Appeals Request Form

You have a right to appeal if you think Nevada Health Link (NVHL) made a mistake about:

- Initial or redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions;
- Failure by the Exchange to provide timely notice of an eligibility determination;
- Denial of a request to vacate dismissal made by the Exchange's appeals entity, and
- An appeal decision issued by the Exchange's appeals entity.

Note: Healthcare.gov will be processing requests for exemptions. For more information please visit https://www.healthcare.gov/health-coverage-exemptions/

IMPORTANT:

Expedited Appeal

- An appeal can be expedited when the standard timeframe "could jeopardize the consumer's life, health or ability to attain, maintain or regain maximum function" 45 CFR 155.540
- Request for an expedited appeal needs to be noted on the appeal request where you *"Explain the Reason for Your Appeal."*

Your request to expedite your appeal will be processed as quickly as possible. A final decision must be made as quickly as your situation requires.

NVHL Contact Information

Use the following contact methods to file an appeal when using this form.

If you need help to complete this form due to language or other challenges, contact NVHL. There is no cost for assistance.

Mail	Call
Nevada Health Link Attn: Appeals Department 2310 S. Carson St. Suite 2 Carson City, NV 89701	1-800-547-2927 or TTY 711

If you want or need help from an enrollment professional, go to Nevadahealthlink.com/find-assistance/ and select **Find Assistance** for a list of certified enrollment professionals and their locations.

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Instructions

You have **ninety (90) days** from the date on your Eligibility Notice to file an appeal. The date of the postmark on your appeal envelope or the date your email is received is considered the date you filed your appeal.

To file an appeal with Nevada Health Link:

- Download the Appeal Request Form.
- Save or print the form.
- Write or type your request in the form and save a copy to your computer
- Appeal request must contain your:
    - NVHL Application ID
    - Date of the notice you received from NVHL stating the decision you want to appeal and
    - First, last name and date of birth and the reason for the appeal request and why you think NVHL should change the decision
- The written appeal request should be mailed to:

Nevada Health Link Attn:
Appeals Department
2310 S. Carson St.
Suite 2
Carson City, NV 89701

Claimant Information

The "Claimant" is the person requesting an appeal. This section should be filled out by the person requesting the appeal or by a parent/guardian or Authorized Representative.

First name	Middle name	Last name	Suffix

Date of birth (mm/dd/yyyy)	Phone number

Email address

Street address		Apt./Ste. #

City	State	ZIP code

NVHL Account #

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Type of Appeal

Your Eligibility Notice explains whether you qualify for financial assistance to purchase insurance on Nevada Health Link. Depending on your eligibility results, you may appeal for any of the following reasons (check as many boxes as you would like).

My appeal is because my eligibility to purchase or use health insurance on the Exchange was denied for the following reason(s) on the following date(s):

Eligibility Type	Date of Denial or Notice
❑ NVHL Enrollment eligibility	_____
❑ Special Enrollment Period	_____
❑ Application of APTC/CSR _____	_____
❑ Other: _____	

Notice of Privacy Practices

Nevada Health Link is committed to maintaining the privacy and security of personally identifiable information. Nevada Health Link will use personally identifiable information only as permitted by Nevada Health Link's policies and as required by law.

More information about Nevada Health Link's privacy and security practices and your rights is available on Nevada Health Link's website at Nevada Health Link's Privacy Policy

If you need help understanding this form in another language, or if you are disabled and need help to use this form, please contact Nevada Health Link. There is no cost for assistance.

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Explain the Reason for Your Appeal

Your explanation should state the reason for your appeal, including relevant dates and account history. List any actions or communications you attempted to resolve your request prior to the appeal. Please provide additional documentation such as notices received. If your appeal request affects or impacts other members of your household, note their names and how they are impacted here. Add additional pages if needed.

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Do you need assistance completing this appeals request? You can choose an authorized representative.

You can give a trusted person permission to communicate about this appeal with us, see your information, and act for you on matters related to this appeal, including getting information about your appeal and signing your appeal on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact Nevada Health Link.

Name of authorized representative (First name, Middle name, Last name)

Phone number

Email address

Organization name

By signing below, you allow this person to sign your appeal, get official information about this appeal, and act for you on all future matters related to this appeal.

Claimant signature (required) Date (mm/dd/yyyy)

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Complete this section if you are an enrollment professional and are filing an appeal request on behalf of your consumer.

1. First Name, Last Name, & Suffix

   _____

2. Organization or Agency Name

   _____

3. State License Number (Agent/Broker Only)

   _____

4. Phone Number

   _____

5. Email Address

   _____

Read and sign below

The information in this section applies to all people signing below, including the Claimant.

I further understand that by completing, signing, and dating below, I authorize Nevada Health Link to disclose information collected based on my application and from other data sources that may have been used to make the eligibility determination. I understand that this information may be disclosed for use during the appeals process. The authorization is valid until the appeal is concluded or I notify Nevada Health Link otherwise.

I understand by completing, signing, and dating below, I authorize Nevada Health Link to disclose information in my eligibility record, based on the application I filled out, and from other data sources that may have been used to make the eligibility determination, to my authorized representative and other household members whose signatures are provided below. I understand I may request a copy of my eligibility record during the appeals process. The authorization is valid until the appeal is concluded or I notify you otherwise.

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

I understand that I am not required to complete this form. I am voluntarily completing it to file an appeal request to Nevada Health Link.

I understand that I am the primary contact for purposes of appealing these eligibility determinations.

_____

Printed name of Claimant (or, parent/guardian, or authorized representative, if applicable)

Signature ofClaimant (or, parent/guardian, or authorized representative, if applicable)	Date of signature (mm/dd/yyyy)

Next Steps

1. **Acknowledgment of Appeal Request:** The Exchange will send you a letter confirming receipt of your Appeals Request Form. This letter will provide you with an explanation of your health coverage while your appeal is pending. If there is a problem with your appeal request, such as missing information or the need for additional clarification, we will inform you by separate letter and permit you to correct the issue within a specific timeframe.

2. **Review of your information:** The Exchange will review your appeal request and any additional information you submit, along with the information we used to originally determine your eligibility. We may contact you to request additional information or to discuss your appeal. You have the right to review the information being used to resolve your appeal, including the information in your electronic account.

3. **Informal resolution:** The Exchange may be able to resolve your appeal informally. After reviewing all your information and discussing your appeal with you, as necessary, we'll send you an informal resolution decision. If you are satisfied with this informal resolution decision, we will implement the decision and close your appeal.

4. **Hearing:** If you are dissatisfied with the outcome of the informal resolution process, you may continue with your appeal and your right to an appeal hearing is preserved. You should notify Nevada Health Link within ten (10) days of the date of your informal resolution decision to schedule your appeal hearing. You will be provided with written notice of the date, time, location and format of the hearing no later than fifteen (15) days prior to the hearing date.
   The appeal hearing will be an evidentiary hearing in front of a Hearings Officer consisting of members of the Division of Welfare and Supportive Services. You will be provided an opportunity to bring witnesses to testify, present evidence and argument, and cross-examine adverse witnesses. You also have the right to review all the information that the Hearings Officer will be considering for your appeal, including any information on your account.

   You may participate in the hearing by yourself or have someone participate in the hearing with you. This person can be a friend, relative, lawyer, your authorized representative (if you have one), or another individual.

   The Hearings Officer will review and consider the information used to determine your eligibility as well as any additional relevant facts and evidence presented during the appeals process, including at the hearing. The Hearings Officer will then issue a final decision on your appeal which will be mailed to you.

5. **Submitting additional information:** You may submit additional information to support your appeal. Information you submit will be reviewed along with the information you submitted previously. You may submit additional information in advance of your appeal hearing by attaching and returning it with this form or by mailing it separately to:

   Nevada Health Link
   Attn: Appeals Department
   2310 S. Carson St. Suite. 2
   Carson City, NV 89701

   If you mail additional information separately, include the complete contact information of Claimant (as it appears on this form), including name, date of birth, phone number, email address (optional), and address. Additional information may also be submitted at the time of the appeal hearing.

6. **Requesting an expedited appeal:** If you have an immediate need for health services and a delay could seriously jeopardize your health, you can ask for an expedited appeal by indicating in the *"Explain the Reason for Your Appeal"* section that you are requesting and expedited appeal.

7. **Health coverage during your appeal:** You may be able to keep your eligibility for coverage while your appeal is pending. Our letter acknowledging receipt of your appeal will provide you with an explanation of your health coverage while your appeal is pending. If you are currently enrolled, you may be liable for any payments due to the carrier during the appeal processing time. If you request an adjusted effective date, you may be obligated to any outstanding payments due to the carrier during the appeal processing time.

8. **Language assistance services:** If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Call the Nevada Health Link Call Center at 1-800-547-2927 to access these language assistance services.

9. **Accessibility:** If you have a disability and need a reasonable accommodation, call Nevada Health Link at 1-800-547-2927 TTY 771 to request accommodations. These accommodations are available and provided at no cost to you.

Where can I find more information? https://www.nevadahealthlink.com