

APPEAL DECISION LETTER



Application ID: #[Number]

August 16, 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 August 15, 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 in person 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 an adjusted effective date of enrollment to Select Health Policy ID [Number]; the original request was for a 3/1/2016 effective date, which was modified to a 5/1/2016 effective date, was again updated to request a 7/1/2016 effective date, and was most recently modified to an 8/1/2016, and then 9/1/2016 effective date.

FINDINGS OF FACT

1. The consumer received a YHI Notice of Renewal for 2016 on 10/28/2015.

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2. The consumer called Select Health on 1/7/2016 to make a payment on his renewal policy, which had been termed by Select Health for non-payment as of 12/01/2015.
3. The consumer called Select Health to request reinstatement, and was redirected to YHI on 2/1/2016.
4. The consumer made calls to Select Health to make payments on a new policy, request enrollment, and complete actions to enroll on 2/25, 3/2 and 3/9/2016; Consumer was redirected to YHI on each call.
5. The consumer called YHI to request a 4/1/2016 effective date be sent to the carrier; CSR completed action on 3/9/2016. Because of operating limitations caused by the termination for non-payment in 2015 with Select Health, the updated effective date was not processed.
6. The consumer called Select Health to confirm payment for 4/1 effective date, and was redirected to YHI to request enrollment. NEEDS DATE
7. Select Health requested confirmation on effective date received per consumer application sent on 4/14/2016; was confirmed that date should show a 1/1 effective date per YHI Renewal Policy #1,2, and 5 as opposed to the 04/01/2016 effective date.
8. Consumer submitted a triage ticket to request 5/1 effective date adjustment on enrollment (TIC 40276) which was denied due to Renewal Policy #1, 2, and 5 on 5/16/2016.
9. Consumer submitted appeal ticket to request 5/1 effective date on 5/20/2016 (TIC 41219).
10. Consumer requested new effective dates each month the appeal was in a processing status.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer took action and initiated the reinstatement process with the carrier; because of errors in communication between YHI and carrier, consumer should have been given an adjusted effective date from the original 1/1/2016 date sent.
- The Code of Federal Regulations (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.
 - 45 C.F.R. § 155.420 (d) (4)
- Because of this error in communication between agencies, the consumer is entitled to a Special Enrollment Period effective immediately with a prospective

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effective date of September 1, 2016, or the option to maintain his original renewal enrollment with a January 1, 2016, effective date, which would require payment to the carrier to bring the enrollment current.

- The consumer must reply to YHI via email at support@yourhealthidaho.org, Attn: [YHI Staff], no later than August 25, 2016, with a selected enrollment effective date.
- This decision is effective as of March 1, 2016, and is approved as of August 15, 2016 (45 CFR 155.545(a)(5)).

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