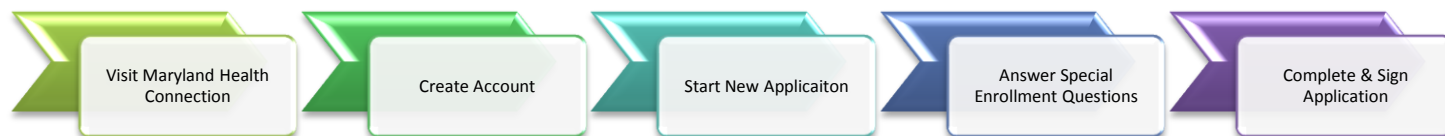


Medicaid Renewals

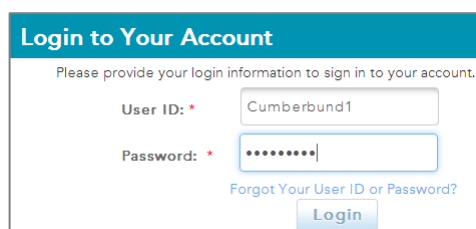
In order to have your Medicaid eligibility reassessed through the Maryland Health Connection, create an account and submit a new application. **NOTE: YOU MUST COMPLETE THE SPECIAL ENROLLMENT SECTION AS DESCRIBED IN STEP 8.**



Create Account

From homepage: <https://www.marylandhealthconnection.gov>

1. Click **Enroll Now**
2. Click **Create Account**
3. **Complete** all information with a red asterisk (*) and click Create Account
4. **Log in** with your new User ID and Password you created



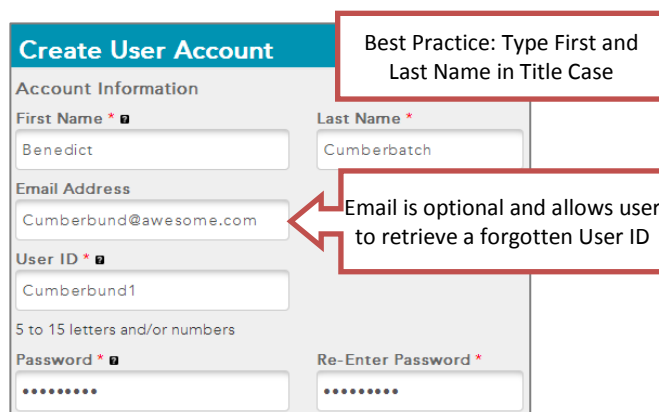
Login to Your Account

Please provide your login information to sign in to your account.

User ID: *

Password: *

[Forgot Your User ID or Password?](#)



Create User Account

Account Information

First Name *

Last Name *

Email Address

User ID *

5 to 15 letters and/or numbers

Password *

Re-Enter Password *

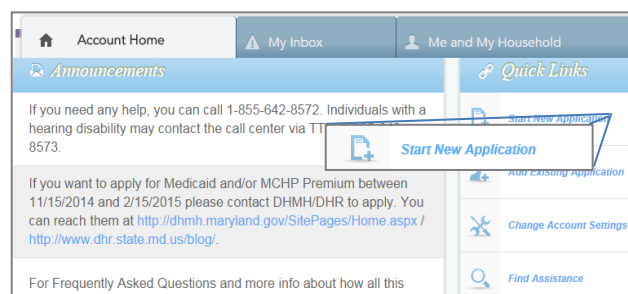
Best Practice: Type First and Last Name in Title Case

Email is optional and allows user to retrieve a forgotten User ID

Complete Application

After logging in, from Account Home page

1. Click **Start New Application**
 - Click **Next** to advance to the next screen throughout.
2. Complete **Build Your Household** Section
 - a. Select **Yes** to indicate you want to be evaluated for **Help with Health Care Cost**.
 - b. Complete required information for all household members indicated with a red asterisk (*).
 - c. Complete **Build Your Household – Individual Details** for each family member
 - Enter Social Security Number (SSN).
 - *If you do not have an SSN, system will not allow you to proceed. You must contact the Call Center, 1-855-642-8572 (TTY: 1-855-642-8573).*
 - d. Provide **Home Address**
Or, Indicate No Home Address if the applicant is homeless.



Account Home | My Inbox | Me and My Household

Announcements

If you need any help, you can call 1-855-642-8572. Individuals with a hearing disability may contact the call center via TTY 8573.

If you want to apply for Medicaid and/or MCHP Premium between 11/15/2014 and 2/15/2015 please contact DHMH/DHR to apply. You can reach them at <http://dhmh.maryland.gov/SitePages/Home.aspx> / <http://www.dhr.state.md.us/blog/>.

For Frequently Asked Questions and more info about how all this

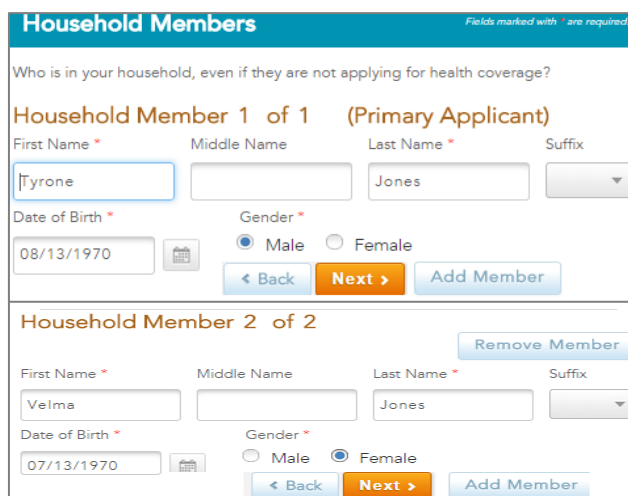
Quick Links

[Start New Application](#)

[Add Existing Application](#)

[Change Account Settings](#)

[Find Assistance](#)



Household Members Fields marked with * are required.

Who is in your household, even if they are not applying for health coverage?

Household Member 1 of 1 (Primary Applicant)

First Name * Middle Name Last Name * Suffix

Date of Birth * Gender * ☒ Male ☐ Female

Household Member 2 of 2

First Name * Middle Name Last Name * Suffix

Date of Birth * Gender * ☐ Male ☒ Female

Review information for accuracy, Click **Confirm**

Confirm Your Identity page appears. If your identity cannot be confirmed after calling Experian, visit a local [Health Department](#) or [Department of Social Services](#) office.

3. Complete **Individual Details** Section

- Indicate if applicant(s) have been determined **disabled** by the Social Security Administration.
- Select **Citizenship/Immigration Status** of all household members.

4. Complete **Tax Information** Section

- Enter annual income for the household for the current year and expected income for next year in **Income Confirmation** screen.
- Indicate if household income for the current month is greater than amount indicated.

If applicant is not eligible for financial assistance, the *Household Income* and *Household Deductions* sections are skipped.

5. Complete **Household Income** Section

- Indicate if anyone is currently employed.

Answer **No** when the only income earner is self-employed.

6. Complete **Income Deduction** Section

- Indicate **Yes** for Prior Medical Expenses

7. Complete **Additional Questions** Section

- Select **Yes** to indicate family member currently have Health Insurance.
- Complete Currently Enrolled in Health Coverage
 - Policy Coverage Date** and **Effective Dates** must match. **Policy Coverage End Date** and **Effective End Dates** must match. *Use end date provided in the letter received.*

8. Complete **Special Enrollment** Section

- Select **all household members** to indicate they will lose health insurance within the next 60 days.
- Enter date provided in the letter received
- Review and Click **Confirm**

9. Complete **Application Review** section

10. Review **Eligibility Determination** and Select Desired Program

11. Complete **Additional Medicaid Questions**, if required

12. **Document Upload** appears if verification documents are required.

- Click **Next** to pass Document Upload. Documents can be uploaded at a later time.
- Click **Proceed to Enrollment**

Final Confirmation page appears

Citizenship/Immigration Status

Please indicate any applicant who is a U.S. citizen or U.S. national

☒ Sam Ma ☐ Jam Ma

Please indicate any applicant who is a naturalized or derived citizen

☐ Sam Ma ☐ Jam Ma

Please indicate if you are a refugee

☐ Sam Ma ☐ Jam Ma

If you are a refugee, you should indicate the date you arrived in the United States

☐ Yes ☐ No

If a citizenship/immigration selection is not made for an individual, the person will not be eligible for Medicaid or a QHP.

Income Confirmation Fields marked with * are required.

Please review all income and tax information questions to make sure they reflect your new income. You must update your income on all application screens that contain income questions including your yearly income and your monthly income.

What do you expect Anne Teak's yearly income will be in 2014?

Amount *

What do you expect Anne Teak's yearly income will be in 2015?

Amount *

Is your household income (before taxes) for this month more than \$1369? *

☒ Yes ☐ No

Indicate if income for current month is above Medicaid threshold for household.



Information

Medicaid	Ineligible			
Explanation: Individual does not meet the Medicaid financial criteria (42 CFR 435.116 (pregnant women), 42 CFR 435.117 (children), and 42 CFR 435.118 (children), and 42 CFR 435.119 (children)).				
Qualified Health Plan with Financial Assistance	Eligible	01/01/2015		<input checked="" type="checkbox"/>
Explanation: Amanda Reckonwith is eligible to purchase a Qualified Health Plan (QHP) through Maryland Health Connection.				
Qualified Health Plan without Financial Assistance	Eligible	01/01/2015		<input type="checkbox"/>
Explanation: Amanda Reckonwith is eligible to purchase a Qualified Health Plan (QHP) through Maryland Health Connection.				

Check one eligible program per person to enroll