



Request #: [Number]

[Consumer Name]

[Consumer Address]

[Consumer Email Address]

Re: **NOTICE OF APPEAL DECISION**

Dear [Consumer]:

Thank you for participating in the hearing on the appeal request you filed with Your Health Idaho ("YHI"). Your appeal hearing occurred as scheduled on October 15, 2024 and was heard by an appeal panel consisting of members of YHI's Governance Committee (the "Appeal Panel"). The individuals who made up the Appeal Panel for your appeal hearing were Tara Malek (Appeal Panel Chair), Hyatt Erstad, and Kevin Settles. You appeared by phone and testified at the appeal hearing. [YHI staff] appeared in person at the appeal hearing and testified on behalf of YHI.

The Appeal Panel has reviewed and considered the appeal record which you also received a copy of, without deference to prior decisions in your case. The appeal record includes all 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 "Appeal Record"). You were also given the opportunity to present argument and any evidence including witnesses to support your appeal. You did not present any witnesses or documentary evidence and instead presented argument. Based upon the review of the Appeal Record and, considering the arguments of the parties at the appeal hearing, the Appeal Panel hereby issues its appeal decision (the "Appeal Decision") as follows:

ISSUE ON APPEAL

The issue on the appeal is whether to overturn, uphold, or dismiss the informal decision of YHI as it related to your request to disenroll your insurance coverage that was in effect from January 1, 2022 to April, 30 2023. You requested this coverage be canceled as if it were never in effect. You stated that you were not aware of your enrollment in coverage and did not want the coverage. You state that you informed your insurance agent that you did not want the coverage.

FINDINGS OF FACT

1. On March 17, 2021 the consumer applied for health coverage assistance through the Idaho Department of Health and Welfare and was approved for the Advanced Premium Tax Credit.

2. On March 21, 2021 the consumer's agent of record, [agent of record], enrolled the consumer in a [plan name] plan through [carrier], with a net premium of \$8.04 after application of the advanced premium tax credit and coverage starting April 1, 2021. This enrollment took place during the Your Health Idaho open enrollment period.
3. On October 14th, 2021 the consumer's eligibility for the Advanced Premium Tax Credit was redetermined for the 2022 plan year using the latest information on file, in accordance with 45 CFR 155.335(a)(1), which requires Your Health Idaho to redetermine an applicant's eligibility on an annual basis. The consumer's enrollment from 2021 was then renewed for plan year 2022 in accordance with 45 CFR 155.335(j), which required Your Health Idaho to renew the enrollment unless the enrollee terminates coverage. The net premium of the new net premium for enrollment was \$30.20.
4. On December 8, 2021 the consumer updated their application with the Idaho Department of Health and Welfare and was approved for a new amount of Advanced Premium Tax Credit.
5. On December 21, 2021 the consumer's agent of record, [agent of record], enrolled the consumer in a [plan name] plan through [insurance carrier], with coverage starting January 1, 2022. The net premium for this enrollment was \$0 after application of the advanced premium tax credit. This enrollment took place during the Your Health Idaho open enrollment period.
6. On September 29, 2022 [insurance carrier] notified the consumer that their plan would be renewed for 2023.
7. On October 13, 2022 the consumer's eligibility for the Advanced Premium Tax Credit was redetermined for the 2023 plan year using the latest information on file, in accordance with 45 CFR 155.335(a)(1), which requires Your Health Idaho to redetermine an applicants eligibility on an annual basis. The consumer's enrollment from 2022 was then renewed for plan year 2023 in accordance with 45 CFR 155.335(j), which required Your Health Idaho to renew the enrollment unless the enrollee terminates coverage.
8. On October 14th the consumer was given notice of their autorenewal to their secure inbox based on an account preference previously selected by the consumer of wanting to receive notifications electronically.
9. On December 10, 2022 [insurance carrier] sent an enrollment packet to the consumer.
10. On December 27, 2022 [insurance carrier] sent the consumer their insurance ID cards.
11. On January 18, 2023 Your Health Idaho sent the consumer their 1095-A tax document showing coverage and use of the premium tax credit in 2022.
12. On April 14, 2023 the consumer's agent of record, [agent of record], disenrolled the consumer's plan with a coverage end date of April 30, 2023.

13. On February 6, 2024 the consumer submitted an appeal to Your Health Idaho.
14. On February 23, 2024 Your Health Idaho issued an informal decision that the appeal was invalid due to being submitted outside of the appeal window.
15. On March 11, 2024 the consumer requested a second review and stated that the enrollment was unintentional, inadvertent, erroneous and that they had not received letters, emails, or statements about the insurance. In accordance with 45 CFR 155.420(d)(4) the appeal was determined to be timely based on the date being within 60 days of the consumer claiming to be made aware of the enrollment.
16. Research conducted showed that [insurance carrier] issued renewal notices, welcome packets, monthly statements and confirmed that there were claims on file for 2022.
17. On June 28, 2024, YHI notified the consumer that additional research was conducted and upheld the decision for the original enrollment end date to remain unchanged.
18. On July 1, 2024 the consumer requested a hearing and the request was confirmed by Your Health Idaho.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer was originally enrolled for coverage starting January 1, 2022 by [agent of record], the agent of record that the consumer had appointed.
- The Appeal Panel concludes that the consumer was redetermined for the advanced premium tax credit and automatically renewed for 2023 as required by 45 CFR 155.335.
- The Appeal Panel concludes that the consumer was provided notice of the enrollment by Your Health Idaho and [insurance carrier] as federally required throughout 2022 and 2023.
- The Appeal Panel concludes that the consumer states she had text messages to support the claim of communication with the agent asking for disenrollment at the time of filing the appeal and as recently as July 2024. However, at no point in the appeal or appeal process or hearing were the text messages provided.
- The Code of Federal Regulation (CFR) requires that if a consumer's enrollment or non-enrollment in a QHP is based on erroneous information or communication by an officer, employee or agent of the Exchange, the consumer is entitled to adjust said enrollment if reported within 60 days of the consumer becoming aware of the enrollment or 60 days of when they reasonably would have been aware of the enrollment.
 - 45 C.F.R. § 155.420 (d) (4)
 - 45 CFR 155.420(c)(5)

- Because the consumer was notified by Your Health Idaho and [insurance carrier] regarding the existence of the enrollment throughout 2022 and 2023 and the coverage was utilized for services, the decision to maintain the original dates of coverage is upheld.
- This decision is effective as of 10/15/2024 and is approved as of 10/16/2024 (45 C.F.R 155.545 (a)(5))

If you are satisfied with this Appeal Decision, you do not need to do anything. If you are dissatisfied with this Appeal Decision, you may appeal to the United States Department of Health and Human Services (“HHS”) under 42 U.S.C. § 18081(f) and 45 C.F.R. § 155.520(c). An appeal request to HHS may be made by calling the Marketplace Call Center at 1-800-318-2596 (TTY 855-889-4325), or by downloading and submitting the appeals form as instructed for Idaho from the appeals page on www.healthcare.gov. **An appeal request to HHS must be made within thirty (30) days of the date of this Appeal Decision.**

Sincerely yours,

/s Tara Malek

Tara Malek

Appeal Panel Chair

Your Health Idaho

cc: Your Health Idaho