435.916(c).

To report changes, you can go online and log in to your My Account, call the DC Health Link Customer Service at 1-855-532-5465, mail, or go in person at one of our Service Centers.

## How to Send the Documents Requested

If any of the information used to determine your continued eligibility is incorrect, you can let us know by any of the methods below:

- **Online:** Log into your account on DCHealthLink.com. You can upload a scanned copy of the document.
- **By Phone:** Call DC Health Link Customer Service at 1-855-532-5465 and tell the customer service representative that you want to make changes to the information used for your renewal. They may ask you to send in documentation explaining why the information you are reporting is different than our data sources.
- **U.S. Postal Mail -** DC Health Link  
Department of Human Services  
P.O. Box 91560  
Washington, DC 20090

*Be sure to write your account number (<account number>) on your submission.*



- **In-Person** – Go to any Economic Security Administration Office (call the DC Health Link Customer Service at 1-855-532-5465 for locations)

## Your Secure User Account

Important information is stored in your account on our DC websites. If you don't have an account already and are seeking Medicaid, DC Healthcare Alliance, or Immigrant Children Program coverage, you can create one by going to [districtdirect.dc.gov](https://districtdirect.dc.gov). Medicaid, DC Healthcare Alliance, or Immigrant Children Program customers can get help with logging in or creating an account by calling the DHS Call Center at (202) 727- 5355 / TTY 711.

If you don't have an account already and are seeking Individual & Family health insurance coverage, you can create one by going to [www.DCHealthLink.com](https://www.DCHealthLink.com). Individual & Family health insurance customers can get help with logging in or creating an account by calling DC Health Link Customer Service toll-free at [\(855\) 532-5465](tel:8555325465) / TTY 711

## If You Think We Made a Mistake

If you disagree with any determination about the amount or type of health care coverage benefits you or any of the other people listed on your application were found eligible to receive, you have the right to appeal the determination(s). You may request an appeal by phone, in person, online, and by mail. You must request an appeal **by 07/05/2023**. **See the insert for more information on your appeal rights.**

