

APPEAL DECISION LETTER



Application ID: #[Number]

March 11, 2016

[Consumer]
[Consumer address]
[Consumer email]

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 March 11, 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 all information used to determine your eligibility as well as any 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 an April 30, 2015, termination date for [the Consumer's] health insurance.

FINDINGS OF FACT

1. Prior to January 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 [the Consumer's] health insurance premium.

APPEAL DECISION LETTER

2. As of January 1, 2015, [Consumer] was enrolled in a Blue Cross of Idaho plan.
3. On December 31, 2015, [Consumer] called the carrier to terminate [the Consumer's] enrollment with Blue Cross of Idaho, initiating a dis-enroll process.
4. [Consumer] was given instructions from Blue Cross of Idaho to call Your Health Idaho to complete the termination process.
5. On January 5, 2016, [Consumer] called Your Health Idaho through Department of Health and Welfare (DHW) to cancel [the Consumer's] APTC and disenroll.
6. YHI records indicate that [Consumer] did not log into [the Consumer's] account to complete the disenrollment during 2015.
7. YHI records indicate that [Consumer] did not have a call history or a call back history logged with DHW.
8. YHI records indicate that [Consumer] did not have a history of consumer tickets for technical errors or difficulties.
9. [Consumer] filed a written appeal with YHI, which was completed by [the Consumer], dated by [the Consumer's] on January 9, 2016. YHI received that Appeal Request Form on January 14, 2016.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer did not take action to initiate the disenrollment process.
- The Appeal Panel notes that the consumer was asked to provide additional phone records from [the Consumer's] personal phone to demonstrate a history of communication attempts with Your Health Idaho to cancel [the Consumer's] enrollment, which was not provided to the Panel.
- Additionally, the Appeals Panel concludes that 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.
 - 45 C.F.R. § 155.420 (b) (2)
 - 45 C.F.R. § 155.430 (d) (1) (i)
 - Your Health Idaho Policy Manual, *Insurance #26: Coverage end dates*
- The consumer termination date will remain December 31, 2015, per federal regulation and Your Health Idaho Policy.
- The effect of this Appeal Decision on [Consumer]'s eligibility for health insurance is that [the Consumer] is obligated to report [the Consumer's] APTC for the 2015 tax year.
- This decision is effective as of April 30, 2015, and is approved as of March 11, 2016 (45 CFR 155.545(a)(5)).

APPEAL DECISION LETTER

[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