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 generally have **90 days** from the date of your Eligibility Determination Notice to ask for an appeal.

Marketplace decisions you can appeal

The Marketplace Appeals Center can review these types of issues:

- Not eligible for advance payments of the premium tax credit (APTC)
- Eligible for APTC, but the amount is wrong
- Not eligible for a Special Enrollment Period
- Not eligible to buy a Marketplace plan
- Not eligible to choose a Catastrophic plan
- Not eligible for an exemption from the requirement to have health insurance
- If you live in **Alabama, Alaska, Louisiana, Montana, New Jersey, Virginia, West Virginia** or **Wyoming**, you can also appeal a denial of Medicaid Children's Health Insurance Program (CHIP) eligibility

Visit Healthcare.gov/marketplace-appeals/what-you-can-appeal/ to find out what decisions you can't appeal through the Marketplace.

How do I file an appeal?

Visit Healthcare.gov/marketplace-appeals/appeal-forms/ to fill out the Marketplace Eligibility Appeal Request Form. Sign and submit it online. Or, you can send in a paper form or letter.

If you choose to write a letter, include your name, address, and the reason for the appeal. If the appeal is for someone else (like a child), also include their name. If you're sending supporting documents, include copies—not the originals.

Send your paper form or letter to the Marketplace Appeals Center:

Fax: 1-877-369-0130
Mail: Health Insurance Marketplace
ATTN: Appeals
465 Industrial Boulevard
London, KY 40750-0061

Things to consider when planning an appeal

Continuing your benefits during your appeal:

- Depending on your reason for appeal, you may be able to keep your current eligibility for Marketplace coverage and/or any premium tax credits or cost-sharing reductions while we decide your appeal. If you're eligible for continuing benefits, we'll send you a notice letting you know and explaining how it works.
- If you choose to continue your benefits during your appeal, keep in mind that you may be responsible for the cost of your coverage. For example, if your appeal decision finds that you aren't eligible for all of the premium tax credit you got during your appeal, you may be required to pay back some or all of that tax credit when you file your federal tax return.

Requesting an expedited appeal:

- If you think waiting for a standard decision may seriously jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can ask for a fast (expedited) appeal. (For example, if you're currently in the hospital or urgently need medication.)
- You can request an expedited appeal 2 ways:
  - **On your appeal request form.** In Step 5, check "Yes, I need to expedite my appeal."
  - **In your appeal request letter.** If you choose to write a letter to the Marketplace Appeals Center to request your appeal (instead of filling out an appeal request form), you can include your request for an expedited appeal.
- Your request should explain why you need an expedited appeal. The Marketplace Appeals Center will evaluate your request for an expedited appeal as quickly as possible.

Submitting a late appeal: If you missed the 90-day deadline, explain why in your appeal request. You may be able to get a "good cause" extension.

Note: The outcome of an appeal could change the eligibility of other members of your household.

What happens after I file an appeal?

The Marketplace Appeals Center will send you a notice in the mail confirming receipt of your appeal and giving more information about the appeal process within 7-10 business days.

If your appeal request is **accepted**, the Marketplace Appeals Center will review your appeal. If the letter says your appeal request is **invalid**, you might need to take certain actions to get your request considered or find other ways to get help.

How your appeal is processed

In general, the Marketplace Appeals Center processes appeals in the order they come in. How long it takes for a decision usually depends on the issue you're appealing and whether the Marketplace needs more documentation to confirm your eligibility.

- The Marketplace Appeals Center reviews your appeal, including the information the Marketplace used to determine your eligibility.
- You may get a letter asking for more information or documentation. Sending the requested information as soon as possible will help the Marketplace Appeals Center resolve your case informally and quickly.
- If the Marketplace Appeals Center can resolve your appeal informally, they'll send you a "Notice of Informal Resolution." You can expect an informal resolution notice within 30 days after you submit any needed information.
- The notice tells you how to request a hearing if you aren't satisfied. Most hearings are conducted over the phone.

When your appeal is resolved

You'll get a notice with the Marketplace Appeals Center's final decision about your eligibility. Your Marketplace eligibility may change, depending on the decision. For example:

- If you appealed your eligibility for coverage, the letter will tell you if you qualify to buy a Marketplace plan.
- If you appealed your eligibility for financial help, such as premium tax credits or cost-sharing reductions, the letter will say if you qualify to use a different amount of premium tax credit each month, for savings on out-of-pocket costs, or for coverage through your state's Medicaid or CHIP programs.
- The letter will explain how the Marketplace Appeals Center reached its decision, and your next steps.

How do I get help with my appeal?

Get help from a Navigator

This is someone who may be able to help you file an appeal, answer questions about the appeals process and provide unbiased help. Visit LocalHelp.HealthCare.gov to find a Navigator in your area.

Appoint an authorized representative for your appeal

You can choose to have someone you trust (like a family member, friend, advocate, or attorney) act on your behalf for your appeal by giving them permission to be your authorized representative.

If you appoint an authorized representative, this person will be:

- The primary contact during your appeal
- Responsible for providing information and documents

- Responsible for returning phone calls, attending conferences, and any other actions for your appeal

Visit **Healthcare.gov/marketplace-appeals/getting-help/** for information on how to appoint an authorized representative.

Note: If you choose to have an authorized representative for your appeal, you'll need to send a form or letter to the Marketplace Appeals Center—even if you already appointed an authorized representative for your Marketplace application.

Getting help

If you have questions, call the Marketplace Call Center at 1-800-318-2596. You have the right to get help and information from the Marketplace Call Center in your language, at no cost. Ask for an interpreter when you call. If you'd rather have someone help you in-person, visit **LocalHelp.HealthCare.gov** to see if there's in-person help available in your area.