GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: MAGI Renewal Termination Notice

Date of Notice: 06/01/2023 Account ID: 99999999

JOHN DOE 441 4TH STREET, NW WASHINGTON, DC 20001

Subject: Your Medicaid Coverage Will End On 6/30/2023.

Dear JOHN DOE:

We sent you a Medicaid Renewal Form on May 1, 2023. We have not received your completed Medicaid Renewal Form. Medicaid coverage will end on June 30, 2023, for the following people:

JOHN DOE

To continue to receive Medicaid benefits you must complete and submit your Medicaid Renewal Form and any additional documentation that may be requested. If we do not receive the Medicaid Renewal Form and additional documents by June 30, 2023, the people listed above will lose Medicaid health coverage.

This action is supported by the following provision of the Code of Federal Regulations: 42 C.F.R. § 435.916(a)(3)(i)(B).

If you need help completing or submitting the Medicaid Renewal Form please call customer service at 1-855-532-5465. If you need a new copy of your Medicaid Renewal Form, please call customer service or go in-person to any Economic Security Administration Center (call the Customer Service at 1-855-532-5465 for locations).

How to Submit the Renewal Form

You can submit the Medicaid Renewal Form either online, through U.S. Postal mail, in-person, or by phone.

• Online: Log into your account. 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)

Submitting Your Renewal Form After Your Medicaid Coverage Has Ended

If your Medicaid coverage ends because you did not return your Medicaid Renewal Form or necessary information, we will process your renewal form without requiring you to submit a new application if it is submitted by 9/30/2023. However, you may experience a gap in health coverage.

If you submit your Medicaid Renewal Form after 9/30/2023, we will not be able to process your Medicaid Renewal Form. You will be required to complete and submit a new Medicaid application.

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 <u>districtdirect.dc.gov</u>. 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. 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 / 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 person in your household was found eligible for, 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 within the 90 days following the postmark date (or date at the top) of the determination notice. D.C. Official Code §4-210.09, 42 C.F.R. §431.221, and 45 C.F.R. §155.520. See the insert for more information on your appeal rights.