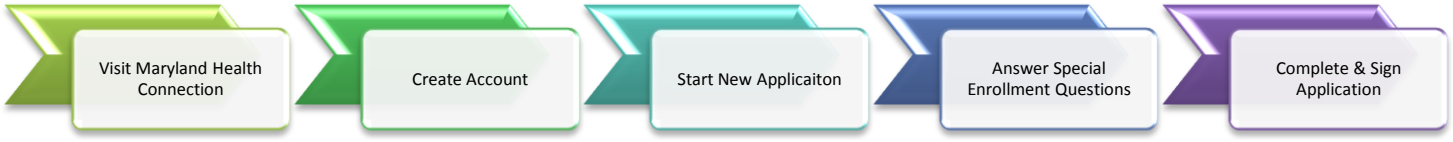
Medicaid Renewals

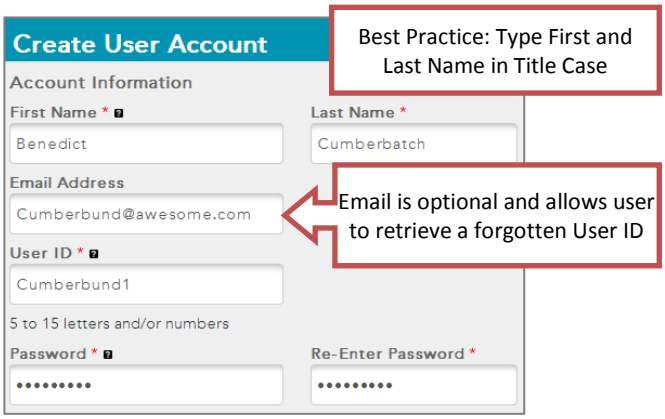
In order to have your Medicaid eligibility reassessed through the Maryland Health Connection, create an account and submit a new application. **NOTE: YOU MUST COMPLETE THE SPECIAL ENROLLMENT SECTION AS DESCRIBED IN STEP 8.**

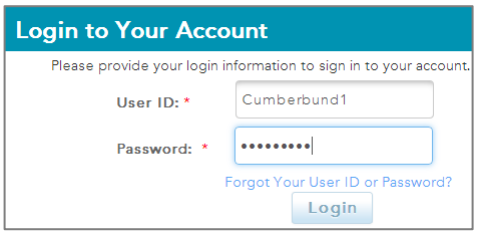


Create Account

From homepage: http://www.marylandhealthconnection.gov

1. Click **Enroll Now**
2. Click **Create Account**
3. **Complete** all information with a red asterisk (*) and click Create Account
4. **Log in** with your new User ID and Password you created





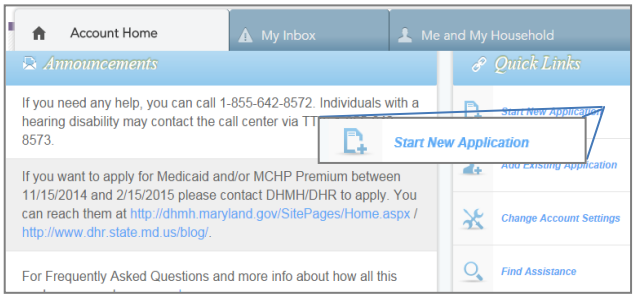
Complete Application

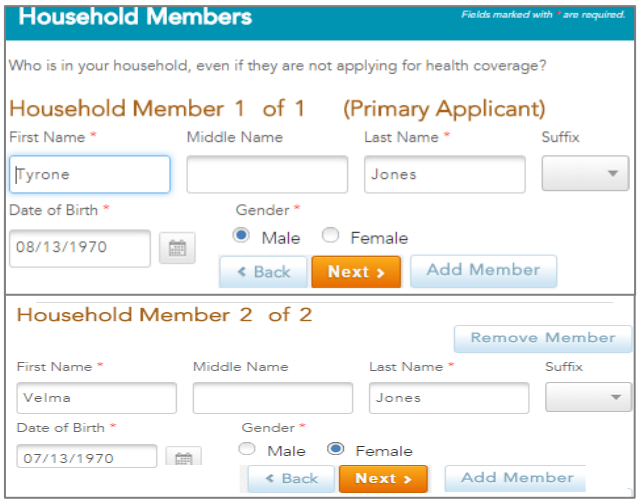
After logging in, from Account Home page

1. Click **Start New Application**
   - Click **Next** to advance to the next screen throughout.
2. Complete **Build Your Household** Section
   a. Select **Yes** to indicate you want to be evaluated for **Help with Health Care Cost**.
   b. Complete required information for all household members indicated with a red asterik (*).
   c. Complete **Build Your Household – Individual Details** for each family member
      - Enter Social Security Number (SSN).
      - *If you do not have an SSN, system will not allow you to proceed. You must contact the Call Center, 1-855-642-8572 (TTY: 1-855-642-8573).*
   d. Provide **Home Address**

      Or, Indicate No Home Address if the applicant is homeless.

Review *information for accuracy, Click* ***Confirm***



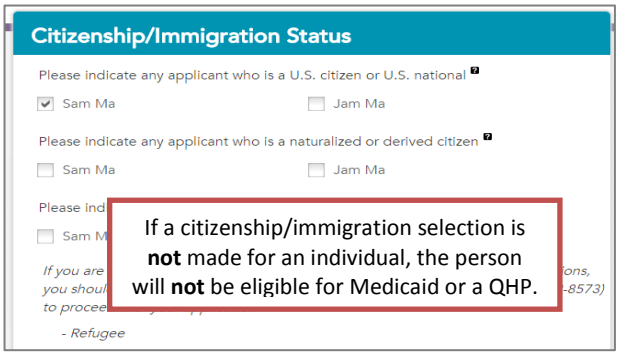
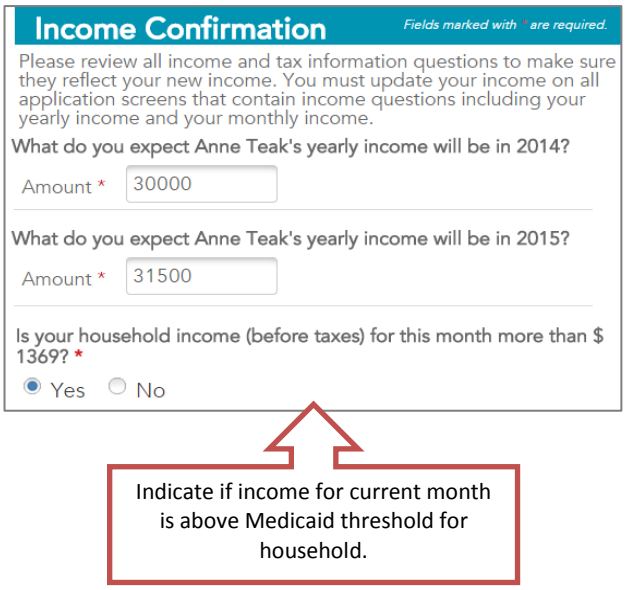
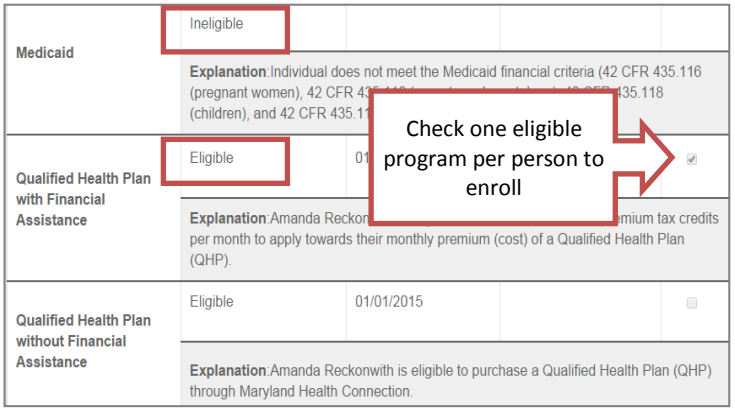


Confirm Your Identity page appears. If your identity cannot be confirmed after calling Experian, visit a local Health Department or Department of Social Services office.

3. Complete **Individual Details** Section
   a. Indicate if applicant(s) have been determined **disabled** by the Social Security Administration.
   b. Select **Citizenship/Immigration Status** of all household members.
4. Complete **Tax Information** Section
   a. Enter annual income for the household for the current year and expected income for next year in **Income Confirmation** screen.
   b. Indicate if household income for the current month is greater than amount indicated.

   If applicant is not eligible for financial assistance, the *Household Income* and *Household Deductions* sections are skipped.
5. Complete **Household Income** Section
   a. Indicate if anyone is currently employed.

      Answer **No** when the only income earner is self-employed.
6. Complete **Income Deduction** Section
   a. Indicate **Yes** for Prior Medical Expenses
7. Complete **Additional Questions** Section
   a. Select ***Yes*** to indicate family member currently have Health Insurance.
   b. Complete Currently Enrolled in Health Coverage
      - **Policy Coverage Date** and **Effective Dates** *must* match. **Policy Coverage End Date** and **Effective End Dates** must match. *Use end date provided in the letter received.*
8. Complete **Special Enrollment** Section

   Information
   a. Select **all household members** to indicate they will lose health insurance within the next 60 days.
   b. Enter date provided in the letter received
   c. Review and Click **Confirm**
9. Complete **Application Review** section
10. Review **Eligibility Determination** and Select Desired Program
11. Complete **Additional Medicaid Questions**, if required
12. **Document Upload** appears if verification documents are required.
    a. Click **Next** to pass Document Upload. Documents can be uploaded at a later time.
    a. Click **Proceed to Enrollment**

Final Confirmation page appears