Notice Date: 08/14/2015

Application Date: 11/20/2014

aak Khan
100 Columbia rd
Columbia, MD 21044

Application ID: 38213

Subject – Health Coverage Renewal Decision Notice

Dear aak Khan,

Based on the information you provided in your latest application, your eligibility for Medicaid, MCHP or MCHP Premium health coverage has been renewed. Please review the details below regarding your new eligibility decision.

Your household's new eligibility decision is detailed below.

Your eligibility decision

aak Khan
Reported Household Income: $ 833
Household Size: 1

Program	Status	Begin Date	End Date	Denial Reason	Income Standard
Medicaid	Approved	11/01/2015			
Qualified Health Plan without Financial Assistance(Special Enrollment)	Denied			Individual is not eligible to enroll in a QHP during a Special Enrollment Period (45 CFR 155.420)	

If you or a member of your household is no longer eligible for Medicaid, MCHP or MCHP Premium, you may qualify for other health coverage. To find out if you qualify refer to the How to Apply section below.

If you do not take any actions within **60 days** from the loss of the health coverage, you will not be qualified to purchase a Qualified Heath Plan (QHP) until the next Open Enrollment period.

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

How to Apply

You can apply online, by mail or with assistance.

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

Applying 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 apply by mail:

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

To apply 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 promptly 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 marry or divorce, become pregnant, or have a child;
- Your immigration status changes;
- Your health insurance changes

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

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

Contact Maryland Health Connection if you need to report changes or have any questions about this notice. Let us know if you need help applying for health coverage or accessing your account. 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 the local Department of Health, 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).

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 *(First Name, Middle Name, Last Name)*		
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.) ☐	**B.** Applicant's Power of Attorney ☐

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).