

APPEAL DECISION LETTER



Application ID: #[Number]

May 2, 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 April 28, 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 Dr. John Livingston. 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 a request for a Special Enrollment Period ("SEP") due to Loss of Minimum Essential Coverage ("MEC") from November 30, 2015.

FINDINGS OF FACT

1. The consumer was released from [the Consumer's] employment, with benefits ending as of November 30, 2015.

APPEAL DECISION LETTER

2. The consumer reported a change in employment and income to the Department of Health and Welfare (DHW) by completing an online application at www.yourhealthidaho.org on February 9, 2016.
3. Because of [the Consumer's] updated Life Change Event, a financial determination was processed by DHW for the consumer's Advanced Premium Tax Credit (APTC).
4. Based on the financial eligibility approval, the consumer proceeded to enroll in a plan under a SEP on February 23, 2016.
5. The consumer was denied eligibility to select a plan due to missing the deadline of reporting Loss of MEC within 60 days of November 30, 2015.
6. The consumer initiated an appeal, requesting a SEP.

CONCLUSIONS OF LAW

- The Code of Federal Regulations (CFR) requires that if a consumer's eligibility changes in a non-Medicaid expansion state solely because household income was below 100 percent of the Federal Poverty Level, that individual is now considered newly eligible for enrollment.
 - 45 C.F.R. § 155.420 (d) (6) (iv)
- This decision is effective as of April 28, 2016, and is approved as of February 9, 2016 (45 CFR 155.545(a)(5)).
- A Special Enrollment Period will be opened on the consumer's account. [The Consumer] will have the option of selecting a retroactive March 1, April 1, or May 1, 2016, effective date following YHI protocol for SEP eligibility and enrollment from approval of eligibility as of February 9, 2016; the consumer may also follow normal protocol and select a June 1, 2016 effective date. The consumer will be responsible for completing all outstanding payments to the carrier of [the Consumer's] choice immediately upon completing the enrollment.

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**

APPEAL DECISION LETTER

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