

Notice Date: 08/13/2015

Application Date: 08/12/2015

Bad Power
100 Main St
Baltimore, MD 21201

Application ID: 37982

Subject – Medicaid, MCHP and/or MCHP Premium Final Renewal Notice

Dear Bad Power,

The purpose of this notification is to inform you that your Medicaid, MCHP or MCHP Premium coverage will end on 10/31/2015. **If you do not want your coverage to end, you must renew your coverage by 10/16/2015 according to 42 CFR 435.916.**

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.

How to Renew Your Coverage

You can renew online, by mail or with assistance.

Renewing online is easy!

- Log in to your Maryland Health Connection account at www.marylandhealthconnection.gov
- Click the “Report a Change/Renew Coverage” Quick Link from your account home screen
- Review and confirm that each applicant's information is accurate
- Report any changes necessary
- Provide your electronic signature and submit
- Select a program and complete the enrollment process

To renew by mail:

- Log in to your Maryland Health Connection account at www.marylandhealthconnection.gov and download your renewal application by selecting the Medicaid, MCHP & MCHP Premium Form on the Quick Links section of the home page
- Complete the form and mail to:

Maryland Health Connection
PO Box #2160
Manchester, CT 06045-0670

- Contact Maryland Health Connection to request your renewal application at 1-855-642-8572 (TTY: 1-855-642-8573)



To renew with assistance:

- In person at the local Department of Health, local Department of Social Services or regional Connector Entity
- By calling 1-855-642-8572 (TTY: 1-855-642-8573)

You Must Report Changes

You must report any changes that might affect you and your household's health coverage, including if:

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

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 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](tel:1-855-642-8572) (TTY: [1-855-642-8573](tel:1-855-642-8573)).



Appeal Rights and Deadlines

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.





Request for Fair Hearing

Fill out this form **ONLY** if you disagree with Maryland Health Connection's decision.

If you need help completing this form, call 1-855-642-8572 (TTY: 1-855-642-8573).

1. Tell us who you are. Fill in the blanks in this box and complete boxes 2-3. Please print clearly.

Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone Number: () _____ Person ID: _____

2. What are the reasons you want a hearing? Please select one.

- I was not allowed to apply for coverage through Maryland Health Connection.
- My application was wrongly denied for (If you checked here, please select from below):
- Medicaid
 - Maryland Children's Health Program (MCHP) or MCHP Premium
 - Qualified Health Plan coverage through Maryland Health Connection
 - Financial assistance with a Qualified Health Plan (Advanced Premium Tax Credit or Cost-sharing Reduction)
- I do not agree with the amount of my monthly premium tax subsidy (Advanced Premium Tax Credit) and/or the amount I have to pay out-of-pocket (cost-sharing reduction).
- Other _____

If you received a notice about this, what is the date on the notice? _____

Why do you want a hearing? Please tell us what happened. _____

3. FOR MEDICAID, MCHP OR MCHP PREMIUM ELIGIBILITY

I understand that if I am currently receiving Medicaid, MCHP, or MCHP Premium, and I ask for a hearing within 10 days from the date of the notice, I can continue to receive those benefits while I wait for my hearing unless my benefits period ends. I also understand that I may have to pay back those benefits if I lose my appeal.

Check here if you do **not** want benefits while you wait for your hearing.

_____ Signature: _____ Date: _____

4. FOR QUALIFIED HEALTH PLAN ELIGIBILITY

I understand if I ask for a hearing within 90 days from the date of the notice, I can still enroll in a qualified health plan and receive any financial assistance I am currently eligible for. The result of my appeal can change what coverage I qualify for. Depending on the result of my appeal, I may have to pay back any tax subsidies I receive to the Internal Revenue Service. Internal Revenue Service.

Check here if you do **not** want benefits while you wait for your hearing.

_____ Signature: _____ Date: _____



AUTHORIZED REPRESENTATIVE FORM

Section I: For Applicants/Recipients: If you want an Authorized Representative, complete questions 1-18. Submit this form via mail to: Maryland Health Connection, P.O. Box 2160, Manchester, CT 06045. An authorized representative is someone who you choose to act on your behalf with Maryland Health Connection, like a family member or other trusted person. Some authorized representatives may have legal authority to act on your behalf.

1. Name of Authorized Representative (<i>First Name, Middle Name, Last Name</i>)		
2. Address		3. Apartment or Suite Number
4. City	5. State	6. Zip Code
7. Phone Number		
8. Organization Name (if applicable)		
9. Your Name		10. Your Phone Number
11. Your Address		12. Apartment or Suite Number
13. City	14. State	15. ZIP Code
16. Your Maryland Health Connection Person ID# (if available)		
By signing below, you allow the person named in question 1 to act for you on your behalf.		
17. Your Signature		18. Date

Section II: For Legal Representatives of Applicants: If you are legally authorized to act on behalf of the applicant: 1. Complete this section by placing an "X" in the appropriate box below; 2. Fill out the questions above with the applicant's information; and 3. Submit proof (e.g. guardianship order or advance directive naming a health care agent) with this form.

A. Responsible Adult (Parent, guardian, healthcare surrogate, attorney, or other individual as defined in COMAR 10.01.04.12.) <input type="checkbox"/>	B. Applicant's Power of Attorney <input type="checkbox"/>
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Section III: For Certified Application Counselors, Navigators, Agents, and Brokers only. Complete this section if you are a certified application counselor, navigator, agent, or broker who is filling out this form for somebody else.

1. First Name, Middle Name, Last Name, & Suffix		
2. Organization Name		3. ID Number(if applicable)

If you ever want to change your Authorized Representative or have any questions, call Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573).

