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03/21/2022



Application Date: 03/21/2022
Application ID: [REDACTED]
Person ID: 2 [REDACTED]

Questions or need help?
Call us at 1-855-642-8572 (Deaf and hard of hearing use Relay service)

Subject – Cancellation of Health Coverage

Dear [REDACTED],

Medicaid

Medicaid coverage for the following individual(s) will be cancelled for the following reason(s):

Name	Cancel Reason	Program End Date
[REDACTED]	Individual is eligible for or enrolled in another program through Maryland Health Connection (45 CFR 155.305).	06/30/2022

If you think we made a mistake, you have the right to appeal

For information on how to appeal, see the Appeals Rights and Deadlines of this notice.

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 <https://mydhrbenefits.dhr.state.md.us/>

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.

Questions or Need Help?

You may also get free, in-person help from your Local Health Department or by calling 1-855-642-8572. (Deaf and hard of hearing use Relay service)

Sincerely,
Maryland Health Connection





View your notices electronically using our mobile app

You can view notices in your online account, or now by downloading 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.

Once the app is installed, open it and tap on "Access Your Inbox" to log in with your Maryland Health Connection account.



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 help.

How to File a Discrimination Grievance

If you believe that 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 with:

Civil Rights Coordinator

Phone: 410-547-6862

Fax: 410-547-6805

MD Relay TTY: 7-1-1 or 800-735-2258

Email: MHCCivil.Rights@Maryland.gov

Mail: 750 E. Pratt Street, 6th Floor, Baltimore, Maryland 21202

You also may 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 Avenue SW., Room 509F, HHH Building, Washington, DC 20201; [1-800-868-1019](tel:1-800-868-1019); [800-537-7697](tel:800-537-7697) (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



How to Appeal

You can appeal any eligibility decision you receive from the Maryland Health Connection, however Managed Care Organizations/MCO disputes cannot be appealed. 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.

To ask for a hearing:

By Mail: Complete the Request for Hearing form or write a request to:

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

or

Office of Administrative Hearings, 11101 Gilroy Road, Hunt Valley, MD 21031

By Email: Complete and scan the Request for Hearing form or write an email to:

MHBE.Appeals@Maryland.gov

By Phone: Call the Maryland Health Connection at (855) 642-8572 (Deaf and hard of hearing use Relay service)

Please include your Maryland Health Connection ID Number 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 (855) 642-8572 (Deaf and hard of hearing use Relay service).

To prepare for a hearing

- A hearing is a meeting between you, someone from Maryland Health Connection, and a hearing officer. You can talk to the hearing officer about why you think Maryland Health Connection made a mistake.
- 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 the hearing officer understand your concerns.
- You may be covered for childcare or transportation expenses if you are appealing a decision regarding Medicaid eligibility. For information about how to request coverage of these expenses call your local (County) Health Department.
- You may review our documents regarding your eligibility at any time.
- For assistance with preparing an appeal of your denial of enrollment in a qualified health plan or eligibility for an advanced premium tax credit, you can contact the Office of the Attorney General's Health Education and Advocacy Unit at www.MarylandCares.org or call (410) 528-1840 or toll free at (877) 261-8807. The HEAU can assist you in preparing for a hearing, but cannot represent you at a hearing.
- The result of your appeal could change the health coverage you or others in your household qualify for.



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REQUEST FOR CASE REVIEW OR FAIR HEARING

Complete this form **ONLY** if you disagree with Maryland Health Connection's eligibility decision.
If you need help completing this form, call (855) 642-8572 (Deaf and hard of hearing use Relay service).

1. Tell us who you are. Please print clearly.

Name: _____ Date of Birth: _____

Address: _____

Phone Number: (_____) _____ MD Health Connection ID: _____

2. What is the reason 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 one of the following reasons:

- _____ Medicaid Eligibility (remember, MCO disputes cannot be appealed)
- _____ Qualified Health Plan eligibility
- _____ Financial Assistance (Advance Premium Tax Credit or Cost-Sharing) eligibility
- _____ My application was wrongly denied for another reason

_____ Other reason that I want a hearing

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. (Attach other sheet of paper if needed.)

3. For Medicaid and MCHP Eligibility – I understand that if I am currently receiving Medicaid/MCHP and I ask for a hearing within 10 days from the date of the decision, I can continue to receive those benefits while I wait for my hearing unless my benefit 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 that if I ask for a hearing within 90 days from the date of the decision, I can still enroll in a qualified health plan and receive any tax subsidies I am currently eligible for. The result of my appeal can change the coverage I qualify for and depending on the result of my appeal, I may have to pay back any tax subsidies I receive to the IRS.

Signature Date



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