

# Health Connector Notice

██████████  
197 Friend St  
Boston, MA 02114-1802



Date: November 09, 2018  
Notice ID: ELAPR01      Notice Name: Eligibility Approval  
Member ID: ██████████  
Reference ID: RefID\_1420655443329

Attn: ██████████      Re: Notice sent to ██████████

## Important information about your 2019 Health Connector eligibility and next steps

Dear ██████████

We reviewed your application to see if you can get health and dental coverage through the Massachusetts Health Connector. Please review the information below about your eligibility and the next steps (if any) that you need to take.

### Eligibility results

Household Member: ██████████      Date of Birth: ██████████

#### What do I qualify for?

- You are eligible for a Health Connector Plan (No financial help)
- Your eligibility is based on the income for your household, which we believe is Unknown% of the Federal Poverty Level (FPL). Your FPL is based on the income for your household that you entered on your application, or the most recent information that we received from income data sources.
- Your eligibility changed because we did not get the proof we needed for some of your information.

## Next steps

- Enroll in an insurance plan, if you have not already. The first date you can enroll in a new health or dental insurance plan is **January 1, 2019**.
- If you are already enrolled in a plan, you do not need to take any action at this time. If you are not enrolled, you will need to choose a plan and pay your first premium (if you have a premium) by **December 23, 2018** to enroll for coverage that starts **January 1, 2019**.

## Why don't I qualify for ConnectorCare or an Advance Premium Tax Credit?

You applied for help paying for coverage, but do not appear to qualify for a ConnectorCare plan or an Advance Premium Tax Credit. This may be for one of the following reasons:

- If your income is above 400% of the Federal Poverty Level (FPL).
- If you have access to health insurance through another source, such as an employer.
- If you have not told us on your application that you plan to meet tax filing requirements for getting help paying for health coverage. Tax filing requirements include:
  - Planning to file a tax return
  - Filing taxes jointly if you are legally married
- If you received an Advance Premium Tax Credit to help pay for your health coverage in the past and did not file a federal income tax return that year. For each year that you receive an Advance Premium Tax Credit, you need to file a federal income tax return.
- If you appear to be eligible for coverage through MassHealth but did not follow a request or requirement from MassHealth.

## Dental insurance

You can qualify to buy a dental insurance plan at any time during the year. To enroll in dental insurance, please call Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773, Monday through Friday, 8:00 a.m. to 6:00 p.m.

## You may be eligible for help through MassHealth

MassHealth requested that you complete the annual eligibility renewal to find out if you and other members of your household could still get health coverage through MassHealth, Health Safety Net and Children's Medical Security Plan. According to our records, you did not complete the review within the 45-day time period. We used information from available federal and state data sources to decide you qualify for the coverage stated in this letter.

If you complete the MassHealth annual eligibility renewal within 90 days from the coverage starting date above, MassHealth will reconsider your eligibility. For more information contact MassHealth at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

## How did we make this decision?

The people listed on this notice qualify for coverage for the following reasons:

▪ [REDACTED] Member ID: [REDACTED]

- You are a resident of Massachusetts 45 C.F.R. §155.305(a)(3)
- You are a United States citizen or non-citizen who is lawfully present 45 C.F.R. §155.305(a)(1)
- Our records indicate that you are not serving a prison sentence 45 C.F.R. §155.305(a)(2)

However, the people listed below do not qualify for help paying for coverage through a tax credit or ConnectorCare plan.

▪ [REDACTED] Member ID: [REDACTED]

Does not qualify because of any of the following reasons:

- Your annual income is too high. 45 C.F.R. §155.305(f)(i)
- You have access to health insurance through another source that meets minimum essential coverage standards 45 C.F.R. §155.305(f)(1)(ii)(B) & 26 C.F.R. 1.36B-2(a)(2)
- You have told us you don't plan to file a tax return; you're married and you told us you'll file taxes separately from your spouse; or advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in a prior year and we can't tell if a tax return was filed for that year. 45 C.F.R. 155.305(f)(4) & 26 C.F.R. 1.36B-2(b)

### If you do not agree with our decision

You may appeal to the Health Connector if you do not agree with our decision. Please use the **Hearing Request Form** that came with this letter.

### If your information changes

Please report changes that may impact coverage to the Health Connector **within 30 days**. If you don't report changes, you may not get all of the savings you're eligible for. If you're getting a premium tax credit, you may also have to pay back some or all of the advance payments of the premium tax credit when you file taxes. Examples of changes you should report include:

- Moving to a new address
- Household income changes, especially if your household will make more money than you estimated on your application. The **Eligibility Results** table will show the amount of income that was used to determine your help with costs, if you're eligible for this help.
- Household size changes. For example, someone in your household marries or divorces, becomes pregnant, or has a child; or your child moves out or won't be claimed as a dependent.
- A change in plan for filing your federal income tax return for the year you're getting ConnectorCare or Premium Tax Credits, like if you plan to claim new dependents on your tax return.
- Becoming qualified for other health coverage.
- Changes in immigration status, like if your visa expires and isn't renewed.
- Becoming incarcerated (jailed), (but not awaiting trial, released on probation or in a halfway house).

To report changes, you can update your information at any time through your online account at [MAhealthconnector.org](http://MAhealthconnector.org). Or, call Customer Service if you do not have an online account.

### **You may qualify for certain MassHealth benefits**

MassHealth will also check to see if the people listed on this notice qualify for health coverage through MassHealth, the Health Safety Net (HSN), or Children's Medical Security Plan (CMSP).

They will get another letter to let them know if they qualify for any of these programs.

MassHealth will contact them if they need more information to make a decision. If you have any questions, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

### **If you have questions**

If you have questions, you can get help in any of the following ways:

- **Online.** Go to our website at [MAhealthconnector.org](http://MAhealthconnector.org) to find more information.
- **In person.** There are many places where you can get free, in-person help. You can go to any of the following walk in centers, which are open all year.

#### **Boston**

133 Portland Street  
Boston, MA 02114

#### **Springfield**

88 Industry Avenue, Suite D  
Springfield, MA 01104

#### **Worcester**

146 Main Street  
Worcester, MA 01608

You can find a list of more locations and their hours at:  
[www.MAhealthconnector.org/help-center](http://www.MAhealthconnector.org/help-center)

- **By phone.** Call Health Connector Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773.

Thank you,

Massachusetts Health Connector

## Frequently Asked Questions

### How do I file my taxes?

If you had a plan through the Health Connector and received Advance Premium Tax Credits or ConnectorCare, you are required to file a federal income tax return for the year that you receive tax credits. Visit [irs.gov](http://irs.gov) for more information on how to file your income taxes.

Be sure to include *Form 8962* when you file if you received tax credits for the filing year. You may qualify for free help filing your return. Visit [www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers](http://www.irs.gov/Individuals/Free-Tax-Return-Preparation-for-You-by-Volunteers) to find out more. If you think you filed your taxes but want to confirm, call the IRS at **800-829-1040**.

### How can I get dental insurance?

You can qualify to buy a dental insurance plan at any time during the year. To enroll in dental insurance, please call Customer Service at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773, Monday through Friday, 8:00 a.m. to 6:00 p.m.

You may use this **Hearing Request Form** to appeal the Health Connector's decision.

### **Your Right to Appeal**

If you disagree with the action taken by the Massachusetts Health Connector, you have the right to appeal and ask for a hearing before an impartial hearing officer. You can also request a hearing if no one acted on your request in a reasonable time.

### **How to Appeal**

To ask for a hearing, fill out this form and send it to the **Massachusetts Health Connector Appeals Unit, P.O. Box 960189 Boston, MA 02196** or fax it to **1-617-933-3099**. Please keep a copy of this form for your information. We must receive your appeal request 30 days from the date you received the notice of our action. If you did not receive notice of the action, or the Health Connector did not act on your application, we must receive the request 120 days from the date of the intended action.

### **Health Coverage During Your Appeal**

You may be able to keep your Health Connector plan while your appeal is being decided. If you qualify for this, the Health Connector will notify you. Please note that if you were in Commonwealth Care, Medical Security Plan, or temporary Medicaid, those programs have been discontinued and you will not have the option of keeping that coverage.

### **Date of Hearing**

At least 15 days before the hearing, we will send you a notice telling you the date and time of the hearing. Your hearing will be conducted by phone, but you may request an in-person hearing for good cause by calling the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

### **Your Right to Be Helped at the Hearing**

At the hearing, you may have a lawyer or other person represent you, or you may represent yourself. We will not pay for anyone to represent you. You may contact a local legal aid service or community agency to see if you can receive advice or representation at no cost. A hearing request can be filed on your behalf by someone authorized to act on your behalf. If someone other than a lawyer is acting on your behalf, please attach a copy of the document authorizing that person (such as Power of Attorney, Guardian, or Authorized Representative).

### **If You Need an Interpreter, Assistive Device, or Other Accommodation**

If you do not understand English or if you are hearing or sight impaired, we will provide an interpreter or assistive device at the hearing at no cost to you. We will also make other reasonable accommodations a person with a disability may need to participate in the hearing. Please tell us what you need in the "Other Information" section of the form.

### **Your Right to Review Your Case File**

You or your representative can review your case file before the hearing. If you wish to review your case file, please call the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

### **Your Right to Ask to Subpoena Witnesses and Your Right to Question**

You or your representative may write to ask that witnesses or documents be subpoenaed to the hearing. You or your representative may present evidence and ask questions of witnesses at the hearing. The hearing officer will make a decision based on all evidence presented at the hearing.

### **Impact on Other Household Members**

An appeal decision for one household member may change eligibility for other household members.

### **Requesting an Expedited Appeal**

If you need an expedited appeal in order to avoid serious harm to your health, please call the Health Connector Appeals Unit at 1-617-933-3096 (TTY: 1-877-623-7773).

# Hearing Request Form

[Redacted]

Notice ID: ELAPR01

Notice Date: November 09, 2018

First Name	Middle Initial	Last Name	
Mailing address	City	State	Zip
Phone number	Member ID	Date of Birth	

**Who is appealing?** Please list the household members that are appealing:

**Reason for your appeal** (Circle any reason(s) that may apply)

Income	Citizenship/Immigration status	Residency	Family size
Premium Waiver/Reduction	Access to other insurance	Incarceration	
Qualifying Event to Enroll	Other: _____		

**Please explain why you are appealing. Attach any documents that support your reason.**

**Other information** Please check all that may apply. If you need an interpreter, assistive device, or other accommodation, we will provide for you at the hearing. Please describe your needs below.

I need an interpreter. My language is \_\_\_\_\_

I need an assistive device to communicate at a hearing. (Describe device \_\_\_\_\_)

I need another accommodation for a disability (Describe accommodation \_\_\_\_\_)

**Appeal Representative, if any**

First Name	Last Name	Title		
Mailing Address	City	State	Zip code	Phone Number

**Signature** The information on this form is true and accurate to the best of my knowledge. I authorize the Health Connector to provide me and my representative or translator with my individual information, including federal and state tax information used to determine my eligibility, for this appeal

Signature (Sign)	Date	First and Last Name (Print)
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If this is signed by someone other than an appellant 18 years of age or older who has authority to file, please attach a copy of your authority to file the appeal on behalf of the appellant (for example, a copy of your authorized representative form, power of attorney document, or evidence of court appointment as a personal representative). Unknown%