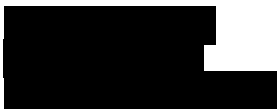


Go paperless!

Visit marylandhealthconnection.gov, verify your email address, and select paperless delivery. It's a fast, easy, and secure way to view and keep your important plan documents.

03/22/2022



Application Date: 

Person ID: 

Questions or need help?




Call us at 1-855-642-8572

(Deaf and hard of hearing use Relay service)

 **Additional Information Required for Your Health Coverage**

Why am I getting this letter

We are unable to confirm certain information in your application. You must provide documentation for the verification(s) listed below right away. If we do not receive documentation by the due date(s) below and are unable to confirm your information, your enrollment or eligibility for coverage or financial help may change.

Name	Program	Verification Type	Due Date	Result If not Verified
	Medicaid	Citizenship	04/21/2022	Coverage will end on 04/30/2022
	Medicaid	Income	04/21/2022	Individual will no longer be eligible to enroll in Medicaid
	Medicaid	Social Security Number	04/21/2022	Individual will no longer be eligible to enroll in Medicaid

We strongly encourage you to provide your documentation to Maryland Health Connection at least **10 days** before it is due to allow enough time for processing and to ensure that your enrollment or eligibility is not interrupted.

NOTE: If the income on your application does not match the income in the documents you provided, your application will be updated, and the amount or type of assistance you receive could change.

Please note that if you need to verify your income and a member of your household is eligible for Medicaid/MCHP, you must verify income within 30 days or the household member's eligibility for Medicaid/MCHP may be canceled.

If you did not provide documentation by the due date or if your documents could not be used to verify your eligibility, your coverage may change or end. Please contact Maryland Health Connection for help resolving your enrollment.

Acceptable Documents You must submit a copy (do not send the original) of one document for each outstanding



verification type requested above (citizenship, identity, lawful presence/immigration status, and/or income).

Please refer to the end of this notice for a list of documents that are accepted for each type of verification. You can also find a full list of documents that you may submit for each verification type at www.marylandhealthconnection.gov/assets/MHC_VCL_Doc_Checklist.pdf. Other documents may be acceptable. Please contact Maryland Health Connection if you have any questions about what documents may be used to verify your information.

How to Submit Documents

You can submit documents using our mobile app, online, by mail or in-person.

Mobile App: Using our free Enroll MHC mobile app for iOS and Android is the quickest and easiest way to submit your documents. Using this App you can upload pictures of your documents using the camera of your mobile device.

To get our mobile app, go to the App Store on iOS devices or the Google Play Store on Android devices and search for "Enroll MHC" or "Maryland Health Connection" to find and download the app.

Once the app is installed, open it and tap on "Submit Verifications" on the home page to login with your Maryland Health Connection user account and take pictures of your verification documents.

Online: Log into your online account at MarylandHealthConnection.gov and click on the "My Inbox" tab. For each verification required:

- Select "Verifications" in the Document Category dropdown and select the type of document you are providing in the Document Type dropdown.
- Select the household member for which the document applies.
- Provide additional information if necessary.
- Click "Browse" and select the document file from your computer/tablet/laptop, and click "Open" (If you don't have the document(s) electronically, you will need to mail your documents with the cover sheet that was included with your notice. To print a copy of the cover sheet, click "I don't have an electronic copy and need to mail my document").
- To add another document, click the "Add Another Document" link.
- Click "Submit" to submit your documents.

Mail: If you are unable to submit documents online, you may mail them to:

Maryland Health Connection P.O. Box 857, Lanham, MD 20703

You must include the attached cover sheet with any documents that you submit by mail.

In-Person: You can bring your documentation to a Local Health Department, Department of Social Services or regional connector entity office. A list of connector entities is included with this notice.



Enrollment in a Qualified Health Plan Once we receive the requested information, we will notify you of any changes to your household's eligibility for financial assistance and for enrollment in a qualified health plan.

If the documents you provided do not verify information in your application, we will notify you of next steps. Your household's eligibility for enrollment in a Qualified Health Plan or for financial assistance may change based on the documentation you provided to Maryland Health Connection. If there are no changes required, there is nothing else you need to.

Questions or Need Help?

Maryland Health Connection wants to make choosing health coverage as easy as possible. You can get free help understanding this information or enrolling in coverage.

You may also get free, in-person help from an authorized insurance broker, connector entity navigator or by calling us at 1-855-642-8572 (Deaf and hard of hearing use Relay service). You can find local help at MarylandHealthConnection.gov/help.

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



View your notice electronically using our mobile app

You can view notices in your online account, or now by downloading our free mobile app. Go to the App Store on iOS devices or the Google Play Store on Android devices and search for "Enroll MHC" to find and download the app.

Once the app is installed, open it and tap on "Access Your Inbox" to log in with your Maryland Health Connection account.



ACCEPTABLE DOCUMENTS FOR OUTSTANDING VERIFICATIONS

- Social Security Number**
- Social Security card
 - Tax form(s)
 - Benefit or income statement from Social Security containing your SSN
 - Pending application for an SSN
 - Letter from Social Security stating that you're not eligible for an SSN or are only eligible for a non-work SSN
 - Letter stating that you refuse to obtain an SSN for established religious objections

U.S. Citizenship

To verify citizenship, please provide: one document from List A

OR

one document from List B and one document from List C

List A

- U.S. Passport
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Native American tribal documents
- (e.g. Tribal Enrollment Card, Certificate of Degree of Indian Blood, Tribal Census document, or documents on tribal letterhead signed by the tribal official)

List B

- U.S. Public Birth Certificate
- Certification of Report of Birth
- Consular Report of Birth Abroad of a U.S. Citizen
- Certification of Birth
- U.S. Citizen ID Card
- Northern Marianas ID Card
- Adoption Papers showing the person's name and U.S. place of birth
- Evidence of U.S. Civil Service employment before June 1, 1976
- U.S. Military Record showing U.S. place of birth
- U.S. Medical Record showing U.S. place of birth
- U.S. life, health or other insurance record showing U.S. place of birth
- Religious record showing U.S. place of birth recorded in the U.S.
- School record showing the child's name and U.S. place of birth
- Federal or State census record showing U.S. citizenship or U.S. place of birth

List C

- Driver's license issued by a State or Territory with a photo or other identifying info
- Identification card or official document issued by federal, state or local government with a photo or other identifying info
- Military Dependent's Identification Card
- School Identification Card with a photo
- U.S. Military Card or Draft Record
- U.S. Coast Guard Merchant Mariner Card
- Clinic, doctor, hospital or school record for children under age 19
- Finding of identity from a Federal or State governmental agency
- Finding of identity from an Express Lane agency
- Two documents containing consistent information that corroborates an applicant's identity (e.g. employer identification cards, high school and college diplomas [including high school equivalency diplomas], marriage certificates, divorce decrees, and property deeds or titles.)



Income

- Most recent pay stubs (two weekly; two biweekly; or one monthly)
- Tax records or returns
- Unemployment Award Notice
- Business records
- Statement of Projected Earnings
- Department of Labor statement
- Employer letter
- Income Source Statement
- Social Security Administration benefits information (e.g. Benefit Verification Letter, also called a Budget Letter; Benefits Letter or Income Letter; Payment History; Earning Record)
- Signed Affidavit of Current Income To obtain the income affidavit form, go to https://www.marylandhealthconnection.gov/wpcontent/uploads/2014/12/Affidavit_Current_Income.pdf or call the Maryland Health Connection Call Center to request one.

Self-Employment

- 1040 SE with Schedule C, F, or SE (for self-employment income)
- 1065 Schedule K1 with Schedule E
- Tax return
- Bookkeeping records Receipts for ALL allowable expenses
- Bank Statements (personal & business) and cancelled checks
- Signed time sheets and receipt of payroll, if you have employees
- Most recent quarterly or year-to-date profit and loss statement
- Affidavit of Self-Employment Income

To obtain the self employment income affidavit form, go to <https://www.marylandhealthconnection.gov/assets/selfempincomeaffidavit.pdf> or call the Maryland Health Connection Call Center to request one.

Unearned Income

- Annuity statement
- Statement of pension distribution from any government or private source
- Worker's compensation letter
- Prizes, settlements, and awards, including court-ordered awards letter
- Proof of gifts and contributions
- Proof of inheritances in cash or property
- Proof of strike pay and other benefits from unions
- Sales receipts or other proof of money received from the sale, exchange or replacement of things you own
- Interests and dividends income statement
- Loan statement showing loan proceeds
- Royalty income statement or 1099-MISC
- Proof of bonus/incentive payments (like a letter of bank statement showing deposit)
- Proof of severance pay
- Pay stub indicating sick pay
- Letter, deposit, or other proof of deferred compensation payments
- Pay stub indicating substitute/assistant pay
- Pay stub indicating vacation pay
- Proof of residuals
- Letter, deposit, or other proof of travel/business reimbursement pay



Maryland Health Connection Consumer Assistance Organizations

Region	Counties Served	Entity Name	Phone and Website
CENTRAL	Baltimore City, Baltimore County, Anne Arundel	HealthCare Access Maryland	Call 410-500-4710 or 855-288-3667 TOLL-FREE or visit www.healthcareaccessmaryland.org
UPPER SHORE	Harford, Cecil, Kent, Queen Anne's, Talbot, Caroline, and Dorchester	Seedco	Call 1-866-492-6057 or visit www.SEEDCO.org/affordable-health-care-maryland/
LOWER SHORE	Wicomico, Somerset, Worcester	Lower Shore Health Insurance Assistance Program	Call 1-855-445-5540 or visit lowershorehealth.org
FAR WEST	Garrett, Allegany, Washington	AHEC West Health Insurance Program	Call 1-888-202-0212 or visit www.ahecwest.org/wmic
MONTGOMERY	Montgomery	Montgomery County Health Connection	Call 240-777-1815 or visit www.montgomeryhealthconnection.org
PRINCE GEORGE'S	Prince George's	Prince George's County Health Connect	Call 301-927-4500 or visit www.PGchealthconnect.org
MIDWEST	Frederick, Carroll, Howard	HealthCare Access Maryland	Call 410-500-4710 or 855-288-3667 TOLL-FREE or visit www.healthcareaccessmaryland.org
SOUTHERN	Calvert, Charles, and St. Mary's	Seedco	Call 1-855-339-3007 or visit www.SEEDCO.org/affordable-health-care-maryland/



Nondiscrimination and Accessibility Requirements Notice

Maryland Health Connection complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Maryland Health Connection does not exclude people or treat them differently, because of race, color, national origin, age, disability or sex.

Maryland Health Connection:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please call 855-642-8572 for help.

How to File a Discrimination Grievance

If you believe that Maryland Health Connection has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance in writing by mail or email with:

Civil Rights Coordinator

Phone: 410-547-6862

Fax: 410-547-6805

MD Relay TTY: 7-1-1 or 800-735-2258

Email: MHCCivil.Rights@Maryland.gov

Mail: 750 E. Pratt Street, 6th Floor, Baltimore, Maryland 21202

You also may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; [1-800-868-1019](tel:1-800-868-1019); [800-537-7697](tel:800-537-7697) (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Maryland Health Connection
P.O. Box 857
Lanham, MD 20703

IMPORTANT: YOU MUST INCLUDE THIS COVER SHEET WITH ALL DOCUMENTS RETURNED TO MARYLAND HEALTH CONNECTION.

Person ID : 240345
Application ID : 238545



This Page Intentionally Left Blank

