



Person ID: 1111583504  
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Notice Date: 08/02/2015

Application Date: 01/31/2016

Esta carta le informa los resultados de su solicitud de cobertura de salud, enumera las personas aprobadas y explica si están en Medicaid o en un Plan de salud calificado.

PATRICIA STROMBERG  
100 Columbia rd  
Columbia, MD 21044

Application ID: 36783

**Subject – Change Reporting/Final Determination for Healthcare Coverage**

Dear PATRICIA STROMBERG,

This notice is to let you know the results of your application for health coverage on 01/31/2016 through Maryland Health Connection.

**Approved Individuals:**

Based on the information provided in your application, the following household members are eligible for certain health coverage programs and have selected a program.

Medicaid	Reason
PATRICIA STROMBERG	

**How we made our decision(s)**

We counted your household size and income based on what you provided on your application and information from other data sources (45 CFR § 155.305, 42 CFR § 435.945, 435.948, 435.949).

If you receive the Additional Verification Required notice, you must respond to confirm your eligibility. If you do not respond or if you cannot verify the information in your application, your eligibility may change or your coverage may end.

**If you think we made a mistake, you have the right to appeal. For information on how to appeal, see the Appeal Rights and Deadlines section of this notice.**





Esta información explica que debe comunicarle a Maryland Health Connection y a su compañía de seguros acerca de los cambios que pueden afectar su cobertura de salud; por ejemplo, si se produjeron cambios en su familia, su condición migratoria o sus ingresos.

**You must report changes**

While receiving health coverage through Maryland Health Connection, you must report any changes that might affect your and/or your household's health coverage, such as, if:

- You move;
- Your income changes;
- Your household size changes. For example, you marry or divorce, become pregnant, or have a child;
- Your immigration status changes;
- Your health insurance changes

To report any changes, you can contact the Maryland Health Connection.

**You must renew your health coverage**

To keep your health coverage, you will have to renew it on an annual basis. Watch for a reminder

**If you have special health care needs**

If you require nursing home care, have high or recurring medical bills, or have special health care needs, you may be eligible for Medicaid on a different basis. To apply for Medicaid based on these needs, call 1-800-332-6347 or go to [www.marylandsail.org](http://www.marylandsail.org).

**If you are an American Indian/Alaska Native**

If you are an American Indian/Alaska Native you may not have to pay certain health care costs. Please contact 1-855-642-8572 (TTY: 1-855-642-8573) for more information.

**How to contact Maryland Health Connection**

Si tiene alguna pregunta, puede ponerse en contacto con Maryland Health Connection llamando al 1-855-642-8572 y TTY: 1-855-642-8573 o visitando [www.MarylandHealthConnection.gov](http://www.MarylandHealthConnection.gov)

Contact Maryland Health Connection if you need to report changes, select a program or have any questions about this notice. Let us know if you need help applying for health coverage or accessing your account. You can contact Maryland Health Connection:

- Online at [www.marylandhealthconnection.gov](http://www.marylandhealthconnection.gov)
- By calling 1-855-642-8572 (TTY: 1-855-642-8573)
- In person at your local Health Department, local Department of Social Services or regional Connector Entity

If you have a disability, you may request and receive a reasonable accommodation or special help from Maryland Health Connection when it is necessary to allow you to apply for and receive services through Maryland Health Connection.

Sincerely,  
Maryland Health Connection



Language services are available to assist you. If you need assistance, call 1-855-642-8572 (TTY: 1-855-642-8573). Servicios de idiomas están disponibles para ayudarle. Si necesita ayuda, llame al 1-855-642-8572 (TTY: 1-855-642-8573).





## Appeal Rights and Deadlines

### If You Think We Made A Mistake

You can appeal any decision you receive.

Your Representative has 90 days from the date of this notice to ask for a hearing. An Authorized Representative is someone who you choose to act on your behalf with the Maryland Health Connection, like a family member or other trusted person. Some Authorized Representatives may have legal authority to action on your behalf.

#### To ask for a hearing:

- **By Mail** : Complete the included Request for Fair Hearing form or write a request to:  

Maryland Health Connection		Office of Administrative Hearings
P.O. Box 857	<u>or:</u>	11101 Gilroy Road
Lanham, MD 20703		Hunt Valley, MD 21031
- **By Email**: Complete and scan included Request for Fair Hearing form or write an email to :  
MHBE.Appeals@Maryland.gov
- **By Phone**: Call the Maryland Health Connection at 1-855-642-8572 (TTY: 1-855-642-8573).

**\*Please include your Person ID listed at the top of this notice 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 1-855-642-8572 (TTY: 1-855-642-8573) or visit a local Department of Health, local Department of Social Services, or regional Connector Entity.

If you appeal our decision, you will have a hearing. A hearing is a meeting between you, someone from Maryland Health Connection 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 review our documents regarding your eligibility at any time.

#### For Medicaid, MCHP or MCHP Premium eligibility:

If you have Medicaid, MCHP or MCHP Premium, you might be eligible to keep your current health coverage if you appeal within **10 days** of this notice. Call 1-855-642-8572 (TTY: 1-855-642-8573) to learn more. 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 financial assistance that you are currently eligible for. 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 or cost-sharing reductions, you can contact the Office of the Attorney General's Health Education and Advocacy Unit (HEAU) online at [www.MarylandCares.org](http://www.MarylandCares.org) or at 410-528-1840 or toll free at 1-877-261-8807. The HEAU can assist you but cannot represent you at the hearing.

Si cree que se cometió un error, tiene 90 días para apelar la decisión mediante la solicitud de una audiencia. Usted o alguien que elija para actuar en su nombre debe enviar el formulario de Solicitud de audiencia de Maryland Health Connection por correo o por correo electrónico a las direcciones arriba indicadas. La apelación se debe realizar en inglés. Si tiene a una persona autorizada a actuar en su nombre, también se debe incluir un formulario diferente. Todos los formularios estaban en el sobre con la carta 1303

