



Ticket #: TIC- [Number]

[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 November 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 John Livingston. 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 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 Special Enrollment Period ("SEP") be opened based on the updated financial application that was received by YHI on August 29, 2016.

FINDINGS OF FACT

1. The consumer created [the Consumer's] household account at Your Health Idaho website and submitted a financial application on Idalink on April 15, 2016.
2. The initial Qualifying Life Event ("QLE") reported was loss of minimum essential coverage ("loss of MEC") as of May 11, 2016, which would have given the consumer a SEP ending on July 10, 2016.

APPEAL DECISION LETTER

11/28/2016

3. The Idaho Department of Health and Welfare (“IDHW”) sent notice of approval and tax credit amount to the consumer via US mail on April 18, 2016.
4. Notices from IDHW were sent via US Mail on April 18 and July 18, 2016, to the consumer, requesting additional verifying documentation for household income and household members.
5. The original QLE approved on April 18, 2016, was not acted on within the required sixty (60) days.
6. The consumer’s first communication with the IDHW was on August 29, 2016, to report changes in income.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer’s SEP in question began on April 15, 2016.
- The consumer contacted the Exchange and began the application process on April 18, 2016; however, [the Consumer] failed to continue with plan selection and provide the additional verifying documentation requested by IDHW within the SEP deadlines of July 10, 2016.
- Updated tax credit eligibility completed on August 29, 2016, did not demonstrate a valid QLE to open a new SEP for the consumer.
- The exception requested for consideration by the consumer, under The Code of Federal Regulations (45 C.F.R. § 155.420 (d) (4)) for erroneous information, communication, or inaction by an officer, employee or agent of the Exchange, is not applicable because the inaction identified was on the part of the consumer.

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,

APPEAL DECISION LETTER

11/28/2016

Senator Jim Rice
Appeal Panel Chair
Your Health Idaho

cc: Your Health Idaho