

**INSTRUCTIONS ON HOW TO COMPLETE  
MARKETPLACE ELIGIBILITY APPEAL REQUEST  
SEEKING RETROACTIVE REINSTATEMENT OF PTC/CSR**

**STEP 1:** INCLUDE LEGAL NAMES AND DATE OF BIRTH FOR EVERYONE ON THE MARKETPLACE PLAN THAT LOST PTC AND CSR.

**STEP 2:** SELECT BOTH TEXT AND EMAIL IF CONSUMER IS WILLING. EMPHASIZE NEED TO PROMPTLY RESPOND TO ANY REQUESTS FROM APPEALS DEPT.

**STEP 3:** DATE OF MARKETPLACE ELIGIBILITY LETTER WHEN PTC/CSR WAS LOST  
Select appeal reason: I lost financial assistance...

**STEP 4:** *(Space text so that it is easy to read and not typed over a line)*

I/we are appealing the loss of Premium Tax Credits (PTC) and Cost Sharing Reductions (CSR) and seeking retroactive reinstatement of both PTC and CSR for (#) month – (month) 2018. (ex: 1 month – May 2018)

Specifically, I am appealing the Marketplace eligibility letter dated \*\*\*\* (Exhibit #) that removed my PTC and CSR due to failure to *(reconcile 2016 premium tax credits using IRS Form 8962 – or submit household income documentation to resolve a data matching inconsistency)*. My premium for (month) changed from \$ to \$\$\$ due to the loss of PTC and my copays, deductible out-of-pocket maximum increased due to the loss of CSR.

Upon receiving this notice, I *(action taken by consumer - ex: gathered all my 2016 tax documents and consulted with a tax professional to resolve this matter)*.

On (date), I took action to resolve the issue by *(ex: filing Form 8962 with the IRS or uploading documentation of household income to the Marketplace.)* That documentation is attached as Exhibit #.

My PTC and CSR were reinstated on (date) (Exhibit #) but were not effective until (date), leaving me with a premium bill of \$\$\$ for (month) (Exhibit # – *printout of plan cost info*) and insurance I could not afford due to the loss of CSR that made my insurance significantly more expensive to use. This combination is causing severe financial hardship. I/we are seeking an expedited repeal to retroactively reinstate PTC and CSR for (month) 2018. All issues related to the loss of PTC and CSR have been resolved, as demonstrated by the Marketplace eligibility letter reinstating PTC and CSR effective (month) 2018. (Exhibit # - *eligibility reinstating PTC/CSR*)

In support of this appeal I am attaching the following supporting documentation:

1. Eligibility letter dated (date) that removed my PTC and CSR for (month) (# pages)
2. Original eligibility letter dated (date), providing PTC and CSR for 2018 coverage. (# page)
3. Eligibility letter dated (date) that reinstated PTC and CSR effective (date) (# pages)
4. **IF APPLICABLE:** Marketplace letter dated (date), stating “Your eligibility as described in your eligibility determination letter notice will continue unchanged. You don’t need to take any further action at this time.” (# page)
5. Plan screenshot showing premium of \$\$\$ for (month) and restoration of \$ premium effective (month). (# page)
6. DOCUMENTATION THAT RESOLVED THE MP ISSUE:  
  
Form 8962 for 2016 filed with the IRS on (date)  
OR  
Income documentation submitted to the Marketplace on (date) to resolve the data matching inconsistency.

**STEP 5:**      *(Space text so that it is easy to read and not typed over a line)*

We are requesting an expedited appeal due to the extreme financial hardship that the loss of PTC and CSR in (month) 2018 has caused me/my family. We are urgently seeking retroactive coverage of PTC and CSR for that month since all issues relating to the loss of PTC and CSR have been resolved. Please also see our response in Step 4 for additional details on this appeal.

**IF APPLICABLE:** On (date), I received a notice from the Marketplace (Exhibit # - letter) stating that the eligibility determination dated (date) (Exhibit # - original eligibility letter for 2018) would continue unchanged.

I received a notice dated (date) (Exhibit # - eligibility letter) that eliminated by PTC and CSR for the month of \*\*\* 2018. I took prompt action and ... (*ex: gathered all my tax documents and consulted a tax professional to resolve this matter*). On (date), I submitted all required documentation (*ex: filed Form 8962 for 2016 with the IRS*).

My PTC and CSR were reinstated on (date) (Exhibit # - *eligibility letter*), but were not effective until (month) 1, leaving me with a premium bill of \$\$\$ for (month) and insurance that I could not afford to use due to the loss of CSR. (Exhibit # - screen shot of plan cost)

My family of # earns approximately \$\$\$ per month and an estimated \$\$\$ for the year, as documented in both the original eligibility letter and the eligibility letter reinstating PTC and CSR. (Exhibits # and #) We cannot afford to pay almost % of our monthly income for (month’s) premium.

**IF APPLICABLE:** Additionally, (name) had a medical emergency in (month) which resulted in very high medical bills due to the loss of CSR that made our insurance significantly more expensive to use.

The combination of trying to pay a premium of \$\$\$ for (month) and the medical bills incurred in (month) is causing severe financial hardship. We are seeking an expedited appeal that provides retroactive reinstatement of PTC and CSR for (month) 2018.

**STEP 6:** Make sure everyone listed in STEP 1 signs the appeal.

**NUMBER EVERY PAGE OF THE ATTACHMENTS:**

Either sequentially (1, 2, 3...) or

Exhibit 1: 1 of 2 pages / Exhibit 1: 2 of 2 pages / Exhibit 2: 1 of 1 page ...

**EITHER FAX OR MAIL THE APPEAL – DO NOT DO BOTH!**

**See cover letter at the end of these instructions.**

**LANGUAGE TO EXPLAIN APPEAL PROCESS TO CONSUMER:**

Please keep your expectations low. We have not had much success with appeals but there is no harm in trying. It would be amazing if the appeals department acts quickly and decides in your favor but the reality is that the process is often very slow and can be a black hole.

**NEXT STEPS FOR THE CONSUMER:**

1. In 7-10 days, call 855-231-1751 (M-F 7am to 8pm EST) to confirm that your appeal was received and has been entered into the system. Ask for the Appeal Case ID number.
2. When you call the appeals number, try this route first: press 1 for *English*, press 5 for *Any Other Issue* (long message about fraud), press 2 for *Retroactivity*.
3. If that doesn't work, ask the person who answers what route to contact to get the info on whether your appeal was received.
4. You should receive a notice in the mail within 30 days that states whether the appeal is valid or not. If it is deemed valid, then it will be processed by an "Appeals worker."
5. Stay in touch with the Marketplace appeals department and call for updates. Be aware that even with persistence, it may take many months.
6. You must respond immediately to any requests for information or a hearing. Please keep us posted when you receive any responses from the appeals department, and please let us know if you have any questions!

## COVER SHEET FOR MARKETPLACE APPEAL

FAX: 1-877-369-0129

NAME: CUSTOMER'S NAME + SPOUSE, IF APPLICABLE

ADDRESS: CURRENT ADDRESS

PHONE: CURRENT PHONE NUMBER

Total # of pages, including this cover sheet: \_\_\_\_\_

CONTENTS: MARKETPLACE APPEAL & SUPPORTING DOCUMENTATION

ATTACHED EXHIBITS:

1. ELIGIBILITY LETTER BEING APPEALED – DATED \*\*\*\*\*
2. ORIGINAL ELIGIBILITY LETTER DATED \*\*\*\*\* PROVIDING PTC AND CSR
3. ELIGIBILITY LETTER DATED \*\*\*\*\* SHOWING RESTORATION OF PTC AND CSR EFFECTIVE \_\_\_\_\_ 1, 2018.
4. MARKETPLACE LETTER DATED \*\*\*\*\* STATING "NO FURTHER ACTION NEEDED"
5. PLAN SCREEN SHOT SHOWING PREMIUM OF \$\*\*\* WITHOUT PTC IN (MONTH) AND RESTORATION OF PTC EFFECTIVE (MONTH #)
6. FORM 8962 FOR 2016 FILED WITH THE IRS