



# 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 when the Marketplace said you aren't eligible to:

### The Marketplace said you aren't eligible to:

- Buy a Marketplace plan or a Catastrophic plan.
- Get financial help with Marketplace costs, or you disagree with the amount of financial help you qualify for.
- Enroll in or change your Marketplace plan with a Special Enrollment Period.
- Get an exemption from the requirement to have health insurance.

## 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/what-can-you-appeal](https://www.healthcare.gov/what-can-you-appeal) to learn more about Marketplace decisions you can and can't appeal.

## How do I file an appeal?

Visit [HealthCare.gov/marketplace-appeals/appeal-forms](https://www.healthcare.gov/marketplace-appeals/appeal-forms) to fill out your appeal form. You can submit it online or print it and mail or fax it to us.

You can also write a letter. 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 supporting documents, submit copies—not the 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

- If you have coverage, stay enrolled and pay your premiums during your appeal. If you drop or lose your coverage during your appeal, you might have to wait to re-enroll (even if your appeal is successful).
- 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'll 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 appeal if you think waiting for a standard decision would put your health at risk (like if you're currently in the hospital or urgently need medication).
- You can request an expedited appeal in 2 ways:
  - **On your Appeal Request Form.** Let us know you need a faster appeal and explain the health reason.
  - **In your appeal request letter.** Tell us you need an "expedited" appeal (if you choose to write a letter to request your appeal instead of using the Appeal Request Form).

**Make sure you include the health reason you need an expedited appeal.** This will help us evaluate your request as quickly as possible

### Submitting a late appeal

If you missed the 90-day deadline, explain why in your appeal request. You may be able to get an extension.

## What happens after I file an appeal?

The Marketplace Appeals Center will mail you a letter within 10–15 business days that confirms we got your appeal and that gives more information about the appeals process.

If the Marketplace Appeals Center **accepts** your appeal, we'll review it. If the letter says your appeal request is **invalid**, you might need to send more information, or find other ways to get help. Learn more about getting help with your appeal on the next page.

### How your appeal is processed

Generally, we process appeals in the order we get them. How long it takes for a decision usually depends on the issue you're appealing, if your appeal is expedited, and whether you need to submit documents.

- We'll review your appeal, including the information the Marketplace uses to confirm your eligibility.
- You may get a letter asking for more information, like a copy of a passport. Send these documents as soon as possible to help us decide your case quickly. Send copies of your documents as soon as possible, to help us quickly decide your case.
- If we can decide your appeal informally, we'll mail you a "Notice of Informal Resolution." Generally, you'll get this letter about 20 days after you submit any needed information.
- If you disagree with the decision, you can request a hearing. Hearings are over the phone.

### Getting your appeal decision

You'll get a letter with the Marketplace Appeals Center's final decision that will explain any changes, how we made the decision, and your next steps.

- If you appealed your eligibility for coverage, the letter will tell you if you qualify to buy a Marketplace plan.
- If you appealed your eligibility for financial help, like for premium tax credits or cost-sharing reductions, the letter will tell you if you qualify for a different premium tax credit amount, or if you qualify for coverage through your state's Medicaid or CHIP programs.

**Note:** The outcome of an appeal could impact the eligibility of other members of your household.

## How do I get help with my appeal?

### Get help in your area

Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) 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.

Your authorized representative is responsible for:

- Providing information and documents
- Returning phone calls, attending conferences, and any other actions for your appeal
- Telling the Marketplace Appeals Center what you want to do once you have appeal results, like what plan you want to enroll in

**Note:** To appoint a representative for your appeal, you'll need to send a form or letter to the Marketplace Appeals Center — even if you already appointed an authorized representative for your Marketplace application.

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

- Questions about an appeal? Call the Marketplace Appeals Center at 1-855-231-1751 (TTY: 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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