

APPEAL DECISION LETTER



Application ID: #[Number]

January 20, 2016

[Consumer]

[Consumer 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 January 20, 2016, 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 Senator Jim Rice (Appeal Panel Chair), Hyatt Erstad and Kevin Settles. You appeared by telephone 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 without deference to prior decisions in your case. The appeal record includes information used to determine your eligibility as well as additional relevant facts and evidence presented during the course of the appeals process, including at the hearing (the Appeal Record). 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 appeal is whether [Consumer] is entitled to a May 31, 2015, termination date for her health insurance.

FINDINGS OF FACT

1. Prior to March 1, 2015, [Consumer] was eligible for and received a subsidy, in the form of Advanced Premium Tax Credits (APTC) to assist with the payment of her health insurance premium.

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2. As of March 1, 2015, [Consumer] was enrolled in a Blue Cross of Idaho plan.
3. On May 20, 2015, [Consumer] called the carrier and the Department of Health and Welfare (DHW) to terminate her enrollment with Blue Cross of Idaho, initiating a dis-enroll process.
4. [Consumer] was given instructions from both DHW and Blue Cross of Idaho to go online and complete the dis-enroll process.
5. [Consumer]'s call to DHW initiated a series of notices requesting the consumer take action and dis-enroll from the plan.
6. YHI records indicate that [Consumer] did not log into her account to complete the disenrollment.
7. [Consumer] assumed her phone call requests would result in a May 31, 2015 termination date.
8. On October 20, 2015, the carrier sent a termination for non-payment of June premiums to [Consumer], alerting her to her enrollment status for June 2015.
9. On November 7, 2015, [Consumer] called the carrier to ask for a May 31, 2015 termination.
10. On November 23, 2015, [Consumer] called DHW to request for a May 31, 2015 termination.
11. On November 30, [Consumer] called DHW to request information regarding her termination date.
12. [Consumer] filed a written appeal with YHI, which was completed by her, dated by her on November 30, 2015. YHI received that Appeal Request Form on December 15, 2015.

CONCLUSIONS OF LAW

- The Appeal Panel concludes while the consumer took action and initiated the process, information for further action was given to her and was not taken.
- Additionally, the Appeals Panel concludes because the Code of Federal Regulations (CFR) will not allow a voluntary termination with less than fourteen (14) days' notice, the original termination date is upheld by the Appeal Panel.
 - o 45 C.F.R. § 155.420 (b) (2)
 - o 45 C.F.R. § 155.430 (d) (1) (i)
 - o Your Health Idaho Policy Manual, Insurance #3: Coverage start and termination dates
- The consumer termination date will remain June 30, 2015, per federal regulation

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and Your Health Idaho Policy.

- The effect of this Appeal Decision on [Consumer]'s eligibility for health insurance is that she is obligated to pay health insurance premium for the month of June, 2015.
- This decision is effective as of May 20, 2015, and is approved as of January 20, 2016 (45 CFR 155.545(a)(5)).

[End of Conclusions of Law]

If you are satisfied with this Appeal Decision, you do not need to do anything. YHI will implement the Appeal Decision as indicated above. Your appeal request will be closed following the expiration of the thirty-day (30) day time limit for further appeal to the United States Department of Health and Human Services (HHS), as described below.

You are not required to accept this Appeal Decision. If you disagree with this Appeal Decision you should consider seeking legal counsel to identify further legal recourse. If you are dissatisfied with the outcome of your appeal, you may appeal YHI's Appeal Decision by making an appeal request to 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 the appeals form 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.** This Appeal Decision is the final decision regarding your appeal request unless you pursue an appeal to HHS.

Sincerely yours,

Senator Jim Rice
Appeal Panel Chair
Your Health Idaho

cc: Your Health Idaho