

REQUEST FOR FAIR HEARING

**Fill out this form ONLY if you disagree with Maryland Health Connection's eligibility decision.
If you need help completing this form, call (855) 642-8572 (TTY: (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: _____

Maryland Health Connection 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

_____ Medicaid for Children

_____ Maryland Children's Health Program Premium (MCHP Premium)

_____ Qualified Health Plan coverage through Maryland Health Connection

_____ Financial assistance (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 maximum amount I have to pay for coverage (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 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 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

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 tax subsidies 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.

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

Signature

Date

A Service of the Maryland Health Benefit Exchange

If You Think We Made A Mistake

You can appeal any decision you receive from the Maryland Health Connection. 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 included Request for Hearing form or write a request to:
Maryland Health Connection
P.O. Box 857
Lanham, MD 20703-0857
- or:
- Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, MD 21031
- **By Email:** Complete and scan included Request for Hearing form or write an email to:
MHBE.Appeals@Maryland.gov
- **By Phone:** Call the Maryland Health Connection at (855) 642-8572 (TTY: (855) 642-8573).

***Please include your Maryland Health Connection ID# 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 (TTY: (855) 642-8573).

If you appeal our decision, you will have a hearing. A hearing is a meeting between you, someone from the State, 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 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 (855) 642-8572 (TTY: (855) 642-8573).
- You may review our documents regarding your eligibility at any time.

For Medicaid or MCHP Eligibility:

If you have Medicaid or MCHP, you may keep your current health coverage if you appeal within 10 days of this notice. 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 tax subsidies. 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, you can contact the Office of the Attorney General's Health Education and Advocacy Unit online at www.MarylandCares.org or at (410) 528-1840 or toll free at (877) 261-8807. The HEAU can assist you but cannot represent you at the hearing.