



Request #: [Number]

[Consumer Name]  
[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 July 11, 2017 and was heard by an appeal panel consisting of members of YHI's Board of Directors (the "Appeal Panel"). The individuals who made up the Appeal Panel for your appeal hearing were Senator Jim Rice (Appeal Panel Chair), John Rusche, and Kevin Settles. You appeared by phone and testified at the appeal hearing with your agent of record. [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 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 the consumer's request to approve a Special Enrollment Period (SEP) enrollment with a 03/01/2017 effective date.

#### **FINDINGS OF FACT**

1. The Idaho Department of Health and Welfare ("IDHW") sent a notice of Advanced Premium Tax Credit (APTC) renewal to consumer on October 9, 2016.
2. Your Health Idaho ("YHI") sent a notice of renewal to the consumer on October 20, 2016.
3. YHI auto renewed the consumer in a policy effective January 1, 2017, with Blue Cross of Idaho without the APTC applied to the enrollment on October 20, 2016.
4. IDHW sent a notice to the consumer via US mail on November 28, 2016, requesting additional documentation for tax credit approval and with the explanation that the household tax credit eligibility would be discontinued as of December 31, 2016, if the documents were not received.
5. Consumer terminated the household's Blue Cross of Idaho renewal for 2017 on December 10, 2016.

6. Notice of Action from IDHW was sent via US Mail on December 30, 2016, to the consumer, notifying them that the Health Coverage Assistance (or tax credit) would be discontinued as of January 1, 2017, for failure to complete the re-evaluation process.
7. IDHW sent a notice of approval and tax credit amount to the consumer via US mail on March 14, 2017.
8. The consumer's first contact to YHI regarding 2017 enrollment and eligibility was on April 4, 2017.

#### CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer be reinstated as of April 1, 2017, in household's original renewal plan.
- The Code of Federal Regulation (CFR) requires that the Exchange must ensure that a redetermination under this section is effective on the first day of the coverage year following the year in which the Exchange provided the notice in Paragraph (c) of this section, or in accordance with the rules specified in § 155. 330 (f) regarding effective dates, whichever is later.
  - 45 C.F.R. § 155.335(i)(2)(I)
  - 45 C.F.R. § 155. 330 (f)
- Because of the timing of approval of APTC, the consumer is entitled to a reinstatement as of April 1, 2017, in the original plan effective immediately, with the obligation of completing all required payments to the carrier to bring the account to current.
- This decision is effective as of 04/01/2017, and is approved as of 07/11/2017 (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](http://www.healthcare.gov). **An appeal request to HHS must be made within thirty (30) days of the date of this Appeal Decision.**

Sincerely yours,

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Senator Jim Rice  
Appeal Panel Chair  
Your Health Idaho

cc: Your Health Idaho