

Maine Eligibility Appeals Request Form

Important Information about Marketplace Appeals

If you don't agree with a decision made by CoverME.gov, you may be able to file an appeal. You generally have **90 days** from the date of your Eligibility Notice to ask for an appeal.

Before submitting an Appeals Request Form, please review the list below.

Marketplace decisions you **can appeal**:

The Division of Administrative Hearings can review these types of issues:

- Special Enrollment Period (SEP) Denial
- Not eligible for advance payments of the premium tax credit (APTC)
- Eligible for APTC, but the amount is wrong
- Enrollment Denial (Not eligible to buy a Marketplace plan through CoverME.gov)

Decisions you **can't appeal** through the Marketplace:

The Division of Administrative Hearing can't review these types of issues:

- You disagree with the date the Marketplace ended your coverage.
- Your health plan company didn't apply your premium tax credits correctly.
- You want to change information on your Marketplace application.
- You believe your health plan owes you a refund.
- You want to end your health plan on an earlier date.
- You disagree with information on your Form 1095-A, or want a corrected form.
- Your health plan refuses to pay a claim you think should be covered.
- When you filed your federal income tax return, you owed back some or all of the premium tax credits you used during the year to lower your monthly premiums.

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Section III - Eligibility Decision in Dispute

I am requesting a hearing because I disagree with the following action(s):

Please check the box of all situations that apply.

- Special Enrollment Period (SEP) Denial
 Not eligible for advance payments of the premium tax credit (APTC)
 Eligible for APTC, but the amount is wrong
 Enrollment Denial (Not eligible to buy a Marketplace plan through CoverME.gov)
 Cost-Sharing Reduction (CSR) Denial or Calculation

How do you want the agency's decision to be changed?

List by name all others in your household whose benefits determination you are also appealing:

(APTC/CSR Cases Only):

How much APTC were you approved for? \$ _____ max/month

How much CSR were you approved for? _____ %

Do you want to receive APTC/CSR while your appeal is pending? Yes _____ No _____

Note: If you select this option, and the result of your appeal is that you are determined eligible for less, or no premium tax credit, the amount you received while your appeal is pending may lead to you owing more federal taxes or it may reduce the refund you would have otherwise received.

Section IV - Expedited Review

*** Complete this section only if you would like to request expedited review ***

The applicant or appointed representative may request that the external review be handled on an expedited basis.

Do you request an expedited review? Yes _____ No _____

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Section V - Mail Information

Please mail this Eligibility Appeals Request Form to:

CoverME.gov Consumer Assistance Center

P.O. Box 616

Augusta, ME 04332-6626