



Appealing eligibility decisions in the Health Insurance Marketplace

If you don't agree with a decision made by the Health Insurance Marketplace, you may be able to file an appeal.

You can appeal these kinds of Marketplace eligibility determinations:

- Whether you're eligible to buy a Marketplace plan, including a Catastrophic health insurance plan.
- Whether you can enroll in a Marketplace plan outside the regular Open Enrollment Period.
- Whether you're eligible for lower costs based on your income.
- The amount of savings you're eligible for.
- A reduction in the amount of savings you're eligible for.
- Whether you're eligible for Medicaid or the Children's Health Insurance Program (CHIP).
Note: This applies only in certain states where the federally facilitated Marketplace makes the Medicaid eligibility determination (Alabama, Alaska, Louisiana, Montana, New Jersey, Virginia, West Virginia, and Wyoming).
- Whether you were eligible for an exemption from the requirement to have health insurance in 2018 or an earlier year. You must file most types of exemption requests with the Internal Revenue Service (IRS). Visit [IRS.gov](https://www.irs.gov) for more information about what to do if you disagree with an IRS exemption denial or want to file an appeal with the IRS. For more information about exemptions, visit [HealthCare.gov/exemptions](https://www.healthcare.gov/exemptions).
 - **Starting with the 2019 coverage year** (for which you'll file taxes in 2020), an exemption isn't needed, unless you want to buy a Catastrophic plan through the Marketplace and are 30 or older. If you don't have coverage during 2019 or later, you don't need an exemption to avoid the penalty.
- Whether the Marketplace made a timely determination about your eligibility after you applied.

Keep copies of all information related to your appeal. This includes paperwork, notes from phone calls, and any other documentation that's sent to you, or that you sent to the Marketplace or the insurance company. Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to learn more about Marketplace eligibility decisions.

How do I file a Marketplace eligibility appeal?

There are 2 ways to file a Marketplace eligibility appeal. You can either:

1. Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) and complete an appeal request form.
2. Write a letter that includes all of the information in the appeals form.

Then, fax your appeal request to a secure fax line: 1-877-369-0130. Or mail it to:

Health Insurance Marketplace
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061

What happens after I file a Marketplace eligibility appeal?

After you file an appeal, you'll get a letter saying the Marketplace Appeals Center got your appeal request.

If your appeal request is accepted

The Marketplace Appeals Center will send a letter to let you know that it will review your appeal. The letter provides a description of the appeals process. It also includes instructions for submitting additional material, if necessary.

If your appeal request is "invalid"

The Marketplace Appeals Center will send a letter to let you know that it can't act on your appeal. The letter will explain why your appeal wasn't accepted. It may also tell you what you need to do to submit an acceptable appeal. If you don't resolve issues described in the letter, your appeal will be dismissed.

Visit [HealthCare.gov/marketplace-appeals/after-you-file](https://www.healthcare.gov/marketplace-appeals/after-you-file) for more information on what happens after you file an appeal.

What if my health situation is urgent?

You can request an expedited (faster) appeal. When you complete your appeal request, explain how a standard appeal would jeopardize your life, health, or your ability to attain, maintain, or regain maximum function. The Marketplace Appeals Center will process your request as soon as possible, and will make a final decision as quickly as your situation requires.

How can I get help with my appeal?

There are many resources available to help you with your appeal:

- **Navigators, or local organizations**, like your state's Consumer Assistance Program (CAP) (where available) or Department of Insurance. Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to find help in your area.
- **The Marketplace Appeals Center**. You can call them at 1-855-231-1751. TTY users can call 1-855-739-2231.
- **An authorized representative**. You can appoint a representative to help you file your appeal. Your authorized representative can file an appeal on your behalf (with your consent) or just help you with your appeal. Your representative can be a family member, friend, advocate, attorney, or someone else who will act for you. Even if you already appointed an authorized representative for your Marketplace application, you'll need to send a new form or letter to authorize someone for your appeal.

Fill out a form or write a letter to appoint an authorized representative.

Download and complete this form: [HealthCare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf](https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf)

Or, write a letter that says you want to appoint an authorized representative. Your letter must include all of the following information:

- Your name, address, and phone number
- Your Appeal Case ID, Application ID, or any other identifying number
- A statement appointing someone as your representative
- The name, address, and phone number of your representative
- The professional status of your representative or their relationship to you
- A statement that says your personal and identifiable information can be released to your representative
- A statement explaining why you're being represented
- Your representative's signature and the date they signed the request

Depending on your situation, send your completed request to one of the addresses below.

If you haven't filed an appeal yet, send your form or letter with your appeal to:	If you've already filed an appeal request, send your form or letter to:
Health Insurance Marketplace Attn: Appeals 465 Industrial Blvd. London, KY 40750-0061	Marketplace Appeals Center P.O. Box 311 Pittston, PA 18640
You can also fax your request to our secure fax line at: 1-877-369-0129.	

You can also visit [HealthCare.gov/marketplace-appeals/getting-help/](https://www.healthcare.gov/marketplace-appeals/getting-help/) to view this information.

You have the right to get Marketplace information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

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