

Marketplace Eligibility Appeals



Eligibility Appeals Process Overview

February 2016

Marketplace Eligibility Appeal Rights

- If consumers disagree with certain eligibility determinations made by a Marketplace, they have a right to ask for an appeal
- This presentation is about appealing to the U.S. Department of Health & Human Services (HHS) Appeals Entity about a Marketplace eligibility determination
 - We'll also briefly discuss some consumer appeals from State-based Marketplace appeals entities

Appealing a Marketplace Eligibility Determination

- Consumers who disagree with a Marketplace determination, or believe a mistake was made, may appeal their
 - Eligibility to buy a Marketplace qualified health plan, including a catastrophic plan
 - Eligibility for lower costs including the amount of
 - Advanced Premium Tax Credits (APTC)
 - Cost-Sharing Reductions (CSRs)

Appealing a Marketplace Eligibility Determination (Continued)

- Eligibility for Medicaid or the Children's Health Insurance Program (CHIP), for residents of states that have delegated to the HHS Appeals Entity appeals of certain types of Medicaid determinations made by the Federally-facilitated Marketplace
- Eligibility to enroll in a Marketplace qualified health plan outside the regular Open Enrollment Period
- Eligibility for an exemption from the individual shared responsibility payment (fee) requirement
- And in states where a State-based Marketplace (SBM) operates, appeals from the SBM's eligibility appeal decision or its decision denying the consumer's request to vacate the dismissal of their eligibility appeal

Ways to Request a Marketplace Eligibility Appeal

- Complete an appeal request form
 - Appeal request forms are available at [HealthCare.gov/marketplace-appeals/ways-to-appeal/](https://www.healthcare.gov/marketplace-appeals/ways-to-appeal/)
 - Be sure to use the form for the state in which the consumer resides
- Or, write a letter explaining the reason for the appeal request

THEN

- Mail the completed appeal request forms and/or letters to
Health Insurance Marketplace
465 Industrial Boulevard
London, KY 40750-0061
- Or, fax the completed appeal request forms and/or letters to 1-877-369-0129

When an Eligibility Appeal is Received

- The Marketplace Appeals Center receives and reviews appeal requests to make sure that they are valid, which means that the appeal request is
 - Timely, which means that it's received
 - Within 90 days of the contested Marketplace eligibility determination;
 - Within 30 days of a State-based Marketplace (SBM) appeal decision; or
 - Within 30 days of notice from a SBM declining to reopen the appeal after it was dismissed by the SBM
 - About a matter that's appealable, as described on slides 3 and 4
 - Requested by a consumer or by an authorized representative appointed in writing by the consumer
- If the Marketplace Appeals Center decides that an appeal request is invalid, 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 (appellants) get a letter from the Marketplace Appeals Center that
 - Acknowledges receipt of their appeal
 - Includes their appeal number, which uniquely identifies their case
 - Provides a description of the appeals process
 - Includes instructions for submitting additional material for consideration, if necessary
 - Consumers should write their appeal number on any documents they submit to the Marketplace Appeals Center

Informal Resolution of Eligibility Appeals

- The Marketplace Appeals Center works with appellants to resolve eligibility appeals informally
 - Reviews facts and evidence
 - Sometimes contacts appellants by phone or mail
 - Sends Informal Resolution Notice
 - Describes proposed resolution and decision
 - If appellant 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
 - 15-day written notice prior to the hearing date
 - Conducted by telephone
 - Presided by a Federal Hearing Officer
 - Appellants and any witnesses are under oath
- A faster process is available when the standard timeframe “could jeopardize the appellant’s life, health or ability to attain, maintain or regain maximum function.” *45 CFR Section 155.540(a)*

Eligibility Appeal Decisions

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

Eligibility Appeal Decisions (Continued)

- The decision is then implemented
- If the decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the appellant may decide to have the decision implemented retroactive back as far as the date the contested eligibility determination should've gone into effect

Effectuation of Eligibility Appeal Decisions

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
 - 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 (Continued)

- Navigators – can help consumers ask for a Marketplace eligibility appeal
- Appointed representative – can request a Marketplace eligibility appeal and speak for the consumer
 - Must be designated in writing, signed by the appellant
 - Contact 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 can write a letter or complete an appeal request form
- The completed request form or letter can be mailed or faxed
- The Marketplace Appeals Center will try to resolve eligibility appeals informally
- Appellants with a valid appeal request have a right to a hearing if they remain dissatisfied with their informal resolution decision
- Decisions are in writing and mailed within 90 days of receipt of the appeals request or as administratively feasible

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