



An Assister's Guide to Marketplace Appeals

Agenda

- ❖ **Housekeeping**
- ❖ **Post-enrollment duties**
- ❖ **What is an eligibility appeal?**
- ❖ **Kate Ende from Consumers for Affordable Health Care**
- ❖ **Cassidy Estes-Rogers from Legal Services of Southern Piedmont**
- ❖ **Q&A**

New navigator responsibilities



Appeal duties

Helping consumers understand right to appeal

2018

Overview process of appeal

2018

Completing and submitting appeal forms

2018

Help consumers meet appeal requirements

2018

Assist consumer in accessing relevant resources

The Basics



**Marketplace
appeals**

**Coverage
appeals**

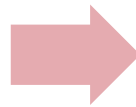
What qualifies?

Eligibility to enroll in QHP

Eligibility to enroll outside of open enrollment

Disagree with financial assistance level

Eligibility for an exemption



Medicaid eligibility appeals

**Alabama, Alaska,
Arkansas, Montana, New
Jersey, Tennessee, West
Virginia, Wyoming**

**Medicaid
appeals
delegated to
FFM**

**Form on
Healthcare.gov**

**Rest of FFM, Federally-
supported Marketplaces,
and State-Partnership
Marketplaces**

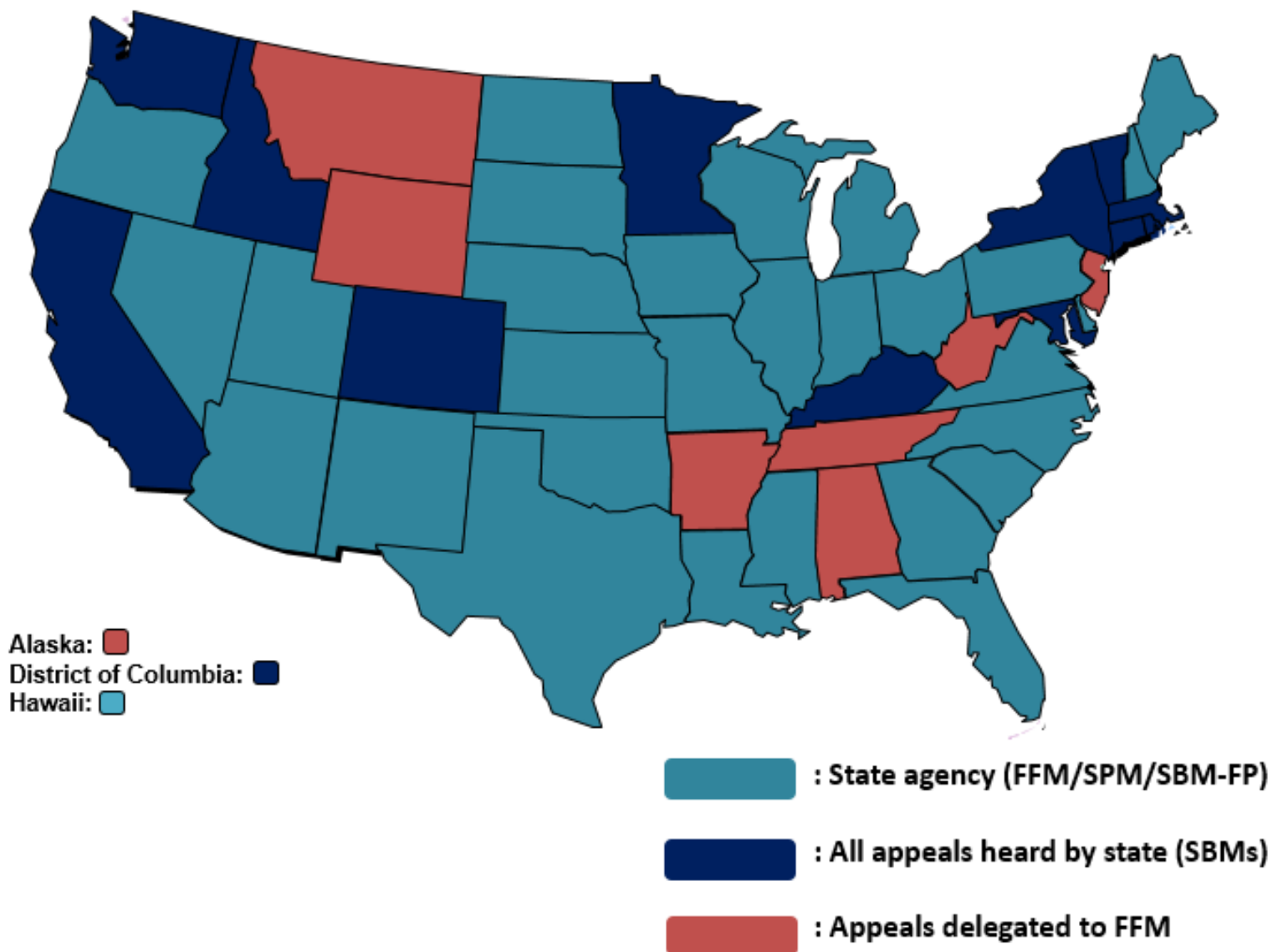
**Medicaid
appeals done
by state agency**

**State-Based
Marketplaces (SBMs)**

**Medicaid
appeals done
by state agency**

**Visit SBM
website**

Medicaid eligibility appeals



Final eligibility

Eligibility determinations with inconsistencies are not final

We've successfully processed your application.

Step 1: View Your "Coverage Options at a Glance"

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

The screenshot shows a user interface for Step 1. It features a light blue background with a white box containing the word "Eligible" next to a green checkmark icon. Below this, there are several lines of text: "For [Medicaid](#)", "For Marketplace health plans", "For up to \$534 in premium tax credits for your household", and "For lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans". At the bottom right, there is a red box with the text "Temporary eligibility: You need to provide more information within the next 3 months to keep your coverage. View your 'Eligibility Results' to learn how to submit this information." An arrow points from the "Temporary eligibility" text to the "Step 2: View Your 'Eligibility Results'" section.

Step 2: View Your "Eligibility Results"

| | | |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Jack Leon | <ul style="list-style-type: none">Can choose a health plan with lower copayments, coinsurance, and deductibles (06)Eligible to purchase health coverage through the MarketplaceEligible for a tax credit (\$449.00 each month, which is \$5,388.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of \$30,135.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available. | <ul style="list-style-type: none">Choose a health plan and make first month's paymentSend the Marketplace more information |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

Cannot appeal until inconsistency is resolved or inconsistency period expires

Speakers

❖ **Kate Ende**

*Legal Program Coordinator, Maine
Consumers for Affordable Health Care*

❖ **Cassidy Estes-Rogers**

*Family Support and Health Care Staff
Attorney, Legal Services of Southern
Piedmont*

3/10/16

An Appealing Prospect:

Tips, Tricks and Best Practices for Marketplace Appeals

Presented by:
Kate Ende
Legal Program Coordinator
Consumers for Affordable Health Care



**Consumers for
Affordable
Health Care**
www.maine cahc.org

Advocating the right to
quality, affordable health
care for every man, woman
and child since 1988.



Our Activities



HelpLine 1-800-965-7476

We do not sell insurance. We give FREE information, and help on health coverage and health care costs. We are a nonprofit, not a government office. All calls are confidential.

Call us to talk about your options in the Health Insurance Marketplace!



Online Health Care Guide www.maine cahc.org/guide.htm

The Online Health Care Guide gives you a basic idea of coverage choices and programs that can help you pay for care. You can call the HelpLine if you have questions about anything in the guide.



Help with Coverage Disputes 1-800-965-7476

Our HelpLine and legal staff can help you figure out your coverage and rights. We focus on getting bills paid. We can also help with denials, appeals, or complaints, and help you understand your insurance and options.

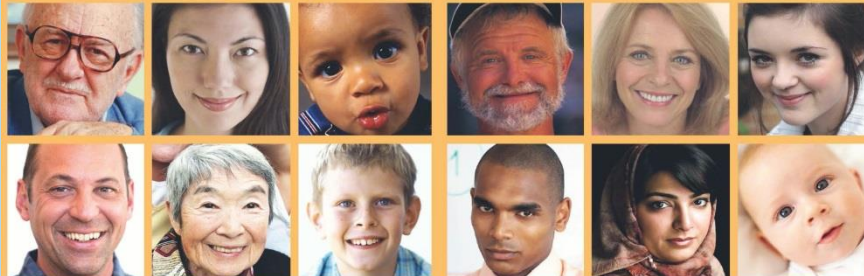


Workshops and Presentations 1-800-965-7476

We train service professionals on MaineCare eligibility, private insurance, and non-insurance programs that can help people. We also provide other presentations as well. Some workshops are free and others are low-cost.

How can we help YOU?
www.maine cahc.org

1-800-965-7476 * 1-877-362-9570 (TTY)
Language Line interpreter services offered



So you want to appeal?

- ❖ Make sure you have an eligibility determination!
- ❖ You can't appeal something you've been told by a Marketplace representative, unless you have an official eligibility determination.



The Key to a Successful Appeal: Record Keeping

❖ Timeline

❖ Contact log

❖ Documents



Record Keeping: Timeline

Create a timeline that includes all relevant dates, which may include events such as :

- When an application was submitted;
- When the consumer had appointments with an assister or broker
- When the plan began and/or ended;
- The date of notices or letters from the Marketplace or insurance company, and when they were received;
- When letters or documents were sent to the Marketplace or insurance company;
- The date the first premium was paid;
- The date medical services were received; and
- Other relevant life events (i.e. moving, previous coverage ended, job ended, got married, etc.).



Record Keeping: Call Log

Keep a log of all relevant calls, including all calls to and from the Marketplace and the insurance company. Helpful information to record includes:

- Dates & times of calls
- The name of the person you spoke to & their organization
- The call reference number (if available)
- The phone number you called & the phone number you called from
- Notes from the call



Record Keeping: Documents

Keep copies of all relevant documents, such as:

- All notices & letters sent to or from the Marketplace and the insurance company
- Confirmation receipts for payments of premiums
- Delivery confirmation of documents mailed to the Marketplace
- Any other documents that can support your case, such as medical records, copies of medical bills, Medicaid denials, eviction or foreclosure notices, etc.)



The Appeal Letter

- ❖ You can find the Marketplace Appeal Form for your state, here:

<https://www.healthcare.gov/marketplace-appeals/appeal-forms/>

- ❖ Your appeal should clearly explain:
 - What aspect of the eligibility results you are appealing;
 - What happened- be precise & include all relevant facts;
 - What you would like the outcome to be;
 - If the consumer has ongoing or anticipated health care needs within the next several months; and
 - A list & explanation of all documents that will be sent with the appeal letter.



Don't forget about your documents!

In addition to the appeal form or letter, you can make your appeal stronger by including:

- The timeline of events;
- A copy of the eligibility results you are appealing;
- Copies of any documents that support your case (even if they have already been submitted to the Marketplace);
- Copies of prescriptions or documentation of medical conditions that require ongoing or anticipated health care needs (if applicable); and
- **A signed copy of the Marketplace Authorized Representative form (if submitting the appeal on behalf of the consumer)**



Expedited Appeals

❖ When do appeals qualify to be expedited?

- If waiting for the standard appeal process (3+ months) would jeopardize the consumer's life, health, or ability to attain, maintain, or regain maximum function.

❖ How do you ask for an expedited appeal?

- **Explicitly** ask for and explain why an expedited appeal is necessary in the appeal letter, including:
 - Relevant medical diagnoses, prescriptions & dates of upcoming treatments;
 - Explanation of how their health would be impacted if they were to go without a medication or delay a treatment; and
 - Supporting documentation (could include letter from a provider)



Submitting the Appeal

You can mail or fax your appeal to the Marketplace at:

Health Insurance Marketplace

Attn: Appeals

465 Industrial Blvd.

London, KY 40750-0061

Fax: 1-877-369-0129

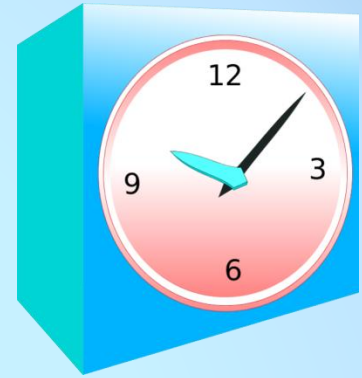


How long does an appeal take?



- ❖ The Marketplace tries to resolve standard appeals within 90 days, but it often takes **much** longer.
- ❖ Expedited appeals are processed “as quickly as possible.”
 - It may still take longer than 90 days to get a decision even if the appeal has been “expedited.”

Tips for quick(er) results

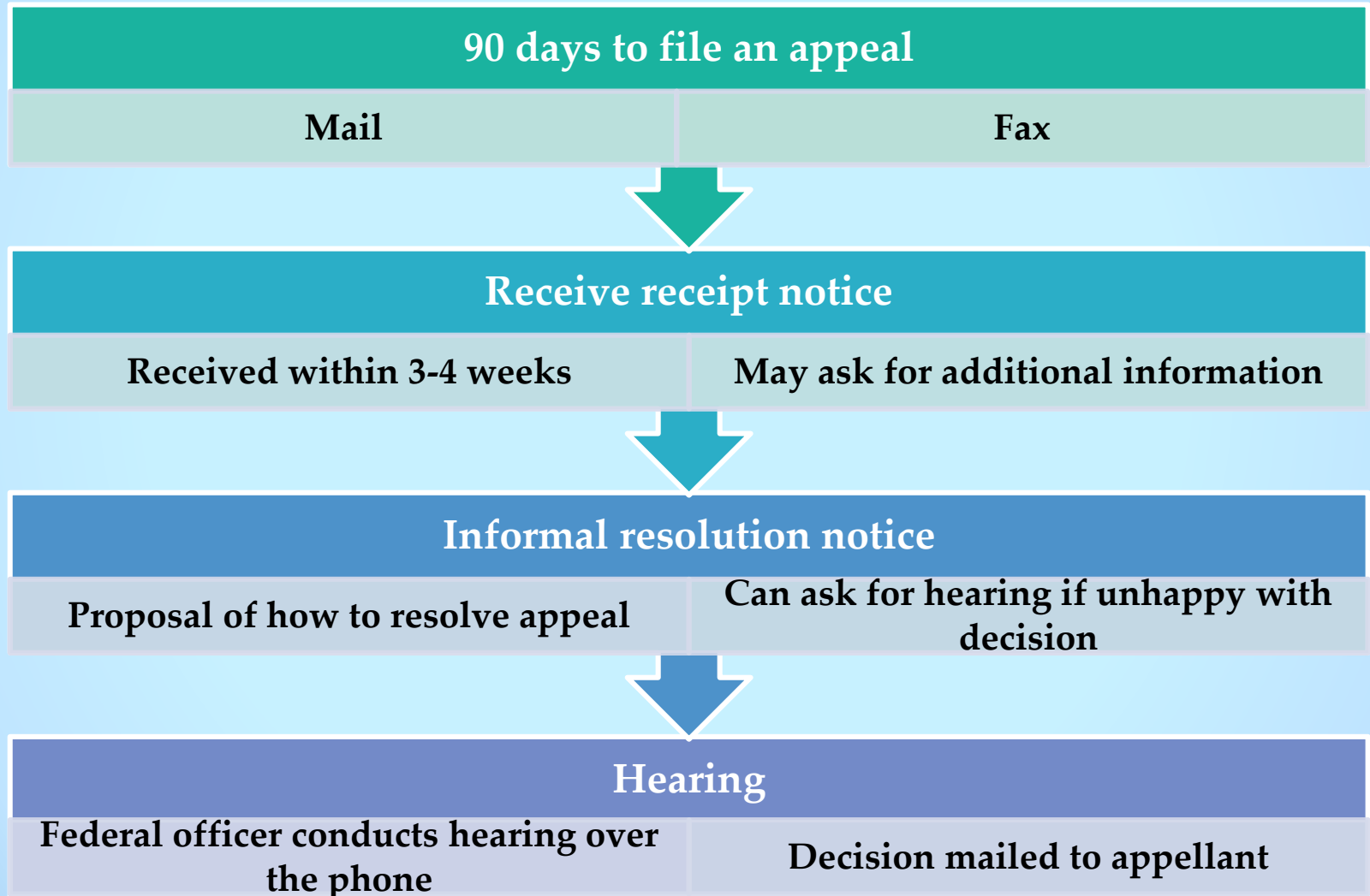


- ❖ Escalate the issue with a supervisor at the Marketplace Call Center and request a HICS* ticket
- ❖ Encourage consumers to contact their state congressional offices
- ❖ Send case summaries (with contact information) to regional contacts at CMS/HHS

*Health Insurance Casework System



What to Expect



Questions About a Case?

❖ **Marketplace Call Center: 1-800-318-2596 (TTY: 1-855-889-4325)**

- Available 24 hours a day, 7 days a week.
- Can explain how to request an appeal, but can't check the case status once an appeal is filed.
- Can submit a case for escalation in the HICS system, but can't check on the status of a HICS case after it has been submitted.

❖ **Marketplace Appeals Center: 1-855-231-1751 (TTY: 1-855-739-2231)**

- Available Mon.- Fri., 7:30 a.m. to 8:30 p.m. EST; and Saturday, 10 a.m. to 5:30 p.m. EST.
- Can answer questions about status of a Marketplace appeal.
- Can't check on status of a HICS case.

❖ **Insurance Company:**

- Can't answer questions about status of Marketplace appeal.
- Can check on status of HICS cases (it might take a few days after a case has been entered into the HICS system before the insurance company can see the case status).



Invalid Appeals

- ❖ Submitted appeals may sometimes be dismissed. If an appeal is dismissed, the Appeals Center will send a written notice stating that the appeal request was invalid.
- ❖ This may be because the issue you are seeking is not appealable.
 - If the issue is not appealable seek resolution through the HICS system, or directly with the insurer.
- ❖ It may be because of an error from the Appeals Center.
 - If the issue **is** appealable, you can appeal the dismissal of your appeal. The dismissal notice will provide information about how to submit a request to reopen an appeal.
 - If you are outside of the 90-day window, submit a statement to the Appeals Center explaining why the Marketplace Appeals Center should reopen the appeal.



Our Role as Advocates

- ❖ Each consumer you assist may require different levels of support. This could include:
 - Helping write and submit the appeal
 - Helping the consumer collect all needed documentation
 - Preparing for the appeal hearing
 - Assisting during the appeal hearing
 - Conducting follow up to the appeals center and to the consumer
- ❖ To be an authorized representative on an appeal, both you and the consumer must sign this form:

<https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf>

Authorized representative forms can be submitted by fax or mail:

If you are sending with the appeal:

Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
Fax: 1-877-369-0129

If an appeal has already been submitted:

Marketplace Appeals Center
P.O. Box 311
Pittston, PA 18640
Fax: 1-877-369-0129



Thank You!

kende@mainecahc.org

Consumers for Affordable Health Care

Web: <http://www.mainecahc.org>

YouTube: <http://www.youtube.com/user/mainecahcchannel>

“Like” us on Facebook: <http://www.facebook.com/MECAHC>

Follow us on Twitter: @MAINECAHC



Legal Services
of
southern
piedmont



Ensuring a full measure of
justice for those in need.

PRACTICAL TIPS FOR MARKETPLACE APPEALS

PRESENTED BY: CASSIDY ESTES-ROGERS

WHY SHOULD A CONSUMER APPEAL?

- Protects the date of application
- Casework and escalations do not always lead to a resolution
- Appeals are the only way to get retroactive coverage



EXAMPLE – LOSS OF APTC

- **DIANA:** Lost APTCs on 4/1 due to failure to resolve an outstanding income inconsistency.
- Already sent proof of income to Marketplace. They lost it.
- Starting 5/1, plan will cost \$400 per month instead of \$50 per month.



FILES APPEAL



DOES NOT FILE APPEAL

- Doesn't qualify for SEP; can't re-enroll until next open enrollment



Wins appeal in July! Gets health insurance restored and is reimbursed \$1050 or pays \$150 for previous months' premiums



Stuck paying \$3200 for May – Dec coverage, or more likely stuck without coverage for the rest of the year and owes penalty for those months

HANDLING THE APPEAL AS A NAVIGATOR

- If a referral to a local legal services organization is not available, you can still help the consumer through the appeal process!
- Complete authorized representative form
<https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf>
- PII concerns



DEPARTMENT OF HEALTH & HUMAN SERVICES
MARKETPLACE APPEALS CENTER
P.O. BOX 311
PITTSBURGH, PA 15201

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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------|
| Your information | | |
| 1. Name (First name, Middle name, Last name) | | |
| 2. Appeal Case ID # (if you have one) APL- | | 3. Date of birth (mm/dd/yyyy) |
| Your authorized representative's information | | |
| 4. Name (First name, Middle name, Last name) | | |
| 5. Mailing address | | 6. Apartment or Suite number |
| 7. City | 8. State | 9. ZIP code |
| 10. Phone number with area code | | |
| 11. Organization name (if applicable) | | |
| 12. ID number (if applicable) | | |
| Your signature | | |
| By signing below, you allow the person named in box 4 to sign your appeal request, get official information about your appeal, and/or act for you on all future matters related to this appeal. | | |
| 13. Signature | | 14. Date signed (mm/dd/yyyy) |

Make a copy for your records and mail this completed form to:
Marketplace Appeals Center
P.O. Box 311
Pittsburgh, PA 15201

You may also fax the form to our secure fax line at 1-877-369-0129.

APPEAL PROCESS

- Step by step
 1. Receive acknowledgment letter (within a month)
 2. Submit additional documentation (may be requested)
 3. Informal resolution (90 days or 30 days if expedited)
 4. Accept or deny resolution
 5. Formal hearing (if unsatisfied with informal resolution, or no resolution is offered)
 6. Implementation of appeal decision
- Throughout the process: **FOLLOW-UP!**
 - Contact the eligibility appeals center directly at **1-855-231-1751** to check on the status of appeals.
 - Have APL #, your address, address and county of appellant, and appellant's DOB ready to go
 - Consumer has a right to review entire appeal center file



BEST PRACTICES FOR SUBMITTING DOCUMENTS

- ALWAYS INCLUDE THE **APL #** ON SUPPORTING DOCUMENTS!
- Documents can be mailed or faxed
 - Address: Marketplace Appeals Center
P.O. Box 311
Pittston, PA 18640
 - Fax: 1-877-369-0129
- Make a follow-up call to ensure documents are received and added to the file



HOW AND WHEN TO REVIEW FILE

- Appellant has the right to review the file before the hearing
- The Marketplace Appeals Center considers this a request under the Freedom of Information Act (FOIA) and you must request the "Privacy Act Request Form" in order to obtain a copy of the file
- The form must be signed by the appellant, but can be sent to you as long as you have the appropriate consents

Privacy Act Request Form

I have a case at Marketplace Appeals Center. Please provide me with a copy of my case file.

Please print clearly

My Marketplace Appeals case file number is:

My name is:

My date of birth is:

Please send a copy of the case file to:

Name:

Street:

City, State, Zip Code:

I certify that I am the individual named in this request whose records (which may include medical records) are being sought. I understand that a knowing and willful request for or acquisition of records pertaining to an individual under false pretenses is a criminal offense under the Privacy Act subject to a \$5,000 fine. 45 Code of Federal Regulations Section 5b.5(b)(2)(ii).

Signature _____

Date _____



IMPLEMENTATION OF APPEAL DECISIONS

- **Prospective**

- Marketplace must implement the appeal decision effective:
 - First day of month following notice of appeal decision
 - If after the 15th, may be one month later
 - Effective date may be changed, based on circumstances

- **Retroactive**

- Available at the option of the individual
- Effective date based on initial date of application
- APTCs and CSRs also applied retroactively
- Consumer responsible for paying past premiums

- **Working with insurance company**

- Marketplace Appeal Center will send decision to insurance company via the HICs system.
- Requesting HICs ID # can help communication w/ issuer



OTHER ISSUES TO LOOK OUT FOR

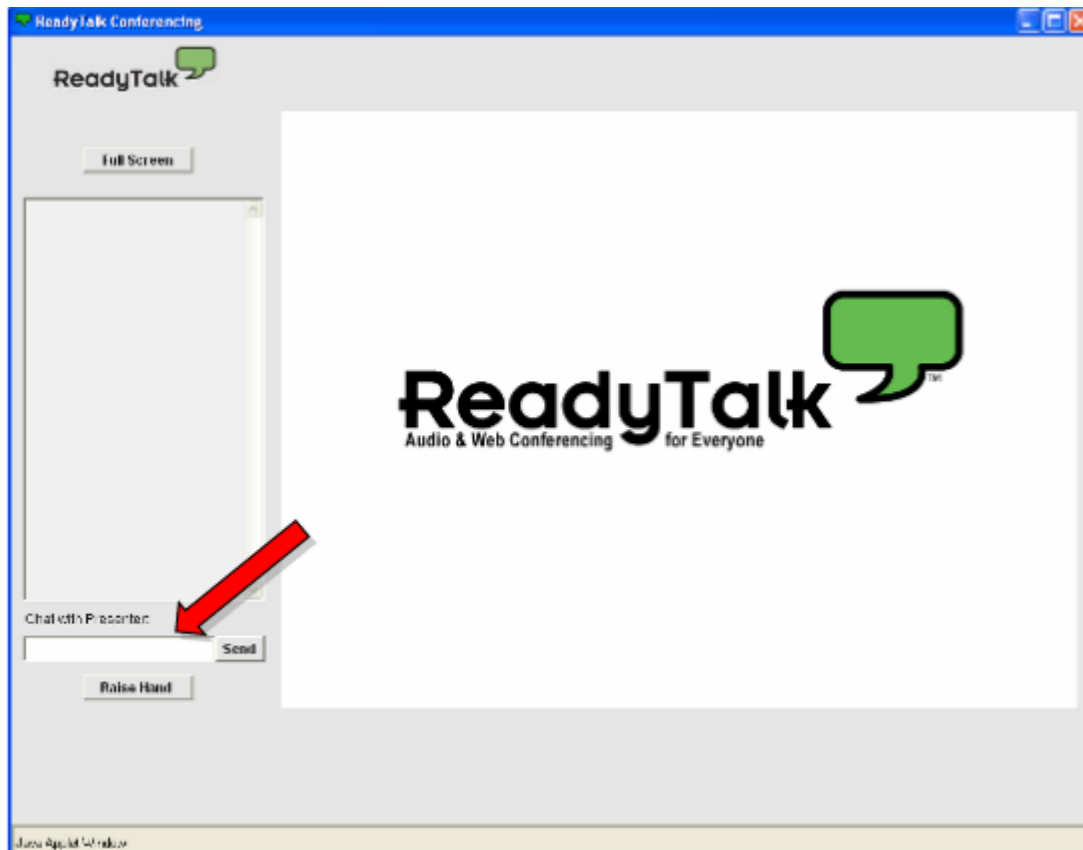
- Delays in receiving appeal acknowledgment notice
- Authorized representative not copied on notices
- Inadequate interpreter services
- Incorrect information from Marketplace Appeal Center
- Appeal Dismissal Notices
- Cases pending for longer than 90 days
- Final decision that consumer disagrees with
 - Notices say “final” but judicial review may be available

KNOW THE RIGHTS OF YOUR CONSUMER BUT REACH OUT TO A LEGAL SERVICES ORGANIZATION OR EMAIL ME AT CASSIDYR@LSSP.ORG IF YOU NEED HELP



Questions?

Submit via chat feature



Ongoing Resources

Enrollment Assister Network



Only 10 days left in this open enrollment period, and we are in the final stretch! Consumers who enroll in coverage between now and January 31 will get health coverage effective March 1.

This week's newsletter shares recent resources, upcoming webinars, and a new FAQ section based on questions you've sent us.

Also, keep in mind that it's not too late to register for our Health Action 2016 conference in February. Come network with other assisters and learn new techniques for outreach, debriefing, and examples that highlight how enrollment work is year-round.

1. Resources

- Be sure to share our [infographics](#) that highlight health disparities in communities of color and the importance of getting enrolled.
- In the middle of all the primary debates this month, you might find yourself asking, "What can I do to motivate my community to get involved and vote?" Our [recent blog](#) highlights how enrolling in marketplace coverage is an opportune time to also register people to vote.
- Kaiser Family Foundation released its [14th annual survey](#) today on Medicaid and CHIP eligibility and enrollment. The report highlights findings on enrollment and renewal processes in all 50 states.
- The National Disability Navigator Resource Collaborative (NDNRC) recently released several new population-specific fact sheets, including one for assisting [consumers with traumatic brain injury](#). For the full series of population-specific fact sheets, click [here](#).
- Looking for zip code data on this enrollment period? A new [ASPE report](#) shares the number of Healthcare.gov plan selections in each zip code through January 9. Enroll America created a [map view](#) of the plan selection data to compare how geographical areas are performing this open enrollment period compared to last year's.

2. Upcoming Webinars

Weekly Newsletter

Resources

Past webinars:

- “Approaches to Conducting a Successful Debrief”

Social Media

- #Enrollment365 to highlight year-round efforts

Issue Briefs:

- “Public Policy Toolkit for Enrollment Assisters”
- “Collecting Consumers’ Health Care Stories: What Enrollment Assistance Organizations Need to Know”

Infographics:

- “Confused about Your Taxes and Health Insurance?”

Blogs



Contact Us

Assisters@FamiliesUSA.org

Sign Up for our Network!

<http://familiesusa.org/initiatives/enrollment-assister-resource-center>

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Washington, DC 20005

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