

Department of Human Services
645 H Street N.E.
Washington, D.C. 20002

Tanesha Green
1452 Savannah Street SE 101
Washington, DC 20032

- This Notice has Important Information. This notice has important information about your application or coverage through District Direct. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-202-727-5355.
- Este aviso contiene información importante acerca de su solicitud o su seguro con District Direct. Preste atención a las fechas que aparecen en este aviso, puesto que podría ser necesaria alguna acción por su parte antes de determinada fecha a fin de mantener su seguro médico con nosotros o sus ayudas con el coste. Usted tiene derecho a recibir esta información y soporte en su idioma sin coste adicional. Llame al 1-202-727-5355.
- ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም ስለ District Direct ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀናቸን ፈልጉ። የጤና ሽፋንዎን ለመጠበቅ እና በአከፋፈሉ እርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ ለማግኘት እና ያለ ምንም ክፍያ በቋንቋዎ እርዳታ የማግኘት መብት አልዎት። በ 1-202-727-5355 ላይ ይደውሉ።
- 本通知包含重要信息。本通知包含有关您通过 District Direct 提交申请和保险的重要信息。请查看本通知中的关键日期。您可能需要在特定截止日期前采取行动，以便维持您的健康保险或有助于降低费用。您有权免费以自己的母语获得本信息和帮助。请致电 1-202-727-5355。
- Cet avis contient des informations importantes. Cet avis contient des informations importantes au sujet de votre demande ou de la couverture par District Direct. Cherchez les dates clés dans cet avis. Vous devrez peut-être prendre des mesures en respectant certaines échéances afin de maintenir votre couverture de santé ou d'assumer des coûts. Vous avez le droit d'obtenir ces informations et d'être aidé dans votre langue sans frais. Appelez le 1-202-727-5355.
- May Importanteng Impormasyon ang abisong ito. May Importanteng Impormasyon ang abisong ito tungkol sa aplikasyon mo o proteksiyon mo sa District Direct. Tingnan ang mga importanteng petsa na nasa abisong ito. Maaaring may mga kailangan kang gawin bago sumapit ang ilang deadline para mapanatili ang proteksiyon mo sa kalusugan o para makatulong sa mga gastusin. Karapatan mong makuha ang impormasyon na ito at makakuha ng tulong na nasa wika mo nang walang gastos. Tumawag sa 1-202-727-5355.

- В настоящем уведомлении содержится важная информация. В этом уведомлении содержится важная информация о вашем заявлении или страховом покрытии посредством District Direct. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощи на вашем языке. Звоните по телефону 1-202-727-5355.
- Este aviso contém informações importantes. Este aviso contém informações importantes sobre o seu pedido ou cobertura através da District Direct. Procure as datas chave neste aviso. Poderá necessitar de tomar providências dentro de certos prazos para manter a sua cobertura de saúde ou para obter ajuda com custos. Tem o direito de obter estas informações e ajuda no seu idioma sem qualquer custo. Ligue 1-202-727-5355.
- Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso District Direct. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o una sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 1-202-727-5355.
- Thông báo này có Thông tin Quan trọng. Thông báo này có thông tin quan trọng về đơn hoặc hợp đồng bảo hiểm của bạn qua District Direct. Xin xem những ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo đúng thời hạn để duy trì bảo hiểm sức khỏe hoặc giúp đỡ chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1-202-727-5355.
- Libihne lini li gwe banga bi niigana. Libihne lini li gwe banga bi niigana kolbaha ni ndjombi yoŋ tole ma teeda moŋ loŋ ni District Direct. Yeŋ ma kel ma tobo tobo munu libihne lini. Bebeg le u ga bana nguim mam i boŋ nwaa le guim di loo di kola i nyu I teda mateda tole nsaa u mboo woŋ. U gwee kundei kosna biniguene bini ni mahola ni hop wong ngui nsaa wogui wo. Sebel I nsinga ini 1-202-727-5355.
- Ihe Nkwupụta a were ozi di mkpa banyere ya. Ihe Nkwupụta a were ozi di mkpa banyere ya gbasara maka arịrịọ gị ma obu ọgwụgwọ site na District Direct. Lee anya maka ụbọchị dị-karịrị mkpa na ihe nkwupụta a. I were ike ịchọ ime ihe na ụfọdụ oge mgwucha ka idebe ọgwụgwọ ahụ ike gị ma obu enyemaka na ikwu ụgwọ. Inwere ikike inweta ozi a na enyemaka na asusu gị n'efu. Kpọọ 1-202-727-5355.
- Àkíyèsí yíí ní Ìfitoniletí Pàtàkì Nínú. Àkíyèsí yíí ní ìfitoniletí pàtàkì nípa lẹta-ìsèbèèrè tàbí ìdójútòfò rẹ nípa District Direct nínú. Se àwárí àwọn ojò pàtàkì tí n bẹ nínú àkíyèsí yíí. O le ní látí gbe awọn igbese ní ìbámu pẹlu awọn ojò tó gbeyin kan ní pàtó látí le pa ìdójútòfò ìlera rẹ tàbí iseranwọ fun ọ mọ pẹlu sísanwo. O ní ẹtọ lati rí iranwọ àti ìfitónilétí yíí gbà ní èdè rẹ láisanwó. Pè sórí 1-202-727-5355.
- এই নোটিশটিতে গুরুত্বপূর্ণ তথ্য আছে। District Direct এর মাধ্যমে আপনার আবেদন পত্র বা কভারেজ সম্বন্ধে এই নোটিশে গুরুত্বপূর্ণ তথ্য আছে। মূল তারিখগুলির জন্য এই নোটিশটি দেখুন। কিছু নির্দিষ্ট সময়সীমা অনুসারে আপনার স্বাস্থ্য কভারেজ বা তার মূল্যের ক্ষেত্রে আপনার কোন কর্মপ্রক্রিয়া গ্রহণ করার প্রয়োজন হতে পারে। আপনার এই তথ্যটি বিনামূল্যে আপনার ভাষায় পাওয়ার অধিকার আছে। 1-202-727-5355 নম্বরে কল করুন।

- この通知には重要な情報が含まれています。この通知には District Direct の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。1-202-727-5355 までお電話ください。
- 본 통지서는 중요한 정보를 포함하고 있습니다. 이 통지서는 District Direct 관련 귀하 또는 귀하의 보험 적용 대상자에 대한 정보가 들어 있습니다. 이 통지서에 나와 있는 중요 날짜를 참조하시기 바랍니다. 건강 보험을 유지하거나 보험료 지원을 받으시려면 해당 만료일자까지 연장하시기 바랍니다. 이에 대한 정보를 귀하의 언어로 비용 부담없이 지원을 받으실 수 있습니다. 해당 언어의 통역사에게 문의하시려면 1-202-727-5355 로 전화하십시오.
- ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้มีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน District Direct ดูกำหนดการในประกาศนี้
คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 1-202-727-5355
- Die Nachricht enthält wichtige Informationen bezüglich Ihres Antrags bei oder Ihres Versicherungsschutzes durch District Direct. Suchen Sie nach Schlüsseldaten in dieser Nachricht. Sie müssen eventuell vor einer bestimmten Frist reagieren, um Ihren Versicherungsschutz aufrechtzuerhalten oder um Hilfe bezüglich der Kosten zu erhalten. Sie haben das Recht, diese Information und Hilfe kostenfrei in Ihrer Sprache zu erhalten. Wählen Sie hierfür 1-202-727-5355.
- يحوي هذا الاشعار معلومات هامة. يحوي هذا الاشعار معلومات هامة بخصوص طلبك أو تغطيتك من خلال District Direct. ابحث عن التواريخ الهامة في هذا الاشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على هذه المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ 1-202-727-5355.

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Notice Date: 01/02/2024

Account ID: 20023890

Tanesha Green
1452 Savannah Street SE 101
Washington, DC 20032

Subject: No Changes to Health Coverage

Dear Tanesha Green:

On 01/02/2024 you reported to us that you and/or your household experienced a change in circumstance(s). Based on the information provided, the eligibility for medical assistance has been redetermined for the following individual(s).

Tanesha Green

Your current Medicaid for which you are eligible will continue without a change.

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 or assets change;
- 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).

Questions? Call District Direct Customer Service at 1-202-727-5355 or go online to www.districtdirect.dc.gov.

How to Report Changes

You can report changes either online, by phone, through U.S. Postal mail, or in-person. Please refer to the attached information sheet.

Your Secure User Account

You can access/create an account with District Direct. Please refer to the attached information sheet.

If You Think We Made a Mistake

If you disagree with this decision, 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 04/01/2024**. D.C. Official Code §4-210.09, 42 C.F.R. §431.221. **See the insert for more information on your appeal rights.**

Questions? Call District Direct Customer Service at 1-202-727-5355 or go online to www.districtdirect.dc.gov.

GOVERNMENT OF THE DISTRICT OF COLUMBIA



Creating and Accessing Your Online Account

Your Secure User Account

District Direct is a place where important information about your account is stored (www.districtdirect.dc.gov or download the District Direct Mobile Application from the Google Play or Apple App Stores). You can also submit documents and report changes through District Direct.

- ***If you do not have an account***, you can create one at www.districtdirect.dc.gov or through the District Direct Mobile Application (available on the Google Play or Apple App Stores). On the main page, click on “Login” and then click “Create Account”. On the next page, enter the information required to create your account (e.g., username, password). Once complete, click “Create Account”. Once your account is created, you must connect your account by clicking “Connect Your Account” on the homepage and entering the required information to connect your account. Once your account is connected, navigate back to the homepage to see your information.

How to Submit Your Documents

You can submit documents either through online, fax, U.S. Postal mail, or in-person.

- **Online:** Log into District Direct at www.districtdirect.dc.gov or through the Mobile Application and view outstanding verifications. You can upload scanned copies of documents.
- **Fax** your change form and all supporting documents to: 202-698-6405
- **U.S. Postal Mail:**
District Direct
DC Department of Human Services
P.O. Box 91560
Washington, DC 20090

Be sure to write your account number (20023890) on your submission.

- **In-Person:** Take the document(s) to any Economic Security Administration Office (see insert for list of service center locations).

How to Report Changes

You can report changes either through online, fax, U.S. Postal mail, phone, or in-person. A Medicaid Change Report Form is attached for you to complete and submit when reporting changes in your household.

- **Online:** Log in to District Direct at www.districtdirect.dc.gov or through the Mobile Application and submit a change report. You can upload scanned copies of supporting documents.
- **Fax** your change form and all supporting documents to: 202-698-6405
- **U.S. Postal Mail:**
 - District Direct
 - DC Department of Human Services
 - P.O. Box 91560
 - Washington, DC 20090

Be sure to write your account number (20023890) on your submission.

- **Phone:** Call District Direct at 1-202-727-5355
- **In-Person:** Go to any Economic Security Administration Office (see insert for list of service center locations).

2. TAX FILING STATUS

<p>Do you plan to file a federal income tax return next year? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Will you file jointly with a spouse? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Will you be claimed as a dependent on someone else's tax return? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please list the name of the tax filer: _____</p> <p>How are you related to the tax filer? _____</p> <p>Is any of the additional household members in #1 a tax filer or tax dependent? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please list the name of person and their tax filing status. If they are a tax dependent, please indicate if they are your tax dependent or the tax dependent of someone. _____ _____ _____</p> <p>Are you or any household member the parent/caretaker relative of a child under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

3. INCOME CHANGES:

WHOSE INCOME	WHAT INCOME SOURCE CHANGED	FREQUENCY (weekly, biweekly, monthly, other)	GROSS INCOME AMOUNT	EMPLOYER'S NAME	NEW	INCREASE	DECREASE	LOSS
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. RESOURCE CHANGES: Resources are cash and any other personal or real property that a person:
1) owns; 2) has the right, authority, or power to convert to cash, and 3) is not legally restricted from using for his/her own support. NOTE: If aged 65 or older, blind, and/or disabled answer the question. You must report if the money you have in cash, checking, savings, stocks, bonds, etc., reaches \$4,000 or if you buy/sell a vehicle, house, property, etc.:

WHOSE ASSET	TYPE OF ASSET/YEAR	HOW USED	AMOUNT	NEW	BOUGHT	SOLD	TRADED	TRANSFERRED Please provide the name and relationship of the person the asset was transferred.	
				<input type="checkbox"/>					
				<input type="checkbox"/>					

IF YOUR BENEFITS CHANGE, we will send you a notice. If you do not agree with the change in benefits, you may ask for a Fair Hearing.

PLEASE READ AND SIGN: I have reviewed the information and I believe that all of the information on this form is true and correct to the best of my knowledge. I know if I give false information, I may be breaking the law and I could be at risk of criminal prosecution and penalties. I know that state and federal officials will check this information. I agree to help and cooperate with their potential investigations.

Authorized Representative(s): If the beneficiary cannot sign this form, you may sign it for them. By signing, you are attesting under penalty of perjury that all of the information on this form is true and correct to the best of your knowledge.

Beneficiary Signature:	Phone:	Date:
Authorized Representative Signature		Date:
Address:	Phone:	Relationship to the Beneficiary

Ways to Submit the Medicaid Change Report Form

- Fax your change form and all supporting documents to: 202-698-6405
- Send by postal mail to:
 - Department of Human Services
 - Attn: Central Processing Unit
 - Economic Security Administration
 - 645 H Street NE, 4th Floor
 - Washington, DC 20002
- Visit a Service Center in-person

Economic Security Administration Service Centers

Anacostia Service Center

2100 Martin Luther King Avenue, SE
Washington, DC 20020
Phone: (202) 645-4614
Fax: (202) 727-3527

H Street Service Center

645 H Street, NE
Washington, DC 20002
Phone: (202) 698-4350
Fax: (202) 724-8964

Taylor Street Service Center

1207 Taylor Street, NW
Washington, DC 20011
Phone: (202) 576-8000
Fax: (202) 576-8740

Congress Heights Service Center

4049 South Capitol Street, SW
Washington, DC 20032
Phone: (202) 645-4525
Fax: (202) 645-4524

Fort Davis Service Center

3851 Alabama Avenue, SE
Washington, DC 20020
Phone: (202) 645-4500
Fax: (202) 645-6205