

Appeal Request Form

Appeal Rights & Instructions for Filing an Appeal Request with Pennie[®]

What are your rights?

You have the right to appeal any **final** health insurance coverage **eligibility determination** from Pennie. You can appeal Pennie's decision to deny, terminate, or change:

- Your eligibility to buy health insurance coverage through Pennie.
 - The Advance Premium Tax Credits (APTC) you are eligible to receive, including the dollar amount of your APTC.
 - The Cost Sharing Reductions (CSR) you are eligible to receive, including the level of your CSR.
 - Your ability to enroll in or change plans through Pennie outside of the open enrollment period.
 - The coverage you can buy because Pennie determined that you did not submit documents to verify information on your application.
 - A timely eligibility determination after you applied for coverage.
-

When do you need to submit your appeal request by?

You have ninety (90) days from the date of the final eligibility determination to file an appeal request.

Please note: If you have an immediate need for health services and a delay could seriously jeopardize your health, you can ask for an expedited (faster) appeal review. (See Step 8)

How do you file your appeal request?

Your appeal request must include your name, address, and the detailed reason that you think Pennie's eligibility determination is in error. If you are requesting an appeal for someone else (like your child), also include their name. Any decision about your eligibility may also change the eligibility of other people in your household.

All appeals from Pennie actions are governed by 45 C.F.R. §§ 155.500-155.555 and the General Rules of Administrative Practice and Procedure, 1 Pa. Code Part II, Chapters 31-35.

Where should you submit your appeal request form?

You can file your appeal request by email, U.S. Mail, or fax.

| **Email the appeal request form and any supporting documents to:**

Appeals@pennie.com

| **Mail the appeal request form and any supporting documents to:**

Pennie Appeals
PO Box 2008
Birmingham, AL 35203

| **Fax the appeal request form and any supporting documents to a secure fax line:**

717-232-2226

What are the next steps after filing your appeal request?

1. Validity review

- Pennie will decide if your appeal request is valid. You can only appeal certain issues under federal regulations. Your appeal request will be presumptively dismissed (also known as “closing the appeal”) if Pennie determines that it is invalid. You will receive a letter with this information. You will have a chance to update your appeal request to a valid reason and vacate the dismissal (also known as “re-opening the appeal”). Pennie will share information on other ways to address your issue if possible.

2. An informal review

- For valid appeal requests, a Pennie representative will contact you to discuss your appeal issue. This is known as informal resolution. Many appeals can be closed through informal resolution. It is usually the fastest way to address your issue. Please monitor your phone number, voicemail, and email. The Pennie representative will explain your options. You can choose not to discuss informal resolution. You do not have to accept the outcome of informal resolution. Your appeal will be dismissed if you agree that your issue has been addressed.

3. A formal hearing

- Some issues are not addressed through information resolution. In this case, your appeal will be sent to an impartial hearing examiner at the Pennsylvania Department of State, Office of Hearing Examiners. You will receive letters about your case from the Department of State, Office of Hearing Examiners. Pennie will be present with legal counsel. Pennie’s legal counsel may ask you (or those who testify on your behalf) questions and can submit documents and testimony as well. You can also question Pennie’s witnesses. Your case will be decided by a hearing examiner based on evidence. Please watch your mail closely for letters from the hearing examiner. All letters will be mailed to the address on your appeal document
- **The hearing examiner will then review the evidence and testimony and issue a written decision at a later date.** You will get a notice explaining the decision. It will also tell you what to do if you do not agree with the hearing examiner’s decision.

How do you end / withdraw an appeal early?

You can withdraw (cancel) your appeal at any time before the hearing examiner makes a final written decision – this is known as a withdrawal. You can withdraw your appeal by email, fax, or U.S. Mail using the contact info above (under “Where should you submit your appeals form?”) stating that you would like to withdraw your appeal. You can also withdraw your appeal by calling Pennie Customer Service at 1-844-844-8040 (TTY: 711) or by contacting the hearing examiner assigned to your appeal.

Do you need help with your appeal request? You can appoint an authorized representative.

You have the right to choose an authorized representative, including a lawyer, to help you with your appeal. This is a trusted person who has your permission to discuss your appeal with us, see your information, and act on your behalf on matters related to your appeal, including receiving information about you, and signing the appeal request on your behalf.

If you wish to have an authorized representative help you with your application, please fill out and submit the **“Appoint an Authorized Representative Form”** which is attached to this appeal form and is also available at agency.pennie.com/resources.

Need language support / services?

If you need help with your appeal in a language other than English, you have the right to receive information in your language at no cost. **Please contact Pennie Customer Service at 1-844-844-8040 (TTY: 711) and complete Step 7 below.**

Still have questions?

If you are struggling to file an appeal request through one of the above methods, or you need additional help with this form, please contact Pennie Customer Service at 1-844-844-8040 (TTY: 711). Although Pennie cannot provide legal advice, a customer service representative may be able to answer questions about how to file an appeal request, as well as assist you in filing an appeal.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 844-844-8040 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-844-8040 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-844-8040 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-844-8040 (TTY: 711),

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 844-844-8040 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-515-274-9136.

ملحوظة: بالمجان لك تتوافر اللغوية المساعدة خدمات فإن ، اللغة اذكرتتحدث كنت إذا :ملحوظة
1-515-274-9136.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-515-274-9136 번으로 전화해 주십시오.

1-515-274-9136

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-515-274-9136.

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-515-274-9136.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-515-274-9136.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-515-274-9136.

ymol.ymo;= erh>uwdRAunDAusdmtCd<AerRM>Ausdmtw>rRpXRvXAwwXmbl.vXmphRAeDwrHRb.ohM.vDRIAud;1-515-274-9136.

В Н И М А Н И Е : Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-515-274-9136

Instructions on how to complete this form: **(Read before moving on)**

- | **This is a fillable form:** you can enter your information directly into the fields below if you wish. Once completed, you can print and sign the form before submitting using one of the methods listed on page 2 of this document.
- | Anything marked with an * is a required field and must be filled out.
- | You can print a blank form to fill in using black or dark blue ink. Please use CAPITAL LETTERS when completing this form in ink and fill in the circles (○) like this (●).

STEP 1: Tell us about the person who's requesting this appeal (also called the "appellant") *

| | | | | |
|----------------------------|-------|----------------------|-----------|---------------|
| First Name | | Middle Initial | Last Name | |
| / / | | () | - | |
| Date of Birth (MM.DD.YYYY) | | Daytime phone number | | Email Address |
| Address line 1 | | Address Line 2 | | |
| City | State | Zip | County | |

If other members of your household are appealing, write their names and dates of birth below. Use extra paper if necessary. Note: The outcome of an appeal could change the eligibility of other members of your household, even if they do not appeal their own eligibility determinations.

Household Member 1

| | | |
|---|---------------|--------------|
| Full Name (First, Middle Initial, Last) | Date of Birth | Relationship |
|---|---------------|--------------|

Household Member 2

| | | |
|---|---------------|--------------|
| Full Name (First, Middle Initial, Last) | Date of Birth | Relationship |
|---|---------------|--------------|

Household Member 3

| | | |
|---|---------------|--------------|
| Full Name (First, Middle Initial, Last) | Date of Birth | Relationship |
|---|---------------|--------------|

Household Member 4

| | | |
|---|---------------|--------------|
| Full Name (First, Middle Initial, Last) | Date of Birth | Relationship |
|---|---------------|--------------|

STEP 2: Tell us what you're appealing.*

| | | |
|--|---|--|
| Date of the notice you are appealing. (MM.DD.YYY) / / | Application ID # (Printed on the first page of the notice). | Date of application being appealed, if available. (MM.DD.YYY) / / |
|--|---|--|

Select each appeal reason that applies to you or someone in your household.

Appeals for Eligibility

Pennie determined that I wasn't eligible for coverage.

The amount of premium assistance (tax credits that help pay for my monthly premium) is not correct, or I am ineligible for premium assistance.

The level of cost sharing reductions (help paying my out-of-pocket expenses) is not correct, or I am ineligible for cost sharing reduction.

Pennie determined that my income was too low to receive financial assistance.

Pennie denied my request for a special enrollment period or determined that I failed to prove eligibility for a qualifying life event.

Pennie failed to provide me an eligibility determination in a timely fashion.

Appeals for Administrative Error

Pennie did not process my application / information in a timely manner.

Pennie did not provide me with a notice of eligibility determination in a timely manner.

Pennie stated that I failed to complete my application in time and that I was unable to apply for coverage outside the Open Enrollment period.

Pennie removed my APTC and/or CSR due to not submitting verification documentation in time.

Appeals for reinstatement.

My coverage was terminated due to a mistake or error by Pennie, an Agent, or enrollment assister (does not include reinstatement due to termination by carrier for non-payment)

Other / Non-appealable matters

If you are appealing:

- | Reinstatement because you were terminated by your insurer for non-payment.
- | Billing errors.
- | Unprocessed or denied claims.
- | Retroactive termination of coverage.

Pennie is unable to handle your appeal request and you will need to reach out to your insurer for further assistance. Such appeal requests are likely to be dismissed as invalid. While Pennie may still be able to resolve your issue, these matters can't be resolved through an appeal request. You can also see Pennie's FAQ on how to appeal a decision from your insurer.

STEP 5: Supporting Documentation

To help Pennie process your appeal request, refer to the table below showing examples of the types of documents you may wish to submit with your appeal request. Submit copies and not original documents, as Pennie will not return submitted documents. Write your first and last name on any documents you send with your appeal request.

| Example reason you are appealing | Examples of supporting documents to include with your appeal request |
|--|--|
| <p>You lost APTC and/or CSR for your Pennie coverage because Pennie told you that you didn't submit documents proving your household income.</p> | <ul style="list-style-type: none"> • Tax returns (e.g., 1040, 1040A, 1040EZ) • Pay stubs, W-2s, or 1099s • Self-employment ledgers (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) • Social security benefits statements |
| <p>You lost APTC and/or CSR for your Pennie coverage because Pennie told you that you didn't submit documents proving that you were ineligible for other types of health coverage.</p> | <ul style="list-style-type: none"> • Medicaid – letter from your state's Medical Assistance (Medicaid) agency or Children's Health Insurance Program (CHIP) stating you are not eligible for Medicaid or CHIP • Department of Veterans Affairs (VA) – letter from VA stating you are not enrolled in health coverage • Employer coverage (including COBRA) – letter from health insurance company or employer stating you were ineligible or showing termination information • TRICARE – letter from Department of Defense Health Agency stating you are not eligible for health coverage • Peace Corps – letter from Peace Corps stating you are not eligible for health coverage • Medicare – letter from the Centers for Medicare & Medicaid Services (CMS) or Social Security Administration (SSA) stating you are not eligible for Medicare |
| <p>You lost your coverage because Pennie told you that you didn't submit documents proving your citizenship or immigration status.</p> | <ul style="list-style-type: none"> • Permanent Resident Card (I-551) • Employment Authorization Card (I-766) • United States and Unexpired Foreign Passports • Driver's Licenses or State ID along with US Birth Certificate • Notice of Action (I-797) • Departure Record (I-94) • Certificate of Citizenship (N-560/N-561) • American Indian Card (I-872) • School records showing the child's name and U.S. place of birth along with a school photograph ID |
| <p>Pennie told you that you weren't eligible to enroll in or change plans through Pennie outside of an open enrollment period.</p> | <p>The reason you believe you should be allowed to enroll is because you:</p> <ul style="list-style-type: none"> • Lost or are losing coverage – letter from the insurance company, or the agency which administered the insurance, showing the last day of coverage • Were denied Medical Assistance (Medicaid) or Children's Health Insurance Program (CHIP) – denial or termination letter from your state's Medicaid agency • Got married – marriage certificate, marriage license, or signed affidavit • Had a baby, adopted a child, or placed a child for foster care – birth certificate, hospital records, adoption certificate, child support order, or court order • Had a permanent move – driver's license, state ID, lease agreement, mortgage payment receipt, or utility bill |

STEP 6: How would you like your hearing? *

As noted above, if you submit a valid appeal request and Pennie is unable to resolve it through the informal review process, you will be granted a formal hearing. Pennie will use the information you provide below (Step 9) in scheduling your formal hearing. You will then receive information about your appeal from an independent hearing examiner. An independent hearing examiner will ultimately decide your case. The independent hearing examiner will schedule a hearing that you must attend. If you do not attend, the independent hearing examiner may dismiss your case.

You will receive a notice telling you the date and time of your hearing. This hearing will be telephonic, unless an interpreter is needed, in which case it may be in person. NOTE: All hearings conducted in person take place in Harrisburg, Pennsylvania.

STEP 7: Do you need an interpreter if a hearing is held in this matter? *

If you need an interpreter, please provide your preferred language here:

| |
|------------------------------|
| What language do you prefer? |
| |

STEP 8: Do you need an expedited (faster) appeal? *

If you have an immediate need for health services, and a delay could jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you can ask for an expedited (faster) appeal review.

Yes, I need an expedited appeal.

Explain the reason you need an expedited appeal. Write the reason for this request in the space below. Use extra paper if necessary. If you have documents to support your request, send us one copy of each of your documents. Keep all original documents.



Customer Full Name

STEP 9: Signatures* – This information applies for all individuals signing below who are 18 or older. Use extra paper if necessary for any additional signatures from household members.

Provide Pennie approval to share federal tax and Social Security Administration information for use during an appeal.

During your appeal, we may need to share with you or your authorized representative the information Pennie used to determine your eligibility. This information might include employment income information from a consumer reporting agency, information about income you receive from the Social Security Administration, and federal tax information from the Internal Revenue Service about members of your household, including information from your federal income tax return. Pennie can't share federal income tax information or monthly and annual Social Security Benefit information under Title II of the Social Security Act from the Social Security Administration to an authorized representative or other individuals without your consent. To give Pennie permission, please sign below.

I understand that by completing, signing, and dating below, I authorize Pennie to disclose to the individuals whose signatures are provided, as well as any authorized representative, any federal tax information in my eligibility record which the Internal Revenue Service has provided. I also consent to the release by Pennie of my monthly and annual Social Security Benefit information under Title II of the Social Security Act to these same individuals along with other information in my Pennie eligibility record, collected based on the application I filled out (or was completed for me) or that listed me as a household member, and from other data sources like income and employment verification from a consumer reporting agency that were used to make Pennie's eligibility determination.

I understand I can request a copy of my Pennie eligibility appeal record during the appeals process.

Each adult member of the household must consent to the disclosure of his or her own federal tax information and consent to the release of monthly and annual Social Security Benefit information under Title II of the Social Security Act by signing below.

The authorization is valid until the earlier of:

- | The resolution of the appeal; or
- | My written notification that I want any or all of my authorized representatives removed from this appeal.

I am signing this form under penalty of perjury, which means I have provided true answers to all the questions, and I have answered to the best of my knowledge. I know that I may be subject to civil and criminal penalties under state and federal laws if I knowingly provide false information.

| | | |
|------------------|------------------|-----------------|
| Print First Name | Middle Initial | Print Last Name |
| | | |
| Signature | Date (MM.DD.YYY) | |
| | / / | |

Household member 2

| | | |
|------------------|------------------|-----------------|
| Print First Name | Middle Initial | Print Last Name |
| | | |
| Signature | Date (MM.DD.YYY) | |
| | / / | |

Optional Forms

Appeals Form

Appoint an Authorized Representative Form (Optional Form)

You have the right to choose an authorized representative to help you. This is a trusted person who has your permission to talk about your application with Pennie, see your information, and act for you on matters related to your application, including receiving information about you and signing documents on your behalf. If you want to appoint an authorized representative, you must complete and submit this form. **Your authorized representative can be an attorney but does not have to be.**

Please Note: Your authorized representative will be able to sign your application as if they were you, submit updates and respond to eligibility redeterminations for you, as well as receive copies of your notices and other communications from Pennie. In addition, your authorized representative can act on your behalf in all other matters before Pennie **until you rescind this appointment (or it expires).** If you ever need to change your authorized representative, including removing your authorized representative, please contact Pennie’s customer service center at 1-844-844-8040.

If you are a legally appointed authorized representative for someone, please submit proof with this application.

Make a copy for your records and mail the completed form to: Pennie, PO Box 2008, Birmingham, AL 35203

You may also fax the form to a secure fax line: (866) 350-8233 or, you may email the form to appeals@pennie.com

STEP 1: Enter information for the customer who is appointing a representative.

| | | | | |
|------------|--|----------------|---|--|
| First Name | | Middle Initial | Last Name | |
| / / | | () - | Pennie account number (if you have one) | |

STEP 2: Enter information for your authorized representative.

| | | | | |
|------------|--|----------------|---|--|
| First Name | | Middle Initial | Last Name | |
| / / | | () - | Pennie account number (if you have one) | |

STEP 2: Continued

Organization name (if applicable)

Title (if applicable)

STEP 3: Customer Signature

By signing below, the undersigned hereby declares under penalty of perjury that the above information in this form is true and correct based on their personal knowledge and that the undersigned hereby allows the person named in Step 2 to serve as their authorized representative. By signing this form, the undersigned hereby empowers their authorized representative to act on their behalf with respect to any part of their application until the authorization is otherwise rescinded or it expires.

By signing this form, the undersigned hereby empowers their authorized representative to act on their behalf as specified above for either:

Date (MM.DD.YYY)

Up to the date as indicated here

Until I, the applicant, indicate that the representative is no longer authorized on my behalf.

By signing below, the undersigned agrees to serve as the authorized representative for the person named in Step 1. The undersigned agrees to be responsible for fulfilling all responsibilities of an authorized representative. Furthermore, the undersigned agrees to maintain and be legally bound to maintain the confidentiality of any information regarding the applicant or enrollee provided by the exchange in accordance with federal and state law. By signing below, the undersigned hereby declares under penalty of perjury that the information in this form is true and correct based on their personal knowledge and they agree to the terms outlined herein.

Print First Name

Middle Initial

Print Last Name

Signature

Date (MM.DD.YYY)

NOTE: Brokers, navigators, and certified application counselors have already executed a Non-Exchange Entity agreement that includes these terms and conditions. As a result, their signature is not required. Brokers, navigators, and certified application counselors can sign this form if they chose to do so.

Appeals Form

Continued Financial Assistance Pending Appeal (Optional Form)

Instructions on how to complete this form: [\(Read before moving on\)](#)

If you submitted an appeal request of an eligibility redetermination that changes or removes your eligibility for financial assistance, you may ask to keep your financial assistance while your appeal is being reviewed. If you elect to do so and you have submitted a valid appeal request, Pennie will re-apply your financial assistance to the first day of the month in which your financial assistance was removed or changed. If you choose to keep your financial assistance, you must continue to pay your premiums.

STEP 1: Enter the information of the customer who is requesting continued coverage:

| | | |
|----------------------------|----------------------|---------------|
| First Name | Middle Initial | Last Name |
| / / | () - | |
| Date of Birth (MM.DD.YYYY) | Daytime phone number | Email Address |

STEP 2: Check one:

- I have lost my Advanced Payment of the Premium Tax Credit (APTC) or will be losing my APTC soon.
- I am not losing my APTC, but I am appealing APTC amount or Cost Sharing Reductions (CSR) level. I would like my financial help to stay the same while my appeal is being reviewed.
- I lost my APTC and as a result my coverage was or will be terminated for non-payment by my insurer.

STEP 3: Sign Form

I am asking to keep coverage while my appeal is being reviewed.

- I understand that I must pay my monthly premium payments during the review process.
- I understand that if I do not make the payments, I will lose coverage or members of my family will lose coverage.
- I understand that if I receive too much premium assistance during the benefit year, including during the Continued Enrollment period, I will have to repay the extra premium assistance back to the IRS when I file my federal income tax return for the benefit year.

| | | |
|------------------|------------------|-----------------|
| Print First Name | Middle Initial | Print Last Name |
| Signature | Date (MM.DD.YYY) | |