



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 Application 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
 - _____ State Young Adult Premium Assistance 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