



Notice Date: 08/02/2015

Application Date: 01/31/2016

La présente lettre vous informe sur les résultats de votre demande de couverture médicale, énumère la liste des candidats retenus et indiquent s'ils font partie de Medicaid ou bénéficient d'un régime d'assurance maladie admissible.

PATRICIA STROMBERG
100 Columbia rd
Columbia, MD 21044

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.





L'appel de la décision doit spécifier à Maryland Health Connection et à votre compagnie d'assurance toute modification susceptible d'affecter votre couverture médicale, par exemple, les changements relatifs à la situation familiale, au statut d'immigrant ou aux revenus.

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

Si vous avez des questions, veuillez contacter Maryland Health Connection en appelant le 1-855-642-8572, ou par ATS (téléscripteur) en composant le 1-855-642-8573 ou visitez notre site à l'adresse 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).





Si vous pensez qu'une erreur a été commise, vous pouvez interjeter appel de la décision dans les 90 jours en demandant la tenue d'une audience. Vous, ou toute personne à qui vous avez demandé d'agir en votre nom, devez envoyer le formulaire de Demande d'audience de Maryland Health Connection par courrier postal ou électronique aux adresses susmentionnées. L'appel doit être fait en anglais. Si vous avez autorisé une personne à agir en votre nom, vous devez aussi inclure dans la demande un autre formulaire. Tous les formulaires sont contenus dans l'enveloppe avec la lettre 1303

Appeal Rights and Deadlines

If You Think We Made A Mistake

You can appeal any decision you disagree with. You have 90 days from the date of the decision to appeal. You can appeal by yourself or through someone you choose to act on your behalf, such as a family member or other trusted person. Some Authorized Representatives may have legal authority to act 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		Office of Administrative Hearings
P.O. Box 857	<u>or:</u>	11101 Gilroy Road
Lanham, MD 20703		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.

