

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 10—REQUEST A MARKETPLACE ELIGIBILITY APPEAL



Version 6.0 May 2021. This information is intended only for the use of entities and individuals that are certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. 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 upon which it is based. 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 material was printed, published, or produced and disseminated at U.S. taxpayer expense.



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SOP 10—Request a Marketplace Eligibility Appeal

A. Introduction

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.¹ Consumers have the ability to appeal the following Marketplace determinations:

- Eligibility to purchase a Marketplace qualified health plan (QHP), including a Catastrophic plan.
- The Marketplace did not provide timely notice of an eligibility determination.
- Eligibility for a Special Enrollment Period (SEP) to enroll in a Marketplace QHP outside of the regular Open Enrollment Period.
- Eligibility or redetermination of eligibility for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs), including the amount of APTC and CSRs for which the consumer was determined or re-determined eligible. Note that 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.²
- A determination of eligibility for an exemption from the requirement to have health insurance.³
- Eligibility for Medicaid or the Children's Health Insurance Program (CHIP).⁴
- Any State-based Marketplace's (SBM) eligibility appeal decision or its decision denying the consumer's request to vacate the dismissal of their eligibility appeal (that is, to reinstate the appeal).

A consumer's eligibility determination notice will describe their appeal rights. Consumers may file an appeal with the Marketplace Appeals Center online or by mail or fax. The Marketplace Appeals Center will determine if an appeal is valid based on whether:

¹ Small employers can appeal a Small Business Health Options Program (SHOP) eligibility decision or SHOP Marketplace failure to make an eligibility determination or to provide notice of an eligibility determination in a timely manner. For more information on filing a SHOP eligibility appeal, consumers can call 1-800-706-7893 (TTY: 711) or use this [appeals form](#).

² For more information, please see [What to Do if Your Marketplace Appeal is "Invalid"](#).

³ Beginning in 2019, the individual shared responsibility payment is reduced to \$0. Consumers don't need an exemption for 2019 or beyond to avoid paying the individual shared responsibility payment. However, consumers age 30 or older may be eligible to purchase a Catastrophic plan if they qualify for a hardship or affordability exemption.

⁴ For consumers who live in states that have delegated to the Marketplace Appeals Center appeals of certain types of Medicaid determinations made by the Federally-facilitated Marketplace. These states include Alabama, Alaska, Louisiana, Montana, Virginia, West Virginia, and Wyoming. For all other states and the District of Columbia, consumers should contact their state Medicaid agency. Contact information for each state can be found in [Appendix B: State Medicaid & CHIP Program Information](#) and at HealthCare.gov. More information on Medicare appeals is available at Medicare.gov.

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- The appeal request was timely:
 - Received within 90 days of the contested Marketplace eligibility determination unless there were exceptional circumstances that precluded timely filing of the appeal request, as explained below;
 - Within 30 days of the date of an SBM notice of appeal decision;
 - Within 30 days of notice from an SBM declining to reopen the appeal after it was dismissed by the SBM.
- The request is about a matter that's appealable (as noted in the beginning of Section A); and
- The appeal is requested by a consumer or an authorized representative appointed in writing by the consumer.

If the appeal request doesn't meet these requirements, the consumer will receive a letter from the Marketplace explaining why the request is invalid and how to fix the problem and resubmit the appeal. If the appeal is valid, the consumer will receive a letter from the Marketplace 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; and
- Includes instructions for submitting additional material for consideration, if necessary.

If a consumer misses the 90-day timeframe to file an appeal, they may be able to get a "good cause" extension. They should explain the reason why they missed the deadline in the [Appeals Form](#) or in their appeal request letter. The Marketplace Appeals Center may accept an untimely appeal if the consumer sufficiently demonstrates within a reasonable timeframe that failure to submit the appeal request timely was due to exceptional circumstances that should not preclude the appeal.

In many cases, the Marketplace Appeals Center will work with the consumer to resolve the appeal informally. It is important to note that, once an appeal request is submitted, a consumer becomes an appellant. This language may appear on communications a consumer receives related to their appeal. If the consumer accepts the results of the informal resolution, the decision is binding, and the Marketplace Appeals Center will send a decision in the mail. In some cases, an appeal may proceed directly to a hearing. If the consumer does not accept the results of the informal resolution process, the consumer can request a hearing conducted by telephone before a Federal Hearing Officer. After the hearing, the consumer will receive a final appeal decision in the mail. If the

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appeal decision states that the contested eligibility determination was incorrect⁵, the consumer will be able to choose whether the appeal decision will be effective in the future or retroactively to the coverage effective date associated with the incorrect eligibility determination. The outcome of an appeal could change the eligibility of other members of the consumer's household.

Consumers are afforded certain rights as part of the appeals process. They can:

- Ask for an expedited appeal review if they believe that they have an immediate need for health services and a delay could seriously jeopardize their health.
- Appoint an authorized representative, including a family member, friend, advocate, or attorney, to act on their behalf for their appeal. Consumers who choose to have an authorized representative for their appeal will need to send a [form](#) or [letter](#) to the Marketplace Appeals Center, including as part of their appeal on the Appeal Request Form. For more information on appointing an authorized representative for an appeal, visit [Getting Help with Your Appeal](#) at HealthCare.gov.
- Request to continue their current eligibility for Marketplace coverage and any APTC and CSRs while their appeal is being decided.
 - If consumers don't stay enrolled during their appeal, they may not be able to re-enroll in Marketplace coverage right away, even if their appeal decision changes their Marketplace eligibility.
 - If consumers choose to continue their benefits during their appeal, they may be responsible for the cost of their coverage. For example, if their appeal decision finds that they aren't eligible for all of the APTC they got during their appeal, they may be required to pay back some or all of that APTC when they file their federal income tax return.
- Ask the Marketplace Appeals Center to provide them a copy of their appeal record free of charge using the [Request for Appeal Record form](#).
- Bring witnesses to testify during a hearing.
- Request an auxiliary aid or service and language assistance services to make the appeals process accessible to them.

⁵ There are situations where the eligibility determination was correct at the time it was made, but due to new or changed information, the appellant's eligibility has since changed. These 'modified' decisions may award a coverage effective date later than the one associated with the contested eligibility determination notice. For example, an appellant who files a federal income tax return and reconciles APTC after the Failure to File and Reconcile (FTR) recheck process and is seeking retroactive APTC to the time it was removed. The appeal decision would reflect that the contested eligibility determination notice was correct at the time it was made, but the appellant's eligibility has since changed, and they are eligible for retroactive APTC to the effective date associated with their filing and reconciliation.

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Navigators and certified application counselors (CACs), collectively, “assisters,” may, but are not required to, help consumers through the entire eligibility appeals process in their role as an assister. Assisters however must not act as tax advisers or attorneys when providing assistance as assisters. This Standard Operating Procedure (SOP) provides guidance on how to assist consumers with requesting an appeal.

B. Procedures

All consumer eligibility determination notices include instructions on how consumers may request an appeal. Consumers can submit their appeal request online or they can mail or fax their appeal requests to the Marketplace Appeals Center. The written appeal request may be in the form of a letter, or consumers may send in a completed and signed appeal request form. Depending on the consumer’s preferred method for requesting an appeal, refer to the corresponding section below.

1. Submit an Appeal Request Online

If consumers choose to complete an online appeal request form, complete the following steps.

- Step 1.** Direct consumers to the [Marketplace Eligibility Appeal Request form](#) to find the correct appeal request form for their state.
- Step 2.** Instruct consumers to complete their state’s appeal request form, have all tax filers on their application sign the form, and then submit their completed form online.
- Step 3.** Explain to consumers that the Marketplace Appeals Center may request documents to support their appeal. If they choose not to submit documents with the appeal request, the Marketplace Appeals Center will request any necessary information or documents relevant to the issue on appeal. Remind consumers to include their appeal number on all copies (not originals) of documents they mail to the Marketplace Appeals Center.

2. Submit an Appeal Request by Mail or Fax

2.1 Submit a Paper Appeal Request Form

If consumers choose to mail or fax their completed appeal form, complete the following steps.

- Step 1.** Direct the consumer to the [Marketplace Eligibility Appeal Request form](#) to find the correct appeal request form for their state, download it, and print it out. Instruct consumers to completely fill out the form and have all tax filers on their application sign it.
- Step 2.** Explain to consumers that they may also include copies of any documents to support their appeal, such as pay stubs or W-2 forms. If they do not choose to submit documents with the appeal request, the Marketplace Appeals Center will request any necessary information or documents relevant to the issue

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on appeal. Remind consumers to send copies of their supporting documents, not originals, and include their appeal number on each document.

Step 3. Consumers should either mail or fax their completed appeal request form to:

Health Insurance Marketplace®⁶
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061
Fax: 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.

2.2 Submit a Letter

If consumers choose to write a letter to the Marketplace to request an appeal, complete the following steps.

Step 1. Explain to consumers that their letter should include the following information:

- a. Name;
- b. The name of the household member who the appeal is for (such as their child), if applicable;
- c. Address; and
- d. The reason for the appeal.

Step 2. Explain to consumers that they may also include copies of any documents to support their appeal. If they do not choose to submit documents with the appeal request, the Marketplace Appeals Center will request any necessary information or documents relevant to the issue on appeal. Remind consumers to send copies of their supporting documents, not originals, and include their appeal number on each document.

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

Health Insurance Marketplace®
ATTN: Appeals
465 Industrial Blvd.
London, KY 40750-0061
Fax: 1-877-369-0130

3. Additional Information

Consumers may receive various notices during the appeals process. Exhibit 1 lists notices commonly used throughout the appeals process and their corresponding descriptions.

⁶ “Health Insurance Marketplace®” is a registered service mark of the U.S. Department of Health & Human Services. This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



Exhibit 1 - Appeal Notices

Notice Type	Description
Notice Confirming Receipt of Appeal	Notice explaining the appeal request has been received. This notice also: <ul style="list-style-type: none">• Includes the appeal number.• Provides a description of the appeals process.• Includes instructions for submitting additional documents, if necessary.• Describes the consumer's eligibility for continuing benefits during the appeals process and how these benefits work.
Notice of Invalid Appeal	Notice explaining why the appeal request is invalid and how to fix the problem and resubmit the appeal.
Notice of Informal Resolution	Notice explaining: <ul style="list-style-type: none">• How the Marketplace Appeals Center proposes to resolve the appeal informally without a hearing.• How to request a hearing if the consumer isn't satisfied with the informal resolution.
Notice of Hearing	Notice explaining a hearing request has been scheduled and details on the hearing (e.g., date and time).
Notice of Final Appeal Decision	Notice explaining: <ul style="list-style-type: none">• The outcome of the appeal.• How the Marketplace Appeals Center reached its decision.• The consumer's next steps.
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 an Appeal Dismissal	Notice explaining whether a consumer demonstrated "good cause" to reopen an appeal that has been dismissed.

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



C. Next Steps

1. If consumers require further assistance with the appeals process, you can refer them to the [Consumer Assistance Program](#) or [legal services program](#) available in their state.
2. For more help answering consumers' specific questions refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#) related to SOP 10 – Request a Marketplace 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 from 9:00 AM to 7:00 PM (EST) Monday through Friday.



Appendix A: Frequently Asked Questions (FAQs)

- FAQ 1. How will I know when the Marketplace receives my appeal?
- Answer: You will receive a notice about receipt of your appeal request in the mail. If you do not receive a notice, you can contact the Marketplace Appeals Center⁷ for assistance.
- FAQ 2. How long will it take to receive a decision on my appeal?
- Answer: Decisions are mailed within 90 days of receipt of the appeals request, as administratively feasible. The time required to make a decision on your appeal will vary based on certain factors, including the reason for your appeal and whether you need to submit additional documents to support your appeal.
- FAQ 3. What if I don't agree with the Marketplace Appeals Center's informal resolution?
- Answer: You can request a hearing conducted over the phone. The Notice of Informal Resolution will include instructions on how to request a hearing.
- FAQ 4. I cannot attend my hearing date. Can I reschedule?
- Answer: Yes, you can reschedule if you have a conflict and cannot make the date and time scheduled for your eligibility appeal hearing. As soon as you know you have a conflict with when your hearing is scheduled, you should call the Marketplace Appeals Center to ask for a new date and time. The information on how to do this and the number to call is on your Notice of Hearing. Federal Hearing Officers carefully prepare for hearings to be ready to appropriately conduct each appellant's hearing and then correctly decide the case. If you do not request a rescheduled hearing and fail to appear at your hearing, your appeal will be dismissed.
- FAQ 5. What do I do after I receive the final appeal decision?
- Answer: Your Notice of Final Appeal Decision or Hearing Decision will include instructions on your next steps, including those on enrollment or re-enrollment, and if applicable, choosing to implement the appeal decision on a retroactive or future date.

⁷ 1-855-231-1751

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Appendix B: State Medicaid & CHIP Program Information

The Patient Protection and Affordable Care Act (PPACA) coordinates state Medicaid and CHIP programs with the Health Insurance Marketplace®. Each state must have a single state agency to administer or supervise the administration of the Medicaid program. As an assister, consumers may ask you questions on specific Medicaid or CHIP eligibility requirements in their states. You may also encounter consumers who have been determined eligible for Medicaid or CHIP by the Marketplace and require assistance with enrollment. In these cases, you may reference Exhibit 2 for links to state Medicaid and CHIP programs. Please refer consumers to these websites and agencies to help them find the information and assistance they need.

Exhibit 2 - Medicaid & CHIP Program Contact Information by State

State	Medicaid Program Name	CHIP Program Name	CHIP Program Website	Medicaid Program Website
Alabama	Alabama Medicaid Agency	ALL Kids	Adph.org/allkids	Medicaid.alabama.gov
Alaska	Alaska Medicaid	Denali KidCare	Dhss.alaska.gov/dhcs/Pages/denalikidcare	Dhss.alaska.gov/dpa/pages/medicaid
Arizona	Arizona Health Care Cost Containment System	Arizona Health Care Cost Containment System (AHCCCS) KidsCare	Azahcccs.gov/Member/s/GetCovered/Categories/KidsCare	Azahcccs.gov
Arkansas	Arkansas Medicaid	ARKids First!	Arkidsfirst.com	Medicaid.mmis.arkansas.gov
California	Medi-Cal	Medi-Cal	Dhcs.ca.gov/services/chdp	Dhcs.ca.gov/services/medi-cal
Colorado	Colorado Medicaid	Health First Colorado	Colorado.gov/hcpf/chil d-health-plan-plus	Colorado.gov/pacific/hcpf/colorado-medicaid
Connecticut	Connecticut Medicaid	HUSKY Health	Ct.gov/hh	Ct.gov/hh
Delaware	Delaware Medical Assistance Program	Delaware Healthy Children Program	Dhss.delaware.gov/dss/dhcp	Dhss.delaware.gov/dhss/dmma/medicaid
District of Columbia	DC Medical Assistance Program	DC Healthy Families	Dhcf.dc.gov/service/dc-healthy-families	Dhcf.dc.gov/service/dc-healthy-families
Florida	Florida Medicaid	Florida KidCare	Floridakidcare.org	Myflfamilies.com/service-programs/access-florida-food-medical-assistance-cash/medicaid
Georgia	Georgia Medical Assistance	PeachCare for Kids	Peachcare.org	Medicaid.georgia.gov
Hawaii	Hawaii Medicaid	My Medical Benefits	Humanservices.hawaii.gov	Humanservices.hawaii.gov/mqg

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Idaho	Idaho Medical Assistance	Idaho Health Plan for Children	Healthandwelfare.idaho.gov	Healthandwelfare.idaho.gov/Medical/Medicaid
Illinois	Illinois Medical Assistance	All Kids	Illinois.gov/hfs/MedicalPrograms/AllKids	Illinois.gov/hfs
Indiana	Indiana Medicaid	Hoosier Healthwise	In.gov/medicaid/members	Medicaid/members
Iowa	Iowa Medical Assistance	Hawk-I	Dhs.iowa.gov/hawki	Dhs.iowa.gov/iahealthlink
Kansas	Healthwave	KanCare CHIP	Kdheks.gov/hcf/Medicaid/eligibility_guidelines	Kdheks.gov/hcf/Medicaid/eligibility_guidelines
Kentucky	Kentucky Medicaid	KCHIP	Kidshealth.ky.gov	Chfs.ky.gov/agencies
Louisiana	Louisiana Medicaid	LaCHIP	Ldh.la.gov	Ldh.la.gov
Maine	MaineCase	Cub Care	Maine.gov/dhhs/oms/mainecare-options/children	Maine.gov/dhhs/mainecare
Maryland	Maryland Medicaid Program	Maryland Children's Health Connection Program (MCHP)	Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits	Marylandhealthconnection.gov/shop-and-compare/medicaid-basics-and-benefits
Massachusetts	MassHealth	MassHealth	Mass.gov/topics/masshealth	Mass.gov/topics/masshealth
Michigan	Michigan Medicaid	MiChild	Michigan.gov/mdhhs	Michigan.gov/mdhhs
Minnesota	Minnesota Medical Assistance	Medical Assistance (MA)	Insurekidsnow.gov/coverage/mn	Mn.gov/dhs/people-we-serve/adults/health-care/health-care-programs/programs-and-services/minnesotacare
Mississippi	Mississippi Medicaid	Mississippi Health Benefits CHIP	Insurekidsnow.gov/coverage/ms	Medicaid.ms.gov
Missouri	MO HealthNet	MO HealthNet for Kids	Mydss.mo.gov/healthcare/mohealthnet-for-kids	Mydss.mo.gov/healthcare
Montana	Montana Medicaid	Healthy Montana Kids	Dphhs.mt.gov	Dphhs.mt.gov/MontanaHealthcarePrograms/MemberServices
Nebraska	Nebraska Medicaid	Nebraska CHIP	Dhhs.ne.gov/Pages/Medicaid-Eligibility	Dhhs.ne.gov/Pages/Medicaid-and-Long-Term-Care
Nevada	Nevada Medicaid	Nevada Check Up	Nevadahealthlink.com/start-here/about-the-aca/medicaid	Nevadahealthlink.com
New Hampshire	New Hampshire Medicaid	Expanded Children's Medicaid	Dhhs.nh.gov/dfa/medical/children	Dhhs.nh.gov/ombp/medicaid
New Jersey	New Jersey Medicaid	NJ Family Care	Njfamilycare.org	State.nj.us/humanservices/dmahs/clients/medicaid
New Mexico	New Mexico Medicaid	Centennial Care	Hsd.state.nm.us/LookingForAssistance/centennial-care-overview	Hsd.state.nm.us/LookingForAssistance/centennial-care-overview

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New York	New York Medicaid	Child Health Plus	Health.ny.gov/health_care/child_health_plus	Health.ny.gov/health_care/medicaid
North Carolina	North Carolina Medicaid	NC Health Choice for Children	Medicaid.ncdhhs.gov/medicaid	Medicaid.ncdhhs.gov/medicaid
North Dakota	North Dakota Medicaid	Healthy Steps	Nd.gov/dhs/services/medicalserv/chip	Nd.gov/dhs/services/medicalserv/medicaid
Ohio	Ohio Medicaid	Healthy Start	Medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women	Medicaid.ohio.gov
Oklahoma	SoonerCare	SoonerCare	Okdhs.org/services/health/Pages/soonercare	Okdhs.org/services/health/Pages/soonercare
Oregon	Oregon Health Plan	Oregon Health Plan	Oregon.gov/oha/HSD/OHP	Oregon.gov/oha/HSD/OHP
Pennsylvania	Pennsylvania Medical Assistance	Pennsylvania CHIP	Chipcoverspakids.com	Dhs.pa.gov/Services/Assistance/Pages/Medical-Assistance
Rhode Island	Rhode Island Medicaid	RiteCare	Eohhs.ri.gov/Consumer/FamilieswithChildren/RiteCare	Healthrhode.ri.gov
South Carolina	Healthy Connections	Partners for Healthy Children	Scdhhs.gov/eligibility-groups/partners-healthy-children-phc	Scdhhs.gov/Getting-Started
South Dakota	South Dakota Medicaid	South Dakota CHIP	Dss.sd.gov/medicaid	Dss.sd.gov/medicaid
Tennessee	TennCare	Cover Kids	Tn.gov/content/tn/coverkids/coverkids	Tn.gov/tenncare
Texas	Texas Medicaid	Texas CHIP	Yourtexasbenefits.hhsc.texas.gov/programs/health/child/childrens-medicaid	Yourtexasbenefits.hhsc.texas.gov/programs/health
Utah	Utah Medicaid	Utah CHIP	Chip.health.utah.gov	Medicaid.utah.gov
Vermont	Green Mountain Care	Dr. Dynasaur	Info.healthconnect.vermont.gov/Medicaid	Info.healthconnect.vermont.gov/Medicaid
Virginia	Virginia Medical Assistance Program	Family Access to Medical Insurance (FAMIS)	Coverva.org/famis	Commonhelp.virginia.gov
Washington	Medicaid State Plan	Apple Health	Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage	Hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage
West Virginia	Mountain Health Choices	West Virginia CHIP	Chip.wv.gov	Dhhr.wv.gov/bms
Wisconsin	Wisconsin Medicaid	BadgerCare Plus	Dhs.wisconsin.gov/badgercareplus	Dhs.wisconsin.gov/badgercareplus
Wyoming	EqualityCare	Kid Care CHIP	Health.wyo.gov/healthcarefin/chip	Health.wyo.gov/healthcarefin/apply

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