

Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419

You can get this information large print and braille. Call **1-800-841-2900** from Monday to Friday, 8:00 A.M. to 5:00 P.M. **TTY: 1-800-497-4648**



John Q. Public
Street
City, MA #####

Date: January 1, 2017
Notice ID: 4795/550/TERMINATION-010117
Member ID: #####
SSN: XXX-XX-####

Dear [Primary Recipient Name],

We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or Children's Medical Security Plan.

Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and Children's Medical Security Plan?

The person listed below does not qualify because:

- **Name:** John Q. Public, **Member ID:** #####, **Date of Birth:** Month dd, yyyy
 - We sent the person a letter requesting additional information about their health insurance coverage, but they did not respond in the time allowed. 130 CMR 501.010

This coverage is ending on **[Effective Termination Date]**

The person listed above may qualify for health insurance through the Massachusetts Health Connector. The Health Connector will send another notice to let you know if you qualify. If you want to know

Questions? Visit www.mahealthconnector.org or call **1-800-841-2900** TTY: 1-800-497-4648

more, go to MAhealthconnector.org or call Health Connector Customer Service at 1-877 MA ENROLL (1-877-623-6765) or TTY 1-877-623-7773 if you are deaf, hard of hearing or speech disabled.

What else do you need to know?

The **Member Booklet** explains income rules, premiums, and covered services for MassHealth. To get a copy, go to mass.gov/mashealth and click **Applications and Member Forms** or 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).

How can you report changes?

You can report any changes in your information to MassHealth at any time. This includes any change to your income, address, phone number, family size, job, or health insurance.

You can submit information in the following ways.

1. **Online (Recommended):** The fastest way to update your information for your household is online through our website at MAhealthconnector.org.
 - Your username is **[HOH username]**. Use it to log into your account.
 - Go to **[invitation code link]** where you will be able to create an account and see your information.
2. **Fax: 1-857-323-8300**
3. **Mail:** Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419
4. **Call: 1-800-841-2900** (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

What if you do not agree with our decision?

You can ask for a fair hearing if you do not agree with our decision.

- Read ***How to Ask for a Fair Hearing*** that came with this letter.

What if you have questions?

If you have questions or need more information, go to MAhealthconnector.org or 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).

Thank you.

MassHealth