



Marketplace Appeals



December 1, 2017

Agenda

- Walkthrough of SOP 10 from the *SOP for Assisters in the Individual Federally-facilitated Marketplaces*
 - Available at <https://marketplace.cms.gov/technical-assistance-resources/assister-sop-manual.pdf>
- Assister Q&A on Marketplace Appeals

SOP 10: Marketplace Appeals



MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces: SOP-10 Request an Eligibility Appeal



Version 3.0 November 2015. This information is intended only for those employees and individuals that are certified to assist in the registration, enrollment, application assistance, or marketplace assistance personnel in a Federally-facilitated Marketplace. The Terms "Federally-facilitated Marketplace" and "FFM" as used in this document, include FFM's that offer a risk adjustment plan in accordance with the State Partnership Marketplace. Some information contained in this manual may be specific to individual helping businesses in State-based Marketplaces and Federally-facilitated State-based Marketplaces.

SOP 10 – Marketplace Appeals

1. List of appealable Marketplace decisions
2. Timeframes for requesting different Marketplace appeals
3. Consumers' rights during the appeals process
4. Description of the Marketplace appeals process
5. How to request a Marketplace appeal
6. Descriptions of different Marketplace appeals consumer notices
7. Next steps for helping consumers

APPEAL

What Marketplace decisions can be appealed?

The Marketplace allows consumers to request an appeal of the following:

- Eligibility or redetermination of eligibility to: purchase a Marketplace qualified health plan (QHP), including a Catastrophic plan.
- An eligibility determination for a Special Enrollment Period (SEP).

What Marketplace decisions can be appealed? (Continued)

- Eligibility or redetermination of eligibility for advance payments of the premium tax credit or cost-sharing reductions, including the amount of advance payments of the premium tax credit and cost-sharing reductions for which the consumer was determined or re-determined eligible.

Note: consumers who have outstanding data matching issues (DMIs) will need to resolve those issues or wait for them to expire before they will be able to file an appeal regarding the eligibility determination for which there is a DMI. Consumers cannot appeal eligibility determinations that still have open DMIs.

What Marketplace decisions can be appealed? (Continued)

- Eligibility for an exemption from the individual shared responsibility payment that is granted by the Marketplace.
- In limited circumstances, eligibility for Medicaid or the Children's Health Insurance Plan (CHIP)(see SOP 10 for more information).
- A Marketplace application that had not been acted on with reasonable promptness such that the consumer did not receive timely notice of an eligibility determination.

Procedures for Requesting an Appeal: Appeal Request Form

1. Complete and Mail or Fax an Appeal Request Form to the Marketplace

Step 1. If consumers choose to complete an appeal request form, they can find the correct appeal request form for their state by visiting [HealthCare.gov/Marketplace-Appeals](https://www.healthcare.gov/marketplace/appeals).

Step 2. Consumers should complete their state's appeal request form and then mail or fax their completed form, a copy of the eligibility notice they would like to appeal, and copies of any supporting documentation to:

Health Insurance MarketplaceSM

Attn: Appeals

465 Industrial Blvd.

London, KY 40750-0061

Fax line: 1-877-369-0130

Procedures for Requesting an Appeal: Write a Letter

2. Write and Mail or Fax a Letter to the Marketplace

Step 1. If consumers choose to write a letter to the Marketplace to request an appeal, they should include the following information:

- a. Name;
- b. Address;
- c. Reason for appeal request;
- d. Name of the person (or people) on the application who is (are) appealing their eligibility determination(s); and
- e. Copy of the eligibility notice (optional, but encouraged).

Step 2. Consumers may also include copies of any supporting documentation, such as pay stubs or W2 forms, to demonstrate household income. If they do not choose to submit documents with the appeal request, the Marketplace Appeals Center will notify the consumer about what, if any, information or documents it needs to adjudicate the appeal. Consumers should never send original documents but should be sure the copies they send are legible.

Step 3. Consumers should either mail or fax their completed letter to:

Health Insurance MarketplaceSM
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
Fax line: 1-877-369-0130

Things You Should Know

- Consumers should be sure to include the ZIP code extender (the “0061”) when mailing documents or letters to the Marketplace.

The Things You Should Know Box

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- Consumers should be sure to include the ZIP code extender (the “0061”) when mailing documents or letters to the Marketplace.

Descriptions of Consumer Notices

Exhibit 1—Appeals Notices

Notice Type	Description
Appeal Acknowledgment Notice	Notice explaining the appeal request has been accepted.
Notice of Informal Resolution	Notice explaining how CMS proposes to resolve the appeal informally, without a hearing.
Notice of Hearing	Notice explaining a hearing request has been received and details on the hearing (e.g., format, date, and time).
Appeal Decision	Notice explaining the outcome of the hearing.
Notice of Marketplace Eligibility Appeal Dismissal	Notice explaining why the appeal has been dismissed. This notice includes a form to use if the consumer disagrees with the dismissal and wants to request that the appeal be reopened.
Notice Granting (or Denying) Request to Vacate a Dismissal	Notice explaining whether an appellant demonstrated 'good cause' to reopen an appeal that has been dismissed.

Additional Resources

For an overview of the appeals process, see this presentation on [Marketplace Eligibility Appeals](#).

For more information on appeals, assisters and consumers can visit HealthCare.gov at [HealthCare.gov/Marketplace-Appeals](https://www.healthcare.gov/marketplace-appeals/).

Additional information is available on Marketplace.cms.gov at: <https://marketplace.cms.gov/outreach-and-education/appeals-eligibility-and-health-plan-decisions.pdf> and <https://marketplace.cms.gov/technical-assistance-resources/internal-claims-and-appeals.PDF>

Next Steps

Next Steps

1. If consumers require further assistance with the appeals process, consider referring them to the Consumer Assistance Program or legal services program available in their state.²
2. For more help answering consumers' specific questions, see Appendix A for [Frequently Asked Questions \(FAQs\) related to SOP-10 Request an Eligibility Appeal](#).
3. Appellants with questions about their eligibility appeals may call the Marketplace Appeals Center at 1-855-231-1751 (TTY: 1-855-739-2231). The call center is available 7:30 AM to 8:45 PM (EST) Monday through Friday, and 10:00 AM to 5:30 PM (EST) Saturday.

Assister Q&A

The following Q&A will be included in the newsletter.



Q&A 1

What type of appeals requests go straight to a hearing without an informal resolution process?



Generally, we try to resolve most appeals through the informal resolution process. However, State-based Marketplace (SBM) second-tier appeals and Medicaid appeals may go straight to a hearing.

Q&A 2

Can an appeal from an SBM be reviewed by the Federally-facilitated Marketplace?

Yes, the Federally-facilitated Marketplace (FFM) can review any SBM's eligibility appeal decision or the SBM's decision not to reopen the appeal after it was dismissed by the SBM.

- Consumers who wish to have the FFM review their SBM's eligibility appeal decision must request this review within 30 days of an SBM's appeal decision or within 30 days of notice from an SBM declining to reopen the appeal after it was dismissed by the SBM.
- Please note that FFM assisters (Navigators, non-Navigator assistance personnel, and certified application counselors) are not authorized or expected to provide assistance to SBM consumers when acting as FFM assisters.

Q&A 3

Does the FFM help consumers with the appeals process?

The Marketplace can help consumers both with requesting an appeal and answering questions about an appeal they have already filed.

- For help with requesting an eligibility appeal, call 1-800-318-2596. TTY users should call 1-855-889-4325.
- For answers to questions about an appeal that has already been filed, call 1-855-231-1751. TTY users should call 1-855-739-2231.



Q&A 4

When can the appeals process take more than 90 days?

In some cases, as part of the appeals process, the Marketplace Appeals Group will request that appellants submit additional documents to assist in resolving their issue. Where consumers provide requested documents in a timely manner, the Marketplace Appeals Group generally will provide those consumers with informal resolution notices in less than 90 days. The informal resolution process most often slows down when consumers do not respond to our requests for documents in a timely manner.

The appeals process can also take longer when consumers request hearings due to the need to schedule a live appeal with a Federal Hearings Officer. However, we find that most appeals can be resolved through the informal resolution process.



Q&A 5

If consumers are eligible for more financial assistance than they received from a Marketplace and successfully appeal their eligibility determination, are they automatically granted an exemption from the individual shared responsibility payment for the months in which they did not receive the correct amount of financial assistance?

No, not automatically but these consumers may be eligible for a hardship exemption from the shared responsibility payment. They can request this exemption by filling out and submitting the “Application for exemption from the Shared Responsibility Payment for individuals who experience hardships,” available at <https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>. They should indicate that they are applying for the hardship exemption category for Marketplace appeals decisions (#11 in the application). Make sure you tell these consumers to include the Notice of their appeal decision from the Marketplace with their exemption application.

- Consumers may want to take this step if they did not enroll in coverage because their share of the premium amount was too high for them to pay under the Marketplace’s original, incorrect eligibility determination. Consumers who did enroll in coverage under the Marketplace’s initial determination and did not experience a gap in coverage may not have a reason to apply for a hardship exemption.
- For more information on exemptions from the fee, see this page on HealthCare.gov: <https://www.healthcare.gov/health-coverage-exemptions/exemptions-from-the-fee/>.

Q&A 6

Can FFM Navigators help FFM consumers with the FFM eligibility appeals process?

Yes, absolutely. FFM Navigators can help FFM consumers understand the process of filing FFM eligibility appeals, which includes (as relevant to a consumer's needs):

- Helping consumers understand what Marketplace decisions they are entitled to appeal;
- Helping consumers understand the process for requesting an appeal;
- Helping consumers identify and meet deadlines for requesting an appeal; and
- Providing consumers with information about free or low-cost legal assistance in their area.

Starting with FFM Navigator grants awarded in 2018, Navigators in FFMs will be required to help FFM consumers understand the process of filing FFM eligibility appeals, including (as applicable) the activities listed above. Remember that Navigators should not, in their capacity as Navigators, cross the line into providing legal advice, such as by recommending that consumers take specific action with respect to their appeal rights. For example, Navigators can help consumers understand the difference between an appeal and an expedited appeal, but should not help them decide which one is best suited to their circumstances.

Please note that FFM Navigators are not authorized or expected to help SBM consumers when acting as FFM Navigators.

Questions?

