



Appeal Request Form



If you would like to submit an appeal to Cover Oregon and/or the Oregon Health Authority for any of the reasons listed below, this form must be filled out completely. You can fill out the form yourself or have your authorized representative fill it out for you. If you have questions or need help filling out this form, please call **1-855-CoverOR** (1-855-268-3767/TTY 711). **Your appeal request must be submitted within 90 calendar days of the date on your eligibility notice.**

| APPEAL INFORMATION | | | |
|---|------------------|--------------------------------------|---|
| Primary contact name (<i>first, middle, last, and suffix</i>): | | Maiden or other name: | Eligibility notice date: |
| Social Security number*: - - | | Date of birth (<i>MM/DD/YYYY</i>): | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Daytime phone: | Alternate phone: | Email address: | |
| Home address: | | City: | State: ZIP code: |
| Mailing address (<i>if different from home address</i>): | | City: | State: ZIP code: |
| Whose eligibility are you appealing? List all names and Cover Oregon IDs (<i>if known</i>): | | | |
| Do you have an authorized representative? <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Form available online at CoverOregon.com.</i>) | | | |
| <input type="checkbox"/> I believe the standard appeal process may seriously jeopardize my life or health due to an immediate need for health services and would like to request an emergency or expedited hearing. <i>Note: The Oregon Health Authority does not do emergency or expedited appeals for Oregon Health Plan or Healthy Kids eligibility.</i> | | | |
| Please clearly state the reason you need an emergency or expedited hearing: | | | |
| Please tell us what you are appealing. Check all boxes that apply. <input type="checkbox"/> Individual/family did not qualify for private health insurance through Cover Oregon <input type="checkbox"/> Individual/family did not qualify for the Oregon Health Plan (OHP) or Healthy Kids <input type="checkbox"/> Individual/family did not qualify for the advance premium tax credit or the amount of tax credit was not correct <input type="checkbox"/> Individual/family did not qualify for cost-sharing reduction or the amount of cost-sharing reduction was not correct <input type="checkbox"/> Other: | | | |
| Please provide more information about why you are requesting this appeal: | | | |

*Providing an SSN is voluntary. Providing it will allow appeals staff to accurately connect an appeal to the relevant eligibility determination. ORS 741.500

APPEAL INFORMATION, CONTINUED

The appeal process includes the opportunity for an informal review with Cover Oregon and/or the Oregon Health Authority. It may also include a formal hearing. Formal hearings are done over the phone by the Office of Administrative Hearings.

Do you have special needs that would require an in-person formal hearing? No Yes

Do you need a language interpreter? No Yes If yes, what language and dialect?

If you would like documents in an alternate format, please check all boxes that apply:

Braille Oral presentation Computer disk Audio tape Large print

CONTINUED BENEFITS DURING THE APPEAL PROCESS

If you have received an Eligibility *Redetermination* Notice and you are appealing the decisions in that notice, you may be able to continue your benefits during the appeal process. Please read the following information.

IF YOU ARE CURRENTLY ENROLLED IN A HEALTH PLAN

When appealing a redetermination, you have two options: 1) continue your previous *benefits (from the eligibility notice immediately before this redetermination)* OR 2) discontinue all benefits. Benefits include coverage through the Oregon Health Plan (OHP), Healthy Kids or private health insurance, as well as advanced premium tax credits (APTC) and cost-sharing reductions.

If you are currently enrolled in a health plan through Cover Oregon and are appealing your redetermination, you must tell us if you want to continue benefits or not by answering the questions below:

1. **Prior to your eligibility redetermination were you or other household members enrolled in OHP or Healthy Kids?**

No

Yes. If yes, choose one of the following options:

I want to continue receiving my OHP or Healthy Kids benefits during the appeal process. I understand that if I lose my appeal hearing I must pay back the benefits I should not have received. (Note: To continue OHP/Healthy Kids benefits, you must submit your appeal request within 10 days of the date on your Eligibility Redetermination Notice.)

I do NOT want to continue receiving my OHP or Healthy Kids benefits during the appeal process. If I lose my hearing, I will not have to pay anything back (but I will no longer have health coverage during the appeal process). If I win my hearing and am found eligible for OHP or Healthy Kids, I will get the benefits I should have received.

2. **Prior to your eligibility redetermination were you or other household members enrolled in a private health insurance plan through Cover Oregon?**

No

Yes. If yes, choose one of the following options:

I want to continue receiving my private health insurance benefits, which may include advanced premium tax credits (APTC) and/or cost-sharing reductions, during the appeal process. I understand that if the final appeal decision results in a loss or reduction of benefits I may be required to pay back the benefits I received during the appeal process.

I do NOT want to continue receiving benefits during the appeal process. I know I will not have health coverage and will not be at risk for having to pay back benefits I shouldn't have received during the appeal process. If the final appeal decision is that I am eligible for private health insurance (and financial help, if applicable), I will be able to re-enroll in a private health plan.

IMPORTANT NOTE:

- If you have chosen to continue benefits, you may be required to pay back benefits received during the appeal process.
- If you have chosen NOT to continue benefits, you will not have health coverage during the appeal process and you may not be able to re-enroll in a health plan.

IF YOU ARE *NOT CURRENTLY* ENROLLED IN A HEALTH PLAN

If you have received an Eligibility Redetermination Notice but you are not currently enrolled in a health plan through Cover Oregon, please note the following:

- You (and/or other eligible household members) will be allowed to shop for and enroll in a private health plan through Cover Oregon if you are found eligible for coverage as a result of the final appeal decision.
- You (and/or other eligible household members) will be automatically enrolled in an OHP or Healthy Kids plan if you are found eligible for OHP or Healthy Kids as a result of the final appeal decision.
- You (and/or other eligible household members) will NOT be allowed to enroll in a plan if you are found ineligible for coverage as a result of the final appeal decision (because 2014 open enrollment has ended).

SIGNATURE

By signing below you, the primary contact on the case, attest that these statements are true, correct and complete to the best of your knowledge. You understand that the result of an eligibility redetermination based on this appeal could change the eligibility for anyone in the household.

Primary contact signature:

Date:

Print name:

*If you have an authorized representative, that person may sign for you. If you **are** the authorized representative, you may sign here only if you and the primary contact on the case have completed and signed the Authorized Representative form.*

Authorized representative signature:

Date:

Print name:

Phone:

Your appeal request must be submitted within 90 calendar days of the date on your eligibility notice (or within 10 days if you are requesting continued OHP/Healthy Kids benefits). You can call us to provide this information over the phone, or you can send this form by email, fax or mail.

Phone: 1-855-CoverOR (1-855-268-3767)/TTY 711

Email: appeals@coveroregon.com

Fax: 1-855-253-2060

Mail: Cover Oregon
Attn: Appeals
P.O. Box 4410
Tualatin, OR 97062

Notice of Appeal Process and Rights



If you do not agree with the decisions made about your eligibility for health coverage and/or financial help, here are your rights and what you can do:

- You have the right to contact Cover Oregon™ to review and ask questions about the decisions or to provide additional information.
 - Call Cover Oregon at 1-855-CoverOR (1-855-268-3767)
 - Or send an email to info@coveroregon.com
- You have the right to formally contest (disagree with) these decisions by submitting a request for an appeal. If you want to request an appeal, you must request it within 90 days of the date on your eligibility notice. Your deadline to request an appeal does not change even if you contact Cover Oregon before submitting your request. For more information, see *Part 1 below*.
- **You have the right to appeal the following:**
 - Your eligibility for health coverage — a private plan or a public plan (*the Oregon Health Plan or Healthy Kids*)
 - Your eligibility for financial assistance — tax credits and/or cost-sharing reductions
 - The amount of financial assistance you qualify for — the amount of tax credit and/or the level of cost-sharing reductions
 - The timeliness of your eligibility determination — if you did not receive your eligibility notice within 45 days of submitting your completed application.
- If you request an appeal, you have the right to an informal review with Cover Oregon and/or Oregon Health Authority staff who will be reviewing your request. You also have the right to a formal hearing. Formal hearings are held by the Office of Administrative Hearings, which is independent from Cover Oregon and the Oregon Health Authority.

PART 1 — ASK FOR AN APPEAL

How can I request an appeal?

1. Download the Appeal Request form (*CO-P-00012/0443MM*) online at CoverOregon.com. Or, call Cover Oregon at 1-855-268-3767 to request a form.
2. Complete the Appeal Request form — on your own or with help.
3. Sign the Appeal Request form.
4. Submit the Appeal Request form by phone, fax, email or mail within **90 days** of the date on your eligibility notice.
 - a. Call Cover Oregon at 1-855-268-3767. We can fill out the form for you based on information you provide and then submit it for you.
 - b. Fax form to Cover Oregon at 1-855-253-2060
 - c. Email form to appeals@coveroregon.com

d. Mail form to Cover Oregon at:

Cover Oregon

Attn: Appeals

P.O. Box 4410

Tualatin, OR 97062

You must submit an Appeal Request in order for Cover Oregon or the Oregon Health Authority to start the appeal process.

Note to military personnel: Active duty service members have a right to stay (postpone) these proceedings under the federal Service members Civil Relief Act (SCRA). For more information, you may contact the Oregon State Bar at 1-800-452-8260, the Oregon Military Department at 1-800-452-7500 or the nearest legal assistance office, legalassistance.law.af.mil.

Who can help me fill out my Appeal Request form?

You can get help filling out the form from anyone you choose, including friends, family or Cover Oregon/Oregon Health Authority staff. If you'd like to choose someone to act on your behalf on this matter, you have the option to choose an "authorized representative." An authorized representative will be allowed to discuss your appeal request with Cover Oregon and/or the Oregon Health Authority. An authorized representative will be able to sign for you, receive communications about your appeal, answer questions at your hearing (if you have one), and act on your behalf in all matters related to Cover Oregon and/or the Oregon Health Authority. If you choose to have an authorized representative, you should choose a trusted person who knows your situation. To choose an authorized representative, you must fill out and sign an Authorized Representative form to provide information about the person. The person you choose will also have to sign the form agreeing to be your authorized representative. If you have previously identified an authorized representative, you do not need to fill out the Authorized Representative form for that person again.

What happens after I submit my appeal?

1. Cover Oregon and/or the Oregon Health Authority will conduct an informal review of your appeal request. During the informal review we may contact you to find out more about why you do not agree with the original eligibility decision.
2. You can choose to withdraw your Appeal Request at any time.
3. If you provide additional information or if an error is found during the informal review, you will receive an eligibility redetermination notice. Please note that a change in eligibility for one household member may result in a change for other household members.
4. After the informal review, you have the option to withdraw your appeal or take it to a hearing in front of an Administrative Law Judge. If you don't withdraw, your appeal will automatically go to a formal hearing.
5. At the hearing, you can have people testify on your behalf. You can also choose to be represented by a legal representative or your authorized representative at the hearing (*see below for more information*).
6. The laws about your appeal and hearing rights are 42 U.S.C §18081, OAR 945-040-0100 to 945-040-0170, 410-200-0190, 410-200-0191, ORS 183.411 to 183.470 and ORS 411.095.

Can someone help me at my hearing?

Yes, you can choose to have someone else represent you at the hearing — this could include an authorized representative (see above) or a legal representative. You can call the Public Benefits Hotline (a program of Legal Aid Services of Oregon and the Oregon Law Center) at 1-800-520-5292 for advice and possible representation. You may still need to be present at the hearing.

What happens if there is no hearing or if I miss my hearing?

If you do not appeal on time or if you withdraw your appeal request, there will be no hearing. If you miss your hearing, the hearing will not be rescheduled. If there is no hearing, Cover Oregon may issue a final order by default on your eligibility. If Cover Oregon issues a final order by default, the case file, along with any materials you submitted in this matter, becomes the record. The record is used to support the decision upon default.

PART 2 — CAN I KEEP GETTING HEALTH COVERAGE AND FINANCIAL ASSISTANCE DURING THE APPEAL PROCESS?

Yes, if you are eligible for and enrolled in health coverage and/or financial assistance through Cover Oregon, it is possible to continue getting coverage and/or assistance during the appeal process.

- If coverage is through the **Oregon Health Plan (OHP)**, you must submit your appeal request within **10 days** from the date you receive your eligibility notice, or the effective date of the action proposed in the notice, whichever is later. You must indicate on your Appeal Request form you want your OHP benefits to stay the same (*not be reduced or stopped*). Your benefits will stay the same until the final appeal decision.

PART 3 — IF I NEED CARE NOW, CAN I GET A FASTER APPEAL?

When you appeal your eligibility for private health insurance and/or financial assistance for private health insurance (tax credits and cost-sharing reductions), you have the right to an “expedited appeal” (a faster appeal) when there is an immediate need for health care services and the standard timeline for the appeal process might put your life or health at serious risk. The Oregon Health Authority does not do expedited appeals for Oregon Health Plan or Healthy Kids eligibility.

Cover Oregon and the Oregon Health Authority will not discriminate against anyone. This means that Cover Oregon and the Oregon Health Authority will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation. You may file a complaint if you believe Cover Oregon or the Oregon Health Authority treated you differently for any of these reasons.