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

- Health insurance literacy
- Plan selection
- Eligibility appeals
- Outreach and education
- Taxes and exemptions
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<th>Duties</th>
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<td>Helping consumers understand right to appeal</td>
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<td>Overview process of appeal</td>
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<td>Completing and submitting appeal forms</td>
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<td>Help consumers meet appeal requirements</td>
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<td>Assist consumer in accessing relevant resources</td>
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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
Final eligibility

Eligibility determinations with inconsistencies are not final.

Cannot appeal until inconsistency is resolved or inconsistency period expires.

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<th>Jack Leon</th>
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<td>• Can choose a health plan with lower copayments, coinsurance, and deductibles (06)</td>
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<td>• Eligible to purchase health coverage through the Marketplace</td>
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<td>• Eligible 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.</td>
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<td>• Choose a health plan and make first month's payment</td>
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<td>• Send the Marketplace more information</td>
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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
An Appealing Prospect: Tips, Tricks and Best Practices for Marketplace Appeals

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

Online Health Care Guide www.mainecahc.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.mainecahc.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
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.
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).
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)
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

90 days to file an appeal

Mail | Fax

Receive receipt notice

Received within 3-4 weeks | May ask for additional information

Informal resolution notice

Proposal of how to resolve appeal | Can ask for hearing if unhappy with decision

Hearing

Federal officer conducts hearing over the phone | Decision mailed to appellant
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.

  - 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).
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:
  o Helping write and submit the appeal
  o Helping the consumer collect all needed documentation
  o Preparing for the appeal hearing
  o Assisting during the appeal hearing
  o 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:

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
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**

- 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

**DOES NOT FILE APPEAL**

- 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!


• PII concerns
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.

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

• **Working with insurance company**
  o Marketplace Appeal Center will send decision to insurance company via the HICs system.
  o 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
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
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