

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11743

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Whether the Health Connector correctly withdrew the Appellants' child from the application by Appellants' parents for a Health Connector Plan with Advance Premium Tax Credit and that the parents remained eligible for a Health Connector Plan with Advance Premium Tax Credit

Hearing Date: June 26, 2020

Decision Date: August 4, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 24, 2020, Appellant's child was withdrawn from the application for coverage under the parents' Health Connector Plan with Advance Premium Tax Credit. The Child was eligible and enrolled in MassHealth CommonHealth. The parents remained eligible for Health Connector Plans with Advance Premium Tax Credit but the amount of the Advance Premium Tax Credit changed.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant's child was withdrawn from the parents' Health Connector Plan with Advance Premium Tax Credit and that the parents remained eligible for Health Connector Plans with Advance Premium Tax Credit.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 26, 2020. The hearing record consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form dated May 11, 2020
- Exhibit 2: Eligibility Results and Summary dated April 24, 2020

- Exhibit 3: Appeals Unit Outreach May 19, 2020
Exhibit 4: Prior Eligibility Notices None
Exhibit 5: Recent Eligibility Results and Summary None
Exhibit 6: Correspondence from Health Connector dated June 3, 2020

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant, Appellant spouse and Appellant child were covered by a Health Connector Plan with Advance Premium Tax Credit in 2019 and early 2020 (Testimony of Appellant).
2. On April 24, 2020, there was a change in eligibility as the minor child obtained coverage with MassHealth and the child's application for the Health Connector Plan was withdrawn (Exhibit 2 and Testimony of Appellant).
3. After the child was removed from the parents' Health Connector Plan, the parents remained eligible for a Health Connector Plan with Advance Premium Tax Credit (Exhibit 2 and Testimony of Appellant).
4. After the child was removed from the parents' Health Connector Plan, the amount of the premium tax credit for the parent's plan decreased and the premium for the parents' plan increased (Exhibit 1A and Testimony of Appellant).
5. Appellant was not contesting the removal of the child from the Plan (Exhibit 1A and Testimony of Appellant).
6. Appellant filed the appeal to reduce the cost of the Plan to what it was prior to the child being removed (Exhibit 1A and Testimony of Appellant).

ANALYSIS AND CONCLUSIONS OF LAW

Eligibility to purchase health insurance through the Connector and for an advance premium tax credit is defined in the Patient Protection and Affordable Care Act and the regulations issued pursuant to the act. See 26 Code of Federal Regulations Section 1.36B (1) and (2) for the rules which govern eligibility for an advance premium tax credit. The regulations also define affordability. See also 45 Code of Federal Regulations 155.305(a)(1 through 3) and 305 (f)(4), and 956 Code of Massachusetts Regulations 12.00 et. seq. If a household's projected income is between 100% and 400% of the Federal Poverty Level, the household members may be entitled to an advance premium tax credit.

When Appellants' child began coverage under MassHealth, the child was correctly withdrawn from the parents' Health Connector Plan. The child was then no longer included in the computation of the Advance Premium Tax Credit for the parents' plan. As a result, the Advance Premium Tax Credit for the parents' plan was reduced, which resulted in a higher premium for the parents' plan. See 26 CFR § 1.36B-2 (a)(2) and 26 CFR § 1.36B-3.

ORDER

The Appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human

Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11745

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for subsidized health insurance, based on income

Hearing Date: June 24, 2020

Decision Date: August 27, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On April 28, 2020, Appellants were determined eligible for Health Connector plans without subsidies.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellants were eligible for a Health Connector plan without subsidies, based on Appellants' income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on June 24, 2020. Appellant also appeared for Appellant spouse. At the end of the hearing the record was left open so that the Health Connector could provide further documents concerning the determination on Appeal and so that Appellant could review the documents and respond if desired. The Health Connector provided documents on July 10, 2020 and nothing further was received from Appellant. The documents were entered into the record as Exhibit 7. The hearing record is now closed and consists of the Testimony of Appellant and the following documents which were admitted into evidence:

- Exhibit 1: Affidavit of Health Connector
- Exhibit 1A: Hearing Request Form dated May 11, 2020
- Exhibit 2: Eligibility results and Summary dated April 28, 2020
- Exhibit 3: Income Verification and Appeals Unit outreach
- Exhibit 4: Eligibility Notices dated April 28, 2020

- Exhibit 5: Eligibility Results and Summary dated June 8, 2020
Exhibit 6: Correspondence from Health Connector dated June 3, 2020
Exhibit 7: Records received from the Health Connector regarding Appellants' eligibility determinations

FINDINGS OF FACT

The record shows, and I so find:

1. Appellants applied for a subsidized Health Insurance plan in April 2020 (Exhibit 2, 4, 7 and Testimony of Appellant).
2. In April 2020, Appellants were found eligible for subsidized Health Connector Plans and were asked to submit proof of income (Exhibit 3).
3. Appellants submitted proof of income on April 28, 2020 (Exhibits 3, 7 and Testimony of Appellant)
4. On April 28, 2020 Appellants were determined to have a Federal Poverty Level of 438.93% and found eligible for Health Connector Plans without subsidies (Exhibits 2, 3, 4 and 7).
5. Appellants had several changes to their income in April and May (Testimony of Appellant).
6. Appellant's income may be higher than reported on the April Application and Appellant Spouse's income may be lower than reported (Testimony of Appellant).
7. Appellants reported changes to their income on June 8, 2020 (Exhibit 5 and 7).
8. On June 8, 2020, Appellants were determined to have a Federal Poverty Level of 299.08% and were found eligible for a ConnectorCare Plan Type3B with Advance Premium Tax Credit (Exhibit 7).

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 CFR § 1.36B-2 and 45 CFR § 155.305(f), individuals who are otherwise eligible to purchase Health Connector Plans may receive an Advance Premium Tax Credit if their household income is at or below 400% of the Federal Poverty Level. Applicants who qualify for APTC and who have projected yearly MAGI less than or equal to 300% FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program. 956 CMR § 12.04. The Health Connector attempts to verify applicants' eligibility by checking electronic data sources to confirm the information provided by applicants, including applicants' income, in accordance with 45 CFR § 155.320(d). Where the Health Connector cannot verify applicants' income electronically, it requests verifying information from them, in accordance with 45 CFR § 155.315(f). If applicants do not provide verifying information, the Health Connector will revert to electronic data sources for a household income value, and issue a new eligibility determination, in accordance with 45 CFR §§ 155.315(f)(5), 155.320(c)(3)(i)(D).

Appellants applied for subsidized health insurance in April 2020. Appellants provided documents to verify their income and on April 28, were found to have a Federal Poverty Level of 438.93%. On April 28, 2020, Appellants were found eligible for an unsubsidized Health Connector plan. The Health Connector made the correct determination on April 28, 2020.

ORDER

The Appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line 1-877-369-0130. The mailing address is, Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court within thirty (30) days of receiving this letter.

ADDENDUM

There were several changes in Appellants' income in April and May and Appellants updated their Application in June, 2020. Appellants should note that if you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advance Premium Tax Credits), it is IMPORTANT to report changes in your income or family size to the Health Connector as soon as possible. Any Advance Premium Tax credits you get from the federal government will be reconciled when you file your 2020 federal income tax return. This means that the federal government will look at how much premium tax credit you should have received, and compare it to how much you actually received. If you got too much in tax credits during 2020 (meaning the modified adjusted gross income on your application was too low), you may have to pay some of those tax credits back. On the other hand, if you got too little in tax credits during 2020 (meaning the modified adjusted gross income on your application was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11811

Appeal Decision: Appeal denied

Hearing Issue: Appeal of eligibility for subsidized Health Connector plans and Advance Premium Tax Credit

Hearing Date: August 10, 2020

Decision Date: August 20, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated June 9, 2020, the appellant was advised that she was eligible for a ConnectorCare Plan Type 3B with an Advanced Premium Tax Credit (APTC) of \$14.00/month beginning on July 1, 2020. (Exs. 1,3) The appellant filed an appeal dated June 16, 2020 (Ex. 4) based on income. The matter was referred to a hearing after receipt of the appeal. (Ex. 7)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for Health Connector Plans with APTC on June 9, 2020 correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on August 10, 2020, and testified under oath. The hearing record consists of her testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for June 9, 2020 (2 pages)
- Ex. 2—Health Connector's Review of Application (3 pages)
- Ex. 3—Health Connector's Notice of Eligibility dated June 9, 2020 (10 pages)
- Ex. 4—Hearing Request Form dated June 16, 2020 (2 pages)
- Ex. 5—Acknowledgment of Appeal dated June 25, 2020 (1 page)

- Ex. 6—Appeals Unit case notes (1 page)
Ex. 7—Notice of Hearing (3 pages)
Ex. 8—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 26-years-old and has a tax household size of one. (Testimony, Ex. 2)
2. By notice dated June 9, 2020, the appellant was determined eligible for a ConnectorCare Plan Type 3B with an APTC of \$14.00/month based on having an income and household size equivalent to 285.36% of the Federal Poverty Level (FPL) effective July 1, 2020. On the application on which the June 9, 2020 determination was based, the appellant projected her yearly income to be \$35,641.00. (Testimony, Exs. 1,2,3)
3. The appellant was advised by her employer in June that her hours were being reduced and she now anticipates that her projected yearly income will be approximately \$20,000.00. (Testimony)
4. The appellant appealed the Connector's June 9, 2020, determination on June 16, 2020 based on income and indicated that her employer had dropped her hours to a part-time basis. (Testimony, Ex. 4)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant's behalf, based on a projected yearly MAGI. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector's ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellant was found eligible for a ConnectorCare Plan Type 3B with APTC based on having an income and family size equivalent to 285.36% of the FPL. The appellant does not dispute that she attested to a projected yearly income of \$35,641.00 on her application, but maintains that her hours were reduced after the determination as a result of which her anticipated income will be much lower.

Based on the evidence in the record, it is concluded that the Connector's determination on June 9, 2020 regarding the appellant's eligibility for ConnectorCare Plan Type 3B with APTC was correct, and is therefore affirmed.

ORDER

The appeal is denied.

NOTIFICATION OF YOUR RIGHT TO APPEAL TO HEALTH AND HUMAN SERVICES OR STATE COURT

If you disagree with this decision, pursuant to Title 45 of the Code of Federal Regulations, section 155.545, you may seek further review through the United States Department of Health and Human Services within thirty (30) days of receiving this letter. To appeal visit the United States Department of Health and Human Services website, [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) or write a letter requesting an appeal. Include your name, address and the reason you are requesting the appeal. Fax your appeal to a secure fax line at 1-877-369-0130. The mailing address is: Health Insurance Marketplace, Attention Appeals, 465 Industrial Blvd, London, KY 40750-0061. You also have the right to appeal to state court in accordance with Chapter 30A of the Massachusetts General Laws. To do so,

you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within thirty (30) days of receiving this letter.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

The appellant was advised to either update her application online with current income information or to contact the Appeals Unit at 617-933-3096 to report the change.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA20-11821

Appeal Decision: Appeal denied

Hearing Issue: Appeal of eligibility for subsidized Health Connector plans and Advance Premium Tax Credit

Hearing Date: August 10, 2020

Decision Date: August 21, 2020

AUTHORITY

This hearing was conducted pursuant to the Patient Protection and Affordable Care Act, Section 1411, and the regulations promulgated in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*; Massachusetts General Laws Chapter 176Q, Chapter 30A, and the rules and regulations promulgated thereunder; and Title 956 of the Code of Massachusetts Regulations, section 12.00.

JURISDICTION

Applicants and Enrollees are entitled to a hearing with the Health Connector using the policies and procedures for hearings set forth in Title 45 of the Code of Federal Regulations, section 155.500 *et seq.*, for informal hearings set forth in Title 801 of the Code of Massachusetts Regulations, section 1.02, and for hearings set for in Title 956 of the Code of Massachusetts Regulations, section 12.15.

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

By notice dated April 17, 2020, the appellant was advised that he was eligible for a ConnectorCare Plan Type 1 with an Advanced Premium Tax Credit (APTC) of \$562.00/month beginning on May 1, 2020. (Exs. 4,6) The appellant filed an appeal dated June 16, 2020. (Ex. 7) The matter was referred to a hearing after receipt of the appeal. (Ex. 12)

ISSUE

Was the Connector's decision regarding the appellant's eligibility for ConnectorCare Plans with APTC on April 17, 2020 correct pursuant to 45 C.F.R. 155.305 and 956 CMR 12.05?

HEARING RECORD

The appellant appeared at the hearing which was held by telephone on August 10, 2020, and testified under oath. The hearing record consists of his testimony and the following documents which were admitted into evidence without objection:

- Ex. 1—Health Connector's Eligibility Determination Results showing a program determination for March 10, 2020 (2 pages)
- Ex. 2—Health Connector's Review of Application (2 pages)
- Ex. 3—Health Connector's Notice of Eligibility dated March 10, 2020 (6 pages)
- Ex. 4- Health Connector's Eligibility Determination Results showing a program determination for April 17, 2020 (2 pages)

- Ex. 5—Health Connector’s Review of Application (3 pages)
- Ex. 6—Health Connector’s Notice of Eligibility dated April 17, 2020 (10 pages)
- Ex. 7—Hearing Request Form dated June 26, 2020 (4 pages)
- Ex. 8—Health Connector’s Notice of Dismissal of Appeal dated July 1, 2020 (1 page)
- Ex. 9—Letter from the appellant dated July 7, 2020 (3 pages)
- Ex. 10—Appeals Unit case notes (1 page)
- Ex. 11—MassHealth customer service notes (3 pages)
- Ex. 12—Notice of Hearing (3 pages)
- Ex. 13—Affidavit of Connector representative (1 page)

FINDINGS OF FACT

The record shows, and I so find:

1. The appellant is 59-years-old and has a tax household size of one. (Testimony, Exs. 2,5)
2. The appellant was enrolled in a ConnectorCare Plan Type 1 with APTC from January 1, 2020 until March 31, 2020. (Testimony, Exs. 1,3)
3. By notice dated March 10, 2020, the Health Connector advised the appellant that he no longer qualified for subsidized health insurance because its records indicated that he did not live in Massachusetts. The appellant had been living at the same address since 2016 and had not left the country for any period of time prior to the notice. (Testimony, Ex. 3)
4. On April 17, 2020, the appellant was contacted by MassHealth in connection with an appeal of the termination of his health insurance. He informed the customer service representative that he had no income and he was advised to withdraw his appeal. Following the conversation, he believed that his health insurance had been reinstated. (Testimony, Ex. 11)
5. By notice dated April 17, 2020, the appellant was determined eligible for a ConnectorCare Plan Type 1 with an APTC of \$562.00/month based on having an income and household size equivalent to 0% of the Federal Poverty Level (FPL) effective May 1, 2020. On the application on which the April 17, 2020 determination was based, the appellant projected his yearly income to be \$0. (Testimony, Exs. 4,5,6)
6. In May, the appellant got sick with Covid 19 and sought alternative treatment through his local community health center. He was advised that he was not enrolled in insurance at that time. (Testimony)
7. The appellant appealed the Connector’s April 17, 2020 determination on June 26, 2020 and stated that he was not aware that his health insurance had been suspended. (Ex. 7)
8. By notice dated July 1, 2020, the Connector advised the appellant that his appeal was being dismissed because it was not filed in a timely fashion. (Ex. 8)
9. The appellant responded to the dismissal by letter dated July 7, 2020, and his appeal was scheduled for a hearing. (Exs. 9,12)
10. The appellant enrolled in ConnectorCare Plan Type 1 with APTC effective August 1, 2020. (Testimony, Exs, 4,6)

11. The appellant did not incur any medical expenses during the time he was uninsured. (Testimony)

ANALYSIS AND CONCLUSIONS OF LAW

Pursuant to 26 IRC section 36B and 45 CFR section 155.305(f), certain taxpayers are eligible for an APTC if their household Modified Adjusted Gross Income (MAGI) is at or below 400% of the FPL. The law also permits these premium tax credits to be paid in advance on the applicant’s behalf, based on a projected yearly MAGI. Taxpayers who qualify for an APTC and who have projected yearly MAGI less than or equal to 300% of the FPL qualify for additional state subsidies through the Health Connector’s ConnectorCare program, pursuant to 956 CMR section 12.04.

The appellant was enrolled in subsidized insurance from January through March, 2020, at which time his coverage was terminated because Connector records indicated that he did not reside in Massachusetts. He evidently appealed the termination to MassHealth who contacted him on April 17, 2020 and advised him to withdraw his appeal. On the same date, he was determined eligible for the same subsidized coverage he previously had, effective May 1, 2020. The appellant apparently concluded that his insurance had been reinstated even though he did not take any affirmative steps to enroll. He found out that he did not have coverage when he got sick in May and went to his community health center for treatment. On June 26, 2020, he appealed the Connector’s April 17th determination, but actually intended to appeal the termination of his coverage. Although his appeal was untimely, the Appeals Unit ultimately scheduled a hearing. At the time of the hearing, he had enrolled in a ConnectorCare plan.

The appellant did not appear to understand why his insurance was terminated in March, nor why he was without coverage until he re-enrolled on August 1, 2020. He testified that he did not incur any medical expenses during the period when he was without insurance and he did not request any relief as a remedy. He seemed to imply that the matter had been resolved when he was able to re-enroll for August.

Based on the evidence in the record, it is concluded that the Connector’s determination on April 17, 2020 regarding the appellant’s eligibility for ConnectorCare Plan Type 1 with APTC was correct, and is therefore affirmed.

ORDER

The appeal is denied.

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Hearing Officer

Cc: Connector Appeals Unit