



# 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 Notice to file.

## You can appeal Marketplace decisions about your eligibility to:

- Enroll in a Marketplace plan (including Catastrophic coverage).
- Get financial help with Marketplace costs (including the amount you think you qualify for).
- Enroll in or change your Marketplace plan with a Special Enrollment Period.
- Get an exemption.

## You can also appeal:

- If the Marketplace didn't let you know your eligibility results soon enough.
- The date your Marketplace coverage started.

- Eligibility decisions for Medicaid or the Children's Health Insurance Program (CHIP) if you live in certain states.

Visit [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals) to learn more about Marketplace decisions **you can and can't** appeal.

## How do I file an appeal?

You can file an appeal online or by mail or fax. Depending on where you live, you may be able to file an appeal through your secure Marketplace account.

Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) to find out how to file and get forms based on where you live and your situation.

You can also write a letter to ask for an appeal (instead of using a form). 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 documents to support your case, send copies—**don't** send originals.

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

**Mail:** Health Insurance Marketplace  
ATTN: Appeals  
465 Industrial Boulevard  
London, KY 40750-0061

**Fax:** 1-877-369-0130

## What should I know about appeals?

### Continuing your benefits during your appeal

- While your appeal is in process, continue to pay your premiums during your appeal so you don't accidentally drop or lose your coverage.
- We'll mail you a letter telling you if you're eligible to keep your coverage and continue to get financial help during your appeal. If you get tax credits during your appeal and your appeal is unsuccessful, you may have to pay back the tax credits you got during your appeal when you file your federal income tax return.

### Requesting an expedited appeal

- You can ask for a faster (expedited) appeal if you think waiting for a standard appeal may **seriously** put your health at risk, like if you're currently in the hospital or urgently need medication.
- Let us know when you file your appeal:
  - The **online and paper form** include a section for you to ask for a faster appeal.
  - If you send a **letter** for your appeal request (instead of using the form), add that you want to ask for a faster appeal in your letter.

**Make sure you include the health reason you need an expedited appeal.**

## Submitting a late appeal

If it's been more than 90 days since you got your Eligibility Notice, you may be able to get an extension if you have a good reason for filing late.

## What happens after I file an appeal?

After we get your request, we'll send you a letter that lets you know we got it. We'll check that you submitted your appeal within 90 days of your Eligibility Notice (or have a good reason for filing late) and it's for an issue that's appealable.

If your appeal meets these conditions, we'll review your request and any documents that you sent.

After our review, we'll follow up with you if we have questions or need more information. Then, if we can address your appeal informally, we'll mail you a letter called "Informal Resolution" with the results of your appeal. If you disagree with your results, you can request a formal hearing by phone. When your appeal has a final decision, we'll mail you a letter with any next steps.

The decision of your appeal could impact other members of your household.

If you have a Marketplace account, you can check your appeal's status. Visit [HealthCare.gov](https://www.healthcare.gov) to log into your account and select your current application. Then, choose "Eligibility & appeals," and the link "File new appeal or check your appeal's status."

## How do I get help with my appeal?

### Get help in your area

Visit [HealthCare.gov/find-assistance](https://www.healthcare.gov/find-assistance) to find someone in your area who may be able to help you file an appeal, answer questions about the appeals process, and provide unbiased help.

## Appoint an authorized representative for your appeal

You can choose to have someone you trust (like a household 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, they'll be the main contact during your appeal. All communications about your appeal will go to your authorized representative, not you. They'll:

- Provide information and documents to support your appeal.
- Return phone calls, attend conferences, and take any other actions for your appeal.
- Tell us what you want to do once you have an appeal decision, like what plan you want to enroll in.

You can appoint a representative any time in the process, even after you filed. Visit [HealthCare.gov/marketplace-appeals/getting-help](https://www.healthcare.gov/marketplace-appeals/getting-help) for information on how to appoint an authorized representative.

## Other ways to get assistance

- For appeal questions, contact the Marketplace Appeals Center at 1-855-231-1751, Monday – Friday from 7:00 a.m. – 8:30 p.m. Eastern time (ET). TTY users can call 711.
- For other questions, call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325. You have the right to get help and information from the Call Center in your language, at no cost. Ask for an interpreter when you call.

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](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice), or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

## Health Insurance Marketplace

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