



Application ID: #[Number]

September 26,
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 9/26/2016, 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 Representative John Rusche. 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 that a special enrollment period was closed on your account, which you would like re-opened to select a new plan, effective 7/1/2016.

FINDINGS OF FACT

1. The consumer completed a financial application on Idalink, using the name of "[Consumer]" on 12/15/2015.
2. The application was denied due to data matching errors with Social Security Administration on 12/15/2015.
3. The consumer called YHI (Idaho Department of Health and Welfare, DHW) to update application name to "[Consumer1]."
4. The agent [Agent] called YHI for case status and was disconnected on 1/15/2016.
5. Consumer's mother called YHI for case status on 1/15/2016.
6. Consumer's mother called to complete new application and change name on account and reconcile multiple accounts on 1/19/2016.
7. Consumer was approved for financial assistance on 1/19/2016.
8. Consumer's agent called YHI for case status on 1/19/2016.
9. Consumer was sent notice of approval of financial assistance and request for citizenship verification (with a 90-day deadline) from DHW on 1/19/2016.
10. Consumer was sent notice of cancellation from YHI and DHW due to failure to provide citizenship verification on 4/20/2016.
11. Consumer was sent additional request for citizenship verification by DHW to mailing address on 5/4/2016.
12. Consumer verification was received and approved as new application by DHW and sent to consumer and YHI for potential Special Enrollment Period (SEP) on 5/10/2016.
13. Consumer did not act on YHI notices sent regarding potential SEP at advice of agent and no qualifying life event (QLE) to report.
14. Consumer's SEP closed on 7/26/2016.
15. Agent called YHI regarding case and to request an appeal on 7/26/2016.

16. Consumer submitted appeal ticket to request a 7/1/2016 effective date on 7/26/2016 (TIC 42893).

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the initial notices and communication given to the consumer, agent, and consumer's representative (mother) were contradictory communications indicating that action was both required and not required on 1/19/2016.
- The Appeal Panel concludes that the consumer took action expeditiously upon receiving explanation of the verification request on 5/ 4/ 2016, providing citizenship verification requested and completing his due diligence.
- Because of the lack of clarity in communication between YHI and the consumer regarding required actions, consumer should not have been terminated on 4/30/2016.
- 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, the consumer is entitled to a reinstatement as of 5/1/2016 in the consumer's original plan effective immediately, with the obligation of completing all required payments to the carrier to bring the account to current.
- **The consumer must reply to YHI via email at support@yourhealthidaho.org, Attn: [YHI Staff], no later than 10/1/2016, with a selected enrollment effective date.**
- This decision is effective as of 5/1/2016, and is approved as of 9/26/2016 (45 CFR 155.545(a)(S)).

If you are satisfied with this Appeal Decision, you do not need to do anything, except contact YHI as set forth above with your selected enrollment effective date. 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.** is 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