



**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