

# Marketplace Eligibility Appeals – Eligibility Appeals Process Overview



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*The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information. This communication was produced and disseminated at U.S. taxpayer expense.*

# Marketplace Eligibility Appeal Rights

- If consumers believe there was a mistake or disagree with certain eligibility determinations made by a Marketplace, they have a right to request an appeal.
- This presentation is about appealing to the Department of Health and Human Services (HHS) Appeals Entity about a Marketplace eligibility determination.
  - Also known as the Marketplace Appeals Center.
- We'll also briefly discuss some consumer appeal rights from State-based Marketplace (SBM) appeals entities.

# Marketplace Eligibility Appeal Rights: Appointing an Authorized Representative

- Consumers may appoint someone as their authorized representative to talk to the Marketplace Appeals Center on their behalf and represent them throughout the process.
- The representative can be a relative, friend, legal counsel, or another spokesperson.
- Consumers might designate their representative in writing and sign the document.

# Appealing a Marketplace Eligibility Determination

- What determinations can be appealed?
  - Eligibility to buy a Marketplace qualified health plan (QHP), including a Catastrophic plan.
  - Eligibility for lower costs including the amount of:
    - Advance payments of the premium tax credit (APTC).
    - Cost-sharing reductions (CSRs).
  - Eligibility for a Special Enrollment Period (SEP) to enroll in a Marketplace QHP outside the regular Open Enrollment Period (OEP).

# Appealing a Marketplace Eligibility Determination (Cont.)

- Eligibility for Medicaid or the Children's Health Insurance Program (CHIP) for residents of states that have delegated to the Marketplace Appeals Center that appeals of certain types of Medicaid determinations made by the Federally-facilitated Marketplace.
- Eligibility for an exemption from the individual shared responsibility payment (fee) requirement.\*
- Any SBM's eligibility appeal decision or its decision denying the consumer's request to vacate the dismissal of their eligibility appeal.

\*Beginning with the 2019 plan year, the individual shared responsibility payment ("mandate," "penalty") is reduced to \$0. Consumers don't need an exemption for 2019 or beyond to avoid paying a penalty. However, consumers age 30 or older may be eligible to purchase a Catastrophic plan if they qualify for a hardship or affordability exemption.

# How to Request a Marketplace Eligibility Appeal

You can file a Marketplace appeal:

- **Online:** Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and select your state to submit your appeal request online.
- **By mail or fax:** Print and fill out a paper form, or write a letter requesting an appeal. Include your name, address, and the reason for the appeal. If the appeal is for someone else (like your child), also include their name. Mail or fax your paper form or letter to the Marketplace:

**Fax to:** 1-877-369-0130

**Mail to:**

Health Insurance Marketplace®

ATTN: Appeal

465 Industrial Blvd.

London, KY 40750-0061

# When an Eligibility Appeal is Received

- How does the Marketplace Appeals Center determine if an appeal is valid?
  - Timeliness: the request must be received:
    - Within 90 days of the notice of the contested Marketplace eligibility determination;
    - Within 30 days of the date of an SBM notice of appeal decision; or
    - Within 30 days of notice from an SBM declining to reopen the appeal after it was dismissed by the SBM.

# When an Eligibility Appeal is Received (Cont.)

- The request must be about a matter that's appealable, examples of which are provided on slides 4 and 5.
- The appeal must be requested by a consumer or by an authorized representative appointed in writing by the consumer.
- If the appeal request doesn't meet these requirements, the consumer will get a notice explaining why the request is invalid and how to fix the problem and resubmit the appeal.

# After the Consumer Files an Appeal

- If the appeal is valid, consumers who appeal (appellants) get a letter from the Marketplace Appeals Center that:
  - Acknowledges receipt of their appeal.
  - Includes their appeal number, which uniquely identifies their case.
    - Consumers should write their appeal number on any documents they submit to the Marketplace Appeals Center.
  - Provides a description of the appeals process.
  - Includes instructions for submitting additional material for consideration, if necessary.

# Types of Resolution

- Informal Resolution

- If possible, the Marketplace Appeals Center will try to resolve the appeal based on the available information.
- This decision will be binding if the consumer is satisfied.

- Hearing

- In some cases, the appeal may go straight to a hearing.
- If the consumer is dissatisfied with the informal resolution, a hearing may be requested.

# Informal Resolution of Eligibility Appeals

- The Marketplace Appeals Center works with appellants to resolve eligibility appeals informally:
  - Reviews facts and evidence submitted by the appellant and those that are available from the Marketplace
  - Sometimes contacts appellants by phone or mail
  - Sends Information Resolution Notice
    - Describes proposed resolution and decision
  - If appellants is satisfied, the appeal decision follows
    - Unless appellant voluntarily withdraws the appeal
  - Appellants who aren't satisfied may request a hearing

# Marketplace Eligibility Appeal Hearing

- Hearings are more formal
  - Consumers will receive notice of the scheduled hearing in writing at least 15 days prior to the hearing date unless:
    - The appellant requests an earlier hearing date (and one is available)
    - A hearing date sooner than 15 days is necessary to process an expedited appeal as agreed to by the appellant
  - Conducted by telephone
  - Presided by a Federal Hearing Officer
  - Appellants and any witnesses are under oath

# Eligibility Appeal Decisions

- After the hearing concludes, the Federal Hearing Officer carefully considers all evidence and testimony of the appellant and any witnesses.
- The Hearing Officer makes the eligibility appeal decision.
  - The decision is mailed to the appellant within 90 days from the receipt date of the appeal request, as administratively feasible.
  - The decision is final and binding.
    - Judicial review may be an option.

# Eligibility Appeal Decisions (Cont.)

- The consumer must follow the instructions on the decision letter to ensure implementation.
- If the decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the consumer may decide to have the decision implemented retroactively based on the date when the consumer received the incorrect determination.

# Eligibility Appeal Decisions (Cont.)

- As a part of retroactive effectuation of eligibility appeals decisions:

- A Marketplace plan may owe an appellant a refund if:
  - They had paid Marketplace plan premiums to the plan before the appeal was decided, and
  - They're now eligible for a larger premium tax credit and/or lower copayments, coinsurance, and deductibles as a result of the appeal.

OR

- An appellant may owe money to their Marketplace plan if:
  - They're now enrolling in Marketplace coverage for an earlier date, or
  - They haven't paid their past premium balance(s).

# Getting Help With Appeals

- Consumers can get help with Marketplace eligibility appeals.
  - The Health Insurance Marketplace Call Center can help explain how to request an appeal.
    - Call 1-800-318-2596. TTY users should call 1-855-889-4325.
  - After appeals are submitted, the Marketplace Appeals Center can answer appellants' questions about their appeal.
    - Call 1-855-231-1751. TTY users should call 1-855-739-2231.

# Getting Help With Appeals (Cont.)

- Navigators can help consumers understand the process for requesting a Marketplace eligibility appeal.
- The appellant may appoint an authorized representative to request a Marketplace eligibility appeal and speak for them during the hearing.
  - Must be designated in writing, signed by the appellant
  - Contact the Marketplace Appeals Center for more information
    - Call 1-855-231-1751. TTY users should call 1-855-739-2231.

# Key Points to Remember

- To file an eligibility appeal with the Marketplace, consumers or their authorized representatives can:
  - Complete an appeal request form, or
  - Write a letter explaining the reason for the request.
- The completed request form or letter can be mailed or faxed.
- The Marketplace Appeals Center will try to resolve eligibility appeals informally.

# Key Points to Remember (Cont.)

- Appellants with a valid appeal request have a right to a hearing, even if they are dissatisfied with their information resolution.
- Decisions are in writing and mailed within 90 days of receipt of the appeals request, as administratively feasible.
- For more information about Marketplace appeals, visit [HealthCare.gov/marketplace-appeals/](https://www.healthcare.gov/marketplace-appeals/).