# Hospital and
# Managed Care Organization

# **Medicaid**
# **Newborn Enrollment Portal**
# **Manual**

*Volume 1.0*
*3/6/2024*

Office of Eligibility Services
Maryland Medicaid Administration

# Table of Contents

# Record of Changes

| Version # | Date | Author/Owner | Description of Changes |
|---|---|---|---|
| 1.0 | 3/6/24 | Lisa Oelfke | Initial version |
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## 1.   Intro

The Medicaid Newborn Enrollment Portal ("Newborn Portal") is a new system on the Maryland Health Connection (MHC) platform for authorized hospital and Managed Care Organization (MCO) staff ("external users") to enroll deemed newborns into Medicaid. A deemed newborn is a child who is automatically eligible for Medicaid because the child'smother was eligible for and received covered services underMedicaid on the child's date of birth (Section 1902(e)(4) of the Social Security Act; 42 CFR § 435.117)

The Newborn Portal improves the current "1184" process, which is handled through the newborn enrollment module in e-Medicaid, by resolving duplicate enrollment transactions. Under the current 1184 process, eMedicaid sends the enrollment for the newborn with a temporary Medical Assistance identification number (MA ID) to the Maryland Medicaid Information System (MMIS); however, the newborn's eligibility does not appear in MHC. As a result, when a consumer or worker adds the newborn to MHC, the transaction "tads out," as eligibility already exists for the newborn. With the new process, deemed newborns will be assigned the same MA ID in the Newborn Portal and MHC and their information will be transferred to MHC once it is submitted in the Newborn Portal.

The Newborn Portal will eventually replace the newborn enrollment module e-Medicaid after an initial crossover period. During the crossover period, newborn enrollment through e-Medicaid will continue to be operational until a date to be determined.

This manual provides instructions for the following actions in the Newborn Portal:

- Enter and complete newborn enrollment applications;
- Search for and view newborn applications;
- View newborn notices; and
- Download and export search results into an Excel file

**Inquiries**

Hospitals and MCOs with requests or issues regarding access to the Newborn Portal should email mdh.newbornportal@maryland.gov and include the user's name and the provider name and number (or MCO) in their request.

Newborn enrollment application issues, corrections, and questions should be emailed to mdh.newbornapplication@maryland.gov.

## 2. Medicaid Newborn Enrollment Portal

### 2.1. Medicaid Newborn Enrollment Portal Links

The Newborn Portal has been added to the existing Streamlined Medicaid Enrollment Portal and is accessible to authorized hospital and MCO users via the internet at the following website:

**https://pe.marylandhealthconnection.gov**

A VPN is not needed. Users are required to secure their access through Multi-Factor Authentication (MFA) each time they log into their account.

### 2.2. Medicaid Newborn Enrollment Portal Access

To access the Newborn Portal, external users must first be provisioned with a user role in Sailpoint, the identity manager solution for Maryland Health Connection. The Sailpoint user role for external users is as follows:

**PE_NB_External_HospitalWorker** - This role will be assigned to hospital and MCO representatives so they may complete, search for and view newborn enrollment applications in the Newborn Portal.

Hospital or MCO administrators for e-Medicaid, should request Newborn Portal access for their staff using the email address below. Once provisioned in the Newborn Portal, external users will receive credentials to use the portal.

Hospital and MCO representatives who need access to the Newborn Portal or who have questions or issues regarding access should email: mdh.newbornportal@maryland.gov. Please include your provider name and number or MCO.

### 2.3. Streamlined Medicaid Enrollment Portal Home Screen

The Newborn Portal is located on the Streamlined Medicaid Enrollment Portal. The portal titles are clickable links that will take users to the appropriate login page based on the portal selected. Hospital and MCO users should click on the Medicaid Newborn Enrollment button.
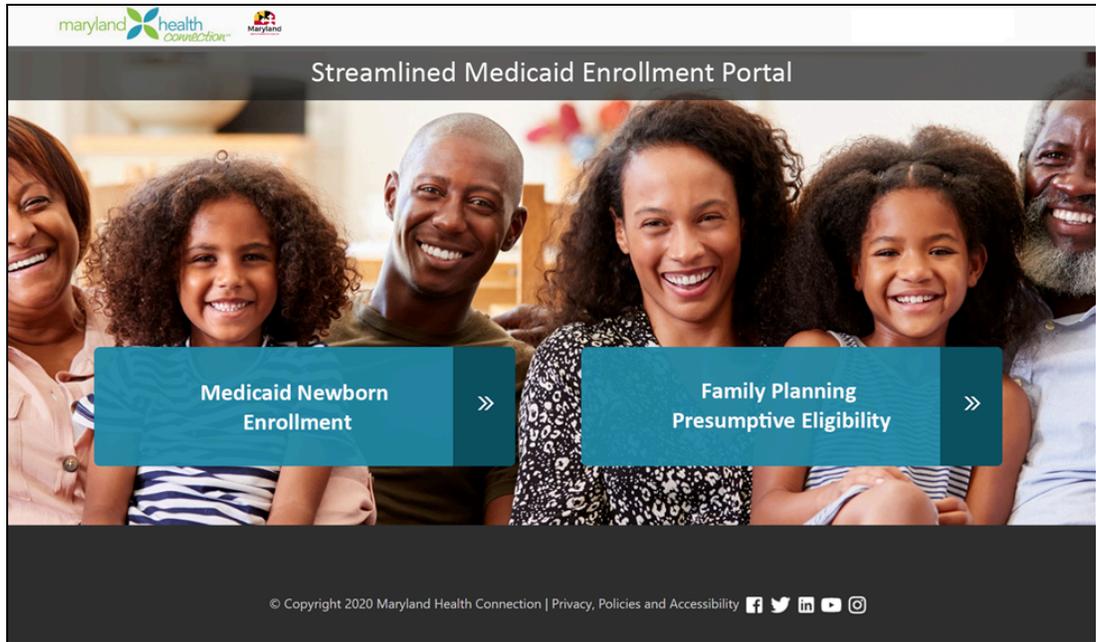
Figure 1: Streamlined Medicaid Enrollment Portal Home Screen

## 2.4.    Medicaid Newborn Enrollment Log-on Screen

When hospital and MCO users click on the Medicaid Newborn Enrollment button on the Streamlined Medicaid Enrollment Portal, the system will navigate to the Log-on screen.



Figure 2: Log-On Screen

### 2.4.1. Change Password

When logging-on for the first time, users will be prompted to create a new password. The new password should follow the requirements: 9 to 15 characters with at least one number, one uppercase letter, one lowercase letter, and one special character.



Figure 3: Change Password Screen

### 2.4.2. Email Verification Code Generation Screen

Once the user changes their password for the first time, the email address that is registered at the time of the account creation will be displayed to verify the email address. The user must verify their email to proceed. A verification code will be sent to their email address.
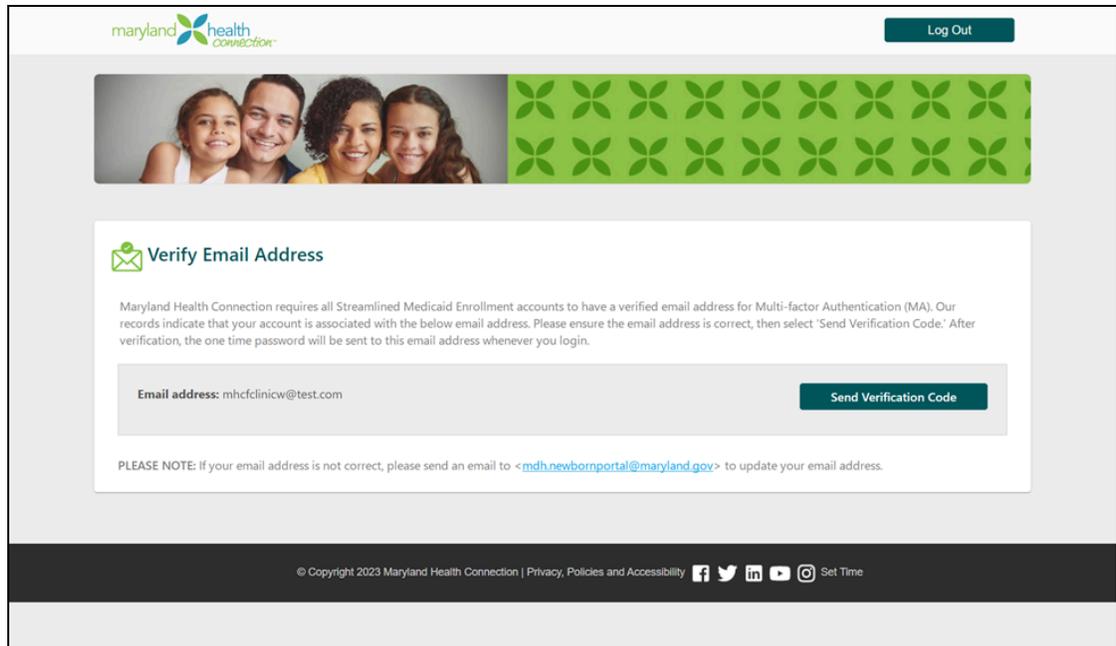
Figure 4: Verification Code Generation Screen

### 2.4.3. Multi-Factor Authentication (MFA)

The verified email address will be used as the authorized email address for sending a single use security code for MFA. Every time the user logs into their account after their initial login, they must request a single-use security code in the 'Security Code Verification' screen. This will generate and send a code to their registered email address.
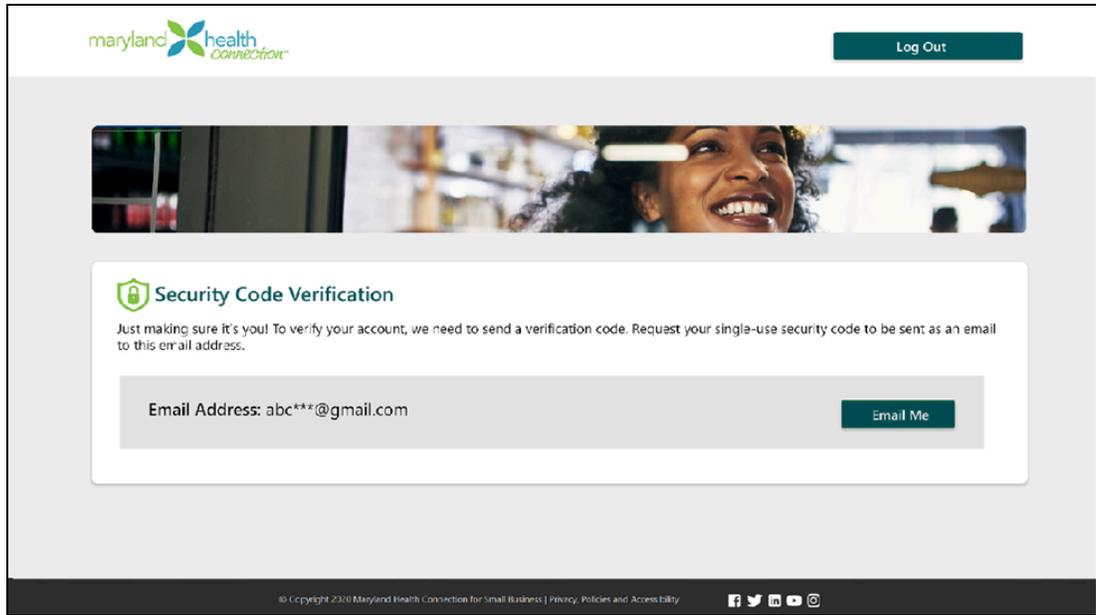
Figure 5: Security Code Verification Screen

The user should enter the code sent to their verified email address and click 'Verify' to authenticate the code entered and access the portal.
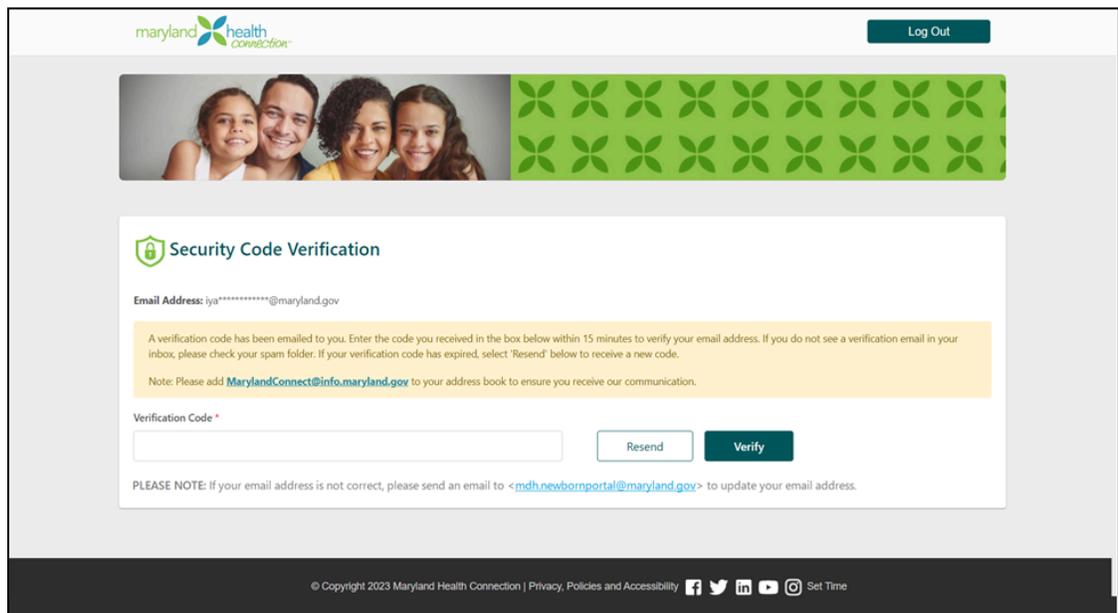


Figure 6: Security Code Authentication

## 2.5.    Newborn Enrollment Dashboard

After the user successfully completes the multi-factor authentication, the system will navigate to the Newborn Enrollment Dashboard where they will be able to search for, start and complete newborn enrollment applications. The hospital or MCO name, address and phone number for the logged in user who is completing the application will display at the top of the portal.
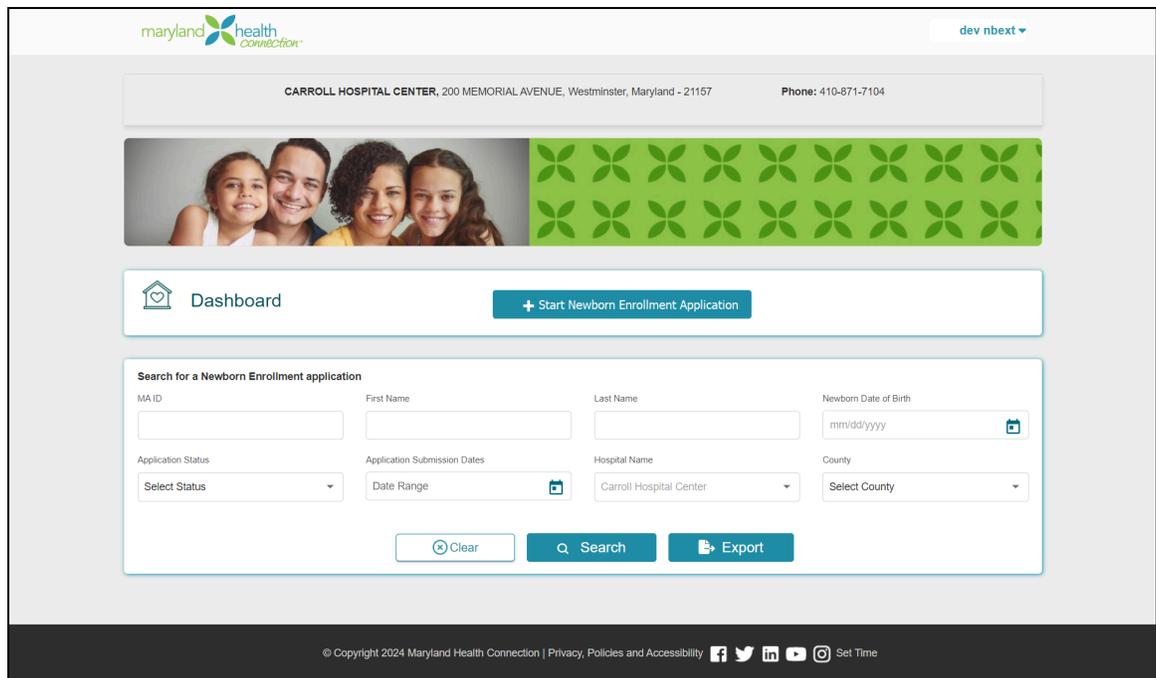


Figure 7. Newborn Enrollment Dashboard Screen for External Users

To log-out or change their passwords, users can go to the name button at the top right corner of the Newborn Enrollment Dashboard.

## 2.6.    Search for Newborn Enrollment Applications

On the Newborn Enrollment Dashboard, users will be able to view and search for all applications in the newborn enrollment portal using several search filters.

The search filters are:

- MA ID
- First Name
- Last Name,
- Newborn Date of Birth
- Hospital Name (also includes MCOs)
- Application Submission Date (range of from/to)

- Application Status(In Process/Approved)
- County

**\*At least _one_ filter must be entered to complete a search.**

Hospital users will only be able to search for applications from the hospital that they are affiliated with.

## 2.7.   Search Results Screen

Once the search fields are filled in, select the "Search" button to bring up the search results.  If there are no results, an error message will display that reads "No records found."



Figure 8. Search Results Screen

## 2.8.    View or Download and Print an Application or Notice

The user may view a newborn application or download the newborn notice by clicking on the respective action icon displayed in the search results.

To view applications, click the Eye icon ( ◎ ).

When the user clicks the Eye icon on a completed application, the pop-up window below will display all the information entered in the application.



Figure 9. View Application Popup

To download and print the newborn notice, click on the download button ( ⬇ ). This icon will appear only for completed applications. The approval notice from the newborn portal is <u>not</u> mailed to the household.  The notice is in both English and Spanish.

See the Appendix for a sample newborn enrollment portal approval notice.

## 2.9.    Export a List

Users can download an Excel spreadsheet with all of the search results by clicking the 'Export' button.
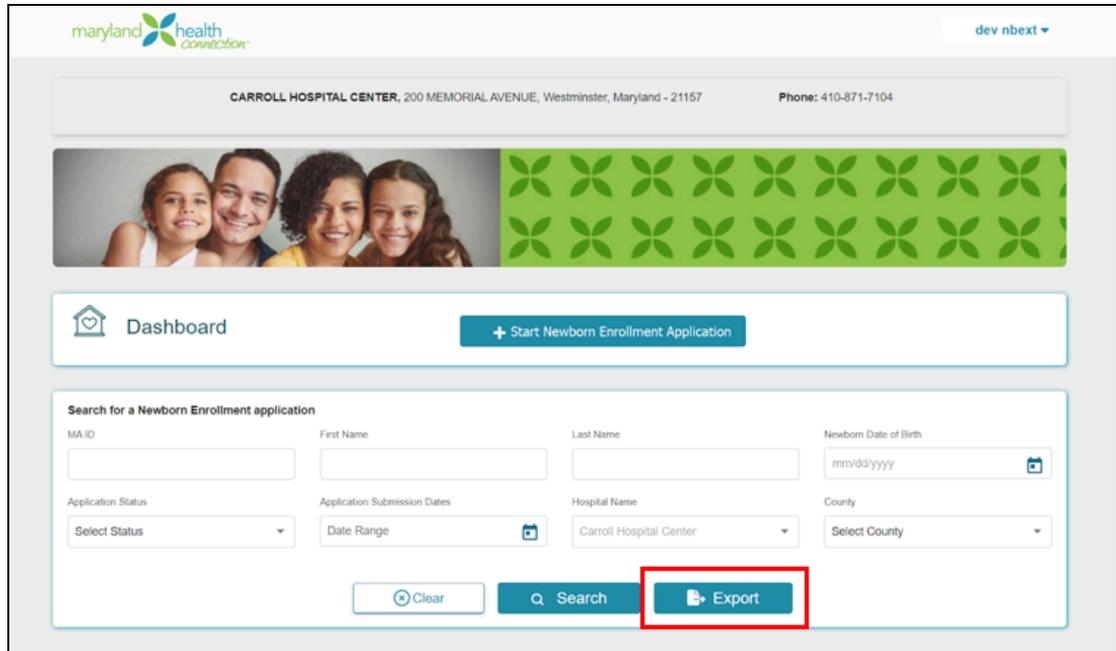
Figure 10. Export button

## 3.    Medicaid Newborn Enrollment Application

Hospital and MCO users will be able to complete applications in the Newborn Portal to enroll deemed newborns into Medicaid. While hospitals will enroll the majority of deemed newborns who are born at hospitals, MCOs may enroll deemed newborns into Medicaid in other situations including but not limited to newborns who are: not born in hospitals, born out of state, or who leave the hospital after birth without a name.

**Once a newborn application is completed in the Newborn Portal, it cannot be edited or changed. Hospital or MCO users who need to correct data entered on a newborn application, should email MDH at the following email address:**

**mdh.newbornapplication@maryland.gov**

The email should include the application information and what is being corrected. The email should be secure and encrypted to protect any patient information included. Users should not create a new application. An MDH staff member will correct the case on Maryland Health Connection, which is the system of record.

### 3.1.　Start a Newborn Enrollment Application

To start a newborn enrollment application in the Newborn Portal, select the "Start Newborn Enrollment Application" button on the Dashboard Screen (See Figure 7.)

### 3.2.　Mother's Information Screen

Users will then be navigated to the Mother's Information screen in the application where they can enter the required information.

The Mother's Information screen has several required fields (*). The required fields are:

- Medical Assistance ID (MAID#) (This should be the mother's current MAID#)
- First Name
- Last Name
- Date of Birth
- Address
- City
- State
- County
- Zip Code

If any required field is left blank, an error message will display. The user will not be able to continue with the application until each required field is filled in.

Figure 11: Mother's Information Screen

### 3.2.1.     No Home Address Checkbox and Pop-up Window

If the mother is homeless and does not have a home address, the No Home Address checkbox on the Mother's Information Screen can be selected. When the No Home Address checkbox is selected, the user will only be required to fill in the City, State, Zip Code, and County fields (Address Line 1 and 2 will be grayed out.) The 'Mailing address is different from home address' checkbox will be checked and the user can select a Local Health Department address or provide a valid mailing address on the next page.

Figure 12: No Home Address Checkbox

When the No Home Address checkbox is selected and the user clicks 'Next,' depending on the City, State, Zip Code, and County entered, a pop-up message will appear with the corresponding LHD address. The No Home Address pop-up will only appear when the City, State, Zip Code, and County match an LHD in the system database. If there is no match, there will not be a pop-up address selection and the user will be taken directly to a blank Mailing Address screen.



Figure 13: No Home Address Pop-Up

If the user chooses the LHD as the mailing address, they can click 'Confirm' and will be taken to the 'Mailing Address' page where the LHD address will be pre-populated in the Mailing Address fields. The user may edit the information if needed.

If the user clicks 'Cancel,' the user will be taken to the 'Mailing Address' page and the fields will be blank. The user will have to type in the preferred mailing address to continue.

### 3.2.2.          Mailing Address Screen

If the user clicks the checkbox 'Mailing address is different from home address' or 'No home address?' on the Mother's Information screen, they will be taken to a separate mailing address address page where they may enter their mailing address.

If the user has selected an LHD on the No Home Address Pop-up, the LHD's address will be pre-populated on this screen. Otherwise, this screen will be blank and the user will have to provide a mailing address. All the same address validations will apply to this screen.



Figure 14: Mailing Address Screen

## 3.3.    MAID# and DOB Combination Check

Once the Mother's Information section is filled in and the user clicks 'NEXT' at the bottom of the screen, the system will check the mother's MAID and DOB with MHC and the 270/271 eligibility file to ensure that she is valid and active in Medicaid.

### 3.3.1.          Error message - MAID# and DOB Combination Not Found

If the MA ID and DOB combination entered is not matched with anyone with active Medicaid, Non-MAGI Medicaid, X03, X11, or X12 coverage, the message "The MA ID and Date of Birth combination was not found. Please make sure to enter correctly to continue" will display.



Figure 15: Error Message for Invalid MA ID/DOB Combination

### 3.3.2.     Error message - Inactive Medicaid Consumer

If the MA ID and DOB combination entered is matched with someone, but their Medicaid, Non-MAGI Medicaid, X03, X11, or X12 coverage is found to be inactive, the message "The MA ID and Date of Birth combination matched an inactive Medicaid consumer" will display.



Figure 16: Error Message for Inactive MA ID/DOB Combination

## 3.4.    Newborn's Information Screen

The Newborn's Information screen has several required fields (*). The required fields are:

- First Name
  - The newborn's first name cannot be "Baby."

- Last Name
- Sex
- Date of Birth
- Birth weight in grams

If any required field is left blank, an error message will display and the user will not be able to continue with the application until each required field is filled in.



Figure 17: Newborn Information Screen

### 3.4.1.  Newborn Name and DOB Combination Check

The system will check the newborn's first name, last name and DOB combination to see if they have already been added to Maryland Health Connection and MMIS and are enrolled in Medicaid.

### 3.4.2. Newborn Already Added to Maryland Health Connection Error Message

If the newborn has already been added to MHC and sent to MMIS via the 8001 file, an error message will appear notifying the user that the newborn is already in Maryland Health Connection. The error message reads: "The newborn you have entered has already been added to Maryland Health Connection. The user will not be able to continue with the newborn enrollment application."



Figure 18: Newborn Already Added to Maryland Health Connection Error Message

### 3.4.3. Stillborns

In the event of a stillborn baby, the user should enter *both* the date of birth and date of death fields on the Newborn Information Screen with the same date.

### 3.4.3.1.    DOD and DOB Fields Are Not The Same Error Message

If the DOB and DOD fields are not the same date, an error message will display that reads: The DOD must be the same as the DOB, therefore, a DOD should only be entered for stillborns. If the newborn became deceased after birth, and has a different DOB and DOD, the DOD field should be left blank.
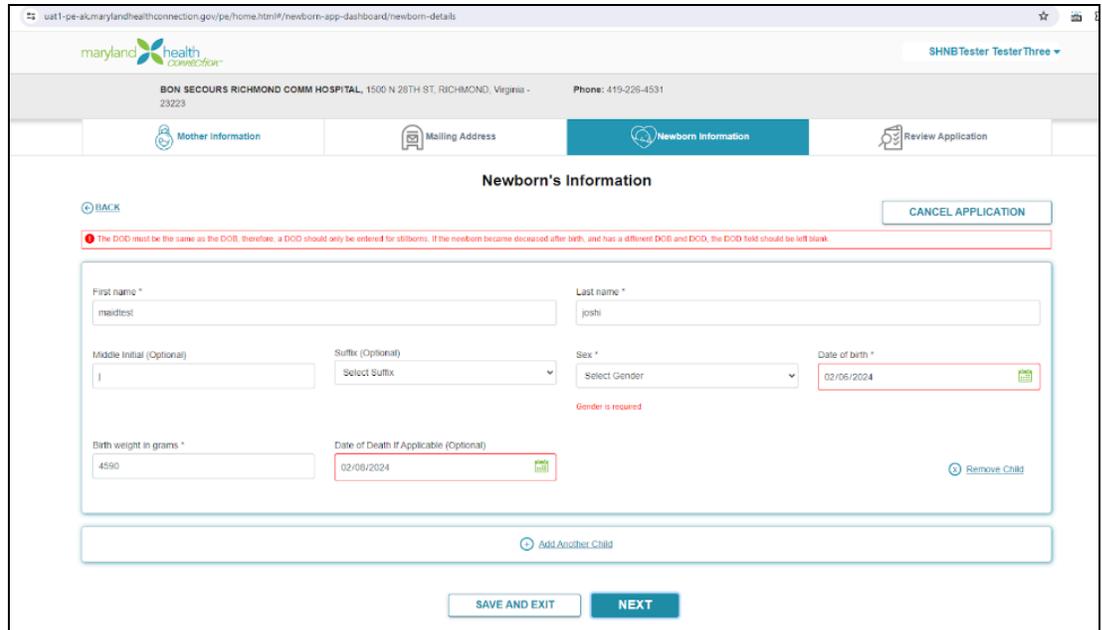


Figure 19: DOD and DOB Fields Are Not The Same Error Message

### 3.4.4.         Newborns Who Become Deceased After Birth

Newborns who are not stillborns, but who become deceased after birth and have different dates of birth and dates of death (ex. born 6/2/2023, dies  6/7/2023, added to the portal 6/10/2023), should still be entered into the Newborn Portal; however, the DOD field should be left blank. The Newborn Portal does not allow the DOD to be different from the DOB. The deceased newborn will be disenrolled from Medicaid in MHC by a Local Health Department worker based on existing processes that utilize vital records.

### 3.4.5.         Add Another Child

If 'Add Another Child' is selected, an additional Newborn section will appear capturing the same information for the additional newborn. A user will be able to remove the child and add another child. The same required fields will apply to the additional section.

Figure 20: Add Another Child

### 3.4.6.  Error Message When No Child Is Added

There must be at least one newborn on the application. If no child has been added, an error message displays that reads "Please add at least one newborn to continue." The user must add a child to continue.
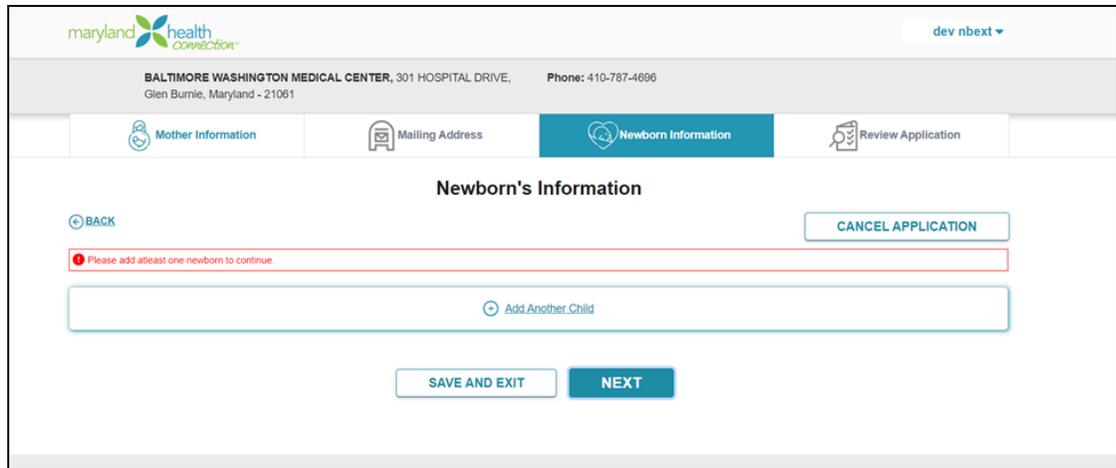
Figure 21: Error Message When No Child is Added

## 3.5.    Review Application

Once the Mother's and Newborn's Information screens are completed, the application navigates to the 'Review Application' screen. On the Review Application Screen, users will be able to review the application, and make any necessary changes by clicking either the "Edit" icon or the "Back" button.

The default view on the Review Application screen shows the Mother's Information section already expanded and the Newborn's Information section collapsed. The Newborn's Information section can be expanded to show the newborn's information.  If multiple newborns are on the application, they will all be listed in the Newborn's Information section and are expandable.
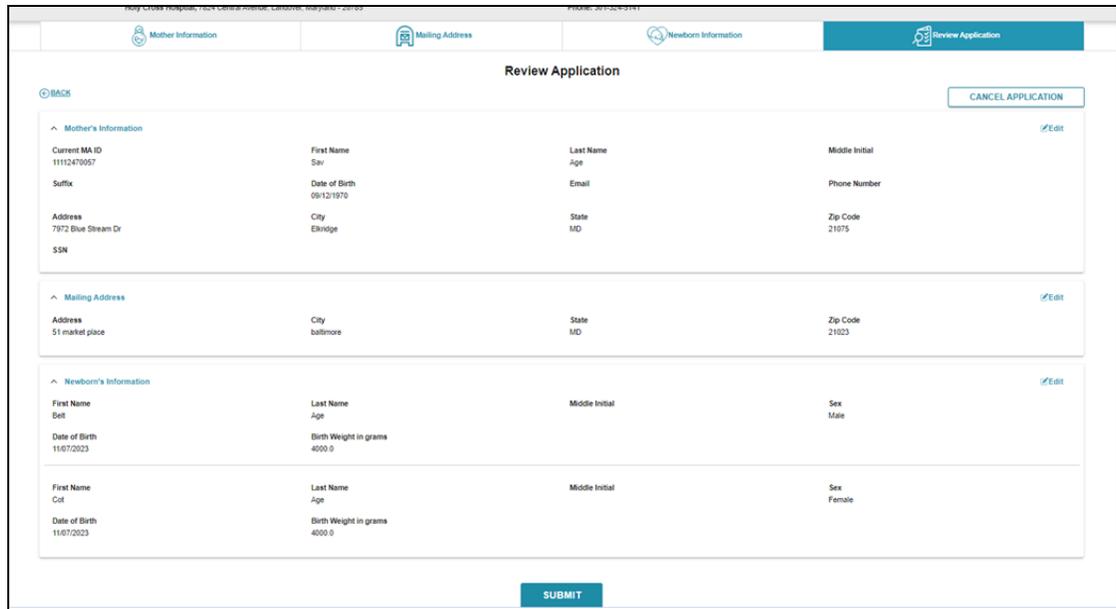
Figure 22: Review Application in Expanded View

### 3.5.1. Cancel Application

If the user wants to cancel an in-progress application, they can select the 'Cancel Application' button at any point in the application. A pop-up window will appear that asks "Are you sure you want to cancel the application?" and to confirm by selecting Yes or No. If the user selects Yes, they will be taken back to the Dashboard screen and the application will be canceled and the data deleted from the database. If they select No, the box will disappear and they may continue the process.
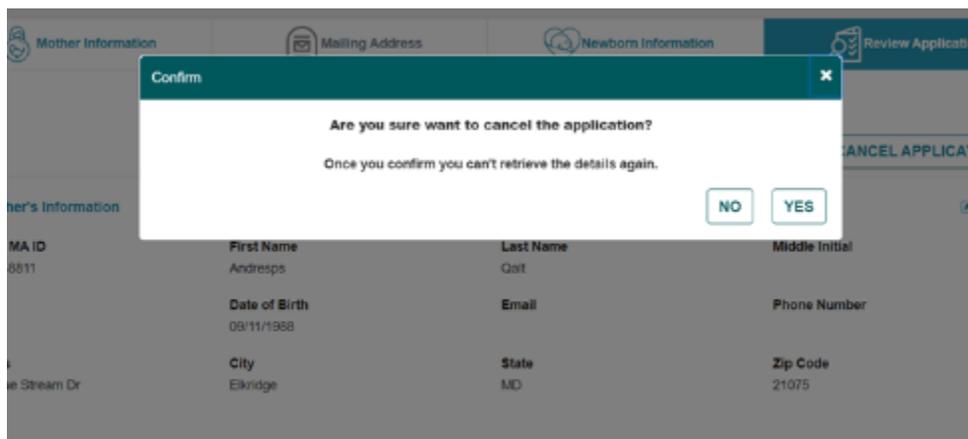


Figure 23: Cancel Application Pop-Up Window

### 3.5.2. Submit Application

To submit the application, the user should click the "Submit" button on the Review Application screen. Once the user clicks Submit, the application will be in a completed status. **No changes or edits can be made to an application once it is completed. Hospital or MCO users who need to correct data entered on a newborn application, should email MDH at the following email address:**

**mdh.newbornapplication@maryland.gov**

Multiple applications for the same mother will not be allowed when there is an in process application in the Newborn Portal. Once an application is completed, the mother's information may be duplicated on another application, as long as the newborn details are different from the prior enrollment.

When a newborn application is completed in the Newborn Portal, in most cases the information in it will automatically be transferred to a new in-process application in Maryland Health Connection. The in-process application in MHC must be completed by the consumer or a Local Health Department worker, so that the deemed newborn can be added to MHC. A work item is created in MHC to prompt LHD workers to reach out to the household to assist them in completing the Maryland Health Connection application and adding to newborn(s). The deemed newborn(s) will remain active in Medicaid for 13 months, regardless of whether the in-process application in MHC is completed.

Newborns of mothers who are in the X11 coverage group may need to be manually added to MHC by LHD workers, if they aren't entered into the newborn portal by the 5th or 6th day of the end of the month in which the mother's expected due date falls. A report from MHC will be used by LHD workers to add these newborns of X11 mothers onto their mother's applications in MHC.

## 3.6. Eligibility Details Screen

Once the worker completes the Medicaid Newborn Enrollment application in the Newborn Portal, the Eligibility Details screen will display showing the status 'Approved' along with the start and end dates of coverage.
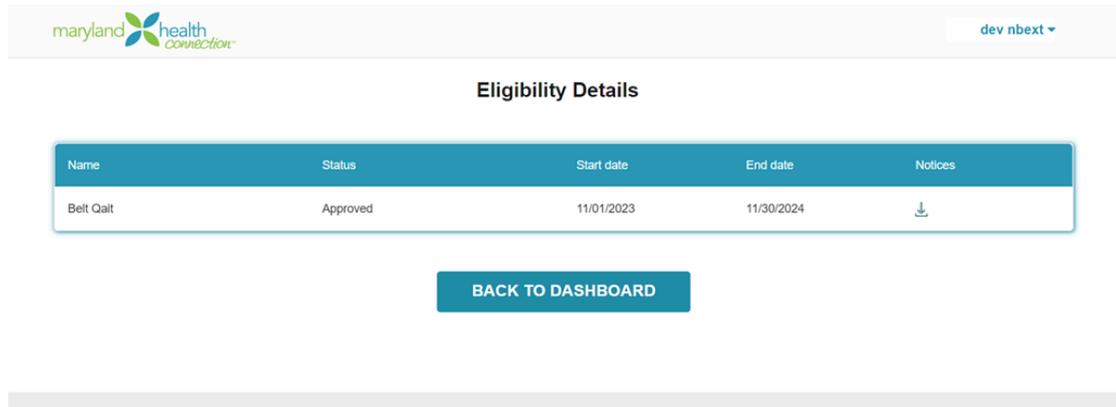
Figure 24: Eligibility Details Screen

## 3.7.   Newborn Notice

A Medicaid Newborn Enrollment Portal Approval Notice is created in the
Newborn Portal and can be downloaded and printed by clicking on the download
icon on the Eligibility Results screen or the Dashboard. This notice is not mailed
to the household from the Newborn Portal, however, a similar notice is sent from
Maryland Health Connection to the household when the information from the
Newborn Portal is transferred to Maryland Health Connection. See Appendix A
for a notice sample.

# 4.   MMIS

A Newborn Enrollment 8001 file will be sent to MMIS daily, the same day that the
application in the Newborn Portal is completed, with add transactions for the
newborns.

## 4.1.   MA ID

The MA ID that is assigned to a deemed newborn will be the same in the
Newborn Portal as in MHC, whereas, in the past newborns were first issued a
temporary MA ID. The MDM service will be used to request the MA-ID for the
newborn.

# 5.   Coverage

## 5.1.   Coverage Group

Deemed newborns are enrolled in coverage group P06 with coverage type P.

## 5.2.    Coverage Duration

Deemed newborns receive 13 months of Medicaid coverage. The coverage begin date is the 1st day of the month of the baby's DOB. The coverage end date is the last day of the month 13 months later.  For stillborns, the coverage begins and ends on the newborn's DOB, which is the same date as their DOD. A cancel transaction will be sent the next day with an end date that is the DOB/DOD and the cancel reason of 244 (Death). For newborns who become deceased after birth, the coverage begin date is the first of the month of the baby's DOB. The deceased newborn will be disenrolled from Medicaid in MHC by a Local Health Department worker based on existing processes that utilize vital records.

## 5.3.    MCO

The deemed newborn will be auto-enrolled into the mother's MCO. The same process that is used in the HBX will be used for this process as well.

MDH expects to receive the ASB (State Initiated Enrollment for Newborn) transaction from the EBIN file sent to MMIS. Since the application is in process, the baby doesn't have an enrollment record in the HBX system, therefore the MCO 834 transaction is not triggered.

Once the customer completes the app, MDH will process the ASB transaction from the EBIN file that was previously staged. The EBIN flow will update the baby as active and the MCO 834 transaction will be triggered and sent at that time.

MCO information for the newborn will not be displayed in the MHC Worker Portal until the mother's 'In Process' application is submitted by the consumer or an LHD worker.

# 6.   Appendix

Sample Medicaid Newborn Enrollment Portal Approval Notice

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01/03/2024

Application Date: 01/03/2024

**Need answers or help?**
Call us at 855-642-8572
Deaf and hard of hearing use Relay

**Medicaid health coverage for your newborn**

We have enrolled your newborn(s) in Medicaid, as our records show that you had Medicaid on their date of birth. Medicaid health coverage for your newborn(s) will last thirteen (13) months.

You will receive a separate notice in the mail with important information regarding Medicaid and your next steps.

**Newborn Medicaid coverage**

| | | Medical Assistance # : | |
| --- | --- | --- | --- |
| **Program** | **Status** | **Eligibility Begin Date** | **Eligibility End Date** |
| Medicaid | Enrolled in Medicaid | 11/01/2023 | 11/30/2024 |

| | | Medical Assistance # : | |
| --- | --- | --- | --- |
| **Program** | **Status** | **Eligibility Begin Date** | **Eligibility End Date** |
| Medicaid | Enrolled in Medicaid | 11/01/2023 | 11/30/2024 |

| | | Medical Assistance # : | |
| --- | --- | --- | --- |
| **Program** | **Status** | **Eligibility Begin Date** | **Eligibility End Date** |
| Medicaid | Enrolled in Medicaid | 11/01/2023 | 11/30/2024 |

**Enrollment in a Health Plan**

If you were enrolled in a Managed Care Organization (MCO) at the time of birth, then your newborn(s) will be automatically enrolled in your MCO as of their date of birth. There is no cost to you for Medicaid health coverage.

Sample Medicaid Newborn Enrollment Portal Approval Notice - Page 1

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**Need Answers or Help?**

Read the FAQs www.MarylandHealthConnection.gov/faqs/

Get free help from an authorized insurance broker or certified navigator:
www.MarylandHealthConnection.gov/find-help/

*Scan this to go to our website.*

To get help with general questions or help with your account, use our virtual assistant, Flora, or live chat with a representative at MarylandHealthConnection.gov.

Call Maryland Health Connection at 855-642-8572. Deaf and hard of hearing use Relay.

Download 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.

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

If you have children under age 5 or you are pregnant, you may qualify for the Women, Infants, and Children (WIC) Program. Please call 1.800.242.4WIC to find a WIC clinic near you.

If you are an American Indian or Alaska Native you may not have to pay certain health care costs. Please call 855-642-8572 for more information.

**Free Navigator Services**

| Counties Served | Organization and Contact |
|---|---|
| Baltimore City, Anne Arundel, Baltimore, Carroll, Frederick, Howard | HealthCare Access Maryland<br>Call 410-500-4710 or 855-288-3667 or visit www.healthcareaccessmaryland.org |
| Montgomery | Montgomery County Health Connection<br>Call 240-777-1815 or visit www.montgomeryhealthconnection.org |
| Prince George's | Prince George's County Health Connect<br>Call 301-927-4500 or visit www.PGChealthconnect.org |
| Caroline, Cecil, Dorchester, Harford, Kent, Queen Anne's, and Talbot | Seedco<br>Call 1-866-492-6057 or visit https://www.seedco.org/marylandhealth |
| Calvert, Charles, and St. Mary's | Seedco<br>Call 1-855-339-3007 or visit https://www.seedco.org/marylandhealth |
| | AHEC West Health Insurance Program |

Sample Medicaid Newborn Enrollment Portal Approval Notice - Page 2

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| Allegany, Garrett, Washington | Call 1-888-202-0212 or visit www.ahecwest.org/wmic |
|---|---|
| Somerset, Wicomico, Worcester | Lower Shore Health Insurance Assistance Program Call 1-855-445-5540 or visit lowershorehealth.org |

## 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 assistance.

### How to File a Discrimination Grievance

If you believe 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, or call:

Civil Rights Coordinator
Phone: 410-547-6862
Fax: 410-547-6805
MD Relay 7-1-1 or 800-735-2258
Email: MHCCivil.Rights@Maryland.gov
Mail: 750 E. Pratt St., 6th Floor, Baltimore, MD 21202

You may also 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 Ave. SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

Sample Medicaid Newborn Enrollment Portal Approval Notice - Page 3

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Fecha de Solicitud: 01/03/2024

**¿Necesita respuestas o ayuda?**
Contáctenos al 855-642-8572
Si es sordo o tiene problemas de
audición, utilice la retransmisión

### Cobertura de salud de Medicaid para su recién nacido

Hemos inscrito a su(s) recién nacido(s) en Medicaid ya que nuestros registros muestran que usted tenía Medicaid en su fecha de nacimiento. La cobertura de salud de Medicaid para su(s) recién nacido(s) durará trece (13) meses.

Recibirá una notificación aparte por correo con información importante sobre Medicaid y sus próximos pasos.

### Cobertura de Medicaid para recién nacidos

| Nro. de Asistencia Médica: | | | |
|---|---|---|---|
| Programa | Resultados | Fecha de inicio de elegibilidad | Fecha de finalización de elegibilidad |
| Medicaid | Inscrito en Medicaid | 11/01/2023 | 11/30/2024 |

| Nro. de Asistencia Médica: | | | |
|---|---|---|---|
| Programa | Resultados | Fecha de inicio de elegibilidad | Fecha de finalización de elegibilidad |
| Medicaid | Inscrito en Medicaid | 11/01/2023 | 11/30/2024 |

| Nro. de Asistencia Médica: | | | |
|---|---|---|---|
| Programa | Resultados | Fecha de inicio de elegibilidad | Fecha de finalización de elegibilidad |
| Medicaid | Inscrito en Medicaid | 11/01/2023 | 11/30/2024 |

### Inscripción en un plan de salud

Si usted estaba inscrito en una organización de atención administrada (MCO, por sus siglas en inglés) al momento del nacimiento, su(s) recién nacido(s) se inscribirá(n) automáticamente en su MCO a partir de su fecha de nacimiento. La cobertura de salud de Medicaid no tiene ningún costo para usted.

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maryland health connection

**¿Necesita respuestas o ayuda?**

Lea las Preguntas Frecuentes www.MarylandHealthConnection.gov/faqs/

Obtenga ayuda gratuita de un corredor de seguros autorizado o asesor certificado: www.MarylandHealthConnection.gov/find-help/

Escanee esto para dirigirse a nuestro sitio web

Para obtener ayuda con relación a preguntas generales o con su cuenta, utilice nuestra asistente virtual, Flora, o chatee en vivo con un representante en MarylandHealthConnection.gov.

Llame a Maryland Health Connection al 855-642-8572. Si es sordo o tiene problemas de audición, utilice la retransmisión.

Descargue nuestra aplicación móvil gratuita. Vaya al App Store en dispositivos iOS o Google Play Store en dispositivos Android y busque "Enroll MHC" para encontrar y descargar la aplicación.

Si tiene una discapacidad, puede solicitar y recibir acomodamiento razonable o ayuda especial para poder solicitar y recibir servicios a través de Maryland Health Connection.

Si tiene niños/as menores de 5 años o está embarazada, puede reunir los requisitos para el Programa de Mujeres, Bebés y Niños (WIC, Women, Infants and Children). Llame a 800-242-4WIC (4942) para encontrar una clínica WIC cerca suyo.

Si usted es indio estadounidense o nativo de Alaska, es posible que no tenga que pagar ciertos costos de atención médica. Llame al 855-642-8572 para obtener más información.

**Servicios de Navegación gratuitos**

| Condados que reciben los servicios | Organización y contacto |
|---|---|
| Baltimore City, Anne Arundel, Baltimore, Carroll, Frederick, Howard | HealthCare Access Maryland Call 410-500-4710 or 855-288-3667 or visit www.healthcareaccessmaryland.org |
| Montgomery | Montgomery County Health Connection Call 240-777-1815 or visit www.montgomeryhealthconnection.org |
| Prince George's | Prince George's County Health Connect Call 301-927-4500 or visit www.PGChealthconnect.org |
| Caroline, Cecil, Dorchester, Harford, Kent, Queen Anne's, and Talbot | Seedco Call 1-866-492-6057 or visit https://www.seedco.org/marylandhealth |
| Calvert, Charles, and St. Mary's | Seedco |

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| | Call 1-855-339-3007 or visit https://www.seedco.org/marylandhealth |
|---|---|
| Allegany, Garrett, Washington | AHEC West Health Insurance Program Call 1-888-202-0212 or visit www.ahecwest.org/wmic |
| Somerset, Wicomico, Worcester | Lower Shore Health Insurance Assistance Program Call 1-855-445-5540 or visit lowershorehealth.org |

### Aviso de no discriminación y requisitos de accesibilidad

Maryland Health Connection cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo. Maryland Health Connection no excluye a las personas ni las trata diferente por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo.

Maryland Health Connection:

● Proporciona ayuda y servicios auxiliares gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como intérpretes de lengua de señas calificados e información por escrito en otros formatos (letra grande, audios, formatos electrónicos accesibles, otros formatos)

● Proporciona servicios de asistencia lingüística gratuitos para personas cuyo idioma principal no sea el inglés, tales como intérpretes calificados e información por escrito en otros idiomas.

Si necesita estos servicios, llame al 855-642-8572 para recibir asistencia.

### Cómo presentar un reclamo por discriminación

Si considera que Maryland Health Connection no le ha proporcionado estos servicios o lo ha discriminado por motivos de raza, color, nacionalidad de origen, edad, discapacidad o sexo, puede presentar un reclamo por escrito por correo o correo electrónico a:

Coordinador de Derechos Civiles
Teléfono: 410-547-6862
Fax: 410-547-6805
Retransmisión MD 7-1-1 o 800-735-2258
Correo electrónico: MHCCivil.Rights@Maryland.gov
Correo: 750 E. Pratt St., 6th Floor, Baltimore, MD 21202

También puede presentar una queja de derechos civiles ante la Oficina de derechos civiles del Departamento de Salud y Servicios Humanos de EE. UU. de forma electrónica a través del Portal de quejas de la oficina de derechos civiles, disponible en *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, o por correo o teléfono: Departamento de Salud y Servicios Humanos de EE. UU, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Los formularios de quejas están disponibles en *http://www.hhs.gov/ocr/office/file/index.html*.

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