

Individual & Family Appeal Rights

You have the right to appeal our decision and receive a hearing if you don't agree with it. You can appeal a decision to deny, terminate, or change your eligibility for:

- Medicaid
- Private health insurance
- An enrollment period
- Advance premium tax credits (including the dollar amount of your tax credit)
- Cost-sharing reductions (including the dollar amount of your cost-sharing reductions)
- Exemptions from the Individual Responsibility Requirement due to Hardship or Affordability

You have **90 days** from the date of the notice you received to appeal the decision. If you don't appeal within **90 days, you may lose your right to appeal.**

Any decisions about your eligibility for benefits might also change the eligibility of other people in your household.

How to Request an Appeal

- Call DC Health Link at (855) 532-5465.
- Fill out an appeal request form, and send it by mail, e-mail, or fax to the address or phone number listed on the form. You can get a copy of the form at www.dchealthlink.com/forms#en|appeals.
- Go to any Department of Human Services (DHS) Service Center. You can find a service center near you at: <https://dhs.dc.gov/service/find-service-center-near-you>

Go to the Office of Administrative Hearings (OAH) Resource Center at:
441 4th Street NW, Suite 450-North, Washington, DC 20001

What Happens When You Appeal

Once you file the appeal, two meetings will be scheduled - an informal review and the formal hearing process. The informal process is optional. You do not need to participate, and can choose to wait for the formal hearing, but the informal review usually helps resolve the appeal faster.

Informal Review - The agency conducting the informal review depends on what you appeal.

- **Medicaid** - The DC Department of Human Services (DHS) will send you a letter scheduling you for an Administrative Review Conference at the Office of Administrative Review and Appeals (OARA). This is an optional meeting to discuss your concerns with a Hearing Examiner from DHS. You can represent yourself, or bring someone to represent you. If you choose to have a representative, this person does not have to be a lawyer. Your representative can't be an employee of DHS.

Bring documents related to your appeal to the meeting. At the meeting, the DHS Hearing Examiner will review your case and try to resolve your issues. After the meeting, you will get a written decision from the DHS Hearing Examiner about your appeal, including a summary of facts. If you agree with the decision, you may withdraw your request for a hearing. If you do not agree with the decision, the next step is the formal hearing.

- **Private Insurance & Exemptions** – A lawyer or other representative from the DC Health Benefit Exchange (DCHBX) may call you to discuss the facts related to your appeal, and the basis for DCHBX's decision. This call is voluntary and will occur at least one week prior to the date of the hearing. You should be prepared to discuss any information related to your case.

Formal Hearing – Within two weeks of filing your appeal, the DC Office of Administrative Hearings (OAH) will mail you a notice telling you when a hearing before an independent Administrative Law Judge will occur in your case. This is an in-person hearing that you must attend.

The hearing will remain scheduled unless you contact OAH to cancel it. At your hearing, you can testify, have others testify for you, and submit documents. DC agency representatives can ask you (or other people who testify) questions. DC agency representatives can also submit documents and testimony. You can ask any agency witness questions too. The Administrative Law Judge will then make a decision. You will get a notice explaining the decision by US mail. It will also tell you what to do if you do not agree with it.

Help with Your Appeal

You have the right to represent yourself or have a lawyer, family member, or friend represent you at the Administrative Review and/or at the hearing. If you need free legal help, you can call any of the resources listed below to see if they can help you. There is no guarantee that you will be able to get free legal help.

Bread for the City Legal Clinic

1525 Seventh Street NW, (202) 265-2400
1640 Good Hope Road SE, (202) 561-8587

Legal Counsel for the Elderly

601 E Street NW, (202) 434-2120

Washington Legal Clinic for the Homeless

1200 U Street NW, (202) 328-5500

Legal Aid Society of the District of Columbia

2041 Martin Luther King, Jr Ave SE, Suite 201
1331 H Street NW, Suite 350, (202) 628-1161

Neighborhood Legal Services Program

680 Rhode Island Ave NE
2811 Pennsylvania Ave SE
4609 Polk Street NE, (202) 832-6577

Coverage During Your Appeal

Medicaid – If you're already getting Medicaid and file an appeal before your Medicaid ends, and within 15 days of the date of the notice you're appealing, you'll keep your Medicaid during your appeal. If you file an appeal after your Medicaid ends, your coverage may not be restarted unless you win your appeal.

Advance Premium Tax Credits & Cost-Sharing Reductions – If you are already enrolled in a plan, and already get help paying for your health plan, you can keep your plan and cost savings during your appeal as long as you pay your monthly premiums on time. If you lose your appeal, you may owe money when you file your federal tax return for any tax credits you received during the appeal process.

Ending Your Appeal Early

You can cancel your appeal any time before the Administrative Law Judge makes a final written decision. If you withdraw your appeal because the agency promised to change its decision, that new decision stands even after you have withdrawn the appeal. **If you stop your appeal before the agency changes its decision, the notice you appealed will be enforced as written.**