



Application ID: #[Number]

October 22, 2015

[Consumer]

[Consumer address]

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 October 9, 2015 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 John Livingston, M.D. 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(S) ON APPEAL**

The issue on appeal is whether [Consumer] is entitled to a May 31, 2015 termination date for [the Consumer’s] health insurance coverage.

#### **FINDINGS OF FACT**

1. As a preliminary matter, at the time the appeal hearing commenced, [Consumer] and YHI indicated that [Consumer] had not received the copy of the Appeal Record which YHI had mailed to [the Consumer’s] prior to the hearing. [Consumer] was given an opportunity to delay the appeal hearing so that [the Consumer] could review the Appeal Record. [Consumer] declined and chose to go forward with the appeal hearing.

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P.O. Box 943  
Boise, Idaho 83701

2. Prior to May 5, 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.

3. On or about May 5, 2015, [Consumer] contacted the YHI call center and informed YHI that [the Consumer’s] income had changed. [Consumer] was told that, as a result, [the Consumer] was no longer eligible for the APTC.

4. At the time of [the Consumer’s] May 5, 2015 telephone call, [Consumer] declined to continue [the Consumer’s] health insurance without the APTC subsidy or to obtain other insurance.

5. From [the Consumer’s] conversation with YHI’s call center and because [the Consumer] had paid the premium for May, [Consumer] believed that [the Consumer’s] insurance would terminate on May 31, 2015. [Consumer] reasonably believed that [the Consumer] would be disenrolled from [the Consumer’s] health insurance plan, effective May 31, 2015.

6. [Consumer] does not own a computer or smartphone, has no regular access to the internet, and relied on the telephone to communicate with YHI.

7. In addition to telephone conversations, YHI communicated with [Consumer] by sending letters via U.S. Mail to [Consumer] [City], Idaho address.

8. YHI sent [Consumer] a letter dated May 5, 2015, which was intended to notify [the Consumer] that [the Consumer] was no longer eligible for coverage through YHI and that [the Consumer’s] APTC was ending. That letter also stated that “**YOU MUST** visit [www.yourhealthidaho.org](http://www.yourhealthidaho.org) and take action to disenroll from your existing health insurance plan as described below **AS SOON AS POSSIBLE.**” (emphasis in original)

9. YHI’s mail-handling process can result in letters being mailed to consumers up to three (3) days after the date shown on the letter.

10. YHI sent additional and nearly identical letters, dated May 20, June 19, June 20, July 4, July 5, July 10, and July 20, 2015, to [Consumer] with the same intention of notifying [the Consumer] that [the Consumer] needed to go to visit the YHI website and take action to disenroll from [the Consumer’s] existing health insurance plan. All of the letters sent by YHI were sent by U.S. Mail to [Consumer]’s [City], Idaho address.

11. In the third week of May 2015 [Consumer] left [the Consumer’s] home in [City] for an extended stay with a friend in [City].

12. When [Consumer] returned to [the Consumer’s] house in [City] in late July, [the Consumer] received the series of letters from YHI.

13. In response to the multiple letters received from YHI, on or about July 29, 2015, [Consumer] called the YHI call center. At that time, [Consumer] was successfully disenrolled from [the Consumer’s] health insurance plan. YHI established July 31, 2015 as the effective date

for that disenrollment. During the July 29, 2015 telephone conversation, [Consumer] indicated a desire to appeal that determination and explained the basis for [the Consumer's] appeal to the YHI representative. As a result of that conversation, YHI mailed to [Consumer] a copy of YHI's Appeal Request Form.

14. [Consumer]'s written Appeal Request Form was completed by [the Consumer's], dated by him on August 6, 2015, and mailed by [the Consumer] to YHI on that date. YHI received that Appeal Request Form on August 10, 2015.

15. [Consumer] requests that YHI recognize [the Consumer's] disenrollment as being effective May 31, 2015.

16. YHI asserts that [Consumer]'s appeal is untimely.

### CONCLUSIONS OF LAW

1. YHI's May 5, 2015 letter to [Consumer] was a valid notice of eligibility determination pursuant to 45 C.F.R. §§ 155.310(g) and 155.330(e)(1)(ii).

2. Because YHI's mail-handling process can result in letters being mailed to consumers up to three (3) days after the date shown on the letter, the date of the notice of eligibility determination shall be deemed to be three (3) days after the date shown on YHI's letter of May 5, 2015, or May 8, 2015.

3. Pursuant to 45 C.F.R. § 155.520(b)(1), an appeal of an eligibility determination must be made within ninety (90) days of the date of the notice of eligibility determination.

4. Accordingly, [Consumer]'s appeal should have been filed with YHI within ninety (90) days of May 8, 2015, or by August 6, 2015.

5. Pursuant to 45 C.F.R. § 155.520(a)(1)(i), YHI must accept appeal requests by telephone.

6. [Consumer]'s explanation of the basis for [the Consumer's] appeal during the July 29, 2015 telephone conversation with YHI's representative and [the Consumer's] request for an appeal form satisfies the requirements of the applicable regulations and constitutes a valid appeal request of YHI's eligibility determination.

7. July 29, 2015, the date of [Consumer]'s telephone call to YHI's call center, is within ninety (90) days of May 8, 2015. [Consumer]'s appeal is therefore timely.

8. Alternatively, [Consumer]'s written Appeal Request Form was mailed on August 6, 2015, a date within ninety (90) days of May 8, 2015. Accordingly, on that alternative basis, [Consumer]'s written appeal is also timely.

9. The Appeal Panel concludes that, based on the May 5, 2015 call to YHI, [Consumer] believed that [the Consumer] had done everything necessary to disenroll from [the

Consumer's] health insurance plan. The Appeal Panel concludes that [Consumer] took sufficient steps to disenroll from [the Consumer's] health insurance plan on May 5, 2015.

10. YHI has presented no evidence or argument that any applicable law or regulation requires [the Consumer] to take further action to disenroll from [the Consumer's] health plan.

11. As a result, the Appeal Panel concludes that [Consumer] is entitled to a May 31, 2015 termination date for [the Consumer's] health insurance coverage.

12. The effect of this Appeal Decision on [Consumer]'s eligibility for health insurance is that [the Consumer] will not be obligated to pay health insurance premiums for the months of June and July, 2015.

13. Pursuant to 45 C.F.R. §§ 155.330(f)(1)(ii) and 155.545(c)(1)(ii), the effective date of this appeal decision is May 31, 2015.

[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](http://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,

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Senator Jim Rice  
Appeal Panel Chair  
Your Health Idaho

cc: Your Health Idaho