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January 18, 2024  
134152589



Notice Name: Eligibility Denial  
Notice ID: ELDEN01  
Member ID: [REDACTED]  
Ref ID: RefID\_3 [REDACTED]

Dear [REDACTED]

We have determined that the people listed below do not qualify for health insurance coverage through the Massachusetts Health Connector.

- [REDACTED] Member ID: [REDACTED] Date of Birth: [REDACTED]
  - Does not qualify because: **You have access to Medicare or are enrolled in Medicare.** See the law at **42 U.S.C. 1395ss.**
- [REDACTED] Member ID: [REDACTED] Date of Birth: [REDACTED]
  - Does not qualify because: **Your application for Health Connector coverage was withdrawn.** See the law at **45 CFR 155.430(b).**

## How you can send us information

If your information has changed, please let the Health Connector know as soon as possible. This includes any changes to your income, address, phone number, family size, job, or health insurance.

To let us know about a change, call the Health Connector at 1-877-623-6765 or TTY: 1-877-623-7773.

## You may qualify for coverage through MassHealth

MassHealth will also check to see if the people listed above 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 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 you have questions**

Call us 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.

Thank you,

Massachusetts Health Connector

*Coverage year: 2024*

# Filing a Health Connector appeal



You have the right to file an appeal if you disagree with the action taken by the Massachusetts Health Connector. Filing an appeal is a way to ask us for a “hearing” (a formal legal review) about a decision or action we took that affected your Health Connector insurance. If you are scheduled for a hearing, you will have a chance to share information about what happened with an impartial hearing officer. The hearing officer can decide whether the Health Connector needs to change the original action or take a new action.

- ⇒ If you need help with a decision that was made by **MassHealth**, you will need file an appeal with MassHealth, not the Health Connector. To get help with a MassHealth issue, call 1-888-665-9993 (TTY: 1-888-665-9997).

## What kinds of decisions can you appeal?

You can appeal decisions we made about:

- The Health Connector program you qualified for
- The amount of financial help you qualified for
- The timing of when you were able to enroll in a Health Connector plan

You **don't** need to file an appeal if you only need to change your application information. You can get help with updating your account information by calling Health Connector Customer Service at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773.

## When to appeal

If you got a notice (letter) about the action or decision that you want to appeal, you will need to send us your Appeal Request form within **60 days** of the date you received that notice.

If you want to appeal an action that we did not take, you will need send us a Hearing Request form within **120 days** of the date when you believe we should have acted. An example of not acting could be: failing to send you a letter about what program you qualified for, or failing to act on your application.

- ⇒ **Let us know right away if you have urgent health care needs.** If you need your appeal to be decided faster because you have serious health needs and your ability to get care depends on your appeal decision, please call the Health Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773).

## How to appeal

1. Fill out the Hearing Request form that came with this letter.
  - ⇒ If you would like to file your request online, log in to your account at [MAhealthconnector.org](https://MAhealthconnector.org) and complete the form in the Appeals section of your account.
  - ⇒ If you would like to complete your form over the phone, call Health Connector Customer Service 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773.
2. Make a copy of the form to keep for your records. If you have other documents that you want to submit with your form to help support your appeal, please make copies of those as well.
3. Send us your completed form and any supporting documents in one of the following ways:

### Mail to:

Massachusetts Health Connector Appeals Unit  
P.O. Box 960189  
Boston, MA 02196

**Fax to:** 617-933-3099



**Step 5. Tell us if someone will be representing you during your hearing**

If another person, such as a lawyer or Authorized Representative, will speak on your behalf during your hearing, please fill in their contact information here.

First Name	Last Name	Title	
Mailing address	City	State	Zip Code
Phone number	Email		

**Step 6. Tell us how to get in contact with you**

We will be able to more quickly get in touch with you about your appeal if we are able to contact you by phone or email. Please check the box below to tell us if it's ok to contact you by phone, email, or both. Please note that If we contact you by phone and can't reach you, we may leave a voicemail that could include personal information about your household. If we send you email, it might include personal information and it may be unsecure, meaning that there is some risk that someone who is not part of your household could read or access the email.

- ☐ It's ok to contact me by email
- ☐ It's ok to contact me by phone and leave a voicemail if I'm unavailable

If you change your mind at any point about receiving messages by email or voicemail, please call the Health Connector Appeals Unit at 617-933-3096 (TTY: 1-877-623-7773) to let us know.

**Step 7. Sign the form**

Please sign below if you agree with the following statement:

The information on this form is true and accurate to my knowledge. For this appeal, I give the Health Connector permission to give me and my representative or translator my personal information, including federal and state tax information used to determine my eligibility.

Signature (Sign)	Date	First and Last Name (Print)
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If you are filing this request on someone else's behalf, please include a copy of a document that shows your authority to file the appeal. For example, a copy of your authorized representative form, power of attorney document, or evidence of court appointment as a personal representative.

**Step 8: Send the form and any documents to the Health Connector**

Send us your completed form and any supporting documents in one of the following ways:

**Mail to:**

Massachusetts Health Connector Appeals Unit  
P.O. Box 960189  
Boston, MA 02196

**Fax to:** 617-933-3099

[REDACTED] | 206.58%

Notice Name: Eligibility Denial Notice | Notice Date: January 18, 2024



To get this information in English **large print** or **Braille**, call 1-877-623-6765.  
TTY: 1-877-623-7773.

**Important!** This has important information about your health insurance. If you want the information translated into your own language, call **1-877-623-6765**.

**¡Importante!** Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-877-623-6765**.  
*Spanish*

**សំខាន់!**  
ក្នុងនេះមានព័ត៌មានសំខាន់អំពីធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នក ចង់បានព័ត៌មាននេះបកប្រែជាភាសារបស់អ្នក សូមទូរស័ព្ទមកលេខ**1-877-623-6765**។  
*Cambodian*

**重要提示：**該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊 翻譯為您的母語，請致電 **1-877-623-6765**。  
*Traditional Chinese*

**重要提示：**该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息翻译为您的母语，请致电**1-877-623-6765**。  
*Simplified Chinese*

**Enpòtan!** Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-877-623-6765**.  
*Haitian Creole*

**ສິ່ງສຳຄັນ!**  
ນີ້ມີຂໍ້ມູນທຳຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງກາ  
ນຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໂທຫາ  
**1-877-623-6765** ຂອງຕົນເອງຂອງທ່ານ.  
*Laotian*

**Importante!** Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-877-623-6765**.  
*Brazilian Portuguese*

**Importante!** Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-877-623-6765**.  
*European Portuguese*

**Важная информация!** Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-877-623-6765**.  
*Russian*

**Lưu ý quan trọng!** Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-877-623-6765**.  
*Vietnamese*

هنا! يتضمن هذا معلومات مهمة عن تأمينك الصحي. إذا كنت تريد ترجمة المعلومات إلى لغتك فاتصل برقم **1-877-623-6765**

*Arabic*

**Important!** Ceci contient des informations importantes au sujet de votre assurance santé. Si vous désirez une traduction de ces informations dans votre langue, appelez le : **1-877-623-6765**.  
*French*

**Σημαντικό!** Το παρόν περιέχει σημαντικές πληροφορίες σχετικά με την ασφάλεια ζωής σας. Εάν επιθυμείτε να μεταφραστούν οι πληροφορίες αυτές στη γλώσσα σας, καλέστε στο **1-877-623-6765**.  
*Greek*

**મહત્વપૂર્ણ!** આમાં તમારી આરોગ્ય વીમા વિશેની મહત્વપૂર્ણ જાણકારી છે. જો તમારે તમારી ભાષામાં આ જાણકારીનો અનુવાદ જોઈએ તો, **1-877-623-6765** પર કોલ કરો.  
*Gujarati*



**महत्वपूर्ण!** इसमें आपके स्वास्थ्य बीमा के बारे में महत्वपूर्ण जानकारी है। यदि आप अपनी भाषा में इस जानकारी का अनुवाद चाहते हैं, तो **1-877-623-6765** पर कॉल करें।

*Hindi*

**Importante!** Questo documento contiene informazioni importanti sulla sua assicurazione sanitaria. Se desidera averne la traduzione nella sua lingua, chiami il numero **1-877-623-6765**.

*Italian*

**중요!** 귀하의 건강 보험에 관한 중요한 내용입니다. 해당 내용을 귀하가 사용하는 언어로 번역을 원하시면 **1-877-623-6765**로 연락하십시오.

*Korean*

**Ważne!** Tutaj zawarte są ważne informacje na temat Państwa ubezpieczenia zdrowotnego. Jeśli chcą Państwo, aby te informacje zostały przetłumaczone na Państwa język, proszę zadzwonić na numer **1-877-623-6765**.

*Polish*

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## Discrimination is against the law

The Massachusetts Health Connector complies with applicable federal and state civil rights laws. We do not exclude or treat people differently due to race, color, national origin or ancestry, sex, age, gender identity, sexual orientation, disability, health status or condition, quality of life, or religious creed.

We provide free aids and services to people with disabilities to communicate effectively with us. These aids and services include:

- Qualified sign language interpreters
- Written information in other formats like large print, audio, accessible electronic formats, and other formats.

We provide free language services to people whose primary language is not English. These services include qualified interpreters and information written in other languages

If you need these services, contact us at 1-877-MA-ENROLL (1-877-623-6765) or TTY 1-877-623-7773.

## You can file a grievance if you think you have been discriminated against

If you believe that the Health Connector or another party operating on the exchange 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 with the Health Connector or the U.S. Department of Health and Human Service Office for Civil Rights.

If you want to file a grievance with the Health Connector, please visit our website to download our policy and complaint form. You can find these documents online at:  
[www.MAhealthconnector.org/site-policies/nondiscrimination-notice](http://www.MAhealthconnector.org/site-policies/nondiscrimination-notice).

**If you need help filing a grievance**, please email the Health Connector's Compliance Manager at [Nondiscrimination@state.ma.us](mailto:Nondiscrimination@state.ma.us) or call 617-936-1037.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. To learn more about filing a complaint, call 1-800-368-1019, 800-537-7697 (TDD) or go to their website at: [www.hhs.gov/civil-rights/filing-a-complaint](http://www.hhs.gov/civil-rights/filing-a-complaint).