

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

A Service of the Maryland Health Benefit Exchange



Case Review Process

If you disagree with an eligibility decision made by Maryland Health Connection, you may request a case review. During the case review, Maryland Health Connection will review your information and the decision to make sure it is correct. If the case review shows the decision is incorrect, Maryland Health Connection will fix it.

If you are still dissatisfied after the case review of your eligibility decision, you may request a hearing before the Office of Administrative Hearings. If you have any questions about this information, contact the Call Center at 1-855-642-8572. Deaf and hard of hearing use Relay service.

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 with your plan
- 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, contact the HealthChoice Help Line at 1-800-284-4510.
- Decisions relating to claims paid or not paid by your carrier or the date your plan was terminated. For assistance with these disputes, contact your carrier.

How to request a case review

You can request a case review by phone, mail or e-mail. Please include your Maryland Health Connection ID number on all requests.

BY PHONE: Call Maryland Health Connection at (855) 642-8572. Deaf and hard of hearing use Relay service.

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

BY e-MAIL: Complete and scan included Request for Hearing form or write an email to: MHBE.Appeals@Maryland.gov

Language Services are available to assist you. If you need assistance, call (855) 642-8572 (TTY (855-642-8573). Servicios de traductor estan disponibles para asistirles. Si usted necesita ayuda llame al (855) 642-8572. Deaf and hard of hearing use Relay service.



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 (855) 642-8572 (TTY (855) 642-8573).
- 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 prepare, 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.

Language Services are available to assist you. If you need assistance, call (855) 642-8572 (TTY (855-642-8573)). Servicios de traductor estan disponibles para asistirles. Si usted necesita ayuda llame al (855) 642-8572. Deaf and hard of hearing use Relay service.

REQUEST FOR CASE REVIEW OR FAIR HEARING

Complete this form 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, 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