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Explore Health Consumer Appeal Request Form

Appeal rights and instructions for filing an appeal request with Explore Health

What are your rights?

You have the right to appeal any **final** health insurance **eligibility decision** from Explore Health. You can appeal Explore Health's decision to deny, terminate, or change:

- Your eligibility to buy health insurance through Explore Health.
- The premium tax credit you are qualify for, including the dollar amount of advance premium tax credits (APTC) you can claim through the year.
- The cost-sharing reductions (CSR) you are qualify for, including your level of your CSR.
- Your ability to enroll in or change plans through Explore Health outside Open Enrollment.
- The coverage you can buy because Explore Health decided that you did not submit documents to verify information on your application.
- A timely eligibility decision after you applied for coverage.

When do you need to submit your appeal request by?

You have ninety (90) days from the date of the final eligibility decision to file an appeal request.

Please note: If you have an immediate need for health services and a delay could seriously jeopardize your health, you can ask for expedited (faster) appeal review (see Step 3).

How do you file your appeal request?

Your appeal request must include your name, address, and the detailed reason that you think Explore Health's eligibility determination is in error. If you are requesting an appeal for someone else (like your child), also include their name. Any decision about your eligibility may change the eligibility of other people in your household.

All appeals from Explore Health actions are governed by 45 CFR §§ 155.500-155.555.

Where should you submit your appeal request form?

You can file your appeal request by email, U.S. Mail, or fax.

- **Note:** Hardship and affordability exemption appeals for Explore Health are handled through [HealthCare.gov](https://www.healthcare.gov). Additional assistance can be requested by calling the HealthCare.gov Appeals Center at 855-231-1751 Monday – Friday 7 a.m. to 8:30 p.m. EST.
- Please do not send originals, no documents are kept longer than 60 days and will be destroyed after being uploaded into the consumer portal.
- Keep a completed copy for your records.

Online	Mail	Fax
For faster processing, upload this document in your online account at ExploreHealthOR.gov .	Explore Health PO Box 191 Salem, OR 97308	888-705-8691

What are the next steps after filing your appeal requests?

- 1. Validity review**
Explore Health will decide if your appeal request is valid. You can only appeal certain issues under federal regulations. Your appeal request will be presumptively dismissed (also known as “closing the appeal”) if Explore Health determines that it is invalid. You will receive a letter with this information. You will have a chance to update your appeal request to a valid reason and vacate the dismissal (also known as “re-opening the appeal”). Explore Health will share information on other ways to address your issue if possible.
- 2. Informal review**
For valid appeal requests, an Explore Health representative will contact you to discuss your appeal issue. This is known as informal resolution. Many appeals can be closed through informal resolution. It is usually the fastest way to address your issue. Please monitor your phone number, voicemail, and email. The Explore Health representative will explain your options. You can choose not to discuss informal resolutions. You do not have to accept the outcome of informal resolution. Your appeal will be dismissed if you agree that your issue has been addressed.
- 3. Formal review**
Some issues are not addressed through informal review. In this case, your appeal will be sent to the Explore Health Appeals Team. The team will review all information you submitted on the form and additional documents. If needed, the team will contact you to discuss your appeal and gather more information. An appeals specialist will decide on your case and will send you a written decision. You will also be able to see the results of your appeal in your Applicant Portal. Your notice will also tell you what options you have if you do not agree with the decision.

How do you end or withdraw an appeal early?

You can withdraw (cancel) your appeal at any time before the Appeals Team makes a final written decision. You can withdraw you appeal through the Applicant Portal, fax, or U.S. Mail using the contact info on page 2 under “Where should you submit your appeals form?”) stating that you would like to withdraw your appeal. You can also withdraw your appeal by calling the Explore Health Customer Assistance Center at 855-268-3757 (relay calls welcome).

Do you need help with an appeal request? You can appoint an authorized representative.

You have the right to choose an authorized representative, including a lawyer, to help you with your appeal. This is a trusted person who has your permission to discuss your appeal with us, see your information, and act on your behalf on matters related to your appeal, including receiving information about you, and signing the appeal request on your behalf.

Enrollment Partners (assisters and insurance agents) cannot be appointed as an authorized representative. You may assign them to your account through ExploreHealthOR.gov so they may help with your appeal, then they can follow your case and help you by accessing your account through their Partner Portal.

If you wish to have an authorized representative help you with your application, please fill out and submit the Authorized Representative Form, available on ExploreHealthOR.gov.

Step 1: Identify who is appealing

In the sections below, include ONLY the people (or Primary Applicant if applicable) from your Explore Health application whose eligibility results you are appealing.

Primary Person Appealing on the Application
(or the Primary Applicant if the individual appealing is a dependent)

Household ID:

Name (First, Middle, Last):

Date of Birth (mm/dd/yyyy):

Email:

Home Phone Number:

Mobile Phone Number:

☐

 Send me important alerts to my mobile phone. Standard message rates may apply.

Home Address:

City, State and ZIP code:

Mailing Address:

(If different than home address, provide mailing address.)

City, State and ZIP code:

Preferred Method of Communication (select one):

☐

 Electronic (notices sent to secure inbox or by email)

☐

 Paper (notices sent to home or mailing address)

Preferred Written Language:

Preferred Spoken Language:

If others on your application are appealing their eligibility results, fill in their information below.

Include ONLY the applicants on your Explore Health application whose eligibility results are being appealed. If the applicant appealing is a dependent of the Primary Applicant, include their information here. Note: the outcome of an appeal could change the eligibility decision of other members of your household, even if they do not appeal their own eligibility decisions.

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Name (First, Middle, Last): _____

Date of Birth (mm/dd/yyyy): _____

Relationship to Primary: _____

Step 2: Tell us why you are appealing

Application ID (Printed on the first page of the notice): _____

Date of the Eligibility Notice (mm/dd/yyyy): _____

Select the reason(s) you are appealing your eligibility result. Select all that apply.

Appeals for Eligibility

- ☐ Explore Health decided that I, or another applicant, was not eligible for coverage.
- ☐ Explore Health decided that I, or another applicant, was not eligible for financial help (including a premium tax credit (PTC) and/or cost-sharing reductions (CSRs)).
- ☐ I disagree with the amount of financial help (including PTC and/or CSRs) that I, or another applicant, was found eligible for.
- ☐ Explore Health decided my income was too low to receive financial help.
- ☐ Explore Health denied my request for a Special Enrollment Period or decided that I failed to prove for a qualifying life event.
- ☐ Explore Health did not provide a timely eligibility decision.

Appeals for Administrative Error

- ☐ Explore Health did not process my application or information in a timely manner.
- ☐ Explore Health did not give me an eligibility decision in a timely manner.
- ☐ Explore Health stated that I failed to complete my application in time and that I was unable to apply for coverage outside Open Enrollment.
- ☐ Explore Health removed my financial help due to not submitting verification documents in time.

Appeals for Reinstatement

- ☐ My coverage ended due to a mistake or error by Explore Health, an assister, or an insurance agent (does not include reinstatement due to termination by insurance company for non-payment)

Other Non-Appealable Matters

If you are appealing:

- Reinstatement because your coverage ended by your insurance company for non-payment
- Billing errors
- Unprocessed or denied claims
- Retroactive termination of coverage

Explore Health is unable to handle your appeal request. You will need to reach out to your insurance company for help. These appeal requests are likely to be dismissed as invalid. While Explore Health may still be able to resolve your issue, these issues cannot be resolved through an appeal request. Check Explore Health's FAQ on how to appeal a decision from your insurance company.

Step 3: Tell us more about why you are requesting this appeal

Use extra paper if necessary. If you are including documents to support your request, provide one copy of each of your documents. Keep all original documents.

Step 4: Tell us what you are seeking from this appeal request (i.e. what is your desired outcome?)

Use extra paper if necessary. If you are including documents to support your request, provide one copy of each of your documents. Keep all original documents.

Step 5: Supporting documents

To help Explore Health process your appeal request, refer to the table below showing examples of the types of documents you may wish to submit with your appeal request. Submit copies, not original documents, as Explore Health will not be able to return submitted documents. Write your first and last name on any documents you send with your appeal request.

Example reason why you are appealing	Examples of supporting documents to include with your appeal request
<p>You lost financial help for your Explore Health coverage because Explore Health told you that you didn't submit documents proving your household income.</p>	<ul style="list-style-type: none"> • Tax returns (e.g. 1040, 1040A, 1040EZ) • Pay stubs, W-2s, or 1099s • Self-employment ledgers (including the name of the person earning the income, the company name, the dates for which the income was received, and the net amount of profit or loss) • Social Security benefits statements
<p>You lost financial help for your Explore Health coverage because Explore Health told you that you didn't submit documents providing that you were ineligible for other types of health coverage.</p>	<ul style="list-style-type: none"> • Oregon Health Plan (OHP) – Letter from Oregon Department of Human Services (ODHS) or Oregon Health Authority (OHA) stating you are not eligible for OHP • Department of Veterans Affairs (VA) – letter from VA stating you are not enrolled in health coverage • Employer coverage (including COBRA) – letter from health insurance company or employer stating you were ineligible or showing termination information • TRICARE – letter from Department of Defense Health Agency stating you are not eligible for health coverage • Peace Corps – letter from Peace Corps stating you are not eligible for health coverage • Medicare – letter from the Centers for Medicare and Medicaid Services (CMS) or Social Security Administration (SSA) stating you are not eligible for Medicare
<p>You lost your coverage because Explore Health told you that you didn't submit documents providing your citizenship or immigration status.</p>	<ul style="list-style-type: none"> • Permanent Resident Card (I-551) • Employment Authorization Card (I-766) • United States and Unexpired Foreign Passports • Driver's Licenses or State ID along with U.S. Birth Certificate • Notice of Action (I-797) • Departure Record (I-94) • Certificate of Citizenship (N-560/N-561) • American Indian Card (I-872) • School records showing the child's name and U.S. place of birth along with a school photograph ID

Explore Health told you that you were not eligible in or change plans through penning outside of Open Enrollment.	<p>The reason you believe you should be allowed to enroll is because you:</p> <ul style="list-style-type: none"> • Lost or are losing coverage – letter from the insurance company, or the agency which administered the insurance, showing the last day of coverage • Were denied OHP – denial or termination letter from ODHS • Got married – marriage certificate, marriage license, or signed affidavit • Had a baby, adopted a child, or placed a child for foster care – birth certificate, hospital records, adoption certificate, child support order, or court order • Had a permanent move – driver's license, state ID, lease agreement, mortgage payment receipt, or utility bill
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Step 6: Continued financial help pending appeal

If you submitted an appeal request of an eligibility redetermination that changes or removes your eligibility for financial help, you may ask to keep your financial help while your appeal is being reviewed. If you choose to do so and you have submitted a valid appeal request, Explore Health will re-apply your financial help to the first day of the month in which your financial help was removed or changed. If you choose to keep your financial help, you must continue to pay your premium.

Check one:

☐ I have lost my advance premium tax credit (APTC) or will be losing my APTC soon.

☐ I am not losing my APTC, but I am appealing APTC amount or cost-sharing reduction level (CSR). I would like my financial help to stay the same while my appeal is being reviewed.

☐ I lost my APTC and as a result my coverage was or will end for non-payment by my insurance company.

Initial each of the following to request a Continued Enrollment Period during appeal review.

_____ By signing the form below, I am asking to keep coverage while my appeal is being reviewed.

_____ I understand that I must pay my monthly premium payments during the review process.

_____ I understand that if I do not make the payments, I will lose coverage or members of my family will lose coverage.

_____ I understand that if I receive too much APTC during the year, including during the Continued Enrollment Period, I will have to repay the extra premium tax credit back to the IRS when I file my federal income tax return for the year.

Step 7: Do you need an expedited (faster) appeal?

If you have an immediate need for health services, and a delay could jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can ask for an expedited (faster) appeal review.

☐ No, I do not need to expedite the appeal decision.

☐ Yes, I do need to expedite the appeal decision.

If you selected “Yes” above, explain the reason you are requesting an expedited appeal decision. Use extra paper if necessary. If you are including documents to support your request, provide one copy of each of your documents. Keep all original documents.

Step 8: Indicate if you need language or accessibility services

If you need language interpretation support or accommodation due to a disability, please select the services you need during the appeal process by checking the boxes below. Choose all that apply.

☐ Spanish-Speaking Representative

☐ Language Notice Translation in Spanish

☐ Other Language Support. Please explain:

☐ Teletypewriter Services Line

☐ Large Print Notices

☐ Other. Please explain:

Step 9: Provide your signature

By providing your signature in this section, you indicate your approval for Explore Health to use and share federal tax and Social Security Administration information during an appeal. All tax filers (individuals in your household who are 18 or older) identified on your application, or their authorized representatives (if applicable), must sign this form.

During the appeals process, we may need to share with you or your authorized representative the information that Explore Health used to determine your eligibility. This information might include employment and/or income information from a consumer reporting agency, information about income you receive from the Social Security Administration, and/or federal tax information from the Internal Revenue Service about members of your household, including information from your last filed federal income tax return. Explore Health cannot share federal income tax information or monthly and annual Social Security Benefit information under Title II of the Social Security Act from the Social Security Administration with an authorized representative or other individuals without your consent. To give Explore Health permission, please sign below.

Acknowledgement Statement

I understand by completing, signing, and dating below, I authorize Explore Health to disclose to the individuals whose signatures are provided below, as well as any authorized representative, any federal tax information in my eligibility record which was provided by the Internal Revenue Service. I also consent to the release by Explore Health of my monthly and annual Social Security Benefit information under Title II of the Social Security Act to these same individuals, along with other information in my Explore Health eligibility record, collected based on the application I filled out (or was completed for me) or that listed me as a household member, and from other data sources like income and employment verification from a consumer reporting agency that were used to make a Explore Health eligibility decision.

I understand I can request a copy of my Explore Health eligibility appeal record during the appeals process.

All tax filers in the household must consent to the disclosure of their own federal tax information and consent to the release of monthly and annual Social Security Benefit information under Title II of the Social Security Act. Signing below indicates Explore Health may share this information with an authorized representative, if one was designated above.

The authorization is valid until the earlier of:

- The resolution of the appeal; or
- My written notification that I want any or all of my authorized representatives removed from this appeal.

I sign this form under penalty of perjury. That means, to the best of my knowledge, I gave true, correct and complete answers to all the questions on this form. I know that under federal law if I provide false and/or untrue information I may be subject to penalties and/or be liable for overpayments.

- I understand that under federal law, discrimination is not permitted on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). I can file a complaint of discrimination by visiting <https://www.oregon.gov/oha/ei/pages/public-civil-rights.aspx>.

Signature of Primary Applicant: _____
Date Signed (mm/dd/yyyy): _____
Printed Name: _____
Signature of Additional Tax Filer: _____
Date Signed (mm/dd/yyyy): _____
Printed Name: _____
Signature of Additional Tax Filer: _____
Date Signed (mm/dd/yyyy): _____
Printed Name: _____
Signature of Additional Tax Filer: _____
Date Signed (mm/dd/yyyy): _____
Printed Name: _____

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