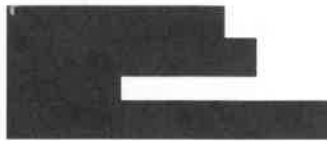

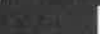
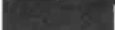


Go paperless!

Visit marylandhealthconnection.gov, verify your email address, and select paperless delivery. It's a fast, easy, and secure way to view and keep your important plan documents.



06/04/2023

Application Date: 
 Application ID: 
 Person ID: 

Need answers or help?
 Call us at 855-642-8572
 Deaf and hard of hearing use Relay

 Important – Health Coverage Renewal Results

Why am I getting this letter?

We reviewed the information you provided in your application to renew your health coverage. Your renewal results are below.

Your eligibility results



Person ID: 

Program	Status	Begin Date	End Date	Denial Reason	Comments
Medicaid	Approved	2023-07-01			
Private Health Plan with Financial Assistance(Special Enrollment)	Denied			Individual is not eligible for financial help (advanced premium tax credits and cost-sharing reductions) with a qualified health plan because he or she is eligible for minimal essential coverage through Medicaid/MCHP/ MCHP Premium (155.305(f)(1)(B) and 155.305(g)(1)(B)).	
Private Health Plan with Financial Assistance(Special Enrollment)	Denied				

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How we made our decision

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 think we made a mistake, you have the right to request a case review or file an appeal. For information on how to request a case review or file an appeal, see the How to appeal or request a case review section of this notice.

How to apply

You can apply online, by mail or with assistance.

- Online at www.MarylandHealthConnection.gov or
- Call us at 1-855-642-8572 to request your renewal application. Deaf and hard of hearing use Relay.
- In person at the local Department of Health, local Department of Social Services or regional Connector Entity

Applying online is easy!

- Log into your account at MarylandHealthConnection.gov
- Select "Report a Change/Renew Coverage" 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

You Must Report Changes in Your Household or Income

While enrolled through Maryland Health Connection, it's important to tell us right away if your household experiences any changes that might affect your eligibility for health coverage or financial help, 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
- You are eligible for other insurance coverage such as Medicare or through your employer.
- Your unemployment insurance income ends or the amount changes

If you need family planning services

The Family Planning Program (FPP) provides limited fee-for-service benefits through Medicaid for family planning services to women and men who may qualify at higher income limits than for regular Medicaid.

Medicaid and private health plans are comprehensive and include family planning benefits. If you are eligible for Medicaid but do not want full coverage or do not qualify for full-benefit Medicaid and have income below a certain limit, you may still be eligible for Medicaid coverage of family planning services, even if you are enrolled in a private health plan.

Need Answers or Help?

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Doc ID: 





Scan this to go to our website.

 Read the FAQs www.MarylandHealthConnection.gov/faqs/

 Get free help from an authorized insurance broker or certified navigator:
www.MarylandHealthConnection.gov/find-help/

 To get help with general questions or help with your account, use our virtual assistant, Flora, or live chat with a representative at MarylandHealthConnection.gov.

 Call Maryland Health Connection at 855-642-8572. Deaf and hard of hearing use Relay.

 Download our free mobile app. Go to the App Store on iOS devices or the Google Play Store on Android devices and search for "Enroll MHC" to find and download the app.

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

 If you have children under age 5 or you are pregnant, you may qualify for the Women, Infants, and Children (WIC) Program. Please call 1.800.242.4WIC to find a WIC clinic near you.

Nondiscrimination and Accessibility Requirements Notice

Maryland Health Connection complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Maryland Health Connection does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Maryland Health Connection:

- ◆ Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- ◆ Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, please call 855-642-8572 for assistance.

How to File a Discrimination Grievance

If you believe Maryland Health Connection has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in writing by mail or email, or call:

Civil Rights Coordinator
Phone: 410-547-6862
Fax: 410-547-6805
MD Relay 7-1-1 or 800-735-2258
Email: MHCCivil.Rights@Maryland.gov
Mail: 750 E. Pratt St., 6th Floor, Baltimore, MD 21202

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019,

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Doc ID: 



800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

How to Appeal or Request a Case Review

If you disagree with an eligibility decision made by Maryland Health Connection, you may request a case review. If the case review shows the decision is incorrect, Maryland Health Connection will fix it.

If you are still dissatisfied after the case review, you may request a hearing before the Office of Administrative Hearings. If you have any questions about this information, call us at 855-642-8572. Deaf and hard of hearing use Relay.

Decisions you can challenge:

- Whether you're eligible to buy a plan through Maryland Health Connection
- Whether you can enroll in a Maryland Health Connection plan outside of the regular open enrollment period
- Whether you're eligible for lower plan premiums or reduced out-of-pocket costs
- Whether you're eligible for Medicaid or the Maryland Children's Health Program (MCHP) or MCHP Premium.

Decisions you cannot challenge:

- Decisions relating to Managed Care Organization (MCO) enrollment, selection, or change. For assistance with MCO disputes, call the HealthChoice Help Line at 800-284-4510.
- Decisions relating to claims paid or not paid by your insurance company or the date your plan was terminated. For help with these disputes, first contact your insurance company. If you are not satisfied with your insurance company's response, contact the Maryland Insurance Administration at 800-492-6116.

How to request a case review

You can request a case review by phone, mail or email.

You can download and print the Request for Fair Hearing form by going to <https://www.marylandhealthconnection.gov/appeals/>.

Please include your Maryland Health Connection Application ID number on all requests. You or your authorized representative have 90 days from the date of this notice to ask for a hearing. An authorized representative is someone you give written permission to act for you.

Phone: Call Maryland Health Connection at 855-642-8572. Deaf and hard of hearing use Relay.

Mail: Maryland Health Connection, PO Box 857, Lanham, MD 20703-0857

Email: Complete and scan Request for Fair Hearing form or write an email to: MHBE.Appeals@Maryland.gov

How to select an Authorized Representative

An authorized representative is someone you choose to act on your behalf with Maryland Health Connection, like a family member or other trusted person. If you want to choose an authorized representative, you can:

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- Log into your account at [MarylandHealthConnection.gov](https://www.marylandhealthconnection.gov) and select Manage Account Settings, or
- Download the Authorized Representative form by going to <https://www.marylandhealthconnection.gov/glossaryslug/authorized-representative/>. Complete and submit this form by mail to: Maryland Health Connection, P.O. Box 857, Lanham, MD 20703.

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Doc ID: 

