



Check one:

Complaint **Eligibility Appeal Request**

CALHEERS Case ID: _____

First Name: _____ Last Name: _____

(Person submitting complaint/appeal)

Address: _____ City: _____ Zip Code: _____

Daytime telephone number: (____) _____ Alternative telephone number: (____) _____

SECTION A

----- Complete **Section A** only if you have a Complaint -----

Please describe your complaint: _____

What would you consider a proper solution to the issue(s)? _____

SECTION B

----- Complete **Section B** only if you want to request an Eligibility Appeal -----

When you do not agree with a decision that Covered California made, you may ask for the action to be reviewed. Check the box next to one of the following appeal requests types that you feel best fits your case.

The Covered California eligibility decision I feel was not correct (choose one of the below):

I was denied eligibility for enrollment into a Covered California Health Plan or other Insurance Affordability Program, such as Medi-Cal.

The amount of Premium Assistance (tax credits that help pay my monthly premium) is not correct

The level of Cost Sharing Reduction (help paying my out-of-pocket expenses) is not correct

I was denied eligibility for an Exemption from the individual responsibility for health care

Covered California **did not** provide a notice of eligibility decision in a timely manner.

Why do you feel that Covered California's decision was incorrect? _____

What would you consider a proper solution to the issue(s)? _____

Eligibility Appeals Process

If you think we made a mistake.

If you do not agree with Covered California, you can file an eligibility appeal within 90 days of the date of the notice of eligibility determination that you receive from Covered California. To “file an eligibility appeal” means to ask Covered California to reconsider a decision it has made about your eligibility. The appeals process includes an informal review process and two separate levels of review. Covered California also has a complaint process.

What types of decisions can I appeal?

You can file an appeal if you believe an eligibility decision, if:

1. You were denied eligibility to enroll in a Covered California Health Plan or other Insurance Affordability Program, such as Medi-Cal.
2. You think the amount of premium assistance (tax credit) is incorrect
3. You think the amount of cost sharing (Enhanced Silver Benefits) reduction is incorrect
4. You were denied an exemption from the individual mandate to have health insurance.
5. You think Covered California did not notify you of an eligibility decision within the required timeframe.

Informal Review Process: When you submit your request for an appeal, the request is immediately sent to the California Department of Social Services to schedule a hearing for you. In the meantime, a qualified Covered California Appeals Coordinator will try to quickly and informally resolve your concern. For example, the coordinator will try to identify any differences between the information Covered California has with any information you may have, such as your income or immigration status.

First Level Appeal: Hearing by California Department of Social Services (CDSS). If your appeal could not be resolved informally, your appeal will go through the hearing process. The California Department of Social Services (CDSS) will notify you of the date and location of your scheduled hearing. If you need accommodations to attend your hearing, please contact CDSS’s State Hearing’s Division. You still have the option to withdraw your appeal if you do not wish to go through the hearing process. If you do not attend your scheduled hearing, your appeal will be dismissed and you will not be able to appeal that issue again unless you are able to prove that you had good cause for missing your hearing.

Second Level Appeal: Hearing by the United States Department of Health and Human Services (HHS). If you are unhappy with the decision the Administrative Law Judge made on your case, you have the right to appeal to the HHS within 30 days of the date of the notice of appeal decision you receive from CDSS. Please understand that if you decide to appeal to HHS, neither Covered California nor CDSS will be responsible for the decision HHS made to your appeal.

Covered California Complaint Process: If your concern does not fit into any of the above valid appeal categories, you may have a complaint. To submit your complaint, check the box next to “Complaint” in the upper left hand side of page 1 of this document. Then complete Complaint section on page 1 of this document.

How do I file my request?

To file an appeal or complaint, complete the form included with the decision letter. Whether you use our form or write your own letter, you must do the following when you file your request for a first level appeal:

- Explain why you think our decision is wrong. If you think we made a mistake about the facts of your case, please tell us. If you think we made an incorrect decision about a program rule, such as a law or regulation or other written policy, please tell us; and
- Tell us how you want this appeal to be resolved (what you want us to do); and
- Give us any other information you want us to consider; and
- Be sure to include the names of the household that you want to include in your appeal.

Then send your request to us in one of these five ways:

1. Upload through your account at www.CoveredCA.com
2. In person at your local county social services office
3. Fax to **1-888-329-3700 (1-888-FAX-3700)**
4. Mail to: **Covered California - Appeals**
PO Box 989725
West Sacramento, CA 95798-9725
5. Call the Service Center at **1-800-300-0213 TTY 1-888**

The postmark date on the envelope or the fax receipt date will be considered the filing date. Appeals filed after the deadline will not be treated as an appeal.