

Consumer encounters an issue with application, eligibility, or coverage

If issue is with a Connector or MassHealth eligibility determination

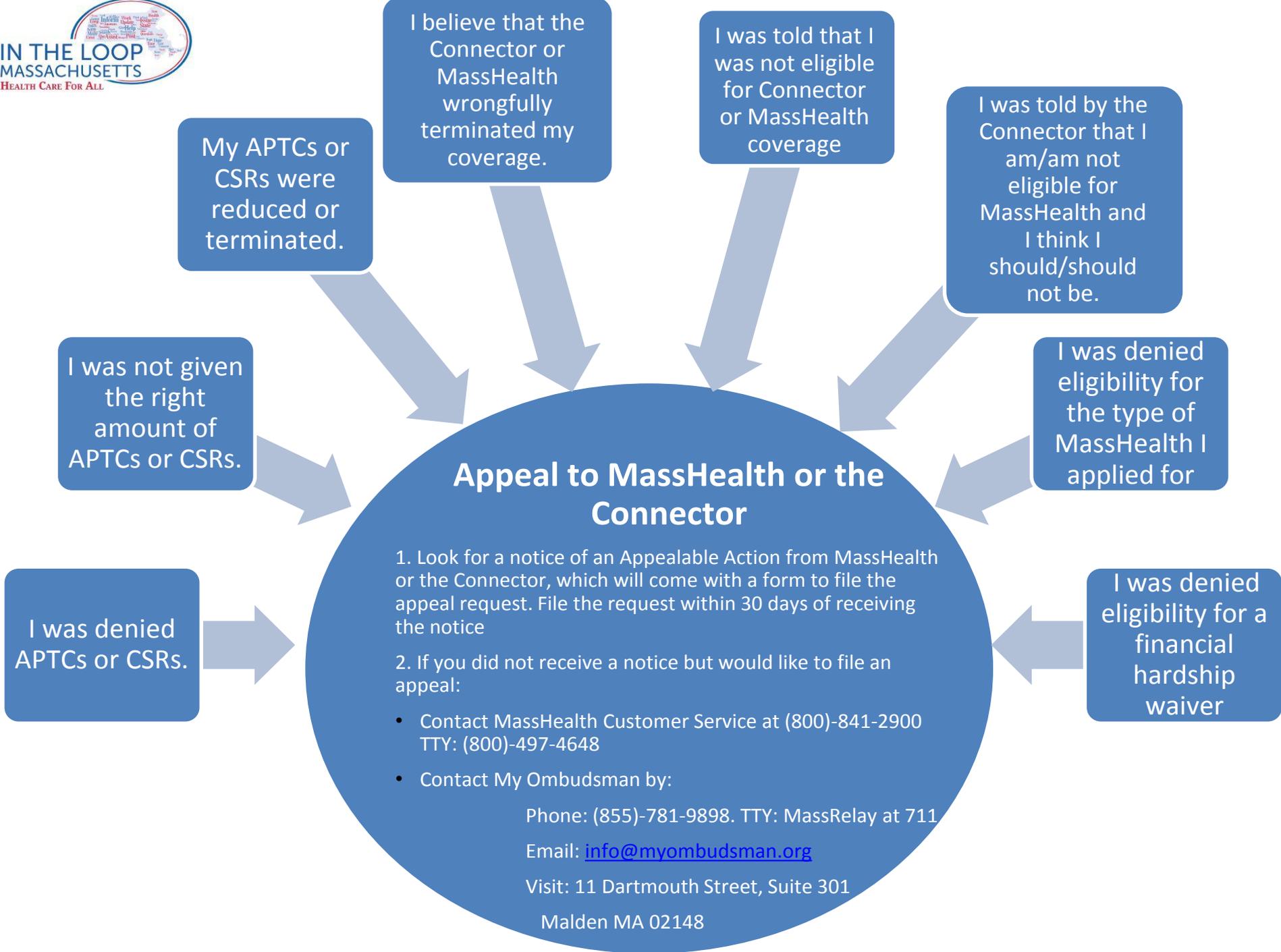
File a Connector or MassHealth appeal

If issue is due to an insurer's decision

File an appeal with the insurer

If the issue is due to an insurer's appeal decision, discrimination by the insurer, or fraudulent selling of health insurance

File a complaint with the Division of Insurance



I believe that the Connector or MassHealth wrongfully terminated my coverage.

I was told that I was not eligible for Connector or MassHealth coverage

I was told by the Connector that I am/am not eligible for MassHealth and I think I should/should not be.

I was denied eligibility for the type of MassHealth I applied for

I was denied eligibility for a financial hardship waiver

Appeal to MassHealth or the Connector

1. Look for a notice of an Appealable Action from MassHealth or the Connector, which will come with a form to file the appeal request. File the request within 30 days of receiving the notice
2. If you did not receive a notice but would like to file an appeal:
 - Contact MassHealth Customer Service at (800)-841-2900 TTY: (800)-497-4648
 - Contact My Ombudsman by:
Phone: (855)-781-9898. TTY: MassRelay at 711
Email: info@myombudsman.org
Visit: 11 Dartmouth Street, Suite 301
Malden MA 02148

My APTCs or CSRs were reduced or terminated.

I was not given the right amount of APTCs or CSRs.

I was denied APTCs or CSRs.

My insurer denied my claim for a covered service or procedure.

My insurer denied my claim because it deems the requested service(s) to be “experimental” and/or “not medically necessary”

My insurer would not cover my prescription.

Appeal to Insurer

1. Internal Appeal—within 180 days of receiving claim denial or adverse decision, ask insurer to conduct a full and fair review of its decision
2. If your internal appeal is denied, you can request an external review through the Office of Patient Protection within 4 months of a final adverse determination. The OPP can be reached at: (800)-436-7757 (TTY: MassRelay)

My insurer cancelled my coverage.

I went to the emergency room and now my bill says I owe money because the provider was out of network.

I believe my insurer incorrectly terminated my coverage.

I think my insurer is denying my claim because it is for substance use or mental health care in violation of health parity laws.

My provider was originally included in the provider directory for my health plan, and I'm now being told that was a mistake.

File a Complaint with the Division of Insurance

1. If you have any questions about the process, contact the Division of Insurance Consumer Service Department at: (617)-521-7794
2. Submit your complaint form [here](#).

I think I was fraudulently sold health insurance.

I filed an appeal with my insurer and it was denied because it was:

1. Not medically necessary (including appropriateness, healthcare setting, level of care or effectiveness);
2. Experimental/Investigational; or
3. Due to a pre-existing condition