




Assisting Clients with Marketplace Eligibility Appeals

A photograph of a piece of white paper with the word "Appeal" written on it in a black, serif font. The paper is placed on a brown cardboard background, and the edges of the paper are slightly torn and irregular.

Appeal

April 18, 2019

*Centers for Medicare &
Medicaid Services (CMS)
Center for Consumer
Information & Insurance
Oversight (CCIIO)*

Disclaimer

The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage learners to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to “Marketplace” in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Webinar Agenda

- Marketplace Eligibility Appeal Rights
- Marketplace Eligibility Appeal Process
- Getting Help with Appeals
- Other Marketplace Updates
- Questions and Answers

Assisting Clients with Marketplace Eligibility Appeals



*Marketplace Eligibility
Appeal Rights*

Marketplace Eligibility Appeal Rights


- Consumers have a right to request an appeal if they believe there was a mistake or disagree with certain eligibility determinations made by the Marketplace.
- This presentation is about appealing to the U.S. Department of Health & Human Services Appeals Entity (also known as the Marketplace Appeals Center) about a Marketplace eligibility determination.
- We will also briefly discuss some consumer appeal rights from SBM appeals entities.

Appointing an Authorized Representative

- Consumers may appoint someone as their authorized representative to talk to the Marketplace Appeals Center on their behalf and represent them throughout the process.
- The representative can be a family member, friend, advocate, attorney, or another trusted individual.
- Consumers must designate their representative in writing and sign the document.
- To appoint an authorized representative the consumer must either:
 - Fill out an “[Appointment of Authorized Representative](#)” form or
 - Submit the written request with the appeal.

Health Insurance Marketplace

11/2018
Form Approved
Appoint an Authorized
REPRESENTATIVE FOR MY APPEAL



Appoint an authorized representative for my appeal

You have the right to choose an authorized representative to help you with an eligibility appeal. This is a trusted person who has your permission to talk about your appeal with us, see your information, and act for you on matters related to your appeal, including getting information about you and signing your appeal request on your behalf. If you want to have an authorized representative, complete and submit this form.

Make a copy for your records and mail the completed form to:

Marketplace Appeals Center
P.O. Box 311
Pittston, PA 18640

You may also fax the form to a secure fax line: 1-877-369-0129.

STEP 1: Enter Information for the person who's requesting an appeal (also called an "appellant").

First name

Middle name

Last name

Date of birth (mm/dd/yyyy)

Appeal Case ID # (if you have one)

APL-

STEP 2: Enter information for the authorized representative.

By appointing an authorized representative, you are requesting that the Marketplace Appeals Center send all communications (including email or text message reminders) to your representative instead of you.

Authorized representative's first name

Middle name

Last name

Mailing address

Apartment or suite number

City

State

ZIP code

Phone number with area code

Organization name (if applicable)

What Determinations Can Be Appealed?

- Eligibility to buy a Marketplace qualified health plan (QHP), including a catastrophic plan
- Eligibility for lower costs, including the amount of advance payments of the premium tax credit or cost-sharing reductions
- Eligibility for a special enrollment period to enroll in a Marketplace QHP outside the regular Open Enrollment Period
- Eligibility for Medicaid or the Children's Health Insurance Program for residents of states that have delegated to the Marketplace Appeals Center the appeals of certain types of Medicaid determinations made by the FFM
- Any SBM's eligibility appeal decision or its decision denying the consumer's request to vacate the dismissal of their eligibility appeal

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*Marketplace
Eligibility Appeal
Process*

How to Request a Marketplace Eligibility Appeal

How to submit an appeal form

To fill out an appeals form electronically

This is the best way to make sure your form is accurate and complete. You'll download the form as a PDF on your computer, then open it and type in your answers.

Note: Downloading and opening this special form may be different from what you're used to. **Please follow the instructions on the following page exactly** before working on the form.

[**GET STARTED FILLING OUT THE FORM ON YOUR COMPUTER**](#)

To fill out an appeal form by hand

You can open a blank appeal form in your browser, print it, and handwrite your answers on the paper form. Filling it out by hand can allow for errors and incomplete answers. This could delay our response. Please read all instructions carefully before submitting a handwritten application.

[**GET THE FORM TO FILL OUT BY HAND**](#)

- Complete an appeal request form (available at <https://www.healthcare.gov/marketplace-appeals/appeal-forms/>)
- Be sure to use the form for the state in which the consumer resides
- May instead write a letter explaining the reason for the appeal request
- Mail the completed appeal request form and/or letter to
Health Insurance Marketplace
465 Industrial Boulevard
London, KY 40750-0061
- May instead fax the completed form/letter to 1-877-369-0129

How Does the Marketplace Appeals Center Determine if an Appeal is Valid?

- Timeliness: The request must be received
 - Within 90 days of the contested Marketplace eligibility determination;
 - Within 30 days of an SBM appeal decision; or
 - Within 30 days of notice from an SBM declining to reopen the appeal after it was dismissed by the SBM.
- The request must be about a matter that is appealable, as described on slide 7.
- The appeal must be requested by a consumer or by an authorized representative appointed in writing by the consumer.
- If the appeal request does not meet these requirements, the consumer will get a notice explaining why the request is invalid, and how to fix the problem and resubmit the appeal.

Appeal Acknowledgement

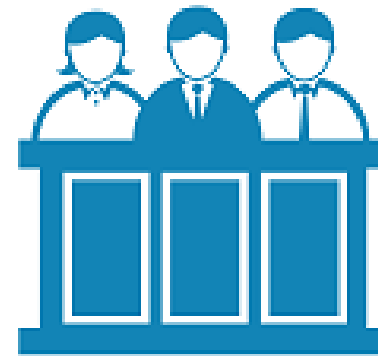
- If the appeal is valid, consumers who appeal (appellants) get a letter from the Marketplace Appeals Center that:
 - Acknowledges receipt of their appeal;
 - Includes their appeal number, which uniquely identifies their case;
 - Provides a description of the appeals process; and
 - Includes instructions for submitting additional material for consideration, if necessary.
- Consumers should write their appeal number on any documents they submit to the Marketplace Appeals Center.

Types of Resolution



Informal Resolution

- If possible, the Marketplace Appeals Center will try to resolve the appeal based on the available information.
- This decision will be binding if the consumer is satisfied.



Hearing

- In some cases, the appeal may go straight to a hearing.
- If the consumer is dissatisfied with the informal resolution, a hearing may be requested.

Informal Resolution of Eligibility Appeals

The Marketplace Appeals Center works with appellants to resolve eligibility appeals informally.

- Reviews facts and evidence submitted by the appellant and those that are available from the Marketplace
- Sometimes contacts appellants by phone or mail
- Sends Informal Resolution Notice, which describes the proposed resolution and decision
- If the appellant is satisfied, the appeal decision follows (unless the appellant voluntarily withdraws the appeal).
- Appellants who are not satisfied may request a hearing.

Hearing of Marketplace Eligibility Appeals

Hearings are more formal.

- Reviews facts and evidence submitted by the appellant and those that are available from the Marketplace
- Consumers will receive notice of the scheduled hearing in writing 15 days prior to the hearing date unless
 - The appellant requests an earlier hearing date (and one is available), or
 - A hearing date sooner than 15 days is necessary to process an expedited appeal as agreed to by the appellant.
- Conducted by telephone
- Presided over by a Federal Hearing Officer
- Appellants and any witnesses are under oath.

Eligibility Appeal Decisions

- After the hearing concludes, the Federal Hearing Officer carefully considers all evidence and testimony of the appellant and any witnesses.
- The Hearing Officer makes the eligibility appeal decision.
 - The decision is mailed to the appellant within 90 days from the receipt date of the appeal request or as administratively feasible
 - The decision is final and binding.
 - Judicial review may be an option.
- The consumer must follow the instructions on the decision letter to ensure implementation.



Retroactive Effectuation of Eligibility Appeal Decisions

- If the decision finds the contested eligibility determination was incorrect when it was made by the Marketplace, the consumer may decide to have the decision implemented retroactively, based on the date when the consumer received the incorrect determination.
- The Marketplace plan may owe an appellant a refund if:
 - The appellant paid Marketplace plan premiums to the plan before the appeal was decided, and
 - The appellant is now eligible for a larger premium tax credit and/or lower copayments, coinsurance, and deductibles as a result of the appeal.
- Alternatively, an appellant may owe money to the Marketplace if:
 - The appellant is now enrolling in Marketplace coverage with an earlier effective date, or
 - The appellant has not paid his or her past premium balance(s).

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Getting Help With Appeals

Resources for Appeals Process and Status

- Consumers can call the Marketplace Call Center (1-800-318-2596) for information on how to request an appeal.*
- After the appeal is submitted, the Marketplace Appeals Center (1-855-231-1751 or TTY users 1-855-739-2231) can answer appellants' questions about their appeal.*
- Agents and brokers can help consumers request a Marketplace eligibility appeal.
- Consumers (person appealing a decision) may appoint an Authorized Representative to request a Marketplace eligibility appeal and speak for the consumer during a hearing.
 - The appellant must designate the Authorized Representative in writing signed by the appellant.
 - Contact the Marketplace Appeals Center (1-855-231-1751 or TTY users 1-855-739-2231) for more information.

*Remember: You can hold a 3-way call with your client and the Marketplace Call Center or, with the client's consent, may listen in on a 3-way call with your client and the Marketplace Appeals Center.

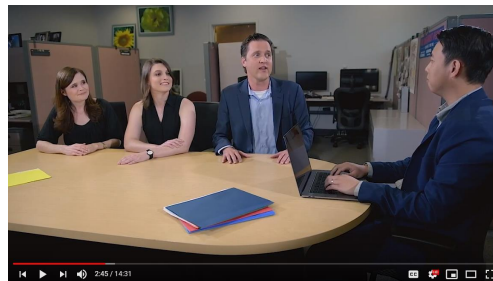
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*Other Marketplace
Updates*

Agent and Broker Learning on Demand

- CMS recently launched a new web series: **A Marketplace Original Series: Agent and Broker Learning On Demand.**
- This self-paced learning series will give agents and brokers the tools they need to maximize enrollments and provide the best service to consumers who are looking to buy individual health insurance through the FFM.
- In this video series, agents and brokers will explore new developments for plan year 2019 as well as other topics that are important to enrolling clients.
- The videos can be viewed in any order and at your own pace.
- Visit the CMS YouTube channel at www.youtube.com/user/CMSHHSgov and click on “Playlists” to find the series.



Agent and Broker Resources

Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIIOAB
Agent and Broker FFM Registration Completion List	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	https://data.healthcare.gov/ab-registration-tracker/
Find Local Help Tool	https://localhelp.healthcare.gov/
Help On Demand	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html
Agent and Broker National Producer Number (NPN) Search Tool	www.nipr.com/PacNpnSearch.htm
Private Partner Enrollment and Client Management Capabilities Directory	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Private-Partner-Enrollment.html

A full list of useful websites is available from the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) under Quick Links.

Most Frequently Used Agent/Broker Marketplace Help Desks and Call Centers

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Direct Agent/ Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line.	<ul style="list-style-type: none"> • HealthCare.gov account password resets • Special enrollment periods not available on the consumer application • Individual Marketplace eligibility and enrollment issues 	Mon–Sun 24 hours/day
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated general registration and training questions (not related to a specific training platform) • Agent/Broker Registration Completion List issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent or broker has engaged in fraud or abusive conduct 	Mon-Fri 8:00 AM–6:00 PM ET
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515 CMS_FEPS@cms.hhs.gov	<ul style="list-style-type: none"> • CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Direct Enrollment agent/broker landing page 	Mon-Fri 8:00 AM–8:00 PM ET

A full list of Agent/Broker Help Desks and Call Centers is available from the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) under Quick Links.

Acronym Definitions

Acronym	Definition
CCIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
FFM	Federally-facilitated Marketplace
NPN	National Producer Number
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SBM	State-based Marketplace

Closing Remarks

