

DECLINING YOUR MEDICAID HEALTH COVERAGE



If you and/or other members of your family have been determined eligible for Medicaid health coverage through DC Health Link, you have the right to decline your Medicaid health coverage. You must complete, sign, and return the Request to Decline Medicaid Health Coverage to the Department of Human Services' Economic Security Administration.

Review the information on this form carefully. If you have any questions, please call DC Health Link Customer Service at (855) 532-5465/TTY: 711 or go online to www.dchealthlink.com. You can also discuss your options with an In-Person Assister. You can find an In-Person Assister at www.dchealthlink.com or by calling DC Health Link.

IMPORTANT INFORMATION ABOUT DECLINING MEDICAID HEALTH COVERAGE

Before declining your Medicaid coverage, there are several things you should consider:

- You and your tax dependents are required to have minimum essential health coverage or qualify for an exemption. If you do not, you must pay a tax penalty when filing your federal income tax return. If you decline Medicaid, you are still responsible for obtaining minimum essential health coverage or qualifying for an exemption for yourself and your tax dependents.
- You do not have to decline Medicaid to enroll in a private insurance plan through DC Health Link.
- Declining Medicaid does not make you eligible for help paying for a private insurance plan (premium tax credits or cost-sharing reductions).
- You can only enroll in a private insurance plan during the annual open enrollment period or if you have had a recent major life change (like getting married or having a baby) that qualifies you for a special enrollment period. You can find the dates of the next open enrollment period and more information about special enrollment periods on www.dchealthlink.com.
- If you are eligible for an enrollment period, and choose to enroll in a private health insurance plan, you must pick a plan by the 15th of the month and pay your full first month's premium to have coverage starting at the beginning of the next month. If you do not have other coverage in place before your Medicaid coverage ends, you will have a gap in coverage.

WHEN YOUR MEDICAID COVERAGE WILL END

If a clear written request is received that you no longer want Medicaid coverage, the termination notice will be mailed to you no later than the date the Economic Security Administration takes action to close your Medicaid case. However, without a clear written request, you may be given 15 days advance notice before your Medicaid coverage ends.

REQUEST TO DECLINE MEDICAID COVERAGE FORM

Return the completed Request to Decline Medicaid Coverage form by mail, online, or in-person:

Mail: Department of Human Services
Change Center
PO Box 90150
Washington, DC 20090

Email: Medicaid@dc.gov

Fax: 202-535-1664

In Person: Take this form to one of our Service Centers. Call DC Health Link Customer Service at (855) 532-5465/TTY: 711 for Service Center locations. **Name:** _____

DC Medicaid Number or Social Security Number (SSN): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Email:** _____

I am declining Medicaid health coverage for (please list name(s) below):

Myself: _____ **DC Medicaid# or SSN** _____

Spouse: _____ **DC Medicaid# or SSN** _____

Dependent(s): _____ **DC Medicaid# or SSN** _____

_____ **DC Medicaid# or SSN** _____

_____ **DC Medicaid# or SSN** _____

_____ **DC Medicaid# or SSN** _____

By signing below, you acknowledge that you have read and understand the following:

- **I understand** that I am required by law to have minimum essential health coverage for myself and my tax dependents each month unless I qualify for an exemption. I know that if I decline my Medicaid health coverage, I am still responsible for obtaining minimum essential health insurance coverage, or obtaining an exemption, for myself and my dependents. If I do not maintain minimum essential health coverage or qualify for an exemption, I will have to pay a tax penalty when I file my federal income tax return.

- **I understand** that enrollment in private plans is only available during certain enrollment periods and that declining Medicaid does not qualify me for a Special Enrollment Period. Therefore, declining Medicaid does not give me access to enroll in private health insurance through DC Health Link.

- **I understand** that if I am eligible for Medicaid, and am eligible for an enrollment period for private health insurance through DC Health Link, and choose to enroll in a private health insurance plan:
 - I will not be eligible for help paying for that health coverage (Premium Tax Credits and Cost Sharing Reductions).
 - I must select a plan by the 15th day of the month, and pay the monthly premium by the date indicated by my health insurance company, for my health coverage to take effect the first day of the following month.

- **I understand** that without a clear written request to terminate Medicaid coverage, I will be given a 15 day advance notice of termination before the DC Department of Health Care Finance terminates my Medicaid coverage. However, if I provide a clear written request that I no longer want Medicaid coverage, I will receive notice sent no later than the date action is taken to close my case. I understand that if I choose to enroll in a DC Health Link private insurance plan, there may not be enough time to select a plan and pay my monthly premium before my Medicaid coverage ends. This may lead to a gap in health coverage.

I am signing this Request to Decline Medicaid Coverage voluntarily and under penalty of perjury, which means I have provided true answers to all of the questions on this form to the best of my knowledge. I attest that I have the authority to sign this application for all the individuals listed on this form. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

Signature: _____

Date: _____

Printed Name: _____