

# Georgia Access Consumer Appeal Request Form Information Sheet

## CONSUMER APPEAL INFORMATION

### 1.) What eligibility results can I appeal through Georgia Access?

As a Georgia Access consumer, you have the right to file an appeal if you believe Georgia Access made an eligibility determination in error. You may appeal the following Georgia Access eligibility results:

- A. Not eligible for a Qualified Health Plan (QHP) or Stand-Alone Dental Plan (SADP)
- B. Not eligible for Advance Premium Tax Credits (APTCs) or Cost Sharing Reductions (CSRs)
- C. Eligible for APTC, but you disagree with the amount
- D. Not eligible for a Special Enrollment Period (SEP)
- E. Cancellation or termination of a plan by Georgia Access
- F. Denial to change the enrollment coverage effective date
- G. Denial of coverage reinstatement request
- H. Untimely eligibility determination and/or noticing
- I. Another Georgia Access eligibility result not listed above

### 2.) What is not appealable through Georgia Access?

Georgia Access cannot review these types of issues:

- A. You disagree with the date Georgia Access ended your coverage
- B. Your QHP insurance company did not apply your premium tax credits correctly
- C. You want to change information on your Georgia Access application
- D. You believe your QHP insurance company owes you a refund
- E. You want to end your QHP on an earlier date
- F. Your QHP insurance company refuses to pay a claim you think should be covered
- G. When you filed your federal income tax return, you owed back some or all of the premium tax credits applied during the year to lower your monthly premium

For assistance with types of issues that are not appealable, reach out to your Georgia Access enrollment channel or the Georgia Access contact center.

### 3.) When can I file an appeal?

You have 90 calendar days from the date on the eligibility determination notice to file an appeal. If you are appealing a citizenship- or immigration-related issue, then you have 95 calendar days.

If you missed the deadline, provide the reason in your appeal request. You may be able to get a “good cause” extension. To receive an extension, you must include a written explanation for why you were not able to meet the deadline with your appeal request.

### 4.) Who can file an appeal?

You can file an appeal for yourself or for someone else on your application.

### 5.) Who can serve as my authorized representative?

You may represent yourself or you may receive assistance from an authorized representative who can be designated on the *Georgia Access Consumer Appeal Request Form*, or online through your Georgia Access enrollment channel.

An authorized representative can help you complete your appeal form and represent you in the appeals process. The representative may be a friend, family member, or someone else you trust. Please note that appointing a certified Navigator or Certified Application Counselor (CAC) prohibits them from operating in their official capacity as an assister.

### 6.) How do I complete an appeal request?

Complete Steps 1–6 of the *Georgia Access Consumer Appeal Request Form* and include all relevant information and supplemental documentation. You can complete your appeal request in one of the following ways:

- A. **Electronically** online through your Georgia Access enrollment channel by filling out the form, signing it electronically, attaching the necessary supporting documentation, and saving into one PDF, OR by printing and filling out the form, signing it physically, scanning the document, and saving into one PDF.
- B. **By printing** the form, completing the required fields, signing the form, and attaching the necessary supporting documentation.

### 7.) How do I submit my appeal request to Georgia Access?

You may submit your completed appeal request and supporting documentation in one of the following ways:

- A. Upload your completed form and supporting documentation to your online account through your Georgia Access enrollment channel.
  - a. Note: This is where you submitted your application for Georgia Access. If you do not have an online account, you may visit [GeorgiaAccess.gov](https://GeorgiaAccess.gov) and select to sign up through one of the Georgia Access enrollment options. After you select your enrollment channel, you may update your application and submit your appeal.
- B. Provide the completed form and supporting documentation to your Georgia Access certified agent, who will upload it to your account on your behalf.
- C. Mail the completed form and supporting documentation to:

**Georgia Access Contact Center  
Attn: Consumer Appeal Request  
PO Box 12264  
Birmingham, AL 35202**

### 8.) What happens after I submit my appeal request?

Once you file the appeal request, the Georgia Access contact center will review your request for completeness. You will receive a notice if additional information is needed. If your documentation is deemed complete, Georgia Access will attempt to resolve the issue, and, if applicable, you will receive your updated eligibility in an updated Eligibility Determination Notice.

If you do not agree with the outcome, you may request to escalate your appeal to a hearing officer within the Office of Commissioner of Insurance and Safety Fire (OCI)'s Administrative Procedure Division (APD) to receive a state appeal hearing. If you do not agree with the outcome of the state appeal hearing, you may escalate it to a federal appeal hearing. The steps to do so will be outlined in your notice.

### 9.) Will my coverage continue during the appeal?

Depending on your reason for the appeal, you may be able to keep your current eligibility for health insurance coverage and/or any APTCs or CSRs while your appeal is being processed. If you're eligible for continuing coverage, Georgia Access will send you a notice explaining how it works.

If you choose to continue your coverage during your appeal, keep in mind that you may be responsible for the cost of your coverage. For example, if your appeal decision finds that you are not eligible for the full premium tax credit amount you received during your appeal, you may be required to pay back some or all of that tax credit when you file your federal tax return.

### 10.) What if I need additional assistance?

If you need more information or additional assistance with understanding your eligibility results and filing an appeal, use the Georgia Access enrollment channel that you used to complete your application. If you have not selected a Georgia Access enrollment option, you may call the Georgia Access Contact Center at 888-687-1503.

If you need an online account, please visit [GeorgiaAccess.gov](https://GeorgiaAccess.gov) to select and sign-up through one of the Georgia Access enrollment options. After you select your enrollment channel, you may update your application and submit your appeal.

### 11.) What if I need language or accessibility services?

Georgia Access enrollment channels and the Georgia Access Contact Center provide the following services for consumers who request additional assistance:

- A. Spanish-speaking representative
- B. Language notice translation in Spanish
- C. Language assistance resources for 250 languages and dialects
- D. Teletypewriter Services line
- E. Large print notices

If you need any of the above services, please include them on your appeal form, reach out to your Georgia Access enrollment channel, or call the Georgia Access Contact Center at 888-687-1503 to request accommodations. These accommodations are provided at no cost to you.

### 12.) What if I need to appeal a denial of a hardship or affordability exemption?

If you submitted a health insurance hardship or affordability exemption request (e.g., a determination that the applicant was not eligible to choose a Catastrophic plan) and were denied eligibility, you have the right to request an appeal.

Hardship and affordability exemption appeals can be requested through [HealthCare.gov](https://HealthCare.gov). The form can be completed online or mailed. The Marketplace Appeals Center at 855-231-1751 can provide attentional assistance on submitting your appeal request.

**13.) What if I need to submit a Small Business Health Options Program (SHOP) appeal?**

If you submitted a *Georgia Access Small Business Health Options Program (SHOP) Application* for your small business and were either denied eligibility or believe you received an untimely SHOP eligibility determination, you have the right to request an appeal within 90 calendar days from the date on your Eligibility Determination Notice. **Do not use the *Georgia Access Consumer Appeal Request Form* for SHOP appeals.** SHOP Appeals must be filed using the *Georgia Access SHOP Appeal Request Form* and submitted according to the instructions at [GeorgiaAccess.gov/Learn-More/Options-for-Small-Businesses](https://GeorgiaAccess.gov/Learn-More/Options-for-Small-Businesses).

If you need any assistance submitting your SHOP appeal request, you should first reach out to your certified agent or SHOP issuer. If you need further assistance, call the Georgia Access Contact Center at 888-687-1503.

**14.) What if I need to submit an Employer appeal?**

If you're an employer and you receive a Georgia Access notice stating that the coverage you offer employees doesn't meet the minimum standard requirements by law, or an employee(s) received APTCs but had access to affordable coverage through their employer, you have the right to request an appeal. Appeals can be completed through the appeals forms located on [HealthCare.gov](https://HealthCare.gov) or by sending a letter to the Marketplace Appeal Center at the address below including: the business's name, Federal Employer ID Number (EIN / FEIN), business's primary contact information, reason for appeal, information listed on the notice (including date and employee information, and copies of documents that verify offer, affordability and minimum value of these employees).

**Health Insurance Marketplace**

**Attn: Appeals  
465 Industrial Blvd.  
London, KY 40750-0061**

The Marketplace Appeals Center at 855-231-1751 can provide attentional assistance on submitting your appeals request.

## REQUIRED DOCUMENTATION TO SUPPORT AN APPEAL REQUEST

To help Georgia Access process your appeal request, please refer to the table below to determine the types of supporting documents that you need to submit with your *Georgia Access Consumer Appeal Request Form*. You may also submit additional documentation you think is necessary to support your appeal.

Please make sure you submit copies rather than original documents. Include your first and last name on all supporting documents submitted with your appeal request.

Example Appeal Reason	Examples of Supporting Documents to Submit
<p><b>Georgia Access determined that you were not eligible for coverage because you didn't submit documents proving citizenship or immigration status.</b></p>	<ul style="list-style-type: none"> <li>A. Permanent Resident Card (I-551)</li> <li>B. Employment Authorization Card (I-766)</li> <li>C. Unexpired U.S. or Foreign Passport</li> <li>D. Driver's License or State ID along with U.S. Birth Certificate</li> <li>E. Notice of Action (I-797)</li> <li>F. Departure Record (I-94)</li> <li>G. Arrival Record and authorized period of stay in the U.S. (I-95)</li> <li>H. Certificate of Citizenship (N-560/N-561)</li> <li>I. American Indian Card (I-872)</li> <li>J. School records showing the child's name and U.S. place of birth along with a school photograph ID</li> </ul>
<p><b>Georgia Access determined that you were not eligible to enroll in or change plans through Georgia Access outside of the Open Enrollment Period, and you were deemed ineligible for a SEP.</b></p>	<p>If the reason you believe you should be allowed to enroll is because you:</p> <ul style="list-style-type: none"> <li>A. <b>Lost or are losing coverage</b> – provide a letter from the insurance company or the agency that administered the insurance, showing the last day of coverage</li> <li>B. <b>Had Medicaid or PeachCare for Kids® but were deemed ineligible</b> – provide the termination letter from the agency</li> <li>C. <b>Got married</b> – provide a marriage certificate, marriage license, or signed affidavit</li> <li>D. <b>Had a baby, adopted a child, or were placed with a child for foster care</b> – provide a birth certificate, hospital records, adoption certificate, child support order, or court order</li> <li>E. <b>Had a permanent move</b> – provide documentation that displays the updated address; options include a driver's license, state ID, lease agreement, mortgage payment receipt, or utility bill</li> </ul>
<p><b>Georgia Access determined that you were not eligible for financial assistance, or you disagree with the amount approved.</b></p>	<p>Provide documentation to verify your income. This may include one of the following:</p> <ul style="list-style-type: none"> <li>A. Tax return</li> <li>B. Pay stub</li> <li>C. W-2</li> <li>D. Social security benefit statement</li> <li>E. Self-employment ledger (including the name of the person earning the income, the company's name, the dates for which the income was received, and the net amount of profit or loss)</li> </ul>

Example Appeal Reason	Examples of Supporting Documents to Submit
<p><b>Georgia Access determined that you are no longer eligible for financial assistance because you did not submit documents proving that you were ineligible for other types of coverage.</b></p>	<p>If Georgia Access found you were potentially eligible for:</p> <ul style="list-style-type: none"> <li>A. <b>Medicaid</b> – provide a letter from the Georgia Division of Family and Children Services stating you are not eligible for Medicaid or PeachCare for Kids®</li> <li>B. <b>Department of Veterans Affairs (VA)</b> – provide a letter from VA stating you are not enrolled in health coverage</li> <li>C. <b>Employer coverage (including the Consolidated Omnibus Budget Reconciliation Act (COBRA))</b> – provide a letter from health insurance company or employer stating you were ineligible or showing termination information</li> <li>D. <b>TRICARE</b> – provide a letter from Department of Defense Health Agency stating you are not eligible for health coverage</li> <li>E. <b>Peace Corps</b> – provide a letter from Peace Corps stating you are not eligible for health coverage</li> <li>F. <b>Medicare</b> – provide a letter from CMS or Social Security Administration stating you are not eligible for Medicare</li> </ul>