

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14553

Appeal Decision: Appeal Denied, Eligibility determination upheld

Hearing Issue: Eligibility for ConnectorCare based on failure to verify income.

Hearing Date: August 30, 2021

Decision Date: September 1, 2021

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 July 13, 2021, Appellant was determined eligible for Health Connector plans without subsidies. The Appellant's determination came after failing to verify income.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that the Appellant was only eligible for Health Connector plans and not eligible for ConnectorCare, based on the Appellant's failure to verify income.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone, on August 30, 2021. The procedures to be followed during the hearing were reviewed with all who were present. The Appellant was sworn in and testified. The following documents were admitted into evidence with no objection from the Appellant:

- Exhibit 1: Health Connector's Hearing Affidavit (1 page)
- Exhibit 2: Health Connector's Hearing Notice (3 pages, dated July 29, 2021)
- Exhibit 3: Health Connector's Acknowledgement of Appeal (1 Page)
- Exhibit 4: Appeals Unit Staff Case notes (1 page)
- Exhibit 5: Appellant's appeal request form 5 pages dated July 20, 2021
- Exhibit 6: Notice of Eligibility Determination (9 pages, dated July 13, 2021)
- Exhibit 7: Health Connector's Determination Results and Review Computer Printout (8 pages, dated July 13, 2021)
- Exhibit 8: Health Connector's Determination Results and Review Computer Printout (11 pages, dated August 24, 2021)
- Exhibit 9: Historical Notices and Printouts (22 pages)

FINDINGS OF FACT

The record shows, and I so find:

1. The Appellant applied to obtain subsidized health insurance through the Connector. (Exhibit 7 & 8, Appellant's testimony)
2. Appellant is currently enrolled in a Connectorcare Plan. (Appellant's testimony, Exhibit 8)
3. Appellant testified that she was appealing because she could not afford the unsubsidized health plan.
4. The Health Connector sent a notice to Appellants, dated May 24, 2021 requesting information regarding Appellant's income be sent to the Health Connector by June 23, 2021. (Exhibit 9)
5. Appellant sent in their income information on July 23, 2021 after the due date for this information.
6. Appellant and her husband are losing their unemployment benefits on September 4, 2021. Appellant was informed that she should contact the Health Connector Customer Service Department on September 4, 2021 to inform the department of her change in income.

ANALYSIS AND CONCLUSIONS OF LAW

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on a projected yearly MAGI. 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.

Appellant applied for health insurance coverage through the Connector. She was found eligible for Health Connector plans and she was notified that she was not eligible for ConnectorCare plans because she did not send in the information regarding their income as requested. Appellant did not submit the documentation requested. On July 13, 2021, Appellant was notified that she was determined eligible for a Health Connector plans. The new determination was based on data from other sources because the Appellant did not send in the documents that were requested. Appellant filed for an appeal based on their income.

The Connector made the correct determination based upon the information supplied by the Appellant and obtained from other sources. Appellant failed to send in such information.. When Appellant did not supply the required documentation, the Connector changed the determination based on data from other sources

ORDER

The appeal is denied. The determination by the Connector is affirmed.

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.

Hearing Officer

Cc: Connector Appeals Unit

ADDENDUM

Appellant has since sent in information to the Health Connector to establish their income. Appellant is urged to contact the Health Connector Customer Service Department to verify that it has received all documentation necessary to verify Appellant's income. In addition, Appellant has indicated that she and her husband will lose their unemployment benefits on September 4, 2021. Appellant is urged to contact the Health Connector Customer Service Department to report this change in income.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14703

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare and Advance Premium Tax Credits.

Hearing Date: September 16, 2021

Decision Date: September 22, 2021

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 August 9, 2021, the Appellant's household was determined eligible for Health Connector Plans with no financial assistance. The decision came after the Appellant failed to verify their income in a timely manner.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information available as of August 9, 2021.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 16, 2021. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated August 18, 2021.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval Notice dated August 9, 2021.
- Exhibit 5: 2021 Eligibility Results with an Application Summary dated August 9, 2021.
- Exhibit 6: A MassHealth denial notice for one of the Appellant's two children dated August 9, 2021.
- Exhibit 7: A MassHealth denial notice for the Appellant's second child dated August 9, 2021.
- Exhibit 8: The Appellant's Online Appeal Request dated August 9, 2021.

Exhibit 9: Medicaid Household Determination Printout dated August 9, 2021.

FINDINGS OF FACT

The record shows, and I so find:

1. On August 9, 2021 the Appellant applied for ConnectorCare for themselves, their spouse and two children. The Appellant had reported income equal to 333.78% of the federal poverty level (Exhibit 5).
2. On August 9, 2021 Health Connector determined the Appellant's household of four eligible for Health Connector plans with no financial assistance. The decision came after the Appellant had failed to submit proof of income and Health Connector was unable to determine the household's income using third party data sources (Exhibits 4, 5).
3. On August 9, 2021 MassHealth issued notices for both of the Appellant's children stating that the children were not eligible for MassHealth because the required Annual Review had not been returned (Exhibits 6, 7).
4. The Appellant filed an appeal on August 9, 2021 (Exhibit 8).
5. The Appellant testified that they are not disputing the financial eligibility determination made by the Health Connector or the MassHealth denials. The Appellant said that they wished to enroll in a Health Connector plan effective September 9, 2021 but Health Connector Customer Service would not accept their payment (Appellant Testimony).
6. The Appellant was advised that the issue for this appeal was financial eligibility and the billing issue could not be resolved through this appeal. The Appellant was informed that their request would be forwarded to a manager at the Health Connector Appeals Unit.

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant applied for ConnectorCare for their household of four on August 9, 2021. The Appellant reported income equal to approximately 333.78% of the federal poverty level for the household, but the income was not verified. On August 9, 2021 Health Connector resorted to third party data sources for information. 956 CMR 12.05. The Appellant was determined eligible for Health Connector Plans with no financial assistance because the Health Connector was unable to verify the household's income. The Appellant's children were determined ineligible for MassHealth on August 9, 2021 because the Appellant failed to submit a required Annual Report to update the household's information. The Appellant filed an appeal on August 9, 2021. MassHealth actions are not appealable at the Health Connector. 956 CMR 12.12.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. 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. Since Health Connector was unable to verify

the Appellant's income, Health Connector correctly determined on August 9, 2021 that the Appellant 's household was eligible for Health Connector Plans with no financial assistance.

The Appellant testified that they were not disputing the MassHealth actions or Health Connector's determination of financial eligibility. The Appellant said that they wanted to enroll in a Health Connector plan effective September 1, 2021 but Health Connector Customer Service would not accept their payment. As explained at the Hearing, the billing issue is not an appealable action under Health Connector regulations. 956 CMR 12.12.

ORDER

This 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.

Cc: Connector Appeals Unit

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA2114436

Appeal Decision: Appeal Denied

Hearing Issue: Eligibility for Health Connector plans, income under 100%

Hearing Date: July 21, 2021

Decision Date: September 27, 2021

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 965 of the code of Massachusetts Regulations, Section 12.00

JURISDICTION

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

ORIGINAL ACTION TAKEN BY THE HEALTH CONNECTOR

On June 3, 2021, the Appellant was determined eligible for Health Connector plans with no financial assistance.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined that Appellant was eligible for Health Connector plans with no financial assistance, based on the Appellant's reported and verified income.

HEARING RECORD

Appellant appeared at the hearing, which was held by telephone, on July 21, 2021. The hearing was recorded. The hearing record consists of the Appellant's testimony, and the following documents which were admitted into evidence without objection by Appellant:

- Exhibit 1: Affidavit of Record Verification (1 page);
- Exhibit 2: Notice of Hearing (6-29-21) (3 pages);
- Exhibit 3: Acknowledgement of Appeal (6-25-21) (1 page);
- Exhibit 4: Outreach notes and email (2 pages);
- Exhibit 5: Hearing Request form (6-19-21) (6 pages);
- Exhibit 6: Eligibility Approval letter (6-3-21) (9 pages);

Exhibit 7: Eligibility detail printout and application summary printout (6 pages); and
Exhibit 8: Medicaid Household Determination (5 pages).

FINDINGS OF FACT

The record shows, and I so find:

1. Appellant applied for health insurance through the Health Connector in June 2021. (Testimony, Exhibit 7).
2. The Health Connector determined that Appellant was eligible for Health Connector plans with no financial assistance based on Appellant's income resulting in a Federal Poverty Level of under 100%. (Exhibits 6, and 7).
3. Appellant had previously been eligible for Mass Health, and Mass Health had administratively closed Appellant's file resulting in Appellant not being eligible for Mass Health at the time of the June 2021 application. (Testimony, Exhibit 8).
4. Appellant appealed. (Exhibit 5, Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

The Appellant was deemed eligible for Health Connector plans with no financial assistance based on income reported and verified from other sources. Under 45 CFR § 155.305(a), residents of Massachusetts who are otherwise eligible may purchase health and dental insurance through the Health Connector. 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(c). 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 consider the information not verified and issue a new eligibility determination.

In June 2021, the Appellant was determined eligible for Health Connector Plans with no financial assistance based on information in Appellant's application, and based on Mass Health's administrative closure of Appellant's application for Mass Health. Because Appellant's income resulted in a federal poverty level below 100%, Appellant was not eligible for ConnectorCare plans. Appellant may be eligible for Mass Health, but needs to request that Mass Health remove the administrative closure. The result of Appellant being eligible for Health Connector Plans without financial assistance complied with federal law at 45 CFR §§ 155.320(c) and 155.315(f), and is the correct determination based on the documents submitted and information available to the Health Connector. 45 CFR § 155.305(f).

The Health Connector correctly found that the Appellant was eligible for Health Connector plans with no financial assistance on June 3, 2021, and that determination is upheld.

ORDER

The Connector determination was correct. The appeal is therefore 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. 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.

Cc: Connector Appeals Unit

ADDENDUM

If you are found eligible for a Health Connector plan with Advanced Premium Tax Credits, or a ConnectorCare plan (which also includes Advanced 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 during the tax year from the federal government will be reconciled when you file your taxes. 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 the tax year (meaning the modified adjusted gross income on file for us is 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 the tax year (meaning the modified adjusted gross income on file with us was too high), you will get the rest of the tax credits you are owed when you file your taxes.

Note: If you qualify for advance payments of the premium tax credit, you may choose to take less than the full value of the tax credit in advance. This means your monthly premium will be higher. Any extra tax credit you are owed but have not used during the tax year will be paid to you when you file your taxes.

NOTE: The pronouns “they” and “their” is used in order to be gender neutral, regardless of the singular or plural

NOTE: Members may report any change in their income throughout the year and have their eligibility redetermined, if necessary.

Massachusetts Health Connector Appeals Unit

FINAL APPEAL DECISION: ACA21-14781

Appeal Decision: Denied

Hearing Issue: Eligibility for ConnectorCare and Advance Premium Tax Credits.

Hearing Date: September 24, 2021

Decision Date: September 27, 2021

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 August 12, 2021, the Appellant was determined eligible for Health Connector Plans with no financial assistance. The decision came after the Appellant failed to verify their income in a timely manner.

ISSUE

The issue addressed on this appeal is whether the Health Connector correctly determined the Appellant's financial eligibility based on the income information available as of August 12, 2021.

HEARING RECORD

The Appellant appeared at the hearing, which was held by telephone on September 24, 2021. The hearing record consists of the Appellant's testimony and the following documents which were admitted into evidence:

- Exhibit 1: Health Connector's Hearing Record Affidavit.
- Exhibit 2: Health Connector Appeals Unit Notice of Hearing dated August 25, 2021.
- Exhibit 3: Health Connector Appeals Unit Outreach Notes.
- Exhibit 4: Health Connector's Eligibility Approval Notice dated August 12, 2021.
- Exhibit 5: 2021 Eligibility Results with an Application Summary dated August 12, 2021.
- Exhibit 6: The Appellant's Online Appeal Request dated August 17, 2021.
- Exhibit 7: Health Connector Request for Information dated June 18, 2021.
- Exhibit 8: Health Connector Notice of Unacceptable Proof/Request for Information dated May 26, 2021.

- Exhibit 9: Medicaid Household Determination Printout dated August 12, 2021.
Exhibit 10: My Workspace printout of document received on June 17, 2021.
Exhibit 11: My Workspace printout of document received on August 23, 2021.
Exhibit 12: My Workspace printout of additional document received on August 23, 2021.

FINDINGS OF FACT

The record shows, and I so find:

1. Prior to September 1, 2021 the Appellant was receiving ConnectorCare (Exhibit 3).
2. On May 26, 2021 Health Connector notified the Appellant that the documents submitted could not be used to determine the household's financial eligibility. The documents were not able to be read. The Appellant was asked to submit additional documentation. Examples of acceptable documents were outlined in the letter (Exhibit 8).
3. On June 17, 2021 the Appellant submitted a document entitled History Query. The document was not able to be read (Exhibit 10).
4. On June 18, 2021 Health Connector notified the Appellant that they were required to send proof of all income for themselves and their Spouse (Exhibit 7).
5. On August 12, 2021 the Appellant's application was updated. The Appellant lives with their Spouse, who is not applying. The Appellant reported household income equal to 250.86% of the federal poverty level. The Appellant reported income from Social Security for both household members as well as pension/retirement income of their Spouse (Exhibits 4, 9).
6. On August 12, 2021 Health Connector determined the Appellant eligible for Health Connector plans with no financial assistance. The decision came after the Appellant had failed to submit adequate proof of income and Health Connector was unable to determine the household's income using third party data sources (Exhibits 4, 5).
7. The Appellant filed an appeal on August 17, 2021 (Exhibit 6).
8. On August 23, 2021 the Appellant submitted proof of their Social Security income as well as a copy of the document submitted on June 17, 2021 that was not legible (Exhibit 12).
9. The Appellant testified that this has been a very frustrating experience. The Appellant explained that they called Customer Service and was advised to just send another copy of the document that verified their Spouse's retirement income. The Appellant said that they did not have a copy of their Spouse's Social Security award letter. The Appellant said that they sent a copy of a bank statement showing the amount of money deposited after deduction of their Spouse's Medicare premium (Appellant Testimony).

ANALYSIS AND CONCLUSIONS OF LAW

Prior to September 1, 2021 the Appellant was receiving ConnectorCare. The Appellant's application was updated on August 12, 2021. The Appellant lives with their Spouse, who is not applying for health insurance. The

Appellant had reported income equal to 250.86% of the federal poverty level for their household of two. The Appellant and their Spouse receive Social Security and the Appellant's Spouse has additional retirement income.

On May 26, 2021 the Appellant was notified by Health Connector that the documentation submitted to verify income could not be used because the documents were not legible. The notice outlined the types of documents acceptable to verify earned and unearned income.

On August 12, 2021 Health Connector resorted to third party data sources for information, but information was not available. 956 CMR 12.05. The Appellant was determined eligible for Health Connector Plans with no financial assistance because the Health Connector was unable to verify the household's income. The Appellant filed an appeal on August 17, 2021.

While the Appeal was pending, the Appellant attempted to submit additional information. The documents sent on August 23, 2021 were sufficient to verify the Appellant's Social Security income, but the document for the Spouse's retirement income was illegible and no verification of the Spouse's Social Security income was found in the documents submitted.

Under 26 IRC § 36B and 45 CFR § 155.305(f), certain taxpayers are eligible for a premium tax credit if their household MAGI is at or below 400% of the Federal Poverty Level. The law also permits these premium tax credits to be paid in advance on an applicant's behalf, based on projected yearly MAGI. 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. Since Health Connector was unable to verify the Appellant's income, Health Connector correctly determined on August 12, 2021 that the Appellant was eligible for Health Connector Plans with no financial assistance.

ORDER

This 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.

Cc: Connector Appeals Unit

ADDENDUM

The Appellant is reminded that all income must be verified. The Appellant may submit a copy of the documentation of their Spouse's Social Security and Retirement income to Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780.