



Person ID: 1111583504
Doc ID: 72572

Notice Date: 08/02/2015

Application Date: 01/31/2016

本邮件通知您健康保险申请结果，列出获批个人并说明他们是获得 Medicaid 或 a Qualified Health Plan 保险。

PATRICIA STROMBERG
100 Columbia rd
Columbia, MD 21044

Application ID: 36783

Subject – Change Reporting/Final Determination for Healthcare Coverage

Dear PATRICIA STROMBERG,

This notice is to let you know the results of your application for health coverage on 01/31/2016 through Maryland Health Connection.

Approved Individuals:

Based on the information provided in your application, the following household members are eligible for certain health coverage programs and have selected a program.

Medicaid	Reason
PATRICIA STROMBERG	

How we made our decision(s)

We counted your household size and income based on what you provided on your application and information from other data sources (45 CFR § 155.305, 42 CFR § 435.945, 435.948, 435.949).

If you receive the Additional Verification Required notice, you must respond to confirm your eligibility. If you do not respond or if you cannot verify the information in your application, your eligibility may change or your coverage may end.

If you think we made a mistake, you have the right to appeal. For information on how to appeal, see the Appeal Rights and Deadlines section of this notice.





本信息解释了您必须告知 Maryland Health Connection 以及您的保险公司可能影响到您健康保险的任何变更；例如，若家人、移民状态或者收入发生变化。

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You must report changes

While receiving health coverage through Maryland Health Connection, you must report any changes that might affect your and/or your household's health coverage, such as, if:

- You move;
- Your income changes;
- Your household size changes. For example, you marry or divorce, become pregnant, or have a child;
- Your immigration status changes;
- Your health insurance changes

To report any changes, you can contact the Maryland Health Connection.

You must renew your health coverage

To keep your health coverage, you will have to renew it on an annual basis. Watch for a reminder

If you have special health care needs

If you require nursing home care, have high or recurring medical bills, or have special health care needs, you may be eligible for Medicaid on a different basis. To apply for Medicaid based on these needs, call 1-800-332-6347 or go to www.marylandsail.org.

If you are an American Indian/Alaska Native

If you are an American Indian/Alaska Native you may not have to pay certain health care costs. Please contact 1-855-642-8572 (TTY: 1-855-642-8573) for more information.

How to contact Maryland Health Connection

若有疑问，您可以联系 Maryland Health Connection，电话 1-855-642-8572 和 TTY：1-855-642-8573 或访问 www.MarylandHealthConnection.gov

Contact Maryland Health Connection if you need to report changes about this notice. Let us know if you need help applying for coverage. You can contact Maryland Health Connection:

- Online at www.marylandhealthconnection.gov
- By calling 1-855-642-8572 (TTY: 1-855-642-8573)
- In person at your local Health Department, local Department of Social Services or regional Connector Entity

If you have a disability, you may request and receive a reasonable accommodation or special help from Maryland Health Connection when it is necessary to allow you to apply for and receive services through Maryland Health Connection.

Sincerely,
Maryland Health Connection



Language services are available to assist you. If you need assistance, call 1-855-642-8572 (TTY: 1-855-642-8573). Servicios de idiomas están disponibles para ayudarle. Si necesita ayuda, llame al 1-855-642-8572 (TTY: 1-855-642-8573).



若您认为出错，您有 90 天的时间可通过申请听证对决定进行申述。您或您所选的代表必须通过电子邮件从 Maryland Health Connection 发送听证申请表，或者通过电子邮件发送至上述收件人。申述必须以英语填写。若您已授权某人代表您处理，还必须包含不同的表格。所有表格都要随 1303 邮件装于信封中。

If You Think We Made A Mistake

You can appeal any decision you receive from the Maryland Health Connection. You or your Authorized Representative has 90 days from the date of this notice to ask for a hearing. An Authorized Representative is someone who you choose to act on your behalf with the Maryland Health Connection, like a family member or other trusted person. Some Authorized Representatives may have legal authority to action on your behalf.

To ask for a hearing:

- **By Mail** : Complete the included Request for Fair Hearing form or write a request to:
Maryland Health Connection
P.O. Box 857
Lanham, MD 20703
or:
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, MD 21031
- **By Email**: Complete and scan included Request for Fair Hearing form or write an email to :
MHBE.Appeals@Maryland.gov
- **By Phone**: Call the Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573).

***Please include your Person ID listed at the top of this notice on all requests.**

If you disagree with our decision and want to speak to someone about it, or if you need help asking for a hearing, call 1-855-642-8572 (TTY: 1-855-642-8573) or visit a local Department of Health, local Department of Social Services, or regional Connector Entity.

If you appeal our decision, you will have a hearing. A hearing is a meeting between you, someone from Maryland Health Connection and a hearing officer. You can talk to them about why you think we made a mistake.

To prepare for your hearing:

- You can bring a friend, relative, witness or lawyer to the hearing if you want.
- You should bring any documents or information you need to help us understand your concerns.
- You may review our documents regarding your eligibility at any time.

For Medicaid, MCHP or MCHP Premium eligibility:

If you have Medicaid, MCHP or MCHP Premium, you might be eligible to keep your current health coverage if you appeal within **10 days** of this notice. Call 1-855-642-8572 (TTY: 1-855-642-8573) to learn more. If you continue to receive benefits and you lose your appeal, you may have to pay back the benefits you received. The result of your appeal could change what health coverage you or others in your household qualify for.

For Qualified Health Plan eligibility:

If you have been determined eligible to enroll in a qualified health plan and you appeal within **90 days** of this notice, you can proceed with the eligibility process. This includes enrolling in a qualified health plan and receiving any applicable financial assistance that you are currently eligible for. The result of your appeal could change what health coverage you or others in your household qualify for. For assistance with preparing an appeal of your denial of enrollment in a qualified health plan or eligibility for an advanced premium tax credit or cost-sharing reductions, you can contact the Office of the Attorney General's Health Education and Advocacy Unit (HEAU) online at www.MarylandCares.org or at 410-528-1840 or toll free at 1-877-261-8807. The HEAU can assist you but cannot represent you at the hearing.

